



**How Correlation between Household Conflict and Parental Attitude During the Lockdown?: A Cross-Sectional Study \***

Pandemi Sürecinde Hane Halkı Çatışma Durumu ile Ebeveyn Tutumu Arasındaki İlişki: Kesitsel Bir Çalışma

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**Abstract**

**Objective:** This study was conducted to evaluate the relationship between household conflict and parental attitude during the quarantine period.

**Material and Method:** This study cross-sectional, and web-based was conducted. A maternity and child hospital located in southeast in Turkey between 24 May and 30 June 2021, particularly after the 3-week full-lockdown. Power analysis was used to determine the sample size, and accordingly, the study was completed with a total of 246 parents with children aged 2-6. In the study, a questionnaire regarding socio-demographic data and Household Conflict, which is a subscale of the COVID-19 Household Environment Scale, and Parent Attitude Scale was used.

**Results:** It was shown that the parents participating in the study were highly democratic and overprotective, moderately authoritarian and permissive. It was determined that conflicts for the family increased during the pandemic process, and that conflict decreased when the parents displayed a democratic attitude. It was established that intra-familial conflict increased when parents exhibited authoritarian, overprotective and permissive attitudes, and in addition, it was found that intra-familial conflict increased when the number of children increased.

**Conclusion and Recommendations:** Consequently, it was found that intra-family conflict affected parental attitude. Support strategies can be created for families at risk. Nurses identify families in this environment and provide necessary care, training, and consultation service.

**Keywords:** Behaviour, children, conflict, lockdown, parents

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**Öz**

**Amaç:** Bu çalışma, karantina sürecinde hane halkı çatışması ile ebeveyn tutumu arasındaki ilişkiyi değerlendirmek amacıyla yapıldı.

**Gereç ve Yöntem:** Bu çalışma kesitsel, web tabanlı planlandı. Türkiye'nin güneydoğusunda bulunan bir kadın doğum ve çocuk hastanesinde 24 Mayıs - 30 Haziran 2021 tarihleri arasında, özellikle 3 haftalık tam karantinanın ardından yürütüldü. Örneklem büyüklüğünü belirlemek için güç analizi kullanıldı ve bu doğrultuda çalışma, 2-6 yaş arası çocuğu olan toplam 246 ebeveyn ile tamamlandı. Araştırmada; ebeveynlere sosyo-demografik özelliklerini içeren bir anket ve COVID-19 Ev Çevresi Ölçeği'nin bir alt ölçeği olan Hanehalkı Çatışmaları ve Ebeveyn Tutum Ölçeği kullanıldı.

**Bulgular:** Çalışmaya katılan ebeveynlerin yüksek düzeyde demokratik ve aşırı koruyucu, orta düzeyde otoriter ve izin verici bir ebeveyn oldukları görüldü. Pandemi sürecinde aile için çatışmaların arttığı, ebeveynlerin demokratik tutum sergilediklerinde ise çatışmanın azaldığı saptandı. Ebeveynler otoriter, aşırı koruyucu ve izin verici tutum sergilediklerinde aile içi çatışmanın arttığı belirlenirken, ek olarak, çocuk sayısı arttığında da aile içi çatışmanın arttığı saptandı.

**Sonuç ve Öneriler:** Sonuç olarak aile içi çatışmanın ebeveyn tutumunu etkilediği bulundu. Risk altındaki ailelere destek stratejileri oluşturulabilir. Hemşireler, aileleri bu ortamda tanılayarak gerekli bakım, eğitim ve danışmanlık hizmeti sağlayıcılarıdır.

**Anahtar Kelimeler:** Çatışma, çocuklar, davranış, ebeveynler, karantina

## INTRODUCTION

COVID-19 pandemic is known to have affected the domestic lifestyles of millions of families (Park et al., 2020; Russel et al., 2020; Spinelli et al., 2020). Seven European countries reported that household stress, anxiety, social isolation, and conflicts have increased (Thorell et al., 2021). Particularly, how the changes in the mental health of family members have affected parental attitudes and children-parent relations is an object of curiosity (Russell et al., 2020).

There are 2.2 billion children in the world, constituting one-fourth of the total population (WHO, 2020). On the other hand, 22.750.657 of Turkey's population are children and just like the world data, this figure represents approximately 25% of this country's population. In Turkey, there are approximately 6.121.000 children aged between 0 and 4 years, whereas the number of children between the age group of 5 and 9 years is approximately 6.526.000 (TSI, 2020). The age group of 0 and 6 years is defined as early childhood and the physical, cognitive, emotional, and social effects on children in this period may influence their development at later ages. Intra-family communication and attitudes may be determinants of the holistic health indicators of the child, as well (Akođlu & Karaaslan, 2020).

Parental attitude provides information about the child's development. Favorable or unfavorable parental attitudes may affect this development to a great extent (Geniş et al., 2019). Harsh parental attitudes, intra-family conflicts, and domestic violence may cause delays in children's social development over time (Güler, 2017). Moreover, the children in the preschool period come up against several physical and mental problems arising from intra-family conflicts. What is counted among these problems are sleep-diet irregularities, anxiety, introversion, bed-wetting, and moodiness (Altuntaş & Ziyalar, 2018). In a study, it was determined that the children over the age of 4.5 years who were affected by parental attitude, had relational aggressive behaviors (Swit & McMaugh, 2012). In their study conducted with 600 parents (300 mothers and 300 fathers) who had children at the ages of 3 to 6, İkiz & Samur (2016) revealed a correlation between authoritarian parental attitudes and children's physical and relational aggressive behaviors (İkiz & Samur, 2016). Together with the pandemic, the compulsory isolation process has begun, distance education and working styles have changed and the time spent by family members at home has increased (Brooks et al., 2020; Qiu et al., 2020). In its march report, World Health Organization (WHO) states that certain events of conflict/violence have increased due to the increase in the time spent with family and the organization has made warnings about the health system in this regard (WHO, 2020). The European Council mentions that the cases of domestic violence occurring during the pandemic are worrisome (European Council, 2020). Likewise, domestic violence has increased in Turkey, as well (T.R. Ministry of Domestic, 2020; Turkish Academy of Sciences, 2020).

Lockdown periods (curfews) are reported to increase the risk of ill-treatment of children by their parents (Herrenkohl et al., 2020; Sari et al., 2021). On the contrary, the tensions at home, even if they have nothing to do directly with the child, are also called emotional violence, which does not contain physical violence and disrupts the child's positive development. The most important point here is the fact that recovery from emotional traumas takes much more time because they have a deeper impact compared to physical ones (Phillips, 2012), and such impacts get stronger in cases such as pandemics (Bradbury-Jones & Isham, 2020). The closest observers of domestic conflict/violence are the children. After parental conflicts, the mother or father may wreak her/his anger on the child (Başal et al., 2014). Intra-family disagreements may turn into conflicts during isolation and lockdown periods and repetition of these behaviors by parents may also be reflected in their child-raising attitudes (Ergönen et al., 2020; John et al., 2020; Malkoç & Güren, 2018).

Among the children who show domestic violence or conflict, some problems such as anxiety, learning disability, emotional and behavioral disorders, depression and school failure at later ages, post-traumatic stress disorder, the use of violence on others, antisocial behavior, phobia, introversion, and adjustment disorders, may be seen (Lök et al., 2016). Children who lack the support of their families may have unsuccessful coping skills and low social abilities. The crises occurring during the pandemic trigger all these negative elements (Ünal & Gülseren, 2020; Usher et al., 2020). During the pandemic, preschool children have been influenced by their parents' attitudes as well as the social pressure caused by the pandemic and their parents could not even realize this situation. One should be attentive to several regression symptoms observed in children such as unwillingness, avoiding playing games, use of feeding bottles, and thumbsucking (Imran et al., 2020; Pfefferbaum & North, 2020). In cases of domestic violence or conflicts, the nurse serves as a bridge between the child, family, and society in maintaining protective and healthy family relationships. The nurse has the chance to observe, influence, and educate the family in their environment (Ford-Gilboe et al., 2011; Humphreys et al., 2020). Moreover, the provision of psychosocial support services may bring all family members positive behaviors, with the children in the first place (Akođlu & Karaaslan, 2020). Determination of families' attitudes and behaviors toward their children during the full lockdown practices imposed in the country during the pandemic is important in terms of the interventions to be made in this regard. Therefore, this study aimed to determine how the correlation between household conflict and parental attitude during the lockdown.

### **Research Questions**

1. What were the parental attitude levels during the lockdown?
2. What were the household conflict levels during the lockdown?
3. Was there a relationship between household conflict and parental attitude in the lockdown?

### **MATERIAL AND METHOD**

**The Aim and Type of the Study:** This study was cross-sectional and web-based. This study was prepared based on the STROBE (Ghaferi et al., 2021) criteria which were used for observational and cross-sectional studies.

**The Targeted Population and Sample of the Study:** The study was conducted at a maternity and child hospital located in southeast in Turkey between 24 May and 30 June 2021. The population of this study consisted of the parents who applied to pediatric polyclinics after the 3-week full lockdown and had children between 2 and 6 years of age. To determine the sample size of this study, a power analysis was conducted by using the G\*Power (3.1.9.7) software, and the sample size was found as 246 with  $\alpha=0.05$ , effect size=0.2, and power of 90% (Faul et al., 2009). The parents, parents who worked from home and were unemployed during the lockdown period, had children without physical-cognitive disabilities at the ages of 2 to 6 and agreed to participate in the study, were included in the study. Those parents, who were involved in the occupational groups (health professionals, law enforcement employees, food industry workers, etc.) which have not been covered by the scope of the lockdown, were excluded from this study.

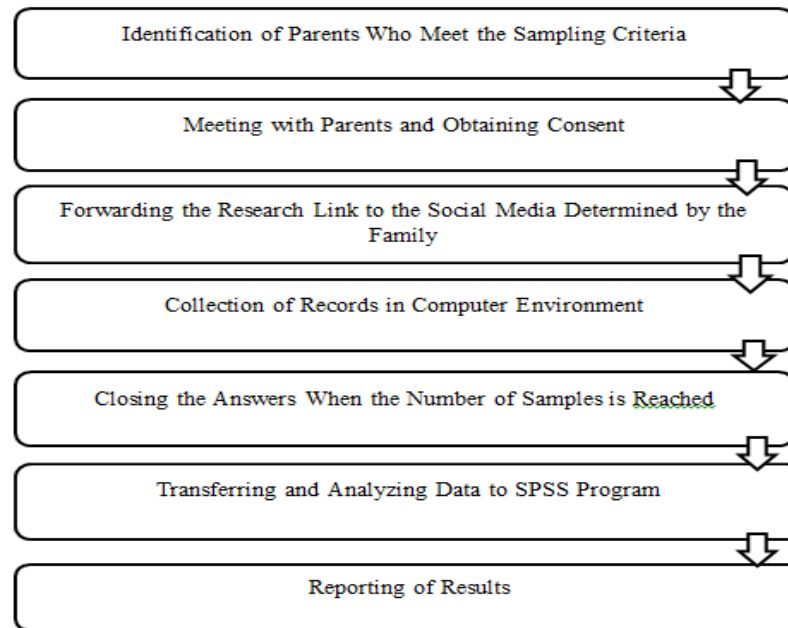
### **Data Collection Tools**

**Questionnaire Regarding Socio-demographic Data:** The questionnaire, prepared by the researchers in line with the literature (Ergönen et al., 2020; John et al., 2020; Malkoç & Güren 2018), was a form of 16 questions about the parents' socio-demographic characteristics, their lifestyles at home and their intra-family relations and their relations with their children before the pandemic.

**COVID-19 Household Environment Scale:** For this study, the COVID-19 Household Environment Scale (CHES), which was developed by Behar-Zusman et al. to determine the impact of COVID-19 on the household environment, was used. Öztürk et al., (2020), conducted its validity and reliability study. The reliability of CHES was calculated with the internal consistency (Cronbach's Alpha) coefficient. Cronbach's alpha coefficient of the scale was measured as (0.89) for the conflict subscale, (0.91) for the cohesion subscale, and (0.92) for the overall scale. COVID-19 Household Environment Scale (CHES) consists of 2 parts. The first part contains various activities determining the conflicts of the household during and before the COVID-19 pandemic and the second part has various activities determining the cohesion of the household during and before the COVID-19 pandemic. The scale consists of 2 subscales (Household conflict and household cohesion), each of which is composed of 15 items. In each of the subscales, the lowest and highest scores are 15 and 75 points. For the household conflict, the level of household conflict increases as the points increase. In this study, Cronbach's Alpha coefficient was found to be 0.854.

**Parent Attitude Scale:** This scale was developed by Karabulut Demir & Şendil (2008) to measure parents' attitudes toward their children of 2 to 6 years of age. This scale may be applied to parents who have children of 2 to 6 years of age and consists of 4 subscales and 46 items; democratic (17 items), authoritarian (11 items), overprotective (9 items), and permissive (9 items). The applied scale is a 5-point Likert type. The items are about behavior styles. Corresponding options are presented for each behavior style. 5 options are varying according to frequency rates. One of these options is marked for each item. "Always like this" gets 5 points, "Mostly like this" 4 points, "Sometimes like this" 3 points, "Seldom like this" 2 points, and "Never like this" 1 point. In this way, it is ensured that the responding parents express in what frequency they display the behavior in question. The points received from each subscale are calculated separately and each subscale gets its point. A high score in a subscale means embracing the behavior style represented by that subscale. Internal consistency coefficients were investigated to determine the reliability of Parent Attitude Scale (PAS) subscales. Cronbach's Alpha reliability coefficient is 0.83 for the democratic subscale, 0.76 for the authoritarian subscale, 0.75 for the overprotective subscale, and 0.74 for the permissive subscale (Karabulut Demir & Şendil, 2008). In this study, Cronbach's Alpha values were found as 0.930 for the democratic subscale, 0.907 for the authoritarian subscale, 0.797 for the overprotective subscale, and 0.820 for the permissive subscale.

**Data Collection:** In the study, a questionnaire regarding socio-demographic data (Chung et al., 2020; Spinelli et al., 2020; Usher et al., 2020) as well as Household Conflict, which was a subscale of the COVID-19 Household Environment Scale, and Parent Attitude Scale were used. The data collection form was prepared by the researchers with the google docs program. After the parents who met the sampling criteria were determined, meeting and consent were obtained by following the social distance rules, and finally, the research link was sent to the social media determined by the family. Fig. 1 shows the flow diagram of the study.

**Figure 1.** Research flow diagram

**Data Assessment:** The data were analyzed by using SPSS for Windows 25.0 statistical software. Kolmogorov Smirnov test was used to evaluate the conformity of the data to normal distribution during statistical analysis. In the study, descriptive statistics such as percentage, frequency, mean, standard deviation, and minimum and maximum values were calculated for the descriptive characteristics of the participants. According to the normal distribution status of the data, Student's t-test or Mann Whitney U test, One Way Anova or Kruskal-Wallis, Pearson or Spearman correlation, and Multiple Regression analyses were used. Cronbach's Alpha coefficient was calculated for the scales' reliability. In the study, the level of statistical significance was accepted as  $p < 0.05$  for variables.

**Ethical Considerations:** Before starting the study, ethics committee approval was obtained from the university's Ethics Committee (Date: 03.02.2021, Decision no: 2021/03) and permission was taken from the related institution (E-87825162-774.99). Institutional permissions of the Ministry of Health, as well as the provincial health directorate where the study would be conducted, were obtained before starting the study.

**Limitation of the Study:** This is a single-center study including the parents who had children of 2 to 6 years of age. It is limited to those parents who worked from home and were unemployed during the three-week full lockdown.

## RESULTS

Table 1 shows the socio-demographic characteristics of the families. it was found that the average number of children in the families was  $2.19 \pm 1.37$ , the average marriage age of the parents was  $24.18 \pm 3.82$  years and the average length of marriage was  $10.18 \pm 6.64$  years. 57.7% of the parents were in the age range of 31 and 40 years, 76.4% of them were female, 92.7% had a nuclear family, and 64.2% had a medium income level. 61.8% of the mothers and 58.5% of the fathers were university graduates. 61.4% of the parents were civil servants, 66.7% were employed and 86.2% had health insurance from Social Security Institution (SSI). 78.9% of the participants were not smokers and 91.9% were not consuming alcohol. 76.8% of the parents mentioned that their intra-family relations were good during the pandemic and 88.6% stated that they had good relations with their children during the pandemic (Table 1).



In this study, it was found that the total mean score of the parent attitude scale's subscales was  $70.42 \pm 11.37$  for the democratic subscale,  $24.47 \pm 8.97$  for the authoritarian subscale,  $32.86 \pm 6.09$  for the overprotective subscale, and  $22.82 \pm 6.55$  for permissive subscale, and the total mean score of the household conflict subscale was  $40.97 \pm 12.77$ . When these findings were analyzed, it was observed that the parents adopted a democratic parental attitude at a high level, an authoritarian attitude at a medium level, an overprotective attitude at a high level, and a permissive attitude at a medium level. Moreover, the parents experienced more than average conflicts.

**Table 1.** Socio-demographic characteristics of the families (n=246)

Characteristics		Mean±SD	(Min- Max)
Number of children		2.9±1.37	1.00-10.00
Marriage age (year)		24.18±3.82	14.00-36.00
Length of marriage (year)		10.18±6.64	3.00-30.00
		<b>n</b>	<b>%</b>
Age	20-30	64	26.0
	31-40	142	57.7
	41 and higher	40	16.3
Gender	Female	188	76.4
	Male	58	23.6
Family type	Nuclear Family	228	92.7
	Extended family	18	7.3
Income level	Enough	73	29.7
	Medium	158	64.2
	Bad	15	6.1
Education of Mothers	Literate	24	9.8
	Elementary	40	16.2
	High school	30	12.2
	University	152	61.8
Education of Fathers	Literate	16	6.5
	Elementary	49	19.9
	High school	37	15.1
	University	144	58.5
Occupation	Housewife	66	26.8
	Civil Servant	151	61.4
	Employee	17	6.9
	Self-employment	12	4.9
Work status	Yes	164	66.7
	No	82	33.3
Health insurance	Social Security Institution(SSI)	212	86.2
	Private health insurance (PHI)	7	2.8
	None	27	11.0
Consuming alcohol	Sometimes	20	8.1
	No consuming	226	91.9
Smoking	Always	33	13.4
	Sometimes	19	7.7
	No smoking	194	78.9
Intra-family relations before pandemic	Better	189	76.8
	Medium	52	21.1
	Bad	5	2.1
Relations with their children	Fine	218	88.6
	Medium	28	11.4
<b>Total</b>		<b>246</b>	<b>100.0</b>

Table 2 shows the parents' socio-demographic characteristics, the comparison of total mean scores of parent attitude subscales and conflict subscale. Statistical significance was determined between the democratic subscale and the participants' age, family type, parent's education status, profession, employment status, relations with children, and income level ( $p<0.05$ ). Statistical significance was found between the authoritarian subscale and the participants' gender, family type, mother's education status, profession, pre-pandemic intra-family relations, relations with their children, and income level ( $p<0.05$ ). Statistical significance was determined between the overprotective subscale, and the participants' alcohol consumption and income level ( $p<0.05$ ). Statistical significance was found between the permissive subscale and the participants' gender, pre-pandemic intra-family relations, and relations with their children ( $p<0.05$ ). There was no statistically significant difference between the participants' socio-demographic characteristics and the total score of the conflict subscale ( $p<0.05$ ) (Table 2).



**Table 2.** Comparison of parents' socio-demographic characteristics, parent attitude subscales and total score averages of conflict scale (n=246)

Variables		Democratic		Authoritarian		Overprotective		Permissive		Conflict scale	
		Mean±SD	Test	Mean±SD	Test	Mean±SD	Test	Mean±SD	Test	Mean±SD	Test
Age	20-30	73.12±10.82	F:4.550	23.46±9.55	F:0.665	34.04±5.89	F:1.841	22.46±6.90	F:0.249	41.40±14.65	F:0.377
	31-40	70.36±10.89	p:0.011	24.64±8.68	p:0.515	32.36±6.24	p:0.161	22.82±6.49	p:0.780	40.40±12.50	p:0.686
	41 and higher	66.30±12.83		25.50±9.10		32.75±5.72		23.37±6.33		42.27±10.49	
Gender	Female	90.94±11.22	t:1.290	23.76±8.64	t:-2.264	32.88±6.24	t:0.079	22.21±6.28	t:-2.268	41.15±13.21	t:0.415
	Male	68.74±11.79	p:0.198	26.79±9.68	p:0.024	32.81±5.61	p:0.937	24.77±7.06	p:0.009	40.36±11.32	p:0.679
Family type	Nuclear Family	70.85±11.27	Z:-2.340	24.05±8.72	Z:-2.442	32.87±6.09	Z:-0.164	22.63±6.32	Z:-0.881	40.80±12.56	Z:-0.754
	Extended family	64.94±11.46	p:0.019	29.83±10.50	p:0.015	32.72±6.18	p:0.870	25.16±8.87	p:0.379	43.05±15.44	p:0.451
Income level	Enough	72.49±9.71		22.02±8.48		31.57±5.63		21.98±6.22		42.09±13.29	
	Medium	70.29±11.21	F:5.819	24.99±8.95	F:7.300	33.68±6.09	F:4.364	22.91±6.78	F:2.321	40.09±12.30	F:1.308
	Bad	61.73±16.25	p:0.003	31.00±7.67	p:0.001	30.46±6.84	p:0.014	25.93±4.75	p:0.100	44.73±14.86	p:0.272
Education of Mothers	Literate	63.20±15.82		25.20±8.77		32.08±7.50		22.45±5.56		42.04±12.38	
	Elementary	66.82±12.63	F:7.295	29.37±10.06	F:5.324	34.32±6.65	F:0.976	24.35±7.70	F:1.295	39.45±13.71	F:0.644
	High school	69.23±12.64	p:0.001	23.43±6.64	p:0.001	32.56±6.73	p:0.405	21.30±4.79	p:0.277	38.86±14.48	p:0.588
	University	72.74±9.07		23.28±8.73		32.66±5.54		22.77±6.63		41.61±12.26	
Education of Fathers	Literate	61.31±14.33		26.81±9.30		32.43±7.96		23.18±7.37		38.81±12.21	
	Elementary	69.34±11.53	F:6.340	25.77±8.68	F:1.096	34.53±6.23	F:2.381	23.42±5.99	F:1.197	40.75±14.44	F:0.184
	High school	67.62±12.76	p:0.001	24.83±9.53	p:0.352	31.05±6.09	p:0.070	20.97±5.92	p:0.311	41.45±12.17	p:0.908
	University	72.52±9.90		23.68±8.88		32.81±5.71		23.04±6.77		41.15±12.49	
Occupation	Housewife	66.42±13.91		26.25±8.96		33.72±7.22		22.28±6.81		42.62±14.46	
	Civil Servant	73.14±8.27	KW:13.902	23.85±8.61	KW:12.173	32.64±5.13	KW:4.826	23.16±6.21	KW:5.232	40.91±11.91	KW:3.189
	Employee	66.23±10.85	p:0.003	21.82±5.11	p:0.007	31.41±7.22	p:0.185	19.58±5.16	p:0.156	36.29±14.37	p:0.363
	Self-employment	64.08±19.04		32.58±12.58		32.91±8.63		26.00±9.33		39.25±10.51	
Work status	Yes	71.98±9.11	t:2.674	23.55±8.51	t:-2.306	32.55±5.43	t:-1.033	22.84±6.39	t:0.089	40.04±11.77	t:-1.607
	No	67.30±14.46	p:0.009	26.32±9.62	p:0.022	33.48±7.22	p:0.304	22.76±6.90	p:0.929	42.81±14.47	p:0.136
Health insurance	SSI	70.91±11.00		23.94±8.39		32.38±5.91		22.55±6.41		40.87±12.90	
	PHI	70.14±8.31	KW:2.163	26.14±10.86	KW:2.288	36.57±2.69	KW:14.052	24.42±6.32	KW:1.584	41.57±7.56	KW:0.156
	None	66.66±14.25	p:0.339	28.22±11.90	p:0.318	35.70±7.05	p:0.001	24.51±7.59	p:0.453	41.59±13.14	p:0.925
Consuming alcohol	Sometimes	73.50±8.60	Z:-1.099	23.75±7.67	Z:-0.095	32.00±7.07	Z:-0.696	23.00±5.94	Z:-0.133	36.15±13.11	Z:-1.614
	No consuming	70.15±11.56	p:0.272	24.54±9.09	p:0.924	32.94±6.00	p:0.486	22.80±6.62	p:0.894	41.39±12.68	p:0.107
Smoking	Always	71.24±11.97		24.03±9.21		32.96±6.45		22.48±6.25		40.96±11.17	
	Sometimes	70.63±8.30	F:0.107	28.00±10.31	F:1.598	33.10±4.60	F:0.024	24.57±7.81	F:0.754	38.31±12.96	F:0.449
	No smoking	70.26±11.56	p:0.898	24.21±8.76	p:0.205	32.82±6.18	p:0.977	22.70±6.48	p:0.471	41.23±13.04	p:0.639
Intra-family relations before pandemic	Better	71.26±13.34		23.43±8.41		33.13±6.24		22.21±6.27		40.65±12.74	
	Medium	67.67±10.88	KW:5.503	27.78±10.10	KW:9.657	32.11±5.29	KW:3.688	24.61±7.07	KW:6.222	41.65±12.70	KW:0.168
	Bad	67.20±14.63	p:0.064	29.40±8.96	p:0.008	30.40±7.98	p:0.158	27.00±7.96	p:0.045	46.00±16.06	p:0.919
Relations with their children	Fine	71.03±11.24	Z:-2.561	23.60±8.57	Z:-4.256	32.91±6.08	Z:-0.540	22.38±6.37	Z:-2.826	40.85±12.61	Z:-0.241
	Medium	65.64±11.40	p:0.010	31.28±9.26	p:0.001	32.50±6.22	p:0.589	26.25±7.09	p:0.005	41.85±14.17	p:0.809

F: Oneway ANOVA Test KW: Kruskal-Wallis Test Z:Mann Whitney U testi t:Student t testi \*p&lt;0.05

Table 3 shows the correlation between subscales of the parent attitude scale and mean scores of the conflict subscale. It was found that the democratic subscale of the parent attitude scale had a negative correlation with the mean score of the conflict subscale. Authoritarian, overprotective, and permissive subscales of the parent attitude scale had a positive correlation with the household conflict subscale, the difference wasn't statistically significant (Table 3).

**Table 3.** The correlation between subscales of the parent attitude scale and total mean scores of the conflict subscale (n=246)

		Subscales of Parent Attitude Scale			
		Democratic	Authoritarian	Overprotective	Permissive
Conflict Scale (Total score)	r	-0.018	0.036	0.009	0.076
	p	0.775	0.577	0.893	0.233

Table 4 shows the parents' socio-demographic characteristics as well as the multiple regression of total mean scores of parent attitude subscales and conflict subscales. It was determined that democratic parental attitude was affected by parents' age, the number of children, parents' education status, employment status, health insurance, age and duration of the marriage, and income level. The authoritarian parental attitude was affected by parents' relations with children. The overprotective parental attitude was influenced by the number of children, parents' education status, employment status, health insurance, age and duration of the marriage, and income level. The permissive parental attitude was influenced by employment status, and consequently, conflict status was affected by the number of children (Table 4).

**Table 4.** Regression between parents' socio-demographical characteristics and parental attitude subscale and total mean scores of conflict scales (n=246)

Characteristics	Democratic		Authoritarian		Overprotective		Permissive		Conflict Scale	
	B	p	B	p	B	p	B	p	B	p
Age	0.132	<b>0.003</b>	0.065	0.312	0.056	0.484	0.037	0.657	0.025	0.411
Gender	0.003	0.398	0.001	0.814	0.000	0.907	0.001	0.080	0.001	0.525
Family type	0.003	0.154	0.004	0.181	0.002	0.651	0.000	0.973	0.001	0.543
Income level	0.011	<b>0.004</b>	0.010	0.088	0.016	<b>0.023</b>	-0.002	0.747	0.001	0.696
Number of children	0.044	<b>0.001</b>	0.013	0.326	0.042	<b>0.013</b>	0.007	0.691	0.015	<b>0.020</b>
Education of Mothers	0.036	<b>0.001</b>	0.012	0.255	0.004	<b>0.001</b>	0.016	0.232	0.003	0.528
Education of Fathers	0.031	<b>0.001</b>	0.004	0.717	0.004	<b>0.001</b>	0.012	0.350	0.003	0.533
Occupation	0.007	0.214	0.002	0.826	-0.02	0.061	0.009	0.364	0.006	0.101
Work status	0.012	<b>0.001</b>	0.008	0.111	0.019	<b>0.002</b>	-0.012	<b>0.044</b>	0.004	0.094
Health insurance	0.016	<b>0.001</b>	0.002	0.778	0.035	<b>0.001</b>	0.000	0.975	0.001	0.871
Marriage age	0.081	<b>0.004</b>	0.061	0.123	-0.15	<b>0.002</b>	0.07	0.165	0.004	0.831
Length of marriage	-0.18	<b>0.001</b>	0.022	0.745	0.169	<b>0.048</b>	-0.008	0.925	0.047	0.144
Consuming alcohol	0.004	0.067	0.000	0.880	0.006	0.095	-0.002	0.639	0.002	0.080
Smoking	0.004	0.504	0.005	0.544	0.003	0.786	0.002	0.811	0.001	0.732
Intra-family relations before pandemic	0.001	0.806	0.008	0.096	0.010	0.111	0.007	0.259	0.002	0.475
Relations with their children	0.002	0.375	0.008	<b>0.013</b>	0.001	0.728	0.002	0.658	0.000	0.839

## DISCUSSION

One of the important issues was how the relationships of parents with children during the pandemic lockdown, particularly. Therefore, this study aimed to determine the correlation between household conflict status and parental attitude during the lockdown.

It was found that the parents adopted a democratic parental attitude at a high level, an authoritarian attitude at a medium level, an overprotective attitude at a high level, and a permissive attitude at a medium level. Positive and susceptible parenting accompanied by democratic parental attitudes plays a protective role as regards the symptoms related to stress in children (Greene et al., 2020; Taraban & Shaw, 2018). Responding to children's needs sensitively and consistently may affect positive psychosocial, cognitive, and behavioral results for children (Pastorelli et al., 2016). The fact that the parents in this study adopted a high level of democratic attitude may be attributed to their high education level and young ages (Table 2).

It was found in the study that those parents who stated that they did not use alcohol or smoke cigarettes had higher conflict scores, but the difference was not significant (Table 2). In their study, Westrupp et al. reported that intra-family conflict was caused by the high level of alcohol use. It is considered that this difference may be associated with the lack of information on the frequency of parents' alcohol use and by intra-family problems, fear of disease and financial problems, etc.

It was found that the democratic subscale of the parent attitude scale had a negative correlation with the total mean score of the conflict subscale. Additionally, the authoritarian,

overprotective, and permissive subscales of the parent attitude scale had a positive correlation with the total mean score of the conflict subscale, but the difference was not statistically significant (Table 3). It is argued that changes in stress and mental health affect children-parent relations, and intra-family relations have a negative correlation with conflict and a positive correlation with closeness (Russell et al., 2020). Similarly, it has been determined in the literature that if families adopt democratic attitudes, this decreases their conflict status, and on the contrary, if they have authoritarian, overprotective, and permissive attitudes which negatively affect children's health, then conflict increases. It is considered that this situation may have positive and negative reflections on parental attitudes in intra-family processes in terms of childcare.

It was found in this study that mothers and the participants who mentioned themselves as having low-income levels had relatively higher conflict mean scores, however, there was no statistically significant difference between them (Table 2). Moreover, it was determined according to regression analysis that income level predicted democratic attitude at a negative and significant level and predicted overprotective attitude at a positive and significant level (Table 4). In terms of parental attitudes, authoritarian and permissive attitudes of fathers are found to be higher compared to mothers, and the difference was significant. Low-income families displayed less democratic and overprotective attitudes while exhibiting a high level of authoritarian attitudes and the differences were significant (Table 2). Likewise, in their study Westrupp et al., (2021) reported that even though women had a higher level of anxiety compared to men, mothers felt more concern for their children, thought of their children's psychological health and had a relatively less harsh attitude. Financial problems have affected parental attitude more negatively during the pandemic, have caused a high level of parental conflict, and have made parents angrier. It was reported that at the beginning of the pandemic, social isolation, job loss, or job changes increased parents' stress, and this imposed a risk for maltreatment of children (Lee et al., 2021). It may be interpreted that the pandemic affected intra-family processes similarly, regardless of whether the lockdowns are full or restricted. Failure of the parents to be present in social environments and to participate in sportive activities, failure of children to spend time in playgrounds, and exposure of the family to restrictions that may affect the level of physical and emotional activities, may be considered to increase intra-family conflict levels.

It was determined that those who expressed that they had good relations with their children adopted democratic attitudes, and those who stated that they had medium relations with their children adopted authoritarian and permissive attitudes, and the differences were significant. The parents who established medium-level relations with their children had a high level of conflict, but the difference was not significant (Table 2). According to the results of regression analysis, relation with their children was predicted positively with the authoritarian attitude (Table 4). In their study conducted with 600 parents (300 mothers and 300 fathers) who had children at the ages of 3 to 6, İkiz & Samur (2016) put forward that there was a correlation between authoritarian parental attitude and children's physical and relational aggressive behaviors. Supportive parenting, a relation of trust and the development of favorable attitudes against unexpected events in parents may protect children against mental health symptoms to occur in the future (Carpenter et al., 2017; Sprague et al., 2015). For children, social isolation throughout and after the pandemic may impose the risk of depression (Brooks et al., 2020) and many other mental health problems (stress, anxiety, intra-family conflict) (Fegert et al., 2020). Results of some experimental studies have revealed that behavioral problems such as agitation/aggression, attention deficit, and internalization are common in children during the COVID-19 period (Loades et al., 2020; Orgiedes et al., 2020). Similarly, based on this study's findings, it is considered that COVID-19 has affected the relations between parents and

children, the lockdown has increased stress, and all family members are at psychological risk due to this situation.

It was found that parents had conflicts more than average, and according to the results of regression analysis, it was determined that the number of children positively and significantly predicted conflict status (Table 4). Likewise, in their study, Westrupp et al., (2021) reported that parents had more conflicts during the pandemic. In their study Chung et al., (2020) stated that COVID-19 increased family stress, which led to harsher parental attitudes and may negatively affect family-children relations, adding that there was not enough evidence in this respect. Findings of the same study suggested that family members were feeling relatively less close to their children and the difference was significant. Although Latif & Karaman (2021) reported in their study that staying at home increased boredom and led people to information technologies and unintentional behaviors such as excessive eating, they also concluded that there was no conflict among the family members and this process taught them to be patient and strong. Sari et al., (2021) found that harsher behaviors by parents toward their children during the pandemic process were significant and relatively higher compared to the pre-pandemic period. According to their study results, it was determined, like the present study, that parents displayed negative attitudes such as conflict, stress, irritability, and harsh behavior. When the time of the study and its sample group were analyzed, it is considered that the difference in the study of Latif & Karaman (2021) stemmed from the fact that their study was conducted during the first months of the pandemic, and this might have had different effects on parents. Moreover, this study covered the 3-week full lockdown period.

According to the results of regression analysis, it was determined that parent's ages and age of marriage negatively affected democratic attitude, education level and age of marriage positively affected democratic attitude and negatively affected overprotective attitude, in a significant manner (Table 4). It may be concluded that the overprotective attitude of parents arises from their concern for their children's health, and a different point of view, on the possibility that their children carry the virus to other people.

## **CONCLUSION AND RECOMMENDATIONS**

Consequently, it was found that intra-family conflict affected parental attitude. Carrying out intra-family processes in a healthy manner affects children, the most vulnerable members of the family. It may be required to generate support strategies for the families that are at risk. It could be important within the primary health services to identify the family at home where is its natural environment, to evaluate parent-child(ren) communication and bonds within the framework of a holistic health approach, and to carry out necessary interventions. Nurses can identify families in this environment and provide necessary care, training, and consultation service. To protect children from maltreatment, the construction of new healthcare systems and the provision of financial support to families may be regarded as important steps for the experiences during the process of universal health crises.

**Ethical Considerations:** Before starting the study, ethics committee approval was obtained from the university's Ethics Committee (Date: 03.02.2021, Decision no: 2021/03) and permission was taken from the related institution (E-87825162-774.99).

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