



Parental Worry About COVID-19 in Preschool Children’s Mothers During the Pandemic Waves: The Role of Maternal Negative Feelings and Parenting Styles

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Abstract

This cross-sectional study explores the relationship between maternal feelings, maternal parenting styles, and mothers’ worry about COVID-19’s detrimental consequences on preschool children’s health and well-being. The study is among the first to concentrate on this reference specific group, whose characteristics might be particularly vulnerable to COVID-19’s adversities. One hundred and four mothers of at least one preschool-age child completed an online questionnaire battery, which included the Parental Feelings Inventory, the Parenting Styles and Dimensions Questionnaire (PSDQ), and the parental worry about COVID-19 scale. Negative maternal feelings (i.e., anger, anxiety/sadness) were associated with authoritarian and indulgent parenting practices, especially verbal hostility, while maternal happiness was associated with more authoritative practices, especially warmth and support. The hierarchical multiple regression model explained about 42% of variance of the overall maternal worry about COVID-19 from maternal negative feelings and parenting styles, with maternal authoritative parenting and maternal anxiety/sadness as the significant predictors that uniquely explain maternal worry about COVID-19. These results are discussed in terms of positive and negative maternal worry, which partially reflect the differences between overprotective and authoritative parenting in early childhood.

Significance

The study concentrates on preschool children’s mothers, whose characteristics might be particularly vulnerable to COVID-19’s adversities. Its findings observed in the context of parental feelings and worry about COVID-19 may reflect the fundamental differentiation between overprotecting/overcontrolling parenting and authoritative parenting which, especially in early childhood, may account for the etiology of children’s anxiety disorders.

Keywords COVID-19 · Maternal worry · Maternal feelings · Parenting styles

Introduction

Sociopsychological Outcomes of the COVID-19 Pandemic

With the announcement of the COVID-19 pandemic, starting early in 2020, the daily routine of many parents’ and children’s lives worldwide was dramatically changed. The rapid spread of the coronavirus ever since has imposed alternating

lockdowns, social distancing, and other measures taken in an attempt to reduce the disease’s spread. The resulting reality has severely disrupted children’s and parents’ regular outdoors’ educational and occupational activities, often forcing them to take place under the same roof (i.e., when parents and children work and learn from home). This situation, along with several other COVID-19-related stressors (e.g., family health and economic concerns), have jeopardized children’s and adults’ well-being, and posed a serious challenge to parent–child relations in the family (Gindt et al., 2021; Prime et al., 2020). In times of crises involving restrictive measures and social isolation, children and adolescents staying at home experience high levels of distress and fear and are at risk of developing numerous mental

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health problems, including anxiety disorders (particularly separation anxiety in young children), obsessive compulsive behaviors, and addictive behavioral problems (Gindt et al., 2021). Indeed, 15 studies about the psychological impact of the COVID-19 pandemic covered in a recent meta-analysis work pointed out numerous dominant COVID-19-related new-onset psychological problems in children, especially anxiety and depression disorders, along with attention and irritability problems (Panda et al., 2021). Children with special needs seem to be at greater risk of developing these psychological problems during the COVID-19 era. Moreover, throughout and after COVID-19-related quarantine periods, research has also documented a worrying change in several lifestyle patterns among children and adolescents, mainly manifested by an increase in sleeping and eating problems, and sedentary behaviors, such as screen time, followed by a decreasing rate of physical activity and social interactions (Liu et al., 2021; Loth et al., 2021; Oliveira et al., 2021; Seguin et al., 2021). The effects of those lifestyle changes and other psychosocial stress might also take a toll on children's physical health (Janssen et al., 2005).

Parenting and Child's Psychological Well-Being During the Pandemic

A cardinal factor in children's well-being, especially in stressful times, is the family environment, and the parents in particular. Researchers argue that children's well-being has become more dependent on marital support during the pandemic, as healthcare and school support are less available (Glynn et al., 2021). Since the COVID-19 outbreak, parents have been exposed to prolonged stressful conditions stemming from the need to balance between personal life, work and economic concerns, along with domestic issues such as child upbringing and managing at-home schooling (Humphreys et al., 2020; Marchetti et al., 2020; Seguin et al., 2021; Spinelli et al., 2021). A large body of research has generally shown that parenting plays an important role in a multitude of children's developmental aspects, as different types of parenting styles, child-rearing practices, and parent-child relations are associated with discernable psychosocial and educational outcomes in children's developmental span (Masud et al., 2015; Pinquart, 2017; Pinquart & Gerke, 2019). Different parenting styles are distinguished by the extent to which they grant autonomy, exert control, and maintain emotional closeness (Baumrind, 2005), with the authoritative parents considered as the cross-culturally favorable parenting style in various contexts of child development (Pinquart & Kauser, 2018; Yaffe, 2021a), which is attributable to their parental virtues of being highly demanding and responsive. Positive parental functioning and involvement in the child's live have also been proven to contribute to children's and adolescents' psychosocial

adjustment in times of crises (Cobham et al., 2016; Williamson et al., 2017), particularly during the coronavirus pandemic (Prime et al., 2020; Seguin et al., 2021; Spinelli et al., 2021; Glynn et al., 2021). Conversely, several research findings published since the COVID-19 outbreak have linked parental stress to maladaptive parental practice (e.g., negative parental strategies, harsh parenting, lack of parental support, coercive control, and potential child abuse) (Brown et al., 2020; Chung et al., 2020; Humphreys et al., 2020; Loth et al., 2021; Wu & Xu, 2020) which, in turn, predicted the child's negative emotional and behavioral outcomes during the pandemic, such as excessive screen-time, emotional dysregulation, behavioral problems, depression, and anxiety disorders and fear of COVID-19 (Oliveira et al., 2021; Panda et al., 2021; Seguin et al., 2021; Spinelli et al., 2021). Parental behaviors have also been shown to impact children's coping behaviors during the pandemic outbreak and their psychological well-being afterwards. Specifically, children whose parents exerted more authoritarian parenting practices of psychologically controlling the child, such as fear induction, were more engaged with prevention practices during the outbreak but exhibited more depressive symptoms later, especially those with higher trait anxiety (Ren et al., 2021). Family and particularly parents are among the most dominant environmental variables affecting children's development (Bronfenbrenner, 1986; Steinberg, 2001), especially in vulnerable times such as the COVID-19 pandemic, when the parental role becomes even more crucial and influential for the child's well-being (Cobham et al., 2016; Weeland et al., 2021). Hence, there is great merit in developing a better understanding about the interplay between these parenting styles' functioning and other central factors affecting the family system in times of crises, such as parental feelings and stress that might alter the actual parenting during and following that time. While numerous resilience and risk factors for the family's coping with the pandemic crises have been discussed in the research literature, parenting (particularly parenting styles) were not given sufficient attention in this context (Cobham et al., 2016), in spite of their major role in the family climate.

Parenting and COVID-19 Related Parental Stress: The Case of Preschool Children

The literature points out several prominent sources of parental stress during the COVID-19 pandemic, including financial and occupational stressors, such as job loss and economic uncertainty, home confinement and social isolation, and the burden for caregivers to meet the child's educational needs during the times of school closure (Prime et al., 2020). The latter factor is often reflected by the need to share the same family space for educational and occupational purposes, which might further intensify the parental stress

and the potential family conflict. Another major source of parental stress is related to the biomedical concerns of parents about themselves and their beloved ones over the coronavirus risks (Prime et al., 2020), especially regarding their children. Parental stress over children's health and psychological well-being in affinity to the coronavirus consequences might be even more acute with respect to preschoolers, who cannot always get vaccinated and whose bio-socio-affective functioning could be most vulnerable to COVID-19's consequences (Liu et al., 2021, López-Bueno et al., 2021). Parents' stress over the child's health and safety might negatively affect their protective behaviors toward the child, especially among anxious parents (Yaffe, 2021b). Anxious parenting characterized by increased parental worry and overprotection has been identified in previous studies as a risk factor for children's major distress and even PTSD following an exposure to a disaster event (Bokszczanin, 2008; Cobham & McDermott, 2014; Cobham et al., 2016). Anxious parental behaviors seem also to play a substantial role in children's acquisition and emergence of various anxiety disorders (Murray et al., 2008), especially in toddlers and preschool age children who are more exposed to learning-based anxiety transmission processes such as parental modeling, information transfer, and overprotection behaviors (Fisak & Grills-Taquechel, 2007; Yaffe, 2021b). Parental styles and their related behaviors and feelings could be even more influential for young children's well-being during times of crises such as the COVID-19 pandemic because, especially in early childhood, they may strongly buffer or exacerbate children's negative adjustment both during and following that time (Benner & Mistry, 2020). Indeed, Elder and Caspi (1988) have shown that individuals who experienced times of severe economic depression as young children were affected more adversely in the long term than those individuals who experienced it in late childhood or early adolescence.

According to the family stress model (Conger & Elder, 1994), facing a high level of stressful events and experiences might diminish the caregivers' mental and emotional resources, compromising their tasks of positive leadership in the family and increasing the risk of them engaging with harsh parenting practices and child maltreatment (Prime et al., 2020; Wu & Xu, 2020). Indeed, maladaptive and anxious parenting and even child abusive behavior incidents have increased dramatically since the coronavirus outbreak (Chung et al., 2020; Humphreys et al., 2020; Wu & Xu, 2020). Parental worry over preschoolers' health and well-being during the COVID-19 pandemic is particularly important to explore and understand, as parental stress might be most influential in parent–child relations due to the child's developmental stage (Xuan et al., 2018). In this context, Benner and Mistry (2020) have concluded that “young children (from birth to 4 years) may be especially

vulnerable to developmental shocks and insults resulting from the pandemic because of a confluence of risk factors” (p. 238). As stated earlier, projection/demonstration of parental worry and anxiety might be particularly harmful to young children's emotional welfare during stressful times, which raises the necessity to better understand the role played by related patterns of parenting and feelings in this regard. Surprisingly, early childhood has not received adequate empirical attention in the context of COVID-19's psychosocial influences, as relatively less research was conducted on preschool children since the pandemic outbreak. Mothers with young children are particularly vulnerable to the impacts of the lifestyle changes imposed by the COVID-19 pandemic, as women are disproportionately responsible for the burden of domestic tasks, especially childcare (Almeida et al., 2020; Kimura et al., 2021). Indeed, motherhood was found to constitute a risk factor in the emergence of several mental health conditions in parents during the pandemic, including parental exhaustion, anxiety, and depression (Almeida et al., 2020; Marchetti et al., 2020). Given the differentiated role played by the mother as authoritative parental figure in the family (Yaffe, 2020), motherhood should be given more empirical and professional attention during the pandemic crisis, where authoritative parenting practices employed in the family are particularly essential for the child's well-being and adjustment (Cobham et al., 2016; Prime et al., 2020; Seguin et al., 2021; Walsh, 2015).

Research Questions

In this exploratory study orientation, we aim to better understand the associations between maternal parenting styles, maternal stressful and negative feelings, and maternal worry about preschool age children's health and well-being during the COVID-19 pandemic waves in Israel. Specifically, the study sought to find out which maternal feelings (of happiness, anger, and anxiety/sadness) are associated with the authoritative, authoritarian, and the permissive parenting styles and their practices. And, further, how predictive these variables (that is, maternal parenting styles and maternal negative feelings) of mothers' maternal worry about COVID-19 regarding their preschool child's health.

Method

Participants and Procedure

Participants were 104 mothers of at least one preschool age-child (i.e., child in kindergarten), whose age ranged from 25 to 51 ($M = 36.74$, $SD = 5.39$). The majority of mothers

were married (92.3%), while the rest were either divorced or single parents. The number of children in the sample's families ranged from 1 to 5 ($M = 1.72$, $SD = .73$), with the oldest child's (to which mothers were referring in the questionnaires) mean age of 4.88 ± 1.14 . The child's sex distributed with 82 boys (78.8%) and the rest were girls. Mothers were approached by the research staff through social networks and a few kindergartens' forums of mothers, calling them to take part in research on early childhood parenting during the Corona pandemic. Mothers who were interested in participating in the study in question were referred to an online link with the following questionnaires, where they could read about the study purposes and other details and were asked to sign on a digital informed consent form regarding participation in the study. All questionnaires were administrated anonymously, as the participants were solely asked to report the above-mentioned demographics. The author's IRB granted permission to apply this data collection procedure. Since data collection took place near the time of the pandemic's third wave in Israel (which allowed us to better observe the consequences of COVID-19 in the family), we employed a time-limited snowball sampling method, which only reached 104 participants.

Measures

Parental Feelings Inventory (PFI; Bradley et al., 2013)

This 26-item self-report questionnaire is designed for assessing parental emotions within the parenting role. The PFI presents emotion adjectives to which the parents are asked to indicate the degree they experience that emotion in their role as parents (i.e., "during the last month did you feel the following in your role as a parent/guardian?"). The questionnaire was tested among parents of 3-year-old children with behavior problems, originally yielding three scales of parental emotion: Angry (e.g., Annoyed), Happy (e.g., Cheerful), and Anxious/Sad (e.g., Afraid). The developers reported a good internal consistency reliability for each of the PFI scales with reference to both maternal and paternal measurement (with all Cronbach's α indices exceeding the .90 point) and demonstrated evidence for the scales' predictive and concurrent validity. The PFI's validity and reliability were tested with parents of adolescents by Yaffe et al. (2022), after translating the scales' items from English PFI into Hebrew using three steps back-forward translation procedure. The scores obtained in the current study for the PFI scales are reported in Table 2, generally showing good internal consistency indices for all the three inventory scales.

Parenting Styles and Dimensions Questionnaire (PSDQ)

The short form of the PSDQ (Robinson et al., 2001), was used in the current study to measure the participants' parental practices and styles. This questionnaire is a 32-items form developed using Structural Equation Modeling on 1900 mothers and fathers of preschool and school-aged children (Robinson et al., 2001), which has been widely used around the world in studies on parents of primary school and middle school-aged children (Olivari et al., 2013). The questionnaire measures the usage of various parental practices through which the parent can be classified into one of the three parenting styles according to Baumrind's typology (1991): Authoritative (contains three subscales of warmth/support, regulation, and autonomy granting), Authoritarian (contains three subscales of physical coercion, verbal hostility, and nonreasoning/punitive), and Permissive (contains five items assessing the sub-factor of indulgence). The parent's self-report is measured on a 5-level Likert scale (1 = never, 5 = always), yielding a separate, continuous score for each dimension of parenting. Higher scores indicate increased use of parenting practices associated with a particular style. The Hebrew version of the PSDQ used in the current study was validated against other parenting styles' scales by Yaffe (2018), after translating and adapting the original questionnaire into Hebrew. The scores obtained here for the PSDQ scales are reported in Table 2. The internal consistency reliability indices recorded for the three parenting scales are consistent with previous data reported for that questionnaire both in its English and Hebrew versions (Harpaz et al., 2021; Olivari et al., 2013; Yaffe, 2018).

Parental Worry About COVID-19

In order to assess maternal worry of COVID-19, we used a 3-item ad-hoc scale that measures mother's worries regarding the impact of COVID-10 on their child's well-being in three aspects: physical health ("during the Corona pandemic, I was worried about the physical health of my child"), emotional health ("during the Corona pandemic, I was worried about the emotional health of my child"), and general well-being ("during the Corona pandemic, I was worried for my child more than usual"). Responses were given on a 7-point Likert scale, with higher scores reflecting higher maternal worry on each item and for the total scale. The Cronbach α recorded for the 3-item scale was .79 (Table 2), indicating an adequate internal consistency reliability of this scale.

Table 1 Correlations between maternal feelings and maternal parenting styles and practices

PSDQ	PFI		
	Anxious/Sad	Happy	Angry
Authoritative	.10	.26**	-.07
Warmth and Support	-.01	.40***	-.17
Autonomy granting	.03	.19*	-.07
Regulation	.19*	.09	.03
Authoritarian	.18	-.10	.28**
Non-Reasoning/Punitive	.12	-.06	.18
Physical Coercion	-.06	-.05	.09
Verbal hostility	.32***	-.19*	.44***
Permissive (Indulgent)	.24*	-.13	.25**

* $p < .05$, ** $p < .01$, *** $p < .001$

Data Analysis

The submitted forms were tested and the valid responses were transformed into SPSS data for analysis. IBM SPSS statistical package version 22 was used to perform the descriptive statistics and the regression set of analyses for the sample’s data. Missing values on the study variables were handled using listwise deletion method.

Results

Table 1 displays the correlations between the study’s maternal variables (parental dimensions and feelings), whose scales are used in the current study to predict maternal worry about COVID-19. These correlations indicate which maternal feelings are associated with the specific maternal practices composing each parenting style. The results in this regard show that maternal happiness is mainly associated with greater maternal warmth and support as an expression of authoritative parenting, while maternal anger and anxiety/sadness are mainly associated with maternal verbal hostility used as an expression of authoritarian parenting. Namely, the happier in parenthood the mother is, the more she expresses warmth, support, and autonomy to her child (that is, authoritative parenting). Conversely, the angrier and anxious/sad the mother is, the more she uses verbal hostility with her child. A similar connection was also found with the mother’s indulgent parenting practices, although the correlations were somewhat weaker.

In Table 2, we statistically describe the study variables. The within-subject effect tested was significant for parenting styles [$F(2, 206) = 141.043, p < .001$], but borderline for parental feelings [$F(2, 206) = 2.66, p = .076$]. The post hoc analysis revealed that the sample’s mothers perceived themselves as more authoritative than authoritarian and

Table 2 Descriptive statistics of the research variables

Scale	Variable	M	SD	α
PFI	Anxious/Sad (1–7)	3.67	1.43	.91
	Happy (1–7)	3.87	1.17	.94
	Angry (1–7)	4.13	1.51	.94
PSDQ	Permissive scale (1–5)	2.70	.74	.69
	Authoritarian scale (1–5)	3.42	.94	.77
	Authoritative scale (1–5)	4.31	.39	.81
COVID-19	Overall worry (1–7)	3.69	1.08	.78
	Health worry (1–7)	3.44	1.39	–
	Emotion worry (1–7)	3.95	1.17	–
	Special worry (1–7)	3.69	1.30	–

Table 3 Hierarchical regression analysis predicting maternal worry about COVID-19 from parenting styles and maternal feelings

	β	SE	t	ΔR^2 (%)	ΔF
Dependent variable—maternal COVID-19 worry					
Block 1—Control variables				.004	.99
Number of children	-.04	.16	-.34		
Mother’s age	.01	.02	.06		
Child’s age	-.15	.10	-1.40		
Block 2—Parenting Styles				16.1	6.42**
Number of children	-.12	.15	-1.14		
Mother’s age	.05	.02	.45		
Child’s age	-.16	.09	-1.69		
Permissive parenting style	.20	.15	1.94		
Authoritarian parenting style	.05	.12	.45		
Authoritative parenting style	.39	.27	4.04**		
Block 3—Maternal feelings				28.3	16.77**
Number of children	-.07	.12	-.77		
Mother’s age	.01	.02	.12		
Child’s age	-.04	.08	-.47		
Permissive parenting style	.07	.13	.82		
Authoritarian parenting style	-.05	.10	-.56		
Authoritative parenting style	.19	.25	2.16*		
Anger	-.15	.09	-1.23		
Happiness	.76	.10	1.79		
Anxiety/Sadness	.20	.09	6.41**		

* $p < .05$, ** $p < .001$

permissive, while reporting higher parental anger than only parental anxiousness/sadness but not higher than parental happiness.

Hierarchical Regression Analysis

To test our research question, we employed a hierarchical regression analysis predicting mothers' worry about COVID-19 regarding their preschool children from the parental variables. The demographics were used as control variables and entered as the first block, while the mother's perceived parenting styles and maternal feelings were entered as the second and third blocks (respectively), to inspect these variables' unique contribution to explaining the maternal worry about COVID-19. Since the research variables did not differ by the child's sex, we treated sex groups as a whole and did not control for this variable in the following analysis (Table 3).

Taken together, the regression model explained about 42% (adjusted R^2) of variance of the maternal overall worry about COVID-19 [$F(9, 97) = 9.28, p < .001$], with maternal parenting styles contributing a unique proportion of 16.1% and maternal feelings explaining 28.3%. A further look at the specific variables explaining the maternal worry indicates that maternal authoritative parenting and anxiety/sadness are the significant predictors that uniquely explain maternal worry about COVID-19. Meaningfully, the sample's mothers who were more authoritative and/or more anxious/sad were more worried about COVID-19's consequences on their preschool children.

Discussion

The study explores the relationship between maternal feelings, maternal parenting styles, and mothers' worry about COVID-19's detrimental consequences on preschool children's health and well-being. Most studies about COVID-19's consequences in the family context have dealt with the adverse effects of parental stress on parents' behaviors and practices in parent-child relations, while the current study focuses on a particular family stressor during the COVID-19 pandemic (i.e., the worry about its potential harm to the child), exploring the role played by negative parental feelings and parenting styles in its expression among preschooler's mothers during the pandemic waves. The study is among the first to concentrate on this specific reference group, whose characteristics might be particularly vulnerable to COVID-19's adversities (Almeida et al., 2020; Liu et al., 2021; Loth et al., 2021; Marchetti et al., 2020; Oliveira et al., 2021; Seguin et al., 2021).

Following our research questions, we found two main findings regarding (1) the associations between maternal

feelings and parenting styles, and (2) the predictive ability of these variables of maternal worry about COVID-19's adverse effects on the child. First, negative maternal feelings (i.e., anger, anxiety/sadness) were generally associated with authoritarian and indulgent parenting practices, especially verbal hostility, while maternal happiness was associated with more authoritative practices, especially warmth and support. These findings generally accord with previous research dealing with parental affect (Rueger, et al., 2011), suggesting that parenting behaviors are closely related to corresponding positive and negative parental affects. As reflected in recent studies (Brown et al., 2020; Chung et al., 2020; Humphreys et al., 2020; Loth et al., 2021; Wu & Xu, 2020), crisis conditions such as the COVID-19 pandemic might intensify the connection between stressful parental feelings and other mental health conditions and adverse parenting. As with the case of most of these studies, the current cross-sectional, correlational study design also cannot indicate whether any causal order exists between parental feelings and parenting styles. Yet, negative parental feelings should be seriously taken into account by practitioners and researchers who are dealing with parent-child relations in the family, especially in times of crisis.

The study's core finding refers to a link between negative maternal feelings and parenting styles, and the overall maternal worry about COVID-19, in which about 42% of the latter variable's variance was explained by the former variables. Interestingly, we found seemingly contrasting findings, as both maternal authoritative parenting and maternal anxiety/sadness significantly and positively predicted maternal worry about COVID-19. Needless to say, these variables were not correlated, and each was explaining a distinct and unique proportion of the dependent variable's variance. Also, maternal anxiety/sadness was a considerably stronger predictor of the maternal worry than maternal authoritative parenting. Hence, our findings may suggest that negative maternal feelings and maternal authoritative parenting are associated with different types and aspects of maternal worry regarding the child, with one representing negative worry, derived from anxiety and excessive fear of the disease. The other worry, contrary to the one derived from anxiety and fear, could represent more positive and constructive aspects of worry, which derive from maternal care and responsibility for the child. It is particularly important to distinguish between the drives of maternal worries about COVID-19 in parenting early childhood children, since the "anxious maternal worry" type (i.e., worry derived from maternal stress and fear about COVID-19) might induce parental overprotection and confinement of the child, while the "caring maternal worry" (i.e., worry derived from maternal care and support) may not hinder the autonomy granting to the child. Our

findings observed in the context of COVID-19 worry may reflect the fundamental differences between overprotective/overcontrolling parenting and authoritative parenting which, especially in early childhood, may account for the etiology of children's anxiety disorders (Möller et al., 2016; Wood et al., 2003; Yaffe, 2021b). Since stressful life conditions and events might exacerbate parental maladaptive behaviors and practices (Gindt et al., 2021), investigating parental worries in the context of parenting styles could be a useful way of assessing family psychological vulnerabilities that might adversely affect young children's emotional risk of COVID-19 consequences in the family.

Study Limitations and Recommendations for Future Research

The study's findings are limited in several respects. First and foremost, the relatively small sample size used here due to the time limit in data collection (subject to the pandemic's third wave in Israel), must be expanded in future research, among other things to enable better inspection of the significances of the child's sex in the context of the study's objectives. The imbalanced distribution of the child's sex in the current sample might blur sex differences across the study variables (despite the equality found in this regard between boys and girls in the current sample), resulting in overgeneralization of the study's findings to both child's sexes. Also, a further study that includes a father's group as well, could allow us to determine whether or not the patterns of maternal feelings, parenting styles, and worry about COVID-19 identified here are unique to mothers or comparable across parental gender. As for the study findings, one should bear in mind that the shared method variance deriving from the study's data collection based on a single informant (i.e., mothers) and a single method (i.e., questionnaires) might inaccurately inflate the correlational picture between the study's variables as reflected in the results. In addition, our cross-sectional data do not indicate causality between parenting styles and feelings and maternal worry about COVID-19. Rather, the reverse directionality explanation should be also considered. Finally, due to the time-limit in data collection (in this regard, see method section) and ethical restraints related to COVID-19 aspects, in the current study we did not collect data on the participants' SES (socio-economic status). Accounting for SES in future research dealing with various similar research questions in the context of COVID-19 is essential for the generalizability of the findings, as patterns of stressful parental feelings and parenting styles may differ across socio-economic groups of families.

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Data Availability Not applicable.

Code Availability Not applicable. Consent for Publication Permission is given by the author to publish the original material included in the article (no third-party permission for any material is required).

Declarations

Conflict of interest The author declared no potential conflict of interests with respect to the research, authorship, and/or publication of this article.

Ethical Approval The study was conducted in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki and its later amendments. The study involving human participants was reviewed and approved by an Institutional Ethics Committee of Tel-Hai Academic College, Israel.

Informed Consent Informed consent was obtained from all individual adult participants included in the study.

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