“A toy plane in my home office”: Mothers’ perceptions of the reflections of the COVID-19 pandemic on their family relations and children’s play behaviours

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Abstract

Background

Coronavirus disease 2019 (COVID-19) pandemic which promotes social distance and hygiene measures affected children's social life and mental health. Very little is currently known about how the pandemic changed the children's family relations and plays. The aim of this study is to reveal the impact of the COVID-19 pandemic on family relations and young children's play behaviors.

Methods

Focus group interview was conducted with five mothers of 36 month-old children. Data were analyzed using content analysis.

Results

Analysis revealed three main themes that (i) understanding the COVID-19, (ii) reflections of the COVID-19 outbreak on the family relations, (iii) reflections of the COVID-19 outbreak on the children's play and play materials. Children had knowledge about COVID-19 with exposure to news and changing home routines and from explanations of family members. Pandemic restrictions had positive and negative impacts on the family relations. Satisfaction from parenting, being together with family members and children's receiving more input from their parents and environment were evaluated as positive impacts of pandemic restrictions while parents' feeling psychologically overwhelmed, children's exposing oppressive behaviors and having developmental regression reflected to the family relationships negatively. Children's plays included many concepts related to COVID-19. They experienced the restriction of their outdoor play and bringing some equipments for parks to provide hygiene. There was an increase in screen interaction and the number of toys. Children who deprived from their peers learned how they can interact and play with their peers without any contact.

Conclusions

Pandemic outbreak had a wide range of negative and positive consequences on family life practices, parents' emotional well-being, children's play patterns. These findings can help find effective ways to conserve and promote children's and their families' health in pandemic and recovery process.

Key Message

- Previous research provided only rudimentary explanations for how the COVID-19 pandemic affected young children's play behaviors and family interactions.
- This study found various impacts of the pandemic on children's play and their relationships with family members.

- The pandemic fostered strong parental-child contact. On the other hand, it also caused parents to feel overwhelmed.
- The pandemic added new concepts and components to children's play while limited children's play environment and time.

Introduction

More than a year ago, on 30 January 2020, a coronavirus named SARS-CoV-2 was declared by the World Health Organization (WHO, 2020a) as being part of a family of viruses (CoVs) that may cause life threatening conditions in humans like respiratory diseases and even more serious diseases such as the Severe Acute Respiratory Syndrome (SARS) and the Middle East respiratory syndrome (MERS). On March 11, 2020 due to the rapid spread of the disease to a large number of people in a given population within a short period of time 'COVID-19 was characterized as the global COVID-19 pandemic' (WHO, 2020b). Globally, as of 15 April, 2021, there have been 146,841,882 confirmed cases of COVID-19, including 3,104,743 deaths, from 3 January 2020 to 26 April 2021, there have been 4,629,969 confirmed cases of COVID-19 with 38,358 deaths ("WHO Coronavirus (COVID-19) Dashboard", 2021).

As a precaution for rapid spread of COVID-19, serious interventions like lockdowns and quarantines have been implemented in numerous countries all around the world (Brooks et al., 2020). By April 2020, schools have been closed nationwide (Lee, 2020) and social constraints have brought with it social isolation, separation from peers for young children and an acute loneliness of children, which is having a detrimental effect on their mental health (Wang et al., 2017; Loades et al., 2020) because positive social interactions are thought as a basic human need and it is known that during critical developmental periods of children, extended periods of social isolation may cause behavior problems and brain dysfunctions (Tomova et al., 2020; Novick et al., 2018; Hall, 1998).

In addition to social isolation, children have been faced with physical activity burdens due to pandemic restrictions and have had less outside time since the beginning of the pandemic (Moore et al., 2020). Unstructured outdoor play is one of the most beneficial forms of play for children's overall development (Valentine & McKendrick, 1997; Karsten, 2005). In WHO guidelines on physical activity and sedentary behavior, it is recommended that children should do at least an average of 60 minutes per day of physical activity and a limitation is strongly recommended about the amount of time spent being sedentary, particularly the amount of recreational screen time (WHO, 2020c). Results of a recent study conducted with 2426 children and adolescents (6-17 years) in Shanghai, China revealed a dramatic decrease of time in physical activity per week (-435 min/week) and a sudden increase in screen time (+1730 min/week) in a comparison of daily life activities of children before and after the COVID-19 pandemic precautions (Xiang, Zhang & Kuwahara, 2020). Children's pretend play behaviors also seem to have changed as a result of the COVID-19 limitations. Many parents of children aged 1 to 10 have recorded their children pretending to be the coronavirus in chase games, creating a model of the coronavirus using construction toys, pretending to be a doctor, and pretending to wash their hands (Egan, Beatty & Hoyne, 2020; Egan, Pope, Moloney, Hoyne & Beatty, 2021).

The COVID-19 pandemic affected not only children, but also their parents (Bai et al., 2020). Because of governmental social distancing constraints, many parents who were requested or ordered to stay at home for a period of time began working from their homes (Prime, Wayde & Browne, 2020). Long work hours, difficulty of transition from work to non-work domains at home and role conflicts as a parent or a worker put more strain on the parents during the COVID-19 pandemic period (Dockery & Bawa, 2014; Dockery & Bawa, 2020). During the lockdown period, there was a decrease in family life satisfaction, particularly among mothers, who are more responsible for childcare tasks (Huebener et al., 2020). Although the COVID-19 pandemic has caused tremendous stress and anxiety for many parents around the world, researchers also claim some positive outcomes of family-child relationships during the COVID-19 outbreak, such as spending more time together during a lockdown, an increase in emotional closeness, more time spent in playful activities with children at home; they've all contributed to a sense of well-being in families (Gambin et al., 2020; Janssen et al., 2020).

It is unclear how the COVID-19 pandemic; lockdowns, and quarantines have affected family-child relationships and children's play behaviors. The purpose of this study is to conduct interviews with parents who have children aged 30-40 months to learn about the impact of the COVID-19 pandemic on their family relationships and children's play behaviors.

Methods

Research Design

In this study, phenomenology, which is one of the qualitative research designs, was used to plan and implement the study. The phenomenological studies aim to focus on the experiences of the participants, to deal with the experiences, and to examine the perceptions of the individuals (Bas & Akturan, 2008; Creswell & Poth, 2016; Husserl, 2012). In this study, mothers' perceptions of the COVID-19 pandemic's reflection on family relationships and children's plays are examined, in Turkey. Hereby, the personal experiences of mothers are captured to understand the reflection of COVID-19 for their life. Because of this reason, focus group interview was used in this study. Focus group interviews are group discussions in which a topic is discussed by groups of four to twelve people under the direction of the researcher. It is a research strategy that includes intensive discussions on a specific "focus" or problem, on various occasions, and interviews with small groups (Marshall, 1999).

The Role of the Researchers

All researchers have similar demographic backgrounds as participants. All three of the researchers live in metropolitan cities, are married and live with their partners, work as white collar professionals, and have transitioned to a remote work arrangement as a result of COVID-19. Additionally, the first author has a daughter who is near in age to the participants' children. This enabled the first author's experience to be leveraged during the research's design phase.

Participants

A total of 5 mothers with young children were recruited for the study. Within the scope of the study, it was ensured that the participants were selected from among individuals with similar demographic backgrounds. Thus, the differences of the participants were attempted to be minimized. It was attempted to elicit participants' experiences with similar conditions in the context of the research issue. As a result, mothers were contacted through their accessible circles, which matched the researchers' demographics.

Mothers were recruited by the researchers directly by providing details about the study and taking informed consent. The study group was formed using a number of inclusion criteria, including (a) being a mother, (b) having a 36-month-old child, (c) nuclear family living together in the same home, (d) having a stable internet connection for the interview, (e) living in metropolitan cities of Turkey. All demographic characteristics of mother and children were presented in Table 1.

Table 1. Demographical characteristic of mother and children

	Frequency	%
Maternal Age		
32-35	5	100
Education level		
Graduate degree	5	100
Working status		
Working (remote working)	5	100
Children's gender		
Female	2	40
Male	3	60
Support in childcare		
Babysitter	2	40
Grandparents	1	20
ECE institution	2	40
Social isolation		
Full isolation	3	60
Except basic needs	2	40
COVID-19 symptoms		
Yes	2	40
No	3	60

In terms of educational level, all the mothers have graduate degrees, are full time white-collar professionals, are from middle socioeconomic status, and work in a remote working system as a result of COVID-19. All participants were married and have lived with their partners with one child. The three mothers' children were boys, and two mothers' children were girls. While three mothers take support in childcare at home, two mothers' children attend an early childhood education institution. Four mothers whose children had not received early childhood education explained that they wanted to send their children to an early childhood education institution according to the course of the pandemic. Furthermore, three mothers declared that they live in full isolation during COVID-19, the rest of the mothers stated that they go out for their basic needs. When asked about COVID-19 symptoms, two mothers indicated that they had these symptoms during the pandemic. As this study aims to reveal the reflections of the COVID-19 pandemic on family relationships and children's plays from the perspectives of mothers, mothers who had the chance to see and participate in children's plays before the pandemic were included in the study. Mothers share similar demographic characteristics to minimize the impacts of different backgrounds on their perceptions of the COVID-19 pandemic's impact on family relationships and children's play. The study with its entirety including consent forms and interview form were previously approved by the Hacettepe University Research Ethics Commission. Since the study was related to COVID-19, research permission was obtained from the Ministry of Health. All participants accepted anonymized use of their data for further scientific purpose and subsequent publication during consent.

Research Instrument

To reach the aim of the study, interview questions were created by the researchers with the support of the literature on the issues of family relationships and children's plays. Draft questions were created by the researchers in line with the literature, and opinions were taken from an early childhood education expert with qualitative research experience. The questions in the interview form were tested with mothers who had similar characteristics with the mothers who would be included in the study group. In this context, the interview form in the focus group interview was revised and the form was made ready for use. The interview form includes 14 questions under three different subheadings: general information about COVID-19, family relationships and children's plays.

Data Collection

A focus group interview was held in a session and online with these five mothers. The reason for the focus group interviews was to create a discussion environment. Hereby, participants had similar backgrounds and this similarity provides a chance to share their experiences by discussing the advantages and disadvantages of them. An informed consent form was prepared for the participants to conduct the study in terms of ethics. The mothers provided their consent in writing after being informed about the study objective. In April 2021, an online meeting date was planned with the participants who completed the consent form. The interview was recorded with the permission of the participants and took 125 minutes. During the interview, a warm environment was created so that mothers felt comfortable and

could express their opinions without hesitation. It was not difficult to create a welcoming meeting environment, as mothers were recruited from the researchers' accessible circles. The procedure was thoroughly explained and participants were made to feel more comfortable.

During the interview, the participants were initially asked about general information about COVID-19, then their family relationships, and lastly their children's play. When needed, some probing questions such as "Can you provide more details?" or "Can you give an example?" were asked to the mothers. To consistency, all interview processes were conducted by the second author based on a predetermined interview protocol. The interviewer had experience in conducting qualitative interviews. The second author encouraged the mothers to express their perceptions about the questions and thus attempted to provide an environment in which the context of speech was not distracted. Neuman (2007) recommends that the interviewer provide non-directive feedback and drill as necessary to maintain the interviewee's attention. Drilling is a means of gathering information by asking new questions to responders, and occasionally through nonverbal communication, to broaden the scope of an answer to a query. The interviewer is in charge of both asking questions in the context of the interview, ensuring that everyone has an equal voice, and redirecting the debate when it veers off subject. The focus group interview was carried out with the participants in depth until the data reached saturation. When this saturation was reached, the data collection process was completed.

Data Analysis

The interview was recorded, transcribed, and then transferred into written form. The deciphering of the interviews was completed. Having listened to the tape and read all written form several times, the researchers deeply investigated the data to find a general perspective toward interviews. Thus, it will be ensured that the themes that define the experiences of the participants are understood by identifying the problems and patterns in the data (Westman & Bergmark, 2014). In this study, the content analysis was used. In this process, the following steps were executed: preliminary preparation, qualitative data coding, identifying themes, interpreting the findings, and reporting the findings.

For preliminary preparation, data were transcribed, literature was read to form a basis, and all transcriptions and audio recordings were provided for researchers. In qualitative data coding, three researchers formed thematic codes by analyzing the data separately. Each researcher analyzed and coded the data individually. For identifying themes, data coded individually by each researcher were brought together, compared, and common codes were analyzed to determine themes. Any disagreements in coding were resolved through discussion. Finally, the subcategories were combined based on their relationship to categories. After that, the themes created by the researchers were compared and the necessary arrangements were made. Inter-coder reliability was calculated using the formula $\text{Reliability} = \text{Consensus} / (\text{Consensus} + \text{Disagreement})$ and it was found 92%. For last two steps of data analysis, all researchers worked together to interpret and report the findings.

Trustworthiness

Since there is no aim to generalize in the qualitative studies, it is not aimed to reach a single and simple truth in this research. On the other hand, some precautions were needed to ensure reliability and validity. In a study, the correctness of the findings ensures that the research is valid (LeCompte & Goetz, 1982). In this study, literature is considered as a basic resource. To reach valid findings, expert opinion was taken to help formulate interview questions. Other measures were as defining the research process in detail, comparing the findings with the literature and sharing the answers of the participants with direct quotations. This procedure also increased the reliability of the findings. Opinions of the research team were used during the process. Transcriptions of the interviews and the results were shared with some mothers. The analyses were compared using the inter-coder reliability formula. For the reliability, interview records and transcripts were archived. These factors that are expected to increase the reliability of the research are the detailed explanation of the analysis process and the researchers' objective approach to the whole process. For ethical considerations, permission for conducting the study was obtained, and the informed consent form was used. Mothers' permission was taken for sound recording to prevent any potential data loss.

Results

Analysis of the transcribed interview demonstrated three main themes: (i) understanding the COVID-19, (ii) reflections of the COVID-19 outbreak on the family relations, (iii) reflections of the COVID-19 outbreak on the children's play and play materials.

Understanding the COVID-19

Four mothers had reported that they told their children what the COVID-19 is. Interestingly, all the mothers who told the COVID-19 to their children had stated that they made some explanations just after the children asked what the COVID is. The other two mothers had emphasized that they did not try to explain the COVID-19 as children did not ask anything about it. Moreover, they had thought that their children did not have sufficient language ability to understand the COVID-19 due to their low level of expressive language ability.

Analysis of the interview had revealed that children learn the COVID-19 in two ways as follows: (I) exposure to news and new home routines related to the COVID-19, (II) explanations of family members. First, they had been exposed to the news about the COVID-19 on TV. Mothers had stated that children heard the words related to COVID-19 such as illness, mortality rate or mask on TV. In addition, mothers had expressed that children observed the new home routines related to COVID-19. For example, children had witnessed that their parents kept waiting for their market bags on the balcony after shopping.

Second, parents had explained to children the COVID-19 using various techniques. They helped children understand the COVID-19 by including it in their daily activities. Mostly, mothers had chosen the words of illness or microbe rather than Coronavirus or COVID in their explanations due to children's familiarity with these words. Mothers had sung songs related to microbes. In addition, they provide some cartoons

related to illness. One of the mothers had used an analogy technique to tell her child the spread of the infection. A mother explained how she used analogy with paints:

Mother O: We told him that there are microbes on the outside, but we cannot see them. We used paints to show where the microbes should be in the house. We rubbed paint on his hands, and we said that if you touch anywhere with your hands, it will be paint. Look, a microbe is something like that. We tried to explain it by demonstrating and providing it to experience.

Mothers who explained the COVID-19 to their children had emphasized that children were able to accommodate the new routines easily. Children were more careful than their parents in terms of not interrupting routines. Children had reminded their parents to wash their hands or take on their masks. In fact, they had warned each other that they should wear their mask during the play. On the contrary, one of the children whose mother did not make any explanations about the COVID-19 had refused to talk with his brother if he wore a mask.

Reflections of the COVID-19 outbreak on the family relations

The second part of the findings is about the reflections of the COVID-19 outbreak on the family relations. Two categories were identified as follows: (I) positive reflections and (II) negative reflections; and three subcategories on each category as: (a) parents, (b) parent-child relations, and (c) children.

Mothers reported that the COVID-19 outbreak made positive reflections on family relations in terms of parents, parent-child relations and their children. First, mothers expressed that they and also their partners were affected internally from the COVID-19 outbreak. The majority of mothers shared an increase in their own parental self-efficacy in the outbreak process. They indicated that they were fulfilling their parenting role. Mothers attributed this to spending more time with their children, and also shared that they were satisfied from parenting in the outbreak process. Two mothers who work at home connected this to being witnesses to the developmental stages of their children. A mother explained her satisfaction from parenting that:

Mother O: My son started to say his first words before the pandemic, but I could not witness this stage. Being at home with him in this one year was good for me as a mother who lived out of home in two of these three years due to my work.

Second, mothers expressed that the COVID-19 outbreak reflected positively on parent-child relationships. The majority of mothers shared that this outbreak contributed to the unity of their family. Throughout this process, the parents were able to spend more quality time with their children. In addition, mothers experienced a change in daily routines. They stated that eating at home together had positive effects on their family relations. They evaluated arriving early at home and additional time for eating together positively in regard to their relationship with children. Moreover, they emphasized that being at home with their children reflects on their professional life. Mothers stated that children coming to the room during a meeting made the parents happy.

Third, mothers pointed out that the COVID-19 outbreak reflected positively on children. The majority of mothers stated that children could accommodate this extraordinary situation and were positively affected from this process. They were able to spend quality time with their parents. Four mothers explained that their children's expressive language is improved due to spending more time with their parents and receiving more language input from them. In addition, two mothers whose children have accessibility to nature indicated that they find more opportunity to be in a natural environment in this process.

While mothers indicated positive reflections of the COVID-19 outbreak, they also pointed out the negative reflections of it on parents, parent-child relationships, and their children. The first negative reflection of the COVID-19 outbreak was on the psychological wellbeing of the parents. Most mothers felt psychologically overwhelmed. Two mothers complained about the other people violating the rules related to COVID-19 and this made them more stressed. One mother had suffered from heart palpitations due to anxiety. This mother added that she put pressure on her family members to be careful about the hygiene issues. The majority of mothers felt that their freedom was restricted. In fact, two mothers indicated that they had to be in a room at home and lock the door to work. Moreover, nearly all mothers expressed an increase in negative beliefs about themselves and their family members. They became anxious about the grandparents' and their health, their professional life, their children's educational and social life. For many mothers, the COVID-19 outbreak induced negative reflections on their professional life. Two mothers worried about the delay in their professional progress. A mother emphasized the difficulty of working at home that:

Mother S: During this period, I had to complete my doctoral thesis. As I was not used to working at home, I could not separate my housework from my professional work.

In fact, one mother felt uncomfortable about taking work home. In addition, mothers agreed that the outbreak changed their daily routines and had to take some extra measures. The time spent outside was restricted. They kept the shopping bags outside. Family members had to wear masks while going outside. They had to wash their hands frequently.

The second negative reflection of the COVID-19 outbreak was on parent-child relationships. One mother shared her awareness of being harmful for her children due to her oppressive behaviors related to hygiene issues. In addition, one mother who has two children stated that she was not able to allocate time to her children equally. She had to spend more time on the homework of her older child at school.

The third negative reflection of the COVID-19 outbreak was on children. All mothers reported that children were not able to enjoy their childhood. Mothers noticed that children had to spend more time at home, and they could not get rid of their surplus energy. Two mothers shared their children's sleeping problems. One mother had suffered from her child's regression on toilet training due to the discontinuity of the normalization process after lockdown. Similarly, two mothers shared that their children had language retardation because of the isolation. In addition, all mothers stated an increase in the screen time of their children. One mother highlighted "My daughter met with TV and phone screen in the COVID process."

Reflections of the COVID-19 outbreak on the children's play and play materials

The findings in this section are divided into two categories as a result of the analysis. These categories are called play/play materials and peer relations.

The first category, play/play materials category, includes play types, play processes, toys and play areas codes. Before going into the details of this category, it should be noted that the impact of COVID-19 should not be seen directly on the play and play materials of children who do not know about COVID-19 and there are indirect reflections for these children. On the other hand, children who are aware of COVID-19 have both indirect and direct reflections on play and play materials.

The parents were asked whether the reflections of COVID-19 appeared in children's plays, which is the first part of this category. Parents have said that children's paintings and dramatic plays involve doctors, vaccinations, treatments, a stethoscope, sickness, and masks. This was valid for children who directly knew COVID-19 and at least knew it at the disease level. Children who do not know the COVID-19 generally play symbolic plays, traditional plays, and physical activities such as home dancing, sports, running, and leaping. It has been established that these activities are also mentioned for children who are aware of COVID-19.

The second part of this category, play processes, features the reflections that transform children's play processes due to COVID-19. These practices include caution from peers to each other about masks, restriction of parking times, decreased frequency of parking times, decreased physical play due to inability to play outdoors, refusal to go out and the use of a park-landing equipment consisting of napkins, disinfectants and masks. A mother defined the park landing gear as:

Mother S: We changed our equipment as we went down to the park more for us. Napkins, disinfectants, she's gonna get in the toy. We clean the whole place and then we sit the kid down.

In addition to these codes on going out, mothers have also defined the reflection of being at home in their play process with some positive expressions. These are children becoming freer, more time playing with their parents and more quality time; parents getting pleasure from the play; research to offer different plays to their children; and taking samples from social media in particular. It has also been noted that children sometimes have difficulty playing alone due to the increased time spent playing plays with parents.

The third part of COVID-19's reflection of children in play and play materials is about toys. When they think of COVID-19 in terms of children's toys, mothers mentioned that when they bring in outdoor toys, they experience an increase in screen interaction and similarly they see an increase in the number of toys. Outdoor toys that move indoors are labeled as scooters, bicycles, balls and battery-powered cars. Two mothers stated the following about bringing these toys into the house:

Mother F: But there are some things happening inside the house, at some point it's hard. Mother O: As long as it's not generally dangerous for us, everything is free.

On the other hand, it was stated that the number of toys in all homes has increased in terms of COVID-19 being reflected in children's toys. Mothers explained that they do this in order to relieve their own conscience, as children usually stay closed at home. However, mothers agreed that this increase in the number of toys makes the toys worthless, causes children to fall into a craze for consumption, and as a result children get bored. Due to the increase in the number of toys, mothers were advised to stop buying toys and to transform them into toys among the families they know.

The last section of this category consists of playgrounds. COVID-19 lockdown, curfews and the children's play areas have been moved completely to the home and mothers have identified the houses as playgrounds. A mother objected to this as follows:

Mother O: The whole house is his playground; it's getting freer in the house. There's a helicopter on my desk with my files, looking around in the morning.

The second category of COVID-19 has been defined as peer relationships under the title of children's reflection on play and play materials. Peer relationships were examined using two different codes as peer deprivation and peer interactions. The shortage of peers, which forms the first part of this category, includes not spending time with peers, refusing to play with peers and peers, and being socially cut out from peers. Mothers are described as peer deprivation, such as playing with the adults at home all the time, a decrease in the commute to parks, which is a place where they can socialize with their peers, and the lack of sharing among children during the limited times that go to the park. Mothers explained that all of these factors have left children alone in their plays, not being able to experience sharing and learning not to touch.

Second and final part of this category is defined as peer interactions. The interactions with peers are listed as follows: contactless plays, zero contact, social distancing, lack of sharing, warning peers about masks, parents not challenging other children. Mothers explained that during the COVID-19 pandemic, children had to learn how to play contactless plays, distance themselves from their peers while playing plays, not share food and toys with anyone, and to warn their peers about wearing masks. When asked whether COVID-19 has brought about a change in children's plays, one of the mothers responded as follows:

Mother G: There's quite a difference. They used to play a lot of contacts. They used to hold hands. They were walking together, playing tag. I don't know. They hold on to each other and they slide off the slide. But in this period, children play with zero contact. They're waiting for each other. There's a different layout down there. They created a new social order.

Mothers also stated that they are not worried about children playing with their children in the play area, but they are worried that adults approach their children and warn them. A mother used to tell the story of the past:

Mother F: *I can't prevent him from socializing too much if he has friends in the park. I told my husband yesterday that even if we did; there was nothing we could do.*

Discussion

The majority of mothers indicated negative feelings about the COVID-19 break; describing themselves as stressed, apprehensive, and psychologically burdened, as well as being confined in their homes. It was seen that their burden as a mother increased during the pandemic as they had to deal with their children's educational lives, changes in daily routines, and their professional progress was so limited that their careers were jeopardized. During the pandemic, they had to act as a full-time mother and full-time office worker. These findings were strikingly comparable to the findings of most recent studies and reports, which found that the Covid-19 problem disproportionately affected women (Kotlar et al., 2021; McKinsey Global Institute, 2020; United Nations, 2020) and that their mental well-being suffered significantly (Davenport et al., 2020; Sáenz-Herrero, López-Atanes & Recio-Barbero, 2020; Sriharan et al., 2020).

This study found that the COVID-19 break had disastrous implications not only for mothers, but also for children's life. They lost their playgrounds and their playmates. They had to be socially isolated from their peers and locked away in their homes for extended periods of time, which was a very terrible experience for this age group. This social isolation can be referred to as "loneliness for children," which Fromm-Reichmann (1959) characterized "loneliness" as "an unpleasant feeling that is both painful and frightening." Children are at danger of incurring a significant burden of indirect physical, social, and mental health impacts as a result of the severe pandemic control measures, according to recent literature (Chanchlani, Buchanan & Gill, 2020; Singh et al., 2020; Xie et al., 2020). Sleep issues, regression in toilet training and language development, and a substantial rise in screen time behaviors were all noted by mothers. Sleep issues appear to have been frequent during the continuing COVID-19 pandemic and these sleep disturbances were linked to higher levels of psychological distress (Alimoradi et al, 2021). In this study, the delayed pace of language development of children during the lockdown period coincided with the findings of Charney, Camarata and Chern (2020), who claimed that COVID-19 had a potential negative impact on children's communication and language skills.

Findings of this study show that, children's plays and play behaviors had also undergone significant alterations. There were evidence of 'COVID-19' in children's symbolic play; their dramatic performances began to include doctors, immunization treatments, stethoscopes, sickness, and masks. It is seen that these children were trying to 'practice real life events'. This condition can be explained by Elias and Berk's (2002) belief that "sociodramatic play is crucial for young children, but they may be particularly vital for their self-regulation". This is the pandemic event that is so sudden and full of negative experiences. Children's daily lives are thought to have altered dramatically, and they may have needed to manage their own emotions through pretend play while attempting to make sense of these unexpected, distressing changes.

The COVID-19 epidemic, on the other hand, had not only detrimental effects on parents and children but also positive outcomes had seen in family practices. The majority of the mothers who took part in the study claimed that they were able to closely observe their children's development, that they spent more time with their children, that they played more than they had previously, that they had more meal times together, and that all of these factors contributed to parental self-efficacy, which is defined as 'a parent's belief in their ability to positively influence their children's development' (Jones & Prinz, 2005).

Conclusion

In conclusion, the purpose of this study was to look at the impact of the COVID-19 pandemic on family dynamics and children's play activities. Overall, our findings show that COVID-19 pandemic could have an impact on parents, children, their relationships, and children's play behaviors. The findings imply that pandemic lockdown periods have had a wide range of negative and positive consequences on family life practices, children's behavior, and parents' emotional well-being.

Declaration

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

The authors declare no conflict of interests.

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