



**UiT** The Arctic University of Norway

The Faculty of Health Sciences

# **Mapping the Well-Being of Norwegian Mothers During the COVID-19 Pandemic**

Marie Kvalø

Master's thesis in Psychology, PSY-3900, May 2022





Mapping the Well-Being of Norwegian Mothers During the COVID-19 Pandemic

Marie Kvalø

Master thesis in Psychology

Supervisor: Sarah E. Martiny

PSY-3900

UiT The Arctic University of Norway

Tromsø, May 2022

MOTHERS WELL-BEING DURING COVID-19

## Preface

When the pandemic struck, Dr. Kjærsti Thorsteinsen had an idea to investigate the consequences the pandemic had for families in Norway. To further develop this idea our team consisted of Dr. Kjærsti Thorsteinsen, Dr. Sarah E. Martiny, my fellow student Marte Olsen, and myself Marie Kvalø. Together we worked on developing questionnaires, applying for ethical approval, and recruiting participants. I worked on designing the parental questionnaire in Qualtrics, finding relevant scales and make a recruitment plan to include as many elementary schools as possible during our given timeframe.

Working on this project and thesis, I have written all sections independently, and then received comments and suggestions for improvement from my supervisor Sarah E. Martiny and Kjærsti Thorsteinsen. I conducted the statistical analyses and went through all findings with Sarah.

First and foremost, I would like to thank my supervisor Sarah E. Martiny. I am grateful that I have had the opportunity to work with you for the last 3 years. Sarah has been my supervisor both on my bachelor thesis, my forskerlinje project, and now finally my master thesis.

Working with you have given me so much knowledge, inspiration, and skills necessary for pursuing a career in academia. Your contribution and collaboration have really been invaluable to me.

I would also like to thank Kjærsti Thorsteinsen for including me in this project and giving me responsibility when designing this study for me to develop as a scientist. Your support and contributions throughout this period have been of great value. Also, I would like to thank Marte Olsen who has also been involved in this project and been a good friend and support these last years.

Finally, I would like to thank my family and friends for being supportive and encouraging. I look forward to the next chapter in my career and I am grateful for everyone I have had the joy of working with so far.

.....*Marie Kvalø*.....

Marie Kvalø

.....SEM.....

Sarah E. Martiny

### **Sammendrag**

COVID-19 pandemien har hatt negative konsekvenser for personers mentale helse og livskvalitet. For å kunne videreføre eksisterende forskning har vi fokusert på norske mødre med barn i barneskolen, og undersøkt om pandemien har påvirket deres velvære, stress og bekymringer. Utvalget besto av 231 mødre som svarte på undersøkelsen vår i den første data innsamlingen i juni 2020, 97 mødre som også svarte i november 2020, og 51 som også svarte i mai 2021. Av resultatene så vi at mødres velvære ble redusert i løpet av 2020, og var lavest i november. Videre så vi at alder på det yngste barnet var den sterkeste og mest konsekvente prediktoren for mødres velvære over alle tidspunktene i løpet av pandemien. I tillegg fant vi at stress under den nasjonale nedstengning i mars 2020 var sterkt assosiert med mødres velvære under nedstengningen. Implikasjoner for teori, fremtidig forskning og forslag til hvordan man burde håndtere fremtidige helsemessige krisesituasjoner er diskutert.

*Nøkkelord:* COVID-19, Velvære, Mødre, Mental Helse, Stress

**Abstract**

The COVID-19 pandemic has had negative effects on people's well-being and quality of life. In order to extend existing research, we focused on Norwegian mothers with children in elementary schools, and investigated whether the pandemic influenced their well-being, stress, and worries. Our sample consisted of 231 mothers responding in the first data collection that took place June 2020, 97 mothers who also responded in November 2020, and 51 who also responded in May 2021. Results showed that mothers well-being declined throughout 2020 and was lowest in November. Furthermore, age of youngest child was the strongest and most consistent predictor of mothers' well-being across all timepoints during the pandemic. In addition, we found that stress during the national lockdown in March 2020 was strongly associated with mothers' well-being during lockdown. Implications and suggestions for future research and for how to cope with health-related crises in the future are discussed.

*Keywords:* COVID-19, Well-Being, Mothers, Mental Health, Stress

## WELL-BEING OF MOTHERS DURING COVID-19

In March 2020, the World Health Organization declared the COVID-19 virus to be a pandemic (WHO, 2020). From then on, the virus spread fast and across the world, leading to a high number of infections and deaths. The pandemic led to lockdowns and restrictions in many countries around the world. Besides others, schools and childcare facilities were closed, people had to work from home, and stores and restaurants were closed for several weeks to a couple of months. Not surprisingly, the pandemic together with the severe restrictions that led to major disruptions in everyday life had negative consequences on people's well-being (Cameron et al., 2020; Etheridge & Spantig, 2020). For example, research shows a decline in well-being in the general population in Denmark, and more so for women than men (Sønderskov et al., 2020). Studies have also shown that parents and children's well-being have decreased (Gassman-Pines et al., 2020), domestic violence has increased (Boserup et al., 2020) and families have struggled financially (Witteveen, 2020). In general, well-being was negatively affected, but this decrease was particularly severe for some groups such as parents and women (Cusinato et al., 2020; Gassman-Pines et al., 2020; Racine et al., 2022; Sønderskov et al., 2020).

The number of restrictions and how strict they were varied from country to country. In Norway, on March 12<sup>th</sup> the government implemented strict restrictions and went into a national lockdown. Those who could had to work from home, all schools and childcare facilities closed for everyone whose parent was not an essential worker (i.e., those in healthcare work and grocery store workers). Parents were put in a stressful situation where they had to help their children with schoolwork, and more hands-on child care for younger children, while also working from home. Day-care centers and elementary schools from grade 1 to 4, as well as after school care, were allowed to open from April 20<sup>th</sup> to April 27<sup>th</sup>, while also having to follow new restrictions to prevent increasing infection rates<sup>1</sup>. During April, several restrictions were lifted, and businesses were allowed to open if they could meet the



guidelines for infection control. Following the beginning of reopening several changes were made to keep control and to slowly reopen society without jeopardizing hospital capacity and risking people's lives (see Regjeringen, 2020, for a timeline of the Norwegian governments restrictions and changes implemented to handle the pandemic). Thus, the present study adds to the existing literature by focusing on Norwegian mothers who had children in elementary school. Finally, the present work investigated how the pandemic influenced mothers' well-being throughout three data collections and investigated additional predictors for their well-being, as well as stress and worries.

### **Defining Well-Being**

In the present research, we are interested in the well-being of Norwegian mothers during the pandemic. The concept of well-being has been studied from two different perspectives in the early years of its research: the hedonic tradition and the eudemonic tradition. The hedonic approach to well-being focused on the constructs such as happiness, positive affect, low negative affect, and satisfaction with life (Tov, 2018). While hedonic well-being focused on constructs, the eudemonic approach highlighted certain qualities needed for psychological growth and human development (Tov, 2018). In the later years researchers now believe that well-being is a multi-dimensional construct (Dodge et al., 2012). Based on the earlier theories and approaches to well-being, Dodge and colleagues suggested a new definition. Their new definition has three focus areas: the idea of a set point for well-being, the inevitability of equilibrium/homeostasis, and the fluctuation state between challenges and resources. Thus, if one of these three areas are depleted this might influence well-being negatively. When defining well-being there is also several scales one can use to measure it. In the present thesis we measure well-being by using the WHO-5 Well-Being Index which is one of the most used measures of subjective well-being (Topp et al., 2015), and which measures the affective and hedonistic dimensions of well-being (Kusier & Folker,

## WELL-BEING OF MOTHERS DURING COVID-19

2020). In a systematic review, Topp et al. (2015) evaluated the WHO-5 as a screening tool for depression, the use of the questionnaire across study fields, the clinimetric validity and the responsiveness in controlled clinical trials. In their review they conclude that the WHO-5 works well for all the aspects mentioned above, and thus we find it fitting to use for our measure of well-being.

### **Well-Being during the COVID-19 Pandemic**

As outlined earlier, emerging research indicated that the pandemic had negative effects on people's well-being. Multiple studies have found that people's mental health and well-being has decreased due to the pandemic and stay-at-home orders (i.e., Adams-Prassl et al, 2020; Cameron et al., 2020; Etherdige & Spantig, 2020; Gassmann-Pines et al., 2020; Huebener et al., 2020; Zacher & Rudolph., 2021). For example, a study from New Zealand (Every-Palmer et al., 2020), one of the countries that implemented very strict restrictions at an early stage of the pandemic, examined people's well-being, psychological distress, anxiety, family violence, and suicidality. Every-Palmer and colleagues found that a little under one third of the participants scored above the cut off for moderate to severe psychological distress, around one in six participants reported high levels of anxiety, and almost 40% reported low well-being. Groarke and colleagues (2020) conducted a cross-sectional study in the UK investigating psychological well-being. They found that loneliness was high in the first phase of lockdown. The researchers also found several risk factors for loneliness such as being young, separated or divorced, meeting clinical criteria for depression, difficulties with regulating emotions, and poor sleep quality due to the pandemic. In a cross-country comparative study by Geirdal et al. (2021) the authors found that between, Norway, USA, UK, and Australia, the Norwegian population reported better mental health, quality of life, and well-being, as well as lower levels of loneliness compared to the other countries during the COVID-19 outbreak. This might be due to the welfare system in Norway where people

## WELL-BEING OF MOTHERS DURING COVID-19

know that being sick will not affect their income drastically as compared to other countries. Individuals who were categorized as a high-frequency user of social media also reported poorer mental health (Geirdal, et al., 2021). At the end of 2020, a large number of people in four counties in Norway was invited to join a public health survey about the covid related restrictions. From the survey they found that more people are struggling with loneliness and mental issues, especially those who are young and live alone (Nes et al., 2020). In the counties where restrictions were stricter there was a higher mental strain on people.

Taken together, we see several studies showing the pandemics severe consequences on people's mental health. Research also indicated that some groups have been affected by the pandemic more severely than others (Cameron et al., 2020; Etheridge & Spantig, 2020; Racine et al., 2022). One of these groups are parents and parents with young children (Huebener et al., 2020). Therefore, it seems important to focus on how parents' well-being was affected by the COVID-19 pandemic.

### **Well-Being of Parents during the COVID-19 Pandemic**

In the past decades there has been conducted a lot of research that investigate how being a parent affects well-being (e.g., McLanahan & Adams, 1987). In many countries mothers are still the primary caregiver even though they have a male partner, which also continued during the pandemic (Del Boca et al., 2020). As outlined above, during the pandemic, schools and childcare centers were closed and research has found that some groups might have been more negatively affected by the pandemic than others (Cameron et al., 2020). It especially seems that mothers' well-being was negatively affected (Adams-Prassl et al., 2020; de Pedraza et al., 2020; Etheridge & Spantig, 2020), thus it is important to investigate how especially mothers' well-being and stress has been influenced during the pandemic. For example, a recent systematic review and meta-analysis investigated the mental health of mothers who had young children during the COVID-19 pandemic. They found that

around one in four mothers with young children experienced clinically significant depression during the pandemic, and one in two experienced anxieties (Racine et al., 2022). Another study found that maternal mental health had been negatively affected during the pandemic, and mothers with young children (0-8 years) had a high prevalence of both anxiety and depression (Cameron et al., 2020). Also, Gassman-Pines et al. (2020) found that parents and children's well-being decreased during the time after restrictions were implemented.

In addition to the research on how the pandemic has influenced parents' well-being, over the last decades, research has investigated which factors influence parents' well-being in normal times. Research shows that particularly age of the youngest child, family status (i.e., being a single parent vs not) and income is related to parents' well-being (Diener et al., 2000; Huebener et al., 2020; Yu & Chen, 2016). Therefore, these are factors we aim to investigate in the present research.

### ***Associations Between Children's Age and the Well-Being of Mothers***

A study by Meier et al. (2018) found that mothers with young children that did activities, such as care work and leisure activities, were happier than the mothers with teenagers. However, they were more fatigued than those with older children. In addition, there has been mixed results regarding the number of children and parents' life satisfaction. A study by McConachie et al. (2008) investigated well-being in new mothers and found that around half of the mothers in their study experienced psychological distress above cut-off. Another, longitudinal study found that of the mothers who had children under 5-years, 15-21 % had probable major depression across year 1, year 3, and year 5 of the study (Manuel et al., 2012). Work my Myrskylä and Margolis (2014), investigated how parents happiness changed before and after having kids. They found that, in line with previous work (i.e., Pollmann-Schult, 2014), happiness increases around birth and the years around, before it decreases back to happiness levels before kids. By considering how life changes that occur when having

children might affect well-being and happiness, it is of great interest to investigate other factors related to happiness in parents, and then how this has been related to well-being during the pandemic. Studies have found that younger children influenced mothers' well-being negatively during the pandemic (Calarco et al., 2020; Huebener et al., 2020; Racine et al., 2022). For example, managing both working from home, and taking care of their young children was for many a source of stress and anxiety (Calarco et al., 2020). As research has shown various results on how children affect well-being in normal times, and several studies find a negative effect of having young children during the pandemic, it is of high interest and importance to also investigate this in the Norwegian context.

### *Associations Between Being a Single Parent and the Well-Being of Mothers*

Multiple studies have examined how marital status influences well-being, and several find that being married is related to higher levels of happiness (e.g., Diener et al., 2000; Diener et al., 2008; Lucas, 2005). In general research finds that being married has a positive effect on well-being (Chapman & Guven, 2016; Diener et al., 2000; Næss et al., 2014). Thus, when the pandemic hit it put extra strain on those who were single parents (e.g., Tso et al., 2020). Being a single parent has also been found to be associated with being more socially isolated than married mothers, work longer hours, and receive less emotional support (Harknett, 2006; Harknett & Harnett, 2011).

Research on how being a single parent and the well-being of mothers has also been important during the pandemic. Work from the US and Canada (Hertz et al., 2021) investigated how single mothers were affected by the different demands of the pandemic and shifts in how to prioritize their work day. From their qualitative analyses, they found that one mother reported her meetings to be complete chaos, because while expected to meet the workplaces requirements, she also had to take care of her children at the same time (Hertz et al., 2020). In addition to feeling less productive due to the new challenges, the mothers also

worried about future employment, and harsh judgments from their colleagues. Brannon & Cummins (2022) found that some mothers also experienced more tension between themselves and their partners while trying to combine working from home and parenting. Being a single mother also led to extra strain such as increased child-related worries in addition to having high mean scores of depressions and anxiety (Soskolne & Herbst-Debby, 2022). These studies show that when countries went into lockdown and schools and childcare centers closed, it put an extra strain on mothers, but especially on single mothers.

### *Associations Between Income and the Well-Being of Mothers*

A vast number of studies has examined how income is related to well-being (Deaton, 2008; Povey et al., 2013; Yu & Chen, 2016;). One large study with over thirty thousand participants, found that there was a difference between how income affected well-being at the individual level and at the country level (Yu & Chen, 2016). At the individual level, income was significantly related to life satisfaction, happiness, and negative emotions, but at the country level it was only significantly related to negative emotions. Another study from Australia found that even though income is a statistically significant predictor of well-being, the effects is rather small when compared with other variables such as health, marital status, employment status and age (Povey et al., 2013). Bull and Mittlemark (2009) found in their work looking at Scandinavian countries, that single mothers had significantly higher scores of financial stress, which in turn was related to well-being. Okulicz-Kozaryn and Mazelis (2017) used income levels in the US and investigated changes in the happiness gap. The authors found that from the 70s to 2000s the happiness gap had increased with almost 40% between the rich and poor. It had also widened almost 50% between middle class and the rich. Also, Deaton (2008) pointed out that studies that are based on the World Values Survey (a wave of surveys conducted around the world to investigate life satisfaction in countries) found that high-income countries are happier than low-income countries, but there is not relationship in

the high-income countries between the national income and the national happiness. The research on how income influences well-being is not conclusive, but it is reasonable to think that having lower income or worries about income will negatively affect people's well-being.

Because of the pandemic and national lockdowns across the world, several people lost their jobs or were temporarily laid off. A study by Kartseva & Kuznetsova (2020) investigated the risk of financial consequences the pandemic had in Russia. The researchers defined groups that were vulnerable to the pandemic (i.e., those that were in unstable employment, workers more affected by the pandemic, and those self-employed). They found that every second Russian worker was vulnerable to the pandemic, meaning that they faced the risk of dismissal, reduction in wage, delayed payment and forced leave. Radey et al. (2022) investigated how low-income mothers made use of their informal support network. Even though some networks were of good emotional support, they could not meet the increased financial and childcare needs. Also, Hall et al. (2021) found that being part of a low-income group increased the odds of the pandemic having strongly negative consequences that would impact several aspects such as household income and employment, and stress and conflict in the family. Having lower income also increased the odds of scoring above the clinical threshold for both depression and anxiety (Hall et al., 2021). Therefore, investigating how income has influenced mothers' well-being during the pandemic appears to be of high importance.

### **Parent Stress and Well-Being**

In addition to factors that influence well-being such as income, age, and number of children, being a single parent or being married, parental stress and stress in general can function as a mediator and be a part of underlying processes that influences well-being. In 1989 Zuckerman examined stress and mental health and how gender might play a role. In the study with college students Zuckerman found that all students in general reported similar

stress in most areas, but women reported having significantly more stress related to family relationships and mental health. Since parents were put in a stressful situation when trying to work from home while also take care of their children, it is not unreasonable to assume that it influenced their well-being. Research on the subject is arising across the world. Studies find an increased level of parental stress in parents, with a higher increase for mothers during the pandemic (e.g., Giannotti et al., 2021). In addition to being susceptible for increased stress and parental stress, the pandemic can also lead to parental burnout (Skjærstad et al., 2021). Factors such as parental satisfaction, parental stress, and unhelpful coping strategies (i.e., using alcohol to cope with negative feelings) at follow up, were all associated with parental burnout (Skjærstad et al., 2021). Another Norwegian study (Johnson et al., 2020) that is part of the same project as Skjærstad et al. (2021) investigated how parental stress is associated with symptoms of depression and anxiety. Anxiety and depression symptoms were more prevalent in the youngest parents (aged 21-30 years). In addition, those parents that reported following the social distancing protocols reported higher symptoms of depression (Johnson et al., 2020). Therefore, in the present work we will investigate how mothers' well-being was affected by the pandemic across three data collections. We will also investigate how stress function as a mediator for well-being, as we have seen it can influence parents' well-being in various parts of life.

### **The Norwegian Context**

In Norway, the government does regular surveys to investigate how the population is doing with regards to health. Across the last years the surveys have shown that quality of life is skewed by income and education (Norwegian Directorate of Health, 2022). In March 2021, a Quality-of-Life survey by Statistics Norway Bureau (SSB) was conducted. This survey (Public Health Report, 2021) examined the life quality of life of the Norwegian population and located differences between groups. They used several measures of Quality of Life, such



as optimism for the future, social relations, and negative emotions. From the Public Health Report (2021), they found that 21 percent of the population indicated that they were very satisfied with their life, while 28 percent indicated having a low satisfaction with life. In addition, from 2020 to 2021 they saw an increase in people who reported having various health issues (i.e., trouble sleeping, mental issues, low social contact, and loneliness). The report also found that people with lower education and lower income are generally less satisfied on measures on quality of life than those with higher education and higher income. In general, research finds that in Norway, the quality of life is not equally distributed and is affected by socioeconomic factors such as education, occupation, and income, as well as challenges related to social inequality and living conditions (Public Health Report, 2021). Between 1985 and 2001 the levels of happiness in Norway were relatively stable according to a study by Hellevik (2003). However, in the same period, the financial and material situation in Norwegian households improved drastically but did not seem to affect the level of happiness on a population level. As newer surveys by the Norwegian government finds that well-being and quality of life is not equally distributed across education and income, as well as an increase in health-related issues, further investigating this in relation to the pandemic is important. Several studies have examined how the pandemic has influenced well-being in Norway, but most of them focus on children and adolescents (i.e., Lehmann et al., 2021; von Soest et al., 2022), and few investigate parents' well-being. Thus, the present research will contribute with expanding the knowledge on how Norwegian parents, and specifically mothers were affected by the pandemic.

### **The Present Research**

The present research was conducted in Norway as part of a large project to examine the consequences of the COVID-19 pandemic in the Norwegian context (see Martiny et al. 2021; Thorsteinsen et al. 2021; Thorsteinsen et al. 2022). Along with large parts of the world

Norway initiated a national lockdown when the pandemic hit. For this reason, we will investigate how mothers' well-being was affected by the pandemic over time. We do this by examining the following, preregistered ([https://osf.io/auxhj/?view\\_only=4dca5c870adf4bc0a83e69aa80233150](https://osf.io/auxhj/?view_only=4dca5c870adf4bc0a83e69aa80233150)) research questions and hypothesis: RQ1) How does the well-being of Norwegian mothers change throughout the year of the pandemic (including four timepoints: before the pandemic, and during the lockdown (both measured retrospectively in June 2020), and current measures in June 2020, and November 2020?; RQ1.1, H2-H4) Do specific family variables (income, family structure, age of youngest child) predict mothers' well-being at a later point in time?; H5) We hypothesize that mothers' level of stress during the lockdown is negatively related to their well-being during lockdown; H6) We hypothesize that mothers' level of stress during lockdown is negatively related to their well-being reopening and in November 2020; H7) Mothers' pandemic-related worries (general and financial worries) in November will be negatively related to their well-being in November; H8) We hypothesize that lockdown stress levels mediate the relationship between family structure and lockdown well-being; and H9) We hypothesize that financial worries mediate the relationship between income and well-being in November.

### **Materials and method**

#### **Procedure**

The data collection took place in June 2020, November 2020, and May 2021 as an online questionnaire. Data were collected by recruiting participants from 266 elementary schools across Norway. Principals of elementary schools were contacted in June 2020 and were invited to participate in the study. The principals were given a short explanation of the study (also with the opportunity to see the ethical approvals if they wanted). If they accepted the invitation, they were asked to distribute the questionnaire to parents of children within the

## WELL-BEING OF MOTHERS DURING COVID-19

targeted age range (6 to 13 years), either through teachers, directly to parents, or other online communication the school used. Before parents started filling in the questionnaire they got a short introduction to the study, with the opportunity to read a full version with more in-depth explanations, then they had to give consent to continue<sup>2</sup>. Then, the same parents were contacted two times, in November 2020 and May 2021, after the initial data collection to get several data collection timepoints. In this project we include participating parents who responded in June 2020 (this applies to hypothesis where only this timepoint is used) or both in June 2020 and November 2020. In addition, we will analyze data from participants who also responded in May 2021 as part of our exploratory analyses.

### **Participants**

We recruited participants at three occasions, first in June 2020, and then contacted the same participants again in November 2020 and May 2021. In June 273 parents filled out the questionnaire where 231 was women with a mean age of 40.09 ( $SD = 6.22$ ), and 31 men, two participants chose the category other/does not want to respond and nine participants did not report gender. Since the majority of our sample were women, we only focus on mothers in this study. In November, we recruited the same parents who responded in June, where 142 women responded (mean age = 40.58,  $SD = 5.66$ ), 20 men, and one person reported other as their gender, and one did not want to respond. In May 2021 we again recruited the same parents to participate where 80 women with a mean age of 41.24 ( $SD = 6.14$ ) and 12 men responded. Since we had too few fathers responding on each occasion, we excluded them from the following analyses.

### **Ethics**

The present study is part of a larger project that investigates the consequences the COVID-19 pandemic has had on both parents and children. The project was registered with the Norwegian Centre for Research Data (Ref. 164246) and received ethical approval from

the internal board of research ethics at UiT The Arctic University of Norway. The ethical approvals can be found in Appendix B.

### **Measures**

All measures were in Norwegian. All measures used in the analyses can also be found in English and Norwegian in Appendix A. The full version of the parent questionnaire used at data collection in June can be found in Norwegian in Appendix B.

### ***Parent Well-Being***

Parent well-being was measured using the Norwegian version of the 5-item WHO-5 Well-Being Index (Topp et al., 2015). The index contains five statements that are positively phrased such as “I have felt calm and relaxed,” from 0 (none of the time) to 5 (all of the time). In line with past research, the raw sum score (with a range of 0 to 25) was multiplied by four so that the final score had a potential range from 0 (absence of well-being) to 100 (maximum well-being). We phrased the instructions so that the participants were asked to recall their well-being before the pandemic started (T1, retrospective), i.e., “Think back to how you felt before the society closed down” ( $\alpha = .88$ ), during the lockdown of society (T2, retrospective), i.e., “Think back to how you felt while schools were closed” ( $\alpha = .89$ ), for their current well-being after reopening in June 2020 (T3), i.e., “Please indicate how you felt after the schools reopened” ( $\alpha = .91$ ), in November 2020 (T4), i.e., “Please indicate how have you felt ” ( $\alpha = .89$ ), and in May 2021 (T5), i.e., “Please indicate how you have felt the past month” ( $\alpha = .91$ ).

### ***Lockdown Stress***

Parents stress level during lockdown was retrospectively measured with five self-developed questions in June 2020. Participants were asked to recall how stressed they felt during the lockdown by answering questions such as, “I felt stressed combining work and homeschool” and “I felt generally stressed during lockdown.” The participants answered this

## WELL-BEING OF MOTHERS DURING COVID-19

on a five-point Likert scale from 1 (totally disagree) to 5 (totally agree). The scale showed a satisfactory alpha ( $\alpha = .71$ ).

### ***Pandemic: General Worries***

Parents pandemic related general worries were measured with three self-developed questions in November 2020 and May 2021 (T4 and T5). Participants were asked to answer how they felt regarding their general pandemic related worries, consisting of three items, “Are you worried about how the pandemic is developing?”, “Are you anxious about negative consequences because of the pandemic?” and “Are you stressed about the whole situation regarding the pandemic?”. The scale showed a good reliability in November, T4 ( $\alpha = .89$ ), and a good reliability in May, T5 ( $\alpha = .83$ ). Participants answered this on a five-point Likert scale from 1 (Not at all) to 5 (To a large extent).

### ***Pandemic: Financial Worries***

Pandemic related financial worries were measured in November 2020 (T4) and May 2021 (T5), using two self-developed items: “Are you worried about losing your job because of the pandemic?” and “Are you worried about your household’s financial situation due to the pandemic?”. The items were highly correlated, with  $r = .62$ ,  $p < .001$  at T4, and,  $r = .74$ ,  $p < .001$  at T5. The two items were combined into one measure of financial worries.

### ***Demographics***

We collected demographic information about age, gender, income, occupation, workhours per week, siblings, information about being in a risk group or not, family structure, and more. Of main interest is income, family structure, and age of youngest child. Income was measured with five categories. Participants were asked to categorize their income into 1 = NOK 0 – 320 000, 2 = NOK 320 000 – 460 000, 3 = NOK 460 000 – 1 200 000, 4 = NOK 1 200 000 – 2 000 000, to 5 = NOK More than 2 000 000. To measure family structure, we asked the participants about their marital status, 1 = single, 2 = in a relationship, 3 =

## WELL-BEING OF MOTHERS DURING COVID-19

married/in a domestic partnership, or 4 = widow/widower. Then we recoded this variable so that 0 = single parent (including categories 1, 2 and 4) and 1 = not single parent (including category 3). In the sample that only responded in June we had 50 mothers who were single and 181 that was in a relationship or married. In the sample that responded both in June and November we had 78 mothers that were in a relationship or married, and 19 that was single. For the age of youngest children, participants in June had youngest child average age of 7.81 ( $SD = 3.36$ ), and participants from both June and November the youngest child was on average 7.50 years old ( $SD = 3.50$ ).

### **Sensitivity analyses**

We conducted a *post hoc* sensitivity analyses with G\* Power to investigate the size of effects we were able to detect given a power of 0.95. For the repeated measures ANOVA that investigated development of well-being during the pandemic (RQ1) with the current sample ( $N = 97$ ), one group, four measurements, correlation among repeated measures set to  $r = .50$ , and nonsphericity correction  $\epsilon = .869$ , we were able to detect an effect size of  $f^2 = 0.16$  which is considered a small effect (Faul et al., 2007). For the linear regression with the current sample of ( $N = 231$ ), with a power of .95 and five predictors, we were able to detect an effect size of  $f^2 = 0.05$  (small effect). For the linear regression with the current sample of ( $N = 97$ ), with a power of .95 and five predictors, we were able to detect an effect size of  $f^2 = 0.05$  (small effect). Finally, for the linear regression with the current sample of ( $N = 231$ ) and two predictors, power of .95 we were able to detect an effect size of  $f^2 = .05$ , and an effect size of  $f^2 = .11$  with a sample of ( $N = 97$ ) and three predictors.

### **Analysis plan**

The analytical plan outlined in the preregistration was followed ([https://osf.io/auxhj/?view\\_only=4dca5c870adf4bc0a83e69aa80233150](https://osf.io/auxhj/?view_only=4dca5c870adf4bc0a83e69aa80233150)). To analyze RQ1 we used repeated measures ANOVA where well-being was the repeated measures factor and time

## WELL-BEING OF MOTHERS DURING COVID-19

was the within-subjects factor. To analyze RQ1.1 and H2-H4 we used separate linear regression analyses with well-being at T2 to T4 as the DV's, the specific family variables as IV's and well-being at T1 as a covariate. Next, to analyze H5-H7 we used separate linear regression analyses with well-being at the specific timepoints as the DV's, stress during lockdown or pandemic related worries (general and financial worries) as the IV's. We also included income, age of youngest child, family structure, and mothers age as covariates whenever they were not used as predictors. Lastly, to test H8-H9 we used PROCESS 4.0 by Andrew Hayes (Hayes, 2018) to conduct a mediation analysis. We used Model 4, with bootstrap 10 000 for both H8 and H9. Finally, we explored the development of well-being and stress of the mothers a year after the pandemic started using repeated measures ANOVA in the same way as for RQ1, but now also including the last timepoint in May 2021 (T5) and conducted regression analysis of how lockdown stress affected their well-being in May 2021.

### Results

Means, standard deviation and correlations for all relevant variables can be found in Table 1. The analytical plan outlined in the preregistration was followed. First, we tested RQ1 and H1, which is that mothers' well-being was lowest during the nation-wide lockdown in March/April compared to the time before the lockdown, the time of reopening in June 2020, and November 2020. To test this, we conducted a repeated measures ANOVA with a Huyn-Feldt correction that determined that mothers well-being was not significantly affected by time  $F(2.61,250.31) = 1.42, p = .241, \eta^2 p = .02$ . From the pairwise comparisons of means we saw that well-being in November ( $M = 55.88, SD = 21.81$ ) was associated with a significant reduction in mothers well-being from before the pandemic ( $M = 59.96, SD = 19.81, p = .041$ ). Well-being decreased descriptively during the national lockdown ( $M = 57.48, SD = 21.91$ ), but it was not significantly lower than well-being in November ( $p = .501$ ). See Figure 1 for a graph over the development of mother's well-being at the different timepoints.

Table 1

*Correlations and descriptive statistics of all relevant variables*

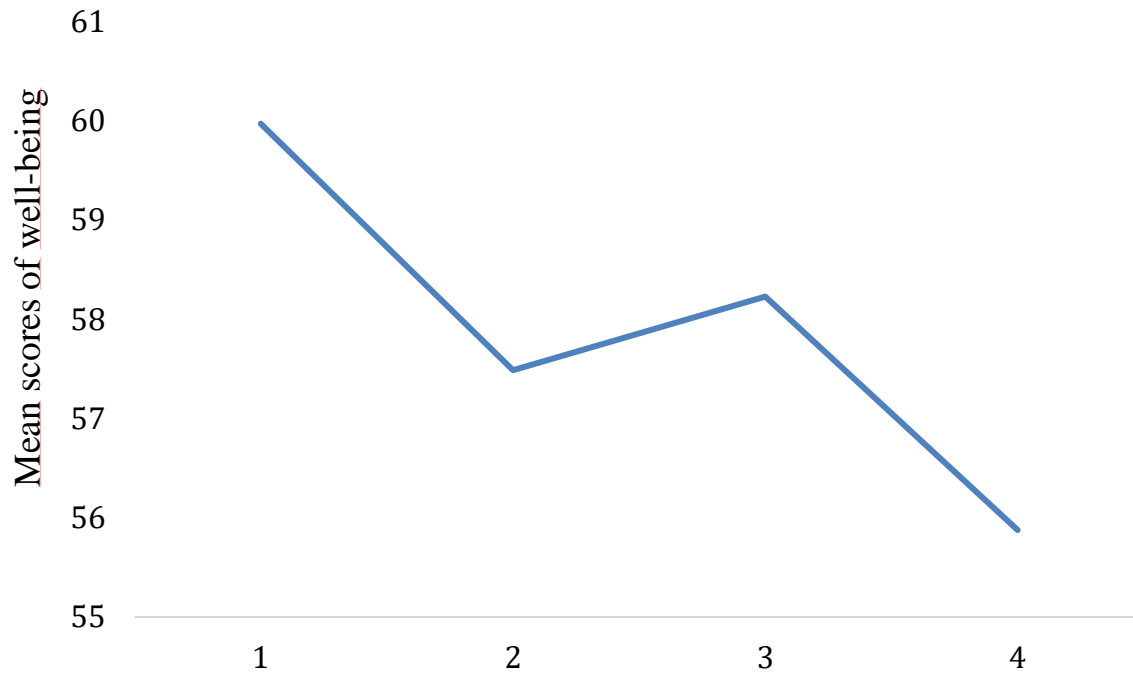
	<i>M</i>	<i>SD</i>	<i>N</i>	1	2	3	4	5	6	7	8	9	10	11	12
1. Gender	2	.00	97	1											
2. Age	40.58	5.66	97	-.20**	1										
3. Marital status	0.80	.40	97	.06	.06	1									
4. Income	2.48	.79	97	-.13*	.18**	-.22**	1								
5. Age of youngest child	7.50	3.50	97	-.13*	.57**	-.06	.09	1							
6. Well-being before the pandemic	59.96	19.81	97	-.05	.24**	.09	.12	-.17**	1						
7. Well-being during lockdown	57.48	21.91	97	-.09	.14*	.05	-.07	.18**	.39**	1					
8. Well-being during reopening	58.23	19.74	97	-.09	.17**	.12	.10	.21**	.73**	.56**	1				
9. Well-being in November	55.88	21.81	97	-.15	.15	.05	.11	.36**	.57**	.41**	.68**	1			
10. Lockdown stress	2.52	1.02	97	.13*	-.10	-.04	.16**	-.18**	.03	-.56**	-.15*	-.14	1		
11. Pandemic general worries	6.77	3.15	97	.19*	-.19*	-.05	-.31**	-.15	-.31**	-.40**	-.36**	-.35**	.33**	1	
12. Financial worries	3.25	3.08	97	.11	-.09	-.10	-.31**	-.19*	-.15	-.29**	-.34**	-.41**	.24*	.49**	1

*Note.*



**Figure 1**

*The development of mothers' well-being throughout the pandemic shown in four timepoints*



*Note.* This figure displays the gradual decline in mothers' well-being from timepoint 1) retrospective measure of well-being before the pandemic, 2) retrospective measure of well-being during lockdown, 3) measure of well-being at reopening in June, and 4) well-being measured in November.

### **How Family Variables Relates to Well-Being During Lockdown**

To test RQ1.1 and H2-H4, which is how different family variables affect well-being at three timepoints, we first conducted a linear regression with well-being during lockdown (T2) as DV and income as IV with well-being before the pandemic (T1), mothers age, marital status, and age of youngest child as covariates. As can be seen from Table 2, higher income was significantly associated with lower well-being during lockdown (T2),  $B = -4.18$ ,  $p = .014$ . In addition, the association between lockdown well-being (T2) and age of youngest child approached significance at  $p = .072$ .

Table 2

*Testing the Association Between Well-Being During Lockdown and all Covariates*

	<i>B</i>	SE( <i>B</i> )	$\beta$	<i>t</i>	<i>p</i>
Well-being T1	.38	.07	.35	5.53	<.001
Mothers age	.01	.26	.00	.05	.957
Marital status	4.06	3.26	.08	1.25	.213
Age of youngest child	.85	.47	.13	1.81	.072
Income	-4.18	1.69	-.16	-2.47	.014

*Note.***How Family Variables Relates to Reopening Well-Being**

To further test H2-H4, we conducted a regression with well-being at reopening in June (T3) as DV with marital status as IV and well-being before the pandemic (T1), mothers age, age of youngest child, and income as covariates. As can be seen in Table 3, marital status was approaching significance with well-being at reopening (T3) at  $B = 4.41$ ,  $p = .063$ . This means that higher well-being was associated with being in a two-parent household. We also see that income was no longer significantly associated with well-being at reopening ( $p = .901$ ), but age of youngest child was ( $p = .004$ ).

Table 3

*Testing the Association Between Well-Being at Reopening in June and all Covariates*

	<i>B</i>	SE( <i>B</i> )	$\beta$	<i>t</i>	<i>p</i>
Well-being T1	.71	.05	.69	14.31	<.001
Mothers age	-.30	.19	-.09	-1.60	.111
Age of youngest child	1.00	.34	.17	2.91	.004
Income	-.15	1.23	-.01	-.13	.901
Marital status	4.41	2.36	.09	1.87	.063

*Note.***How Family Related Variables Relates to Well-Being in November**

In the final regression to test H2-H4, seen in Table 4, we conducted a linear regression with well-being in November 2020 (T4) as DV, age of youngest child as IV, and mothers age, marital status, and income as covariates. From Table 4 we see that in November income ( $p = .210$ ) and marital status ( $p = .238$ ) was not significantly related to well-being, but age of youngest child was significantly positively associated with well-being,  $B = 1.37$ ,  $p = .029$ .

**How Mothers' Lockdown Stress Relates to their Lockdown Well-Being**

To test H5 (see Table 5), if mothers' level of stress during lockdown (T2) was negatively related to their well-being during lockdown, we conducted a linear regression with well-being during lockdown as DV and lockdown stress as IV, with well-being before the pandemic (T1) as covariate.

WELL-BEING OF MOTHERS DURING COVID-19

Table 4

*Testing the Association Between Well-Being in November and all Covariates*

	<i>B</i>	SE(B)	$\beta$	<i>t</i>	<i>p</i>
Well-being T1	.57	.10	.51	5.68	<.001
Mothers age	.28	.39	.07	.72	.474
Income	-2.98	2.36	-.11	-1.26	.210
Marital status	5.45	4.60	.10	1.19	.238
Age of youngest child	1.37	.62	.22	2.21	.029

*Note.*

Table 5

*Testing the Association Between Well-Being during Lockdown and Lockdown Stress*

	<i>B</i>	SE(B)	$\beta$	<i>t</i>	<i>p</i>
Well-being T1	.41	.05	.38	7.85	<.001
Lockdown stress	-11.74	.97	-.58	-12.05	<.001

*Note.*

From Table 5 we saw that mothers' levels of stress during lockdown was significantly negatively related to their well-being during lockdown,  $B = -11.74$ ,  $p = <.001$ . We further assessed H6, if mothers' level of stress during lockdown (T2) was negatively related to their well-being at reopening (T3) and in November (T4), we did two separate regressions, one for each timepoint. Lockdown stress was significantly negatively related to well-being at

reopening (T3),  $B = -3.45$ ,  $p = <.001$ . The association between lockdown stress and well-being in November (T4) was still negative, but not statistically significant,  $B = -2.42$ ,  $p = .180$ .

### **The Association Between Mothers' Pandemic Related Worries and Well-Being in November**

To test H7, if mothers pandemic related worries (general and financial) in November was negatively related to their well-being in November (T4), we conducted a linear regression with well-being in November as the DV, financial worries and general worries as IVs, and well-being before the pandemic (T1) as covariate. From Table 6 we saw that mothers' financial worries were significantly negatively related to mothers' well-being in November,  $B = -2.18$ ,  $p = .001$ , but general pandemic related worries were not,  $B = -.16$ ,  $p = .812$ .

We also did separate regressions for financial worries and general worries. When conducting the regressions separately both pandemic general worries was significantly related to well-being in November,  $B = -1.29$ ,  $p = .035$ , and pandemic related financial worries was significantly negatively related to well-being in November  $B = -2.26$ ,  $p = <.001$ .

Table 6

#### *Testing the Association Between Well-Being in November and Pandemic Related Worries*

	$B$	SE(B)	$\beta$	$t$	$p$
Well-being T1	.56	.09	.51	6.16	<.001
Pandemic general worries	-.16	.67	-.02	-.24	.812
Pandemic financial worries	-2.18	.66	-.31	-3.31	.001

*Note.*

We also did separate regressions for financial worries and general worries. When conducting the regressions separately both pandemic related general worries was significantly related to well-being in November,  $B = -1.29$ ,  $p = .035$ , and pandemic related financial worries was significantly negatively related to well-being in November  $B = -2.26$ ,  $p = <.001$ .

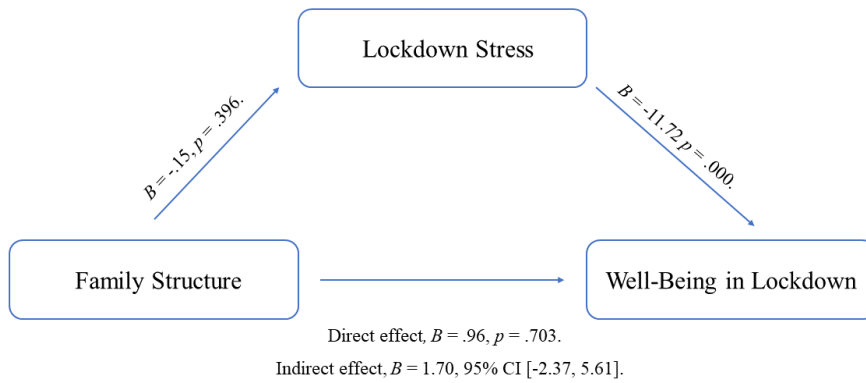
### **Mediation Analyses of Lockdown Stress and Financial Worries**

To test H8, that lockdown stress levels mediated the relationship between family structure and lockdown well-being, we used a mediation analysis with the PROCESS 4.0 software. We used Model 4 with bootstrap set to 10000,  $X =$  marital status,  $Y =$  lockdown well-being,  $M =$  lockdown stress, covariate = well-being before the pandemic (T1). From Figure 2 we see that we found no significant direct effect between  $X$  and  $Y$ ,  $p = .703$ , and no significant indirect effect of  $X$  on  $Y$ ,  $B = 1.70$ , 95 % CI [-2.37, 5.61]. There was also no significant effect between  $X$  and  $M$ ,  $p = .396$ .

Finally, to test H9, that financial worries mediated the relationship between income and well-being in November, we did another mediation analysis using PROCESS with model 4 and bootstrap of 10000.  $X =$  income,  $Y =$  well-being in November,  $M =$  financial worries, covariate = well-being before the pandemic. We found a significant direct effect of  $X$  on  $Y$ ,  $B = -6.16$ ,  $p = .008$ , and an indirect effect of  $X$  on  $Y$ ,  $B = 3.22$  95% CI [0.77, 6.44], see Figure 3.

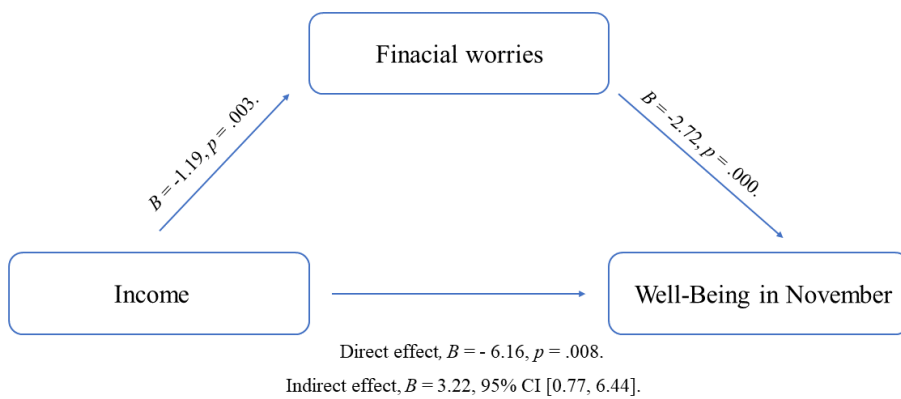
**Figure 2**

*Mediation Model to Test Mediation of Lockdown Stress Levels on Lockdown Well-Being*



**Figure 3**

*Mediation model to test Mediation of Financial Worries on Well-Being in November*



### Exploratory Analyses

To explore the development of mother's well-being when including participants who also responded in May, we conducted a repeated measures ANOVA with well-being as the repeated measures factor and time as the within-subjects factor. From the within-subjects test

## WELL-BEING OF MOTHERS DURING COVID-19

we saw that well-being was not significantly affected by time  $F(3.69,184.64) = 1.25, p = .293$ . Pairwise comparisons indicated that the mean difference between well-being before the pandemic (T1), ( $M = 61.41, SD = 20.31$ ), and well-being in November (T4), ( $M = 56.24, SD = 20.99$ ) approached the conventional significance level at  $p = .063$ . In addition, we saw a further decrease in well-being measured in May 2021 (T5), ( $M = 55.37, SD = 20.99$ ), but this was not significantly different from before the pandemic ( $p = .080$ ). Well-being decreased descriptively during the national lockdown (T2), ( $M = 57.65, SD = 21.90$ ), and it was still lower in June, T3, ( $M = 57.80, SD = 19.04$ ) than before lockdown, but neither was significantly different, all  $ps > .257$ .

To test how stress during lockdown affected the mothers who also responded in May 2021 we conducted two separate regressions. The first regression had well-being measured in May 2021 (T5) as DV, lockdown stress measured retrospectively in June as IV, and well-being before the pandemic (T1) as covariate. There was no significant relationship between lockdown stress and well-being in May ( $p = .310$ ). In the second regression we used lockdown stress measured in May as IV instead of the retrospective measure from June. There was no significant relationship between the well-being in May and the lockdown stress measured in May ( $p = .208$ ).

### Discussion

The purpose of the present study was to examine the development of mothers' well-being during the COVID-19 pandemic, investigate how family related variables influenced well-being at different timepoints, as well as their perceived stress during lockdown, pandemic related worries, and investigating different mediation models. This was done to map the consequences the pandemic had on mothers with young children in a country which had a relatively low infection rates at time of data collection, and strict restrictions at the beginning with them changing throughout the data collection period. We used a cross-



sectional design with three data collection timepoints, June and November 2020 and May 2021. The data collection that took place in June also had retrospective measures of how mothers' well-being was before the pandemic and during the national lockdown, as well as a measure of their well-being in June. Thus, we had measures of well-being at five timepoints, including the measure from May that was only used in the exploratory analyses. When testing RQ1 we found that mothers well-being was in fact lowest at the measure in November, and not during the national lockdown as we predicted. We saw a descriptive change in the predicted negative direction, but the differences were not significant. This surprising finding can have several reasons. First, when including the well-being measure from November, our sample was reduced from 231 mothers to 97 mothers. Thus, when including the third timepoint, we had low statistical power. It seems reasonable to assume that this caused the missing effect. A second reason for this effect might be that when the government implemented the strict lockdown in March 2020 the general attitude and opinion among people were positive and that the restrictions were in its place (Helsingen et al., 2020). In November, there were parts of Norway that went into local strict restrictions due to high infection rates. One city had an ongoing lockdown for several months while the majority of Norway had relatively mild restrictions. This could have led to participants reporting worse well-being, as a lot of them might have lived in cities with strict restrictions at the time of data collection. Furthermore, in addition to the changes in restrictions, we also need take into consideration that people might have been tired. After the first reopening in the summer people were happy and likely to think that there would not be another round of restrictions. Then, when we came to November, restrictions had already been implemented in several cities, and infection rates were rising. It is also likely that at the beginning of the pandemic the majority thought it would be over quickly, but in November it became more and more clear that this was in fact not the case.

When investigating how family related variables affected well-being at the three different timepoints, we found different results at each timepoint. In the regressions we included the variables income, age of youngest child, mothers age, and marital status. We started with looking into how well-being during lockdown was influenced by this and found that the only significant predictor was income ( $p = .014$ ), where mothers with higher income reported significantly lower well-being. After the first four weeks after lockdown a large part (9.9 %) of the workforce were either partly or completely temporarily laid off (Norwegian Labour and Welfare Administration, 2020a), which then could have influenced why income was an important factor for the well-being during lockdown. This is also in line with previous research that lower income negatively affect well-being (Yu & Chen, 2016). When considering how income influenced well-being during this confusing and abnormal time it is important to gain knowledge on how this can be improved if we ever where to face a similar situation again. When people started to get temporarily laid off the government introduced several economical compensation packages (Regjeringen, 2020). These included actions such as prolonged right to unemployment benefits, less economic strain on businesses to compensate for their financial loss. Even though several economic welfare packages were introduced, we saw news article on news article of the extreme number of applications for unemployment benefits that came to the Norwegian Labour and Welfare Administration in a short time (HRmagasinet, 2020). This led to long queues to get the application evaluated and delayed payment to people who lost or were temporarily laid off from their job. Thus, it is understandable why income influenced well-being during this initial period of the pandemic. It is also important to note that our income categories were broad and 58.9 % of the 231 mothers placed their income within the broadest category ranging from NOK 460 000 – 1 200 000. As a society we can learn a lot from this in order to cope better. When it comes to financial subsidies it will be important to have a concrete plan one can turn to if we ever meet

a similar crisis. This can ensure better distribution of financial compensations, but also have a system that is designed to cope with a huge number of applications at once. By having a crisis plan in place prior to such an event, it can provide insurance to the population that they will not go long periods without financial compensation to meet their normal bills and expenses.

### **Factors That Influenced Well-Being at Reopening in June**

We further examined the same predictors again for well-being at reopening. At this point we found that age of youngest child was positively significantly related to their well-being ( $p = .004$ ), meaning that the older the youngest child was, the higher well-being the mothers reported. This was also the case in the final regression to test the influence of family related variables, we used the same predictors and well-being at reopening as timepoint. Here we found that the only predictor that stayed significant was age of youngest child ( $p = .029$ ). The research on how the age of children affects well-being finds mixed results, but some studies find that mothers with younger children were more fatigued than mothers with older children (Meier et al., 2018), and struggled with mental health during the pandemic (Racine et al. 2022). These results are important because they tell us something about how we can take better care of young children and their parents. As previous research has shown, parental stress was related to parental burnout (Skjærstad et al., 2021), and mothers with younger children were more fatigued than those with older children (Meier et al., 2018). Thus, having young children, and having to combine working from home with child care put a lot of strain on parents. One way the society could have taken better care of this group could be to facilitate a meeting place where mothers got the chance to have more emotional support from others in the same situation. Perhaps, organized by local health stations. By having such an organizer there would still be possible to keep infection control regulations, while also give parents, and especially mothers a break. In addition, when working women have children, the workplace needs to have a good plan, and be aware that mothers often experienced extra

stress during tough times such as the pandemic (Giannotti et al., 2021). One possibility could be to have daycare facilities at the workplace that also were able to follow government regulations of infection control or redistribute some of the workload to workers who had more capacity in their day-to-day life to handle it. In that way, both the workplace, but also colleagues could help improve the well-being of working parents, and especially working mothers.

### ***Marital Status and how it Influence Well-Being at Reopening***

In the same regression we also found that marital status approached significance ( $p = .063$ ). Even though it was not significant, the results tend to the direction where higher well-being is associated with being in a two-parent household. This is also in line with earlier research that a two-parent household is generally happier (e.g., Diener et al., 2000; Diener et al., 2008; Lucas, 2005) and one can assume that being in a two-parent household this will provide an experience of more support during tough times. As the social distancing protocol were initiated, there was a big focus on staying home and to not meet people outside of whom you lived with. Isolation from other people led to many people feeling lonely at the beginning of the pandemic (Groarke et al., 2020) at the same time they were also alone in taking care of their children. Being lonely can be very harmful for one's mental health (Richardson et al., 2017; Stuart et al., 2022), and for future crisis this is something that both the government but also, society should take seriously. One potential measure to take care of people who are lonely is to encourage them to participate in different groups to meet people. However, as one recent study found, those who may benefit from this, do not always want to be a part of such groups (Stuart et al., 2022). There are several reasons why not everyone will benefit from joining these types of groups. Stuart et al (2022) found that not having the same interest, groups being imbalanced with some dominant personalities, not wanting to share as much personal information with others, are some of the barriers people could meet and thus not

wanting to be a part of a group. So, if telling people to join groups might not work on loneliness, there are other measures one can take. Another possibility is increasing advertisement about various mental health services (such as chat service or phone service), where it is possible to talk to someone while being anonymous, more people might take the step to seek advice or help. As a workplace and a leader, it is important to take care of people mental health, and particularly those who are alone. By initiating conversations and checking in on the employees, contributing to a safe place, and offer help or advice in times of crisis to employees who need the extra attention, their mental health might improve or at least they have room to express how they feel and relive some pressure. On the more individual level, checking in on one's friends, both those who live with someone, but perhaps especially those alone, can potentially help reduce loneliness and be that social contact someone needs.

### **How Mothers Stress Levels During National Lockdown Influence Well-Being**

Further, we also examined how mothers' level of stress during lockdown affected their well-being. This was significantly negatively related to their well-being during lockdown, which means that the more stress mothers experienced during lockdown, the worse off was their well-being. This is also in line with emerging research, that parents during the pandemic induced lockdown had increased stress levels (Giannotti et al., 2021), especially if they had more difficulties with dealing with quarantine (Spinelli et al., 2020), and that parental stress influenced well-being (Mazumdar et al., 2021). Factors such as the changes to children's routine, worries about the pandemic and the new demands from online school has been found to be stressors of parents (Adams et al., 2021). We found the same when examining lockdown stress with well-being at reopening, but in November lockdown stress was no longer significantly negatively related to their well-being. We also examined this in our exploratory research question, where we investigated how lockdown stress measured in June affected well-being in May and found no significant relationship. This did also not change when using

the lockdown stress measured in May with well-being measured in May. From these results we can say something about how long the high stress levels lasted, and how they changed during the pandemic. Around three months after the national lockdown, a large part of the strictest restrictions were lifted (Regjeringen, 2020), and we then got a relatively normal summer holiday except for travelling abroad and some restrictions. After the summer holiday, a new national lockdown was not implemented, instead restrictions varied from county to county and between cities. This then gave people time to come back to a sense of normal with some milder restrictions, but with more room to meet friends. This has probably influenced why stress levels during the pandemic did not follow the mothers for many months after. The strategy of only having restrictions that match the trending infection rate in the country might have been good for people's mental health, instead of having several longer lockdowns such as other countries had (e.g., New Zealand; Every-Palmer et al., 2020).

### **Mothers Pandemic Related Worries and Well-Being in November**

In a next step we went on to examining how pandemic related worries was related to mothers' well-being in November. Here we found that when including both categories of pandemic related worries (financial and general) in the same regression model, only financial was significant in relation to mothers' well-being. This is likely due to multicollinearity as the financial worries and general worries were strongly correlated as shown in Table 1. However, it appears that both financial worries and general pandemic related worries were separately strongly associated with mothers' well-being in November. For future cases, this is a good example for why we should take better care of people's mental health. Even though we saw that our stress measure no longer was related to well-being in November, those mothers who were more worried about the pandemic and more worried about their financial situation had worse well-being. Even though the number of employees who were temporarily laid off had decreased a lot from March/April, it was still 2.2 % in both November and December

(Norwegian Labour and Welfare, 2020b) when the data collection took place. At this time, we still saw no clear end to the pandemic, and most of the economic compensations that had been implemented had a deadline for when they ran out, and this could then have increased the financial worries of those who were not back to work.

### **Mediation Analyses of Stress Levels and Financial Worries**

From our mediation analyses of how stress levels during lockdown mediated the relationship between family structure and well-being during lockdown, we found no significant mediation. This is rather surprising, given that we thought that having a two-parent household or being a single parent would affect well-being because of increased stress levels. But it may seem that, family structure itself does not play a vital role when it comes to influencing well-being, at least in this sample. As we saw in an earlier regression, family structure was not a significant predictor, but it was in the direction of being in a two-parent household would increase happiness. Testing our last preregistered hypothesis, we found a significant mediation of financial worries on the relationship between income and well-being in November. What we can learn from this is that income seems to be an important factor that can contribute to financial stress and lower well-being when having lower income. In line with the previous arguments made, if the economical packages were made to be more long term, it would be more predictable for people and perhaps reduce the financial worries.

### **Limitations**

The present study contributes to new knowledge on how the pandemic has influence mothers' well-being, but also offers some limitations that needs to be considered. First, one of the main limitations is the loss of power and participants. When doing analyses that included measures from November, we lose 134 participants and thus also statistical power. Even though we contacted the same people who responded in June, and reminded them, we still got a relatively high dropout rate. There might have been more that we could have done to

## WELL-BEING OF MOTHERS DURING COVID-19

increase the number of participants that responded, but there is only so many times you can remind participants to respond to the survey before it is perceived as inappropriate. However, if we had more time for recruitment in the initial data collection, we might have had a larger sample size through all timepoints. Since the data collection took place in June, we did not have much time for recruitment as the summer vacation both for parents, but also their children, was soon approaching. In addition, several other studies also approached schools to take part which might have negatively affected our response rate and the principals wish to distribute our questionnaire. We initially wanted to investigate how parents in general was affected by the pandemic, but due to the low number of fathers who responded this was not possible. Thus, there are still aspects of parent's well-being that we were not able to investigate.

Second, two of our measures in June was framed so that participants would retrospectively report how their well-being was before the pandemic and during the lockdown. Some research has shown that retrospective measures does not always accurately reflect change over time (i.e., Schmitt & Di Fabio, 2005) and that we sometimes remember false memories as good as true memories (Gonsalves & Paller, 2002). Despite this, the work by Topp et al. (2015) found that the WHO-5 well-being measure had good clinimetric validity, meaning that it is a good screening tool for discovering symptoms of illnesses such as depression and anxiety, when using the framing of how things had been the past two weeks. Based on 18 studies, metadata shows that the cutoff to predict clinical depression is  $\leq 50$  (Norwegian Directorate of Health, 2018). Despite this being a good measure for this purpose, it is important that we remember that as time goes by, our memories might change from positive to negative, but also from negative to positive.

Third, there were some issues related to our family related variables. Our income variable consisted of four categories were 58.9 % of mothers who responded in June and 60.8



## WELL-BEING OF MOTHERS DURING COVID-19

% of mothers who responded both in June and November belonged to the category of an income between NOK 460 000 – 1 200 000. Since our income variable had such a wide category with majority of the respondents being in that category, it might have influenced the results in such a way that we did not see the consequences the pandemic had on the people belonging in the group of lowest socio-economic status. We see the same skewness for how many participants are in each category of marital status. Mothers who responded in June, 78.4 % of them reported being in a relationship or being married, and 80.4 % for those who responded both in June and November. Since we had such an unequal distribution of married and single participant, this might have influenced our results in either direction. As previous research has shown some of the negative consequences being a single parent can have on well-being, it is not unreasonable to think that we could find similar effects on mothers' well-being with a more equal distribution in this study.

Along the same line as some of the limitations related to the demographical variables, we also see some issues with some of our other measures. We measured mothers stress with a self-developed scale which consisted of five different items. Even though our stress measure had a satisfactory Cronbach's alpha ( $\alpha = .71$ ), this could likely be improved if we used some of the already developed stress scales such as The Parental Stress Scale (Berry & Jones, 1995). Further on, our measure of general worries related to the pandemic only consisted of two items. Even though they were strongly correlated, and strongly correlated with financial worries, by including more items we could have increased our understanding of how the pandemic itself influenced peoples worries and concerns. With more items we would also get more variance, and it would likely improve the robustness of the scale.

For future work, it would be recommend spending more time on recruitment to ensure more participants and especially with a longitudinal design given that one must expect that there will be dropouts. To learn from the limitations described above, working on improving

scales and developing new scales, will improve the study quality. As mentioned above we did not receive enough respondents from fathers and partners. By putting aside more time for recruitment, and more effort to recruit the other parent future work will be able to investigate this by also looking into additional factors that was not possible in this study. It is however difficult to set aside more time for this when a pandemic suddenly hits the world, and thus, a difficult limitation to work with.

### **Conclusion**

This research contributes to the new emerging research that investigates the consequences the pandemic had on parents' well-being. In this study we investigated the development of mothers' well-being during the pandemic, and different factors that influenced mothers' well-being and how some factors could function as a mediator for well-being. Factors such as family related variables (i.e., marital status, age of youngest child, income, and mothers age) stress and pandemic related worries affected mothers' well-being. We also saw that the family related variables affected well-being differently at the four timepoints. Worries related to mother's financial situation and general worries about the pandemic negatively affected their well-being. This research contributes to the emerging literature on the various consequences the COVID-19 pandemic has had across the world. Even though Norway had relatively mild restrictions after the reopening in June, we still see a decline in well-being months later. This tells us that even with mild restrictions, the well-being is negatively affected. This is knowledge that will be important to take into consideration if we ever are to experience another pandemic or other major crises in the future. Knowing how even the mild restrictions influenced mental health gives the government room and knowledge to better take care of this group when evaluating how the pandemic was handled in Norway, and what to include in future crisis plans.

**Footnotes**

1. When children start elementary school, they are enlisted in 1<sup>st</sup> grade (starting the year children turn 6) and it last until 7<sup>th</sup> grade which finished the year children turn 13.
2. After completing the questionnaire, parents got a link to the children's questionnaire so that the children were recruited indirectly through their parents.

### References

- Adams, E. L., Smith, D., Caccavale, L. J., & Bean, M. K. (2021). Parents are stressed! Patterns of parent stress across COVID-19. *Frontiers in Psychiatry, 12*.  
<https://doi.org/10.3389/fpsy.2021.626456>
- Adams-Prassl, A., Boneva, T., Golin, M., & Rauh, C. (2020). *The Impact of the coronavirus lockdown on mental health: Evidence from the US* (No. 2020-030).  
<https://ideas.repec.org/p/hka/wpaper/2020-030.html>
- Berry, J. O., & Jones, W. H. (1995). The parental stress scale: Initial psychometric evidence. *Journal of Social and Personal Relationships, 12*(3), 463-472.  
<https://doi.org/10.1177%2F0265407595123009>
- Boserup, B., McKenny, M., & Elkbuli, A. (2020). Alarming trends in US domestic violence during the COVID-19 pandemic. *The American Journal of Emergency Medicine, 38*(12), 2753-2755. <https://doi.org/10.1016/j.ajem.2020.04.077>
- Brannon, G. E., & Cummins, M. W. (2022). ‘Never time to do anything well’: Mothers’ reported constraints during a pandemic. *Journal of Family Studies*.  
<https://doi.org/10.1080/13229400.2022.2057349>
- Bull, T., & Mittelmark, M. B. (2009). Work life and mental wellbeing of single and non-single working mothers in Scandinavia. *Scandinavian Journal of Public Health, 37*(6), 562-568. <https://doi.org/10.1177%2F1403494809340494>
- Calarco, J. M., Anderson, E., Meanwell, E., & Knopf, A. (2020, October 4). “Let’s not pretend it’s fun”: How COVID-19-related school and childcare closures are damaging mothers’ well-being. SocArXiv Papers.  
<https://doi.org/10.31235/osf.io/jyvk4>
- Cameron, E. E., Joyce, K. M., Delaquis, C. P., Reynolds, K., Protudjer, J. L.P., & Roos, L. E. (2020). Maternal psychological distress & mental health service use during the

## WELL-BEING OF MOTHERS DURING COVID-19

COVID-19 pandemic. *Journal of Affective Disorders*, 276, 765-774.

<https://doi.org/10.1016/j.jad.2020.07.081>

Chapman, B., & Guven, C. (2016). Revisiting the relationship between marriage and wellbeing: Does marriage quality matter? *Journal of Happiness Studies*, 17, 533–551.

<https://doi.org/10.1007/s10902-014-9607-3>

Cusinato, M., Iannattone, S., Spoto, A., Poli, M., Moretti, C., Gatta, M., & Miscioscia, M. (2020). Stress, resilience, and well-being in Italian children and their parents during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, 17(22), 8297-2314. <https://doi.org/10.3390/ijerph17228297>

de Pedraza, P., Guzi, M., & Tijdens, K. (2020). *Life dissatisfaction and anxiety in COVID-19 pandemic* (GLO discussion paper, No.554). <http://hdl.handle.net/10419/217053>

Diener, E., Gohm, C.L., Suh, E and Oishi, S. (2000). Similarity of the relations between marital status and subjective well-being across cultures. *Journal of Cross-Cultural Psychology*, 31(4), 419–436. <https://doi.org/10.1177%2F0022022100031004001>

Diener, M., & McGavran, M.B. D. (2008). “What makes people happy? A developmental approach to the literature on family relationships and well-being”. In *The science of subjective well-being*, Edited by: Eid, M and Larsen, R.J. 347–375. New York, NY: Guilford.

Dodge, R., Daly, A. P., Huyton, J., & Sanders, L. D. (2012). The challenge of defining wellbeing. *International Journal of Wellbeing*, 2(3), 222-235.

<http://dx.doi.org/10.5502/ijw.v2i3.4>

Deaton, A. (2008). Income, health, and well-being around the world: Evidence from the Gallup World Poll. *Journal of Economic Perspectives*, 22(2), 53-72.

<http://dx.doi.org/10.1257/jep.22.2.53>

## WELL-BEING OF MOTHERS DURING COVID-19

- Del Boca, D., Oggero, N., Profeta, P., & Rossi, M. (2020). Women's and men's work, housework and childcare, before and during COVID-19. *Review of Economics of the Household*, 18, 1001-1017. <https://doi.org/10.1007/s11150-020-09502-1>
- Etheridge, B., & Spantig, L. (2020). The gender gap in mental well-being during the Covid-19 outbreak: Evidence from the UK. (No. 2020-08). Institute for Social and Economic Research. <https://www.iser.essex.ac.uk/research/publications/working-papers/iser/2020-08>
- Every-Palmer, S., Jenkins, M., Gendall, P., Hoek, J., Beaglehole, B., Bell, C., Williman, J., Rapsey, C., & Stanley, J. (2020). Psychological distress, anxiety, family violence, suicidality, and wellbeing in New Zealand during the COVID-19 lockdown: A cross-sectional study. *PLOS ONE*, 15(11), Article e0241658. <https://doi.org/10.1371/journal.pone.0241658>
- Faul, F., Erdfelder, E., Lang, A.-G. & Buchner, A. (2007). G\*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, 39(2), 175-191.
- Gassman-Pines, A., Ananat, E. O., & Fitz-Henley, J. (2020). COVID-19 and parent-child psychological well-being. *Pediatrics*, 146(4), Article e2020007294. <https://doi.org/10.1542/peds.2020-007294>
- Geirdal, A. Ø., Ruffolo, M., Leung, J., Thygesen, H., Price, D., Bonsaksen, T., & Schoultz, M. (2021). Mental health, quality of life, wellbeing, loneliness and use of social media in a time of social distancing during the COVID-19 outbreak. A cross-country comparative study. *Journal of Mental Health*, 30(2), 148-155. <https://doi.org/10.1080/09638237.2021.1875413>
- Giannotti, M., Mazzoni, N., Bentenuto, A., Venuti, P., & de Falco, S. (2021). Family adjustment to COVID-19 lockdown in Italy: Parental stress, coparenting, and child

- externalizing behavior. *Family Process*. <https://doi.org/10.1111/famp.12686>
- Gonsalves, B., & Paller, K. A. (2002). Mistaken memories: Remembering events that never happened. *The Neuroscientist*, 8(5), 391-395.  
<https://doi.org/10.1177%2F107385802236964>
- Groarke, J. M., Berry, E., Graham-Wisener, L., McKenna-Plumley, P. E., McGlinchey, E., & Armour, C. (2020). Loneliness in the UK during the COVID-19 pandemic: Cross-sectional results from the COVID-19 psychological wellbeing study. *PLOS ONE*, 15(9), Article e0239698. <https://doi.org/10.1371/journal.pone.0239698>
- Hall, L. R., Sanchez, K., de Graca, B., Bennett, M. M., Powers, M., & Warren, A. M. (2021). Income differences and COVID-19: Impact on daily life and mental health. *Population Health Management*. <https://doi.org/10.1089/pop.2021.0214>
- Harknett, K. (2006). The Relationship Between Private Safety Nets and Economic Outcomes Among Single Mothers. *Journal of Marriage and Family*, 68(1), 172–191. <https://doi.org/10.1111/j.1741-3737.2006.00250.x>
- Harknett, K. S., & Hartnett, C. S. (2011). Who lacks support and why? An examination of mothers' personal safety nets. *Journal of Marriage and Family*, 73(4), 861–875. <https://doi.org/10.1111/j.1741-3737.2011.00852.x>
- Hayes, A. F. (2018). *Introduction to mediation, moderation, and conditional process analysis*. (2<sup>nd</sup> Ed.). The Guilford Press.
- Hellevik, O. (2003). Economy, values and happiness in Norway. *Journal of Happiness Studies*, 4, 243-283. <https://doi-org.mime.uit.no/10.1023/A:1026232018534>
- Helsingen, L. M., Refsum, E., Gjøstein, D. K., Løberg, M., Bretthauer, M., Kalager, M., & Emilsson, L. (2020). The COVID-19 pandemic in Norway and Sweden – threats, trust, and impact on daily life: A comparative survey. *BMC Public Health*, 20. Article 1597  
<https://doi.org/10.1186/s12889-020-09615-3>

## WELL-BEING OF MOTHERS DURING COVID-19

- Hertz, R., Mattes, J., & Shook, A. (2020). When paid work invades the family: Single mothers in the COVID-19 pandemic. *Journal of Family Issues*, 42(9), 2019-2045. <https://doi.org/10.1177%2F0192513X20961420>
- HRmagasinet (2020). NAV har mottatt 113.500 søknader om dagpenger på under en uke [Norwegian Labour and Welfare Administration has received 113.500 applications for unemployment benefits in under one week]. Retrieved on April 7th from <https://www.hrmagasinet.no/dagpenger-nav-sigrun-vageng/nav-har-mottatt-113500-soknader-om-dagpenger-pa-under-en-uke/588722>
- Huebener, M., Waights, S., Spiess, C. K., Siegel, N. A., & Wagner, G. G. (2020). Parental well-being in times of COVID-19 in Germany. (IZA discussion paper No. 13556). <http://ftp.iza.org/dp13556.pdf>
- Johnson, M. S., Skjerdingsstad, N., Ebrahimi, O. V., Hoffart, A., & Johnson, S. U. (2020). *Parenting in a Pandemic: Parental Stress During the Physical Distancing Intervention Following the onset of the COVID-19 Outbreak*. PsyArXiv . <https://doi.org/10.31234/osf.io/3nsda>
- Kartseva, M. A., & Kuznetsova, P. O. (2020). The economic consequences of the coronavirus pandemic: Which groups will suffer more in terms of loss of employment and income? *Population and Economics*, 4(2), 26-33. <https://doi.org/10.3897/popecon.4.e53194>
- Kusier, A. O., & Folker, A. P. (2020). The well-being index WHO-5: Hedonistic foundation and practical limitations. *Medical Humanities*, 46(3), 333-339. <https://doi.org/10.1136/medhum-2018-011636>
- Lehmann, S., Skogen, J. C., Haug, E., Mæland, S., Fadnes, L. T., Sandal, G. M., Hysing, M., & Bjørknes, R. (2021). Perceived consequences and worries among youth in Norway during the COVID-19 pandemic lockdown. *Scandinavian Journal of Public Health*, 49(7), 755-765. <https://doi.org/10.1177%2F1403494821993714>



## WELL-BEING OF MOTHERS DURING COVID-19

Lucas, R.E. (2005). Time does not heal all wounds – A longitudinal study of reaction and adaptation to divorce. *Psychological Science*, 16(12), 945–950.

<https://doi.org/10.1111%2Fj.1467-9280.2005.01642.x>

Manuel, J. I., Martinson, M. L., Bledsoe-Mansori, S. E., & Bellamy, J. L. (2012). The influence of stress and social support on depressive symptoms in mothers with young children. *Social Science & Medicine*, 75(11), 2013-2020.

<https://doi.org/10.1016/j.socscimed.2012.07.034>

Martiny, S. E., Thorsteinsen, K., Parks-Stamm, E. J., Olsen, M., & Kvalø, M. (2021). Children's Well-Being during the COVID-19 Pandemic: Relationships with Attitudes, Family Structure, and Mothers' Well-Being. *European Journal of Developmental Psychology*. <https://doi.org/10.1080/17405629.2021.1948398>

Mazumdar, K., Sen, I., Gupta, P., & Parekh, S. (2021). Psychological well-being of Indian mothers during the COVID-19 pandemic. *International Perspectives in Psychology*, 10(3), 155-162. <https://doi.org/10.1027/2157-3891/a000024>

McConachie, M., Hammal, D., Welsh, B., Keane, B., Waterson, T., & Parker, L. (2008), Wellbeing of new mothers. *Community Practitioner*, 81(3), 19-22.

McLanahan, S., & Adams, J. (1987). Parenthood and psychological well-being. *Annual Review of Sociology*, 13, 237-257.

<https://doi.org/10.1146/annurev.so.13.080187.001321>

Meier, A., Musick, K., Fischer, J., & Flood, S. (2018). Mothers' and fathers' well-being in parenting across the arch of child development. *Journal of Marriage and Family*, 80(4), 992-1004. <https://doi.org/10.1111/jomf.12491>

Myrskylä, M., & Margolis, R. (2014). Happiness: Before and after kids. *Demography*, 51(5), 1843-1866. <https://doi.org/10.1007/s13524-014-0321-x>

## WELL-BEING OF MOTHERS DURING COVID-19

Nes, R. B., Aarø, L. E., Vedaa, Ø., Nilsen, T. S. (2020). Livskvalitet og psykisk helse under koronaepidemien november-desember 2020. Retrieved on March 17th 2022 from

<https://www.fhi.no/div/helseundersokelser/fylkeshelseundersokelser/livskvalitet-og-psykisk-helse-under-koronaepidemien--nov-des-2020/>

Norwegian Directorate of Health (2018). *Livskvalitet, Anbefalinger for et bedre målesystem [Quality of life, recommendations for a new measuring system]*. Retrieved on April 7<sup>th</sup>

from <https://www.helsedirektoratet.no/search?searchquery=livskvalitet>

Norwegian Directorate of Health (2022). *Folkehelse i et livsløpsperspektiv -*

*Helsedirektoratets innspill til ny folkehelsemelding [Public health in a lifelong perspective – The Directorate of Health’s input to a new public health report]*.

Retrieved on April 7<sup>th</sup> from [https://www.helsedirektoratet.no/rapporter/folkehelse-i-et-](https://www.helsedirektoratet.no/rapporter/folkehelse-i-et-livslopsperspektiv-helsedirektoratets-innspill-til-ny-folkehelsemelding)

[livslopsperspektiv-helsedirektoratets-innspill-til-ny-folkehelsemelding](https://www.helsedirektoratet.no/rapporter/folkehelse-i-et-livslopsperspektiv-helsedirektoratets-innspill-til-ny-folkehelsemelding)

Norwegian Labour and Welfare Administration [NAV] (2020a) *Hovedtall om*

*arbeidsmarkedet uke 26 [Main numbers of the labour market, April 7<sup>th</sup>]*.

<https://www.nav.no/no/nav-og-samfunn/statistikk/flere-statistikkomrader/relatert-informasjon/arkiv-ukentlig-statistikk-over-arbeidsledige.2020>

Norwegian Labour and Welfare Administration [NAV] (2020b). *Søkt eller vedtatt dagpenger under permittering. Tidsserie måned. [Applied or approved for unemployment benefits during layoffs, Time period month]*. [https://www.nav.no/no/nav-og-](https://www.nav.no/no/nav-og-samfunn/statistikk/arbeidssokere-og-stillinger-statistikk/relatert-informasjon/arkiv-permitterte.2020)

[samfunn/statistikk/arbeidssokere-og-stillinger-statistikk/relatert-informasjon/arkiv-permitterte.2020](https://www.nav.no/no/nav-og-samfunn/statistikk/arbeidssokere-og-stillinger-statistikk/relatert-informasjon/arkiv-permitterte.2020)

Næss, S., Blekesaune, M., & Jakobsson, N. (2014). Marital transitions and life satisfaction:

Evidence from longitudinal data from Norway. *Acta Sociologica*, 58(1), 63-78.

<https://doi.org/10.1177%2F0001699314563841>

## WELL-BEING OF MOTHERS DURING COVID-19

Okulicz-Kozaryn, A., & Mazelis, J. M. (2017). More unequal income, more unequal wellbeing. *Social Indicators Research*, 132, 155-172.

<https://doi.org/10.1177%2F1440783313507491>

Pollmann-Schult, M. (2014). Parenthood and life satisfaction: Why don't children make people happy? *Journal of Marriage and Family* 76(2), 319-336.

<https://doi.org/10.1111/jomf.12095>

Povey, J., Boreham, P., & Tomaszewski, W. (2013). The development of a new multi-faceted model of social wellbeing: Does income level make a difference? *Journal of Sociology*, 52(2), 155-172. <https://doi.org/10.1177%2F1440783313507491>

Public Health Report. (2021). Retrieved from

<https://www.fhi.no/nettpub/hin/samfunn/livskvalitet-i-norge/>

Racine, N., Eirich, R., Cooke, J., Zhu, J., Pador, P., Dunnewold, N., & Madigan S. (2022).

When the bough breaks: A systematic review and meta-analysis of mental health symptoms in mothers of young children during the COVID-19 pandemic. *Infant Mental Health Journal*, 43(1), 36-54. <https://doi.org/10.1002/imhj.21959>

Radey, M., Lowe, S., Langenderfer-Magruder, L., & Posada, K. (2022). «Showing everybody's true colors»: Informal networks of low-income single mothers and their young children during the COVID-19 pandemic. *Children and Youth Service Review*, 137. <https://doi.org/10.1016/j.childyouth.2022.106479>

Regjeringen (2020). Timeline: News from Norwegian Ministries about the Coronavirus

disease Covid-19. Retrieved from <https://www.regjeringen.no/en/topics/koronavirus-covid-19/timeline-for-news-from-norwegian-ministries-about-the-coronavirus-disease-covid-19/id2692402/>

## WELL-BEING OF MOTHERS DURING COVID-19

Richardson, T., Elliot, P., & Roberts, R. (2017). Relationship between loneliness and mental health in students. *Journal of Public Mental Health, 16*, 48-54.

<https://doi.org/10.1108/JPMH-03-2016-0013>

Schmitt, J., & Di Fabio, R. P. (2005). The validity of prospective and retrospective global change criterion measures. *Archives of Physical Medicine and Rehabilitation, 86*(12), 2270-2276. <https://doi.org/10.1016/j.apmr.2005.07.290>

Skjærstad, N., Johnson, M. S., Johnson, S. U., Hoaffart, A., & Ebrahimi, O. V. (2021). Parental burnout during the COVID-19 pandemic. *Family Process.*

<https://doi.org/10.1111/famp.12740>

Soskolne, V., & Herbst-Debby, A. (2022). Health and psychological distress implications of the COVID-19 pandemic for single mothers in Israel. *Journal of Family Studies.*

<https://doi.org/10.1080/13229400.2022.2068452>

Spinelli, M., Lionetti, F., Pastore, M., & Fasolo, M. (2020). Parents' stress and children's psychological problems in families facing the COVID-19 outbreak in Italy. *Frontiers in Psychology, 11*. <https://doi.org/10.3389/fpsyg.2020.01713>

Stuart, A., Stenvenson, C., Koschate, M., Cohen, J., & Levine, M. (2022). 'Oh no, not a group!' The factors that lonely or isolated people report as barriers to joining groups for health and well-being. *British Journal of Health Psychology, 27*(1), 179-193.

<https://doi.org/10.1111/bjhp.12536>

Sønderskov, K. M., Dinesen, P. T., Santini, Z. I., & Østergaard, S. D. (2020). The depressive state of Denmark during the COVID-19 pandemic. *Acta Neuropsychiatrica, 32*(4),

226-228. <https://doi.org/10.1017/neu.2020.15>

Thorsteinsen, K., Parks-Stamm, E. J., Olsen, M., Kvalø, M., & Martiny, S. E. (2021). The Impact of COVID-19-Induced Changes at Schools on Elementary Students' School Engagement. *Frontiers in Psychology, 12*.

<https://dx.doi.org/10.3389%2Ffpsyg.2021.687611>.

- Thorsteinsen, K., Parks-Stamm, E. J., Kvalø, M., Olsen, M., & Martiny, S.E. (2022) The Well-being of Mothers during the Covid-19 Pandemic Testing the Interaction of Family-Level Variables and Beliefs about Parenthood. *Manuscript in revision*.
- Topp, C. W., Østergaard, S. D., Søndergaard, S., & Bech, P. (2015). The WHO-5 Well-Being Index: A systematic review of the literature. *Psychotherapy and Psychosomatics*, 84(3), 167-176. <https://doi.org/10.1159/000376585>
- Tov, W. (2018). Well-being concepts and components. In E. Diener, S. Oishi, & L. Tay (Eds.), *Handbook of well-being*. Salt Lake City, UT: DEF Publishers.  
DOI:nobascholar.com
- Tso, W. W. Y., Wong, R. S., Tung, K. T. S., Rao, N., Fu, K. W., Yam, J. C. S., Chua, G. T., Chen, E. Y. H., Lee, T. M. C., Chan, S. K. W., Wong, W. H. S., Xiong, X., Chui, C. S., Li, X., Wong, K., Leung, C., Tsang, S. K. M., Chan, G. C. F., Tam, P. K. H., ... Ip, P. (2020). *European Child & Adolescent Psychiatry*, 31, 161-176.  
<https://doi.org/10.1007/s00787-020-01680-8>
- von Soest, T., Kozák, M., Rodríguez-Cano, R., Fluit, D. H., Cortés-García, L., Ulset, V. S., Haghish, E. F., & Bakken, A. (2022). Adolescents' psychosocial well-being one year after the outbreak of the COVID-19 pandemic in Norway. *Nature Human Behavior*, 6, 217–228. <https://doi.org/10.1038/s41562-021-01255-w>
- Witteveen, D. (2020). Sociodemographic inequality in exposure to COVID-19 induced economic hardship in the United Kingdom. *Research in Social Stratification and Mobility*, 69. <https://doi.org/10.1016/j.rssm.2020.100551>
- WHO (2020, March 11) Novel coronavirus (2019-nCoV): Situation report–51.2020.  
Retrieved from [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57\\_10](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_10)

## WELL-BEING OF MOTHERS DURING COVID-19

Yu, Z. & Chen, L. (2016). Income and well-being: Relative income and absolute income weaken negative emotion, but only relative income improves positive emotion.

*Frontiers in Psychology*, 7. <https://doi.org/10.3389/fpsyg.2016.02012>

Zacher, H., & Rudolph, C. W. (2021). Individual differences and changes in subjective wellbeing during the early stages of the COVID-19 pandemic. *American*

*Psychologist*, 76(1), 50-62. <http://dx.doi.org/10.1037/amp0000702>

Zuckerman, D.M. (1989). Stress, self-esteem, and mental health: How does gender make a difference? *Sex Roles*, 20, 429–444. <https://doi.org/10.1007/BF00288001>

## **Appendix A**

In this section there is a detailed overview of the original measures used in this thesis in both Norwegian and English.

## Overview of parents measures in English and Norwegian

Table 1

Items regarding parents' well-being by WHO-5 Well-being Index (Bakke, O., 2004). WHO-5 5 spørsmål om trivsel og velvære. [https://www.psykiatri-regionh.dk/who-5/Documents/WHO5\\_Norwegian.pdf](https://www.psykiatri-regionh.dk/who-5/Documents/WHO5_Norwegian.pdf) )

Language	Item	Scale points					
English	I have felt cheerful and in good spirits.	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
	I have felt calm and relaxed.	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
	I have felt active and vigorous.	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
	I woke up feeling fresh and rested.	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
	My daily life has been filled with things that interest me.	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
Norwegian	Jeg har følt meg glad og i godt humør.	Hele tiden	Det meste av tiden	Mer enn halve tiden	Mindre enn halve tiden	Av og til	Aldri
	Jeg har følt meg rolig og avslappet.	Hele tiden	Det meste av tiden	Mer enn halve tiden	Mindre enn halve tiden	Av og til	Aldri
	Jeg har følt meg aktiv og sterk.	Hele tiden	Det meste av tiden	Mer enn halve tiden	Mindre enn halve tiden	Av og til	Aldri



Jeg har følt meg opplagt og uthvilt når jeg våkner.	Hele tiden	Det meste av tiden	Mer enn halve tiden	Mindre enn halve tiden	Av og til	Aldri
---	------------	--------------------	---------------------	------------------------	-----------	-------

Jeg har følt at mitt daglige liv har vært fylt av ting som interesserer meg.	Hele tiden	Det meste av tiden	Mer enn halve tiden	Mindre enn halve tiden	Av og til	Aldri
--	------------	--------------------	---------------------	------------------------	-----------	-------

---

Table 2

*Self-developed scale to measure parents' lockdown stress*

Language	Item	Scale points				
English	I felt generally stressed during lockdown.	1 – Strongly disagree	2	3	4	5 – Strongly agree
	I felt generally stressed the homeschooling period.	1 – Strongly disagree	2	3	4	5 – Strongly agree
	I felt stressed combining work and homeschool.	1 – Strongly disagree	2	3	4	5 – Strongly agree
	I felt stressed about housework during lockdown.	1 – Strongly disagree	2	3	4	5 – Strongly agree
	I felt generally stressed when society reopened.	1 – Strongly disagree	2	3	4	5 – Strongly agree
Norwegian	Jeg følte meg generelt stresset da samfunnet var stengt.	1 – Meget uenig	2	3	4	5 – Meget enig
	Jeg følte meg stresset i hjemmeundervisningsperioden	1 – Meget uenig	2	3	4	5 – Meget enig
	Jeg følte meg stresset med å kombinere jobb og hjemmeundervisning.	1 – Meget uenig	2	3	4	5 – Meget enig
	Jeg følte meg stresset angående husarbeid da samfunnet var stengt.	1 – Meget uenig	2	3	4	5 – Meget enig
	Jeg følte meg generelt stresset da samfunnet åpnet opp igjen.	1 – Meget uenig	2	3	4	5 – Meget enig

Table 3

*Self-developed scale to measure pandemic related general worries*

Language	Item	Scale points				
English	Are you worried about how the pandemic is developing?	1 – Not at all	2	3	4	5 – To a large extent
	Are you stressed about the whole situation regarding the pandemic?	1 – Not at all	2	3	4	5 – To a large extent
	Are you anxious about negative consequences because of the pandemic?	1 – Not at all	2	3	4	5 – To a large extent
Norwegian	Er du bekymret for hvordan pandemien utvikler seg?	1 – Ikke i det hele tatt	2	3	4	5 – I høy grad
	Er du stresset over hele situasjonen rundt pandemien?	1 – Ikke i det hele tatt	2	3	4	5 – I høy grad
	Er du engstelig for negative konsekvenser som følge av pandemien?	1 – Ikke i det hele tatt	2	3	4	5 – I høy grad

Table 4

*Self- developed scale to measure pandemic related financial worries*

Language	Item	Scale points				
English	Are you worried about losing your job because of the pandemic?	1 – Not at all	2	3	4	5 – To a large extent
	Are you worried about your household's financial situation due to the pandemic?	1 – Not at all	2	3	4	5 – To a large extent
Norwegian	Er du bekymret for å miste jobben din som følge av pandemien?	1 – Ikke i det hele tatt	2	3	4	5 – I høy grad
	Er du bekymret for husholdningens økonomiske situasjon som følge av pandemien?	1 – Ikke i det hele tatt	2	3	4	5 – I høy grad

## References

- Topp, C. W., Østergaard, S. D., Søndergaard, S., & Bech, P. (2015). The WHO-5 Well-Being Index: A systematic review of the literature. *Psychotherapy and Psychosomatics*, 84(3), 167-176. <https://doi.org/10.1159/000376585>

## **Appendix B**

Following are the ethical approvals both from the Norwegian Centre for Research Data and the internal board of research ethics at UiT The Arctic University of Norway, followed by the complete parents questionnaire used in the data collection in June 2020.

# NSD NORSK SENTER FOR FORSKNINGSDATA

## NSD sin vurdering

### Prosjekttittel

Hvordan påvirker koronatiltakene i skolen barns trivsel og livskvalitet

### Referansenummer

164246

### Registrert

11.05.2020 av Kjærsti Thorsteinsen - kjarsti.thorsteinsen@uit.no

### Behandlingsansvarlig institusjon

UIT – Norges Arktiske Universitet / Det helsevitenskapelige fakultet / Institutt for psykologi

### Prosjektansvarlig (vitenskapelig ansatt/veileder eller stipendiat)

Kjærsti Thorsteinsen, kjarsti.thorsteinsen@uit.no, tlf: 77646269

### Type prosjekt

Forskerprosjekt

### Prosjektperiode

20.05.2020 - 01.07.2022

### Status

04.06.2020 - Vurdert

## Vurdering (1)

---

### 04.06.2020 - Vurdert

Det er vår vurdering at behandlingen av personopplysninger i prosjektet vil være i samsvar med personvernlovgivningen så fremt den gjennomføres i tråd med det som er dokumentert i meldeskjemaet 04.06.2020 med vedlegg, samt i meldingsdialogen mellom innmelder og NSD. Behandlingen kan starte.

### MELD VESENTLIGE ENDRINGER

Dersom det skjer vesentlige endringer i behandlingen av personopplysninger, kan det være nødvendig å melde dette til NSD ved å oppdatere meldeskjemaet. Før du melder inn en endring, oppfordrer vi deg til å lese om hvilke type endringer det er nødvendig å melde:

[https://nsd.no/personvernombud/meld\\_prosjekt/meld\\_endringer.html](https://nsd.no/personvernombud/meld_prosjekt/meld_endringer.html)

Du må vente på svar fra NSD før endringen gjennomføres.

### TYPE OPPLYSNINGER OG VARIGHET

Prosjektet vil behandle særlige kategorier av personopplysninger om helse, etnisk opprinnelse og seksuell orientering, samt alminnelige kategorier av personopplysninger frem til 01.07.2022.

## LOVLIG GRUNNLAG FOR UTVALG 1

Prosjektet vil innhente samtykke fra de registrerte til behandlingen av personopplysninger. Vår vurdering er at prosjektet legger opp til et samtykke i samsvar med kravene i art. 4 nr. 11 og art. 7, ved at det er en frivillig, spesifikk, informert og utvetydig bekreftelse, som kan dokumenteres, og som den registrerte kan trekke tilbake.

Lovlig grunnlag for behandlingen vil dermed være den registrertes uttrykkelige samtykke, jf. personvernforordningen art. 6 nr. 1 bokstav a, jf. art. 9 nr. 2 bokstav a, jf. personopplysningsloven § 10, jf. § 9 (2).

## LOVLIG GRUNNLAG FOR UTVALG 2

Prosjektet vil innhente samtykke fra de foresatte (utvalg 1) til behandlingen av personopplysninger da barna (utvalg 2) vil være under 16 år. Vår vurdering er at prosjektet legger opp til et samtykke i samsvar med kravene i art. 4 nr. 11 og art. 7, ved at det er en frivillig, spesifikk, informert og utvetydig bekreftelse, som kan dokumenteres, og som den registrerte kan trekke tilbake. Barna vil også samtykke til å delta.

Lovlig grunnlag for behandlingen vil dermed være den registrertes uttrykkelige samtykke, jf. personvernforordningen art. 6 nr. 1 bokstav a, jf. art. 9 nr. 2 bokstav a, jf. personopplysningsloven § 10, jf. § 9 (2).

## PERSONVERNPRINSIPPER

NSD vurderer at den planlagte behandlingen av personopplysninger vil følge prinsippene i personvernforordningen om:

- lovlighet, rettferdighet og åpenhet (art. 5.1 a), ved at de registrerte får tilfredsstillende informasjon om og samtykker til behandlingen
- formålsbegrensning (art. 5.1 b), ved at personopplysninger samles inn for spesifikke, uttrykkelig angitte og berettigede formål, og ikke viderebehandles til nye uforenlige formål
- dataminimering (art. 5.1 c), ved at det kun behandles opplysninger som er adekvate, relevante og nødvendige for formålet med prosjektet
- lagringsbegrensning (art. 5.1 e), ved at personopplysningene ikke lagres lengre enn nødvendig for å oppfylle formålet

## DE REGISTRERTES RETTIGHETER

Så lenge de registrerte kan identifiseres i datamaterialet vil de ha følgende rettigheter: åpenhet (art. 12), informasjon (art. 13), innsyn (art. 15), retting (art. 16), sletting (art. 17), begrensning (art. 18), underretning (art. 19), dataportabilitet (art. 20).

NSD vurderer at informasjonen som de registrerte vil motta oppfyller lovens krav til form og innhold, jf. art. 12.1 og art. 13.

Vi minner om at hvis en registrert tar kontakt om sine rettigheter, har behandlingsansvarlig institusjon plikt til å svare innen en måned.

## FØLG DIN INSTITUSJONS RETNINGSLINJER

NSD legger til grunn at behandlingen oppfyller kravene i personvernforordningen om riktighet (art. 5.1 d), integritet og konfidensialitet (art. 5.1 f) og sikkerhet (art. 32).

Qualtrics er databehandler i prosjektet. NSD legger til grunn at behandlingen oppfyller kravene til bruk av databehandler, jf. art 28 og 29.

For å forsikre dere om at kravene oppfylles, må dere følge interne retningslinjer og eventuelt rådføre dere med behandlingsansvarlig institusjon.

## OPPFØLGING AV PROSJEKTET

NSD vil følge opp ved planlagt avslutning for å avklare om behandlingen av personopplysningene er avsluttet.



Lykke til med prosjektet!

Kontaktperson hos NSD: Tore Andre Kjetland Fjeldsbø  
Tlf. Personverntjenester: 55 58 21 17 (tast 1)



Professor Sarah Martiny  
Dept of Psychology  
UiT

## Ethical evaluation of research project

Dear colleague,

Your research project:

### **How do changes implemented in Norwegian schools due to the Covid 19 pandemic affect children's emotions and well-being?**

has been ethically evaluated by the Department of Psychology's internal research ethics committee based on received information. Your project has been exempted from full review and thus approved by the Department of Psychology's Research Ethics Committee.

Sincerely yours, on behalf of the Committee

Vedlegg:

Kopi:  
John Vegard Bjørklund  
Ole Åsli

## Default Question Block

### LIVET I KORONATIDEN

Tusen takk for at du vil delta i vår undersøkelse. Formålet med denne undersøkelsen er å undersøke hvordan restriksjonene rundt COVID-19 påvirker barn som går i 1.-7. klassetrinn og deres familieliv. Dette er en del av et prosjekt som også ser på hvordan barn oppfatter roller kvinner og menn har i samfunnet. Svarene du og barnet ditt gir vil være av stor betydning for forskningen.

Først fyller du ut et spørreskjema som tar omtrent 20 minutter. Videre vil vi be barnet ditt fylle ut et spørreskjema som tar ca 20-25 minutter. Vi ber deg hjelpe barnet med å fylle ut spørreskjemaet. Dere kan gjøre dette når som helst. Dersom du har flere barn i 1.-7. klassetrinn, velger du et av barna til å svare på spørreskjemaet.

Vi vil ha en trekning av 5 Supergavekort på 500kr. På slutten av undersøkelsen vil vi be om ditt samtykke til å kontakte deg igjen for deltakelse i en oppfølgingsstudie. For dette vil vi trenge din e-post. E-posten lagres ikke sammen med svarene dine, og kan derfor ikke brukes til å identifisere hverken deg eller barnet ditt. Du velger selv om du vil oppgi e-postadressen.

Etter alle spørsmål vil du være nødt til å trykke på pilen nede til høyre for å fortsette undersøkelsen når du har svart.

Hvis du har spørsmål til studien, eller ønsker å benytte deg av dine rettigheter, ta kontakt med UiT Norges arktiske universitet ved:

[Kjærsti Thorsteinsen, PhD, postdoktor ved Institutt for psykologi, Det helsevitenskapelige fakultet, kjarsti.thorsteinsen@uit.no](mailto:kjarsti.thorsteinsen@uit.no)

Hvis du vil ha mer informasjon om undersøkelsen velger du det første alternativet. Hvis du vil gå direkte til spørsmålene, velger du det andre alternativet.

- Jeg vil vite litt mer om studien
- Jeg samtykker til at å delta i studien

### LIVET I KORONATIDEN

Dette er et spørsmål til deg om å delta i et forskningsprosjekt hvor formålet er å få kunnskap om hvordan koronatiltakene i skolen påvirker foreldre og barns hverdagsliv og livskvalitet. I dette skrevet gir vi deg informasjon om målene for prosjektet og hva deltakelse vil innebære for deg.

### FORMÅL

Overordnet målsetting med prosjektet er å undersøke hvordan endringer barneskolene gjør for å redusere kontakten mellom elevene og lærerne påvirker barns følelser og trivsel i hverdagen. Dette gjennom å kartlegge hvilke endringer som gjøres (for eksempel, sammensetning i mindre grupper, bytte av

kontaktlærer eller lignende) og konsekvenser av endringene for barns trivsel i skolen, venneforhold, familieforhold, følelser og generell livskvalitet over tid. Dette er et større forskningsprosjekt der noe av datamaterialet vil benyttes i forskerlinjeprojektene til Marie Kvalø og Marte Olsen.

## ANSVARLIG FOR PROSJEKTET

UiT Norges arktiske universitet er ansvarlig for prosjektet. Forskere i prosjektet er Professor Sarah E. Martiny, postdoktor Kjærsti Thorsteinsen og mastergrads- og forskerlinjestudentene Marie Kvalø og Marte Olsen.

## HVORFOR FÅR DU SPØRSMÅL OM Å DELTA

Vi ønsker barn i barneskolealder (1.-7. klasse) og deres foresatte som deltakere i studien. Vi har derfor bedt lærere og administrasjon ved barneskoler i Norge om å sende informasjon om undersøkelsen til foreldre ved skolen. I tillegg har vi rekruttert foreldre direkte gjennom e-post, samt delt invitasjon til studien gjennom ulike sosiale medier.

## HVA INNEBÆRER DELTAKELSE?

Gjennom studien vil du og eventuelt din partner bli bedt om å fylle ut et 20 minutters elektronisk spørreskjema. Spørsmålene handler om endringer som gjøres i skolen til barnet ditt, ditt barns holdninger til skolen, vennskap på skolen, følelser og hvordan dere har det i hverdagen før og etter koronakrisen. Vi vil også be om noe bakgrunnsinformasjon. På slutten av ditt spørreskjema får du en lenke til spørreskjemaet til barnet ditt. Vi ønsker at du skal hjelpe barnet ditt med å besvare spørsmålene som vil ta rundt 20-25 minutter. Barnet ditt vil også få spørsmål om holdninger til skolen og deres vennskap på skolen før og etter krisen, samt spørsmål om følelser og hvordan de har det nå. Du vil bli bedt om å samtykke for deg selv og barnet ditt før dere besvarer spørsmålene. Informasjon om undersøkelsen tilpasset barn kommer før spørsmålene som rettes til barnet, og barnet blir også spurt om å gi samtykke.

Ettersom vi er interessert i utvikling over tid, vil vi kontakte dere igjen om ca. fem måneder og be dere fylle ut samme spørreskjemaet igjen (totalt fire spørreskjema over to år). Deltakelse nå forplikter ikke senere deltakelse. Selv om dere besvarer dette spørreskjemaet står dere hele tiden fritt til å avslå å besvare senere spørreskjema.

## FRIVILLIG

Det er frivillig å delta i prosjektet. Hvis du velger å delta, kan du når som helst trekke samtykket tilbake uten å oppgi noen grunn. Alle dine personopplysninger vil da bli slettet. Det vil ikke ha noen negative konsekvenser for deg eller barnet ditt hvis dere ikke vil delta eller senere velger å trekke dere. Vi vil ikke dele noen av opplysningene dere oppgir med skolen. Hvorvidt dere deltar eller ikke, vil heller ikke påvirke deres forhold til skolen.

## DITT PERSONVERN – hvordan vi oppbevarer og bruker dine opplysninger

Vi vil bare bruke opplysningene om dere til formålene vi har fortalt om i dette skrivet. Vi behandler opplysningene konfidensielt og i samsvar med personvernregelverket. Kun forskere i prosjektet vil ha tilgang til datamaterialet. En anonym lenke vil sendes til e-postadressen du oppgir. I første spørreskjema vil du bli bedt om å lage en personlig kode. Denne koden brukes for å koble svarene dine over tid og du vil derfor bli bedt om å oppgi koden i de senere

spørreskjemaene. Vi vil ikke kunne spore koden din tilbake til deg eller din e-postadresse. Undersøkelsen benytter seg av programpakken Qualtrics, et skybasert program som lagrer sine data på en sikker server i Irland. I formidling av resultatene vil det ikke være mulig å identifisere noen av deltakerne i undersøkelsen og all informasjon vil være helt anonymisert.

### Hva skjer med opplysningene dine når vi avslutter forskningsprosjektet?

Opplysningene anonymiseres når prosjektet avsluttes, noe som etter planen er våren 2022. Personopplysninger slettes ved prosjektslutt og anonymisert data arkiveres i arkivtjeneste for forskningsdata.

### DINE RETTIGHETER

Så lenge du kan identifiseres i datamaterialet, har du rett til:

- innsyn i hvilke personopplysninger som er registrert om deg, og å få utlevert en kopi av opplysningene,
- å få rettet personopplysninger om deg,
- å få slettet personopplysninger om deg, og
- å sende klage til Datatilsynet om behandlingen av dine personopplysninger.

### Hva gir oss rett til å behandle personopplysninger om deg?

Dette prosjektet har et rettslig grunnlag i EUs personvernsforordning artikkel 6a og artikkel 9 nr. 2 og vi behandler opplysninger om deg basert på ditt samtykke. På oppdrag fra UiT Norges arktiske universitet har NSD – Norsk senter for forskningsdata AS vurdert at behandlingen av personopplysninger i dette prosjektet er i samsvar med personvernregelverket.

Prosjektet er også vurdert av institutt for psykologis forskningsetiske komite ved UiT Norges arktiske universitet.

### SPØRSMÅL?

Hvis du har spørsmål til studien, eller ønsker å benytte deg av dine rettigheter, ta kontakt med UiT Norges arktiske universitet ved:

[Kjærsti Thorsteinsen, postdoktor ved Institutt for psykologi, Det helsevitenskapelige fakultet, kjarsti.thorsteinsen@uit.no](mailto:kjarsti.thorsteinsen@uit.no)

[Sarah E. Martiny, professor ved Institutt for psykologi, Det helsevitenskapelige fakultet, sarah.martiny@post.uit.no](mailto:sarah.martiny@post.uit.no)

[Marie Kvalø, forskerlinjestudent ved Institutt for psykologi, Det helsevitenskapelige fakultet, mkv035@post.uit.no](mailto:mkv035@post.uit.no)

[Marte Olsen, forskerlinjestudent ved Institutt for psykologi, Det helsevitenskapelige fakultet, mol128@post.uit.no](mailto:mol128@post.uit.no)

Vårt personvernombud: Joakim Bakkevold ([personvernombud@uit.no](mailto:personvernombud@uit.no))  
Hvis du har spørsmål knyttet til NSD sin vurdering av prosjektet, kan du ta kontakt med:

NSD – Norsk senter for forskningsdata AS på epost ([personverntjenester@nsd.no](mailto:personverntjenester@nsd.no)) eller på telefon: 55 58 21 17.

### SAMTYKKEERKLÆRING

Jeg har mottatt og forstått informasjon om prosjektet Hvordan påvirker koronatiltakene i skolen barns trivsel og livskvalitet? og samtykker til at mine og mitt barns opplysninger behandles frem til prosjektet avsluttes i 2022.

- Ja
- Nei

## PERSONLIG KODE

Her ber vi deg lage en kode for deg og barnet ditt som skal brukes til å koble sammen skjemaene deres. Lag koden basert på den første og den siste bokstaven i barnet ditt sitt navn, de første to bokstavene på den første skolen barnet ditt gikk på, og dagen barnet er født (DD).

Eksempel på kode: Lisa, Gratangen skole, 5. mai, koden vil da være: lagr05

## TAKK FOR TIDEN DIN

Takk for at du tok deg tid til å lese gjennom informasjonen til studien vår. Dersom du skulle ombestemme deg er du fremdeles velkommen til å delta ved å trykke på lenken på nytt.

### Changes at the children's school

## ENDRINGER VED BARNETS SKOLE

De neste spørsmålene vil handle om de generelle endringene som ble gjort på barnets skole. Dersom du har flere barn i 1.-7. klassetrinn, ber vi deg svare basert på ett av barna gjennom hele undersøkelsen.

## ENDRINGER VED BARNETS SKOLE

**Innførte skolen barnet ditt går på endringer grunnet COVID-19 virusutbruddet?**

- 1 - Ingen endringer
- 2
- 3
- 4 - Noen endringer
- 5
- 6
- 7 - Veldig mye endringer

## ENDRINGER VED BARNETS SKOLE

**Hvis det ble innført noen endringer, hvordan ble barnet ditt påvirket av dem?**

- 1 - Svært negativt.
- 2
- 3

- 4 - Verken positivt eller negativt.
- 5
- 6
- 7 - Svært positivt.

## ENDRINGER VED BARNETS SKOLE

**På hvilken måter var barna inndelt ved sin skole etter gjenåpningen 27. april?  
Her kan du velge flere alternativer.**

---

- Klassen var delt inn i flere små grupper.
- Klassen var delt i to grupper.
- Klassene var ikke inndelt på noen måte.
- Noen klassetrinn på skolen var inndelt, men barnet mitt sin klasse var ikke endret.
- Annet, vennligst spesifiser:

## ENDRINGER VED BARNETS SKOLE

**På hvilken måte endret skolen inndelingen av områder etter gjenåpningen 27. april? Her kan du velge flere alternativer.**

---

- Skolegården ble delt inn i egne områder hvor hver klasse hadde egne områder å oppholde seg på.
- Klasserom flyttet plass inne i bygget for å kunne opprettholde tilstrekkelig avstand mellom elever.
- Skolen gjorde ikke noen inndelinger av områder.
- Annet, vennligst spesifiser:

## ENDRINGER VED BARNETS SKOLE

**Hvordan påvirket virusutbruddet måten barna fikk leke på skolen etter gjenåpningen 27. april?**

---

- Barna hadde ingen restriksjoner for hvem de kunne leke med eller hvordan de kunne leke.
- Barna hadde ingen restriksjoner for hvem de kunne leke med, men lek som innebærer nærkontakt (eks. sisten eller stiv heks) var ikke tillatt.
- Barna fikk bare leke med barn fra sin egen klasse.
- Barna fikk bare leke med barn fra sin gruppe (hvis klassen var inndelt i grupper).

## ENDRINGER VED BARNETS SKOLE

**Fikk barnet en ny kontaktlærer etter gjenåpningen av skolene 27. april grunnet virusutbruddet?**

---

- Ja
- Nei

You personal general experience

## DIN PERSONLIGE OPPLEVELSE

Her vil vi vite litt mer om hvordan DU generelt har hatt det i tiden som har vært. Vennligst indiker hvilke alternativer som passer best for deg.

	1 - Meget uenig	2	3	4	5 - Meget enig
Jeg følte meg generelt stresset da samfunnet var stengt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg følte meg stresset i hjemmeundervisningsperioden.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg følte meg stresset med å kombinere jobb og hjemmeundervisning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg følte meg stresset angående husarbeid da samfunnet var stengt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg følte meg generelt stresset da samfunnet åpnet opp igjen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Time before lockdown (just info about next questions)

## TIDEN FØR VIRUSUTBRUDDET

De neste spørsmålene vil handle om hvordan tiden FØR utbruddet av COVID-19 skjedde og samfunnet stengte ned (12. mars 2020). Altså, hvordan livet vanligvis er.

### Child's well-being before lockdown

## BARNET OG FØLELSER

Vennligst ranger hvor ofte de følgende setningene er sanne for hvordan barnet ditt følte seg FØR skolene stengte.

	Aldri	Sjeldent	Noen ganger	Ofte	Alltid
Barnet var glad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barnet var fornøyd.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barnet var redd.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barnet var interessert.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barnet var sint.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barnet var lei seg.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Child's well-being before lockdown (KIDSSCREEN-10)

## BARNET OG FØLELSER

Se for deg her hvordan situasjonen var FØR skolene stengte og hvordan barnet ditt hadde det.

	Ikke i det hele tatt	Litt	Ganske	Veldig	I høy grad
Følte barnet ditt seg frisk og sprek?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Klarte barnet ditt seg bra på skolen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## BARNET OG FØLELSER

Vennligst ranger hvor ofte de følgende setningene er sanne for hvordan barnet ditt følte seg FØR skolene stengte.

	Aldri	Sjeldent	Ganske ofte	Veldig ofte	Alltid
Følte barnet ditt seg full av energi?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Følte barnet ditt seg trist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Følte barnet ditt seg ensom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hadde barnet ditt nok tid for seg selv?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kunne barnet ditt gjøre de tingene han/hun ønsket i fritiden sin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Følte barnet ditt at foreldrene behandlet han/hun rettferdig?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hadde barnet ditt det gøy sammen med vennene sine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Klarte barnet ditt å følge med på skolen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Child's attitudes towards School before lockdown

## BARN OG SKOLE

Vennligst ranger hva barnet ditt sine generelle holdninger til skolen var FØR virusutbruddet og skolene stengte.

	Aldri	Sjeldent	Ganske ofte	Veldig ofte	Alltid
Syntes barnet det var fælt å være på skolen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Følte barnet seg glad når han/hun dro hjem fra skolen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likte barnet å være på skolen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Syntes barnet skolen var gøy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Når barnet sto opp om morgenen, var han/hun glad for å dra på skolen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brukte barnet å spørre deg eller din partner om å få være hjemme fra skolen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Parents well-being before lockdown

## DEG OG DINE FØLELSER

Tenk tilbake til hvordan DU hadde det FØR nedstengingen av samfunnet.

	Aldri	Av og til	Mindre enn halve tiden	Mer enn halve tiden	Det meste av tiden	Hele tiden
Jeg følte meg glad og i godt humør.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg følte meg aktiv og sterk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg følte meg rolig og avslappet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg følte meg opplagt og uthvilt når jeg våknet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg følte at mitt daglige liv var fylt av ting som interesserer meg.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Housework division before lockdown (normal situation)**FORDELING AV HUSARBEID**

De neste spørsmålene vil omhandle den generelle fordelingen av husarbeid hos dere. Selv om situasjonen vil variere fra tid til annen, forsøk å velg det alternativet som beskriver hvordan det vanligvis er.

	Jeg har ikke en partner	Jeg tar alt	Jeg tar mesteparten	Jeg tar litt mer	Vi deler likt	Partneren min tar litt mer	Partneren min tar mesteparten	Partneren min tar alt
Hvem tar klesvasken?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hvem lager mat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hvem tar oppvasken?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hvem tar husvasken?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**FORDELING AV HUSARBEID**

	Jeg har ikke en partner	Jeg tar alt	Jeg tar mesteparten	Jeg tar litt mer	Vi deler likt	Partneren min tar litt mer	Partneren min tar mesteparten	Partneren min tar alt
Hvem leverer barnet på skolen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hvem tar barnepasset ved å ta vare på barna hjemme?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hvem tar barnepasset ved å tilbringe tid med barna?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hvem tar barnepasset ved å oppfylle barnas følelsesmessige behov?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hvem hjelper barnet med leksene?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hvem tar barnepasset ved å oppfylle deres fysiske behov?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Time during lockdown (just info about next questions)**TIDEN MED VIRUSUTBRUDD**

På de neste spørsmålene vil vi at du skal tenke på hvordan det har vært UNDER utbruddet av COVID-19 og mens samfunnet har vært helt eller delvis nedstengt (i perioden 12. mars 2020 - 27. april 2020).

Child's well-being during lockdown**BARNETS FØLELSER**

Vennligst ranger hvor ofte de følgende setningene er sanne for hvordan barnet ditt følte seg mens skolene var stengt.

	Aldri	Sjeldent	Noen ganger	Ofta	Alltid
Barnet var glad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barnet var redd.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barnet var fornøyd.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Aldri	Sjeldent	Noen ganger	Ofte	Alltid
Barnet var interessert.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barnet var lei seg.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barnet var sint.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Child's well-being during lockdown (KIDSSCREEN-10)

#### BARNETS FØLELSER

Her ønsker vi at du skal tenke over situasjonen slik den har vært mens skolene var stengt.

	Ikke i det hele tatt	Litt	Ganske	Veldig	I høy grad
Følte barnet ditt seg frisk og sprek?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Klarte barnet ditt seg bra med hjemmeskolen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### BARNETS FØLELSER

Her ønsker vi at du skal tenke over situasjonen slik den har vært mens skolene var stengt.

	Aldri	Sjeldent	Ganske ofte	Veldig ofte	Alltid
Følte barnet ditt seg full av energi?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Følte barnet ditt seg trist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Følte barnet ditt seg ensom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hadde barnet ditt nok tid for seg selv?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kunne barnet ditt gjøre de tingene han/hun ønsket i fritiden sin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Følte barnet ditt at foreldrene behandlet ham/henne rettferdig?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hadde barnet ditt det gøy sammen med vennene sine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Klarte barnet ditt å følge med på skolearbeidet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Parents well-being during lockdown

#### DEG OG DINE FØLELSER

Tenk tilbake hvordan DU hadde det mens skolene var stengt. Vennligst indiker for hver av de fem påstandene hva som er nærmest hvordan du følte deg.

	Aldri	Av og til	Mindre enn halve tiden	Mer enn halve tiden	Det meste av tiden	Hele tiden
Jeg følte at mitt daglige liv var fylt av ting som interesserer meg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg følte meg rolig og avslappet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Aldri	Av og til	Mindre enn halve tiden	Mer enn halve tiden	Det meste av tiden	Hele tiden
Jeg følte meg glad og i godt humør.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg følte meg opplagt og uthvilt når jeg våknet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg følte meg aktiv og sterk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Housework division during lockdown

## FORDELING AV HUSARBEID

De neste spørsmålene vil omhandle fordelingen av husarbeid hos dere, slik det var mens skolene var stengt.

	Jeg har ikke en partner	Jeg tok alt	Jeg tok mesteparten	Jeg tok litt mer	Vi delte likt	Partneren min tok litt mer	Partneren min tok mesteparten	Partneren min tok alt
Hvem tok klesvasken?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hvem tok husvasken?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hvem tok oppvasken?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hvem lagde mat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## FORDELING AV HUSARBEID

	Jeg har ikke en partner	Jeg tok alt	Jeg tok mesteparten	Jeg tok litt mer	Vi delte likt	Partneren min tok litt mer	Partnerne min tok mesteparten	Partneren min tok alt
Hvem tok barnepasset ved å ta vare på barna hjemme?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hvem tok barnepasset ved å oppfylle barnas følelsesmessige behov?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hvem tok barnepasset ved å oppfylle barnas fysiske behov?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hvem hjalp barnet med hjemmeskolen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hvem tok barnepasset ved å tilbringe tid med barna?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Time after lockdown (just info about next questions)

## SITUASJON ETTER GJENÅPNING AV SAMFUNNET

På de neste spørsmålene vil vi at du skal tenke på hvordan situasjonen var rett ETTER skolene åpnet igjen, fra og med 27. april.

### Child's well-being after lockdown

## BARNETS FØLELSER

Her ønsker vi at du skal tenke over situasjonen slik den har vært direkte ETTER skolene åpnet igjen.

	Aldri	Sjeldent	Noen ganger	Ofte	Alltid

	Aldri	Sjeldent	Noen ganger	Ofte	Alltid
Barnet var interessert.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barnet var redd.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barnet var sint.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barnet var glad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barnet var fornøyd.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barnet var lei seg.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Child's well-being after lockdown (KIDSSCREEN-10)

## BARNETS FØLELSER

Her ønsker vi at du skal tenke over situasjonen slik den har vært direkte **ETTER** skolene åpnet igjen.

	Ikke i det hele tatt	Litt	Ganske	Veldig	I høy grad
Følte barnet ditt seg frisk og sprek?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Klarte barnet ditt seg bra på skolen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## BARNETS FØLELSER

Her ønsker vi at du skal tenke over situasjonen slik den har vært direkte **ETTER** skolene åpnet igjen.

	Aldri	Sjeldent	Ganske ofte	Veldig ofte	Alltid
Følte barnet ditt seg full av energi?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Følte barnet ditt seg trist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Følte barnet ditt seg ensom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hadde barnet ditt nok tid for seg selv?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kunne barnet ditt gjøre de tingene han/hun ønsket i fritiden sin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Følte barnet ditt at foreldrene behandlet ham/henne rettfærdig?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hadde barnet ditt det gøy sammen med vennene sine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Klarte barnet ditt å følge med på skolen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Child's attitudes towards school after lockdown

## BARN OG SKOLE

Vennligst ranger hva barnet ditt sine generelle holdninger var til skolen direkte **ETTER** den åpnet igjen.

	Aldri	Sjeldent	Ganske ofte	Veldig ofte	Alltid
Når barnet sto opp om morgenen, var han/hun glad for å dra på skolen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Aldri	Sjeldent	Ganske ofte	Veldig ofte	Alltid
Syntes barnet det var fælt å være på skolen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likte barnet å være på skolen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Syntes barnet skolen var gøy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Følte barnet seg glad når han/hun dro hjem fra skolen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brukte barnet ditt å spørre deg eller din partner om å få være hjemme fra skolen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Parents well-being after lockdown

## DINE PERSONLIGE FØLELSER

Vennligst indiker for hver av de fem påstandene som er nærmest hvordan DU følte deg direkte ETTER skolene åpnet igjen.

	Aldri	Av og til	Mindre enn halve tiden	Mer enn halve tiden	Det meste av tiden	Hele tiden
Jeg følte meg glad og i godt humør.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg følte at mitt daglige liv var fylt av ting som interesserer meg.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg følte meg rolig og avslappet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg følte meg aktiv og sterk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg følte meg opplagt og uthvilt når jeg våkner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Personal perception (just info about next questions)

## DINE TANKER OM TEMA

De neste spørsmålene handler om dine tanker rundt ulike temaer. Velg det alternativet som passer best til din oppfatning.

### Thought about different themes

## DINE TANKER OM TEMA

Her kommer noen påstander vi ønsker at du svarer hvor enig eller uenig du er med. Det er ingen riktige eller gale svar. Vi ønsker å vite hva du synes.

	1 - Sterkt uenig	2	3	4	5 - Sterkt enig
Kvinner burde ha de samme sjansene som menn til å være ledere på jobb.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
En kvinnes karriere burde være like viktig som mannens.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menn og kvinner burde lønnes likt for likt arbeid.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
En kvinne burde ha like mye rett til å be en mann på stevnemøte som en mann har å be en kvinne.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1 - Sterkt uenig	2	3	4	5 - Sterkt enig
Når både mannen og kvinnen jobber utenfor hjemmet burde husarbeidet deles likt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mødre og fedre burde dele ansvaret med å ta med barna til legen eller tannlegen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## DINE TANKER OM TEMA

**Vennligst indiker til hvilken grad du er enig eller uenig i følgende påstander. Husk at det ikke er riktige eller gale svar. Velg det du selv mener.**

	1 - Sterkt uenig	2	3	4	5 - Sterkt enig
Morsinstinkt hjelper mødre å gjenkjenne barnas behov.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fedre må lære det mødre av natur er gode på når det gjelder å kunne ta vare på barn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hvis de bare vil, så kan menn ta vare på barn like bra som kvinner kan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mødre er av natur mer sensitive til barns velvære enn fedre er.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mødre er instinktivt bedre til å kunne ta vare på barn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Det er ingen forskjell mellom menn og kvinner når det gjelder å kunne ta vare på barn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menn kan vise omsorg for barn slik som kvinner kan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## DINE TANKER OM TEMA

**Vennligst indiker til hvilken grad du er enig eller uenig i følgende påstander. Husk at det ikke er riktige eller gale svar. Velg det du selv mener.**

	1 - Sterkt uenig	2	3	4	5 - Sterkt enig
På grunn forskjeller mellom menn og kvinner har menn en tendens til å være mer konkurrerende og karrieredrevet enn kvinner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menn er av natur mer tilbøyelige til å utmerke seg i lederstillinger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kvinner er av natur mer tilbøyelig til å være omsorgsfulle og pleiende.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kvinner har en tendens til å ta utdanning i sosialt arbeid fordi de av natur er hjelpsomme og omsorgsfulle.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kvinner er av natur mer sannsynlige til å utmerke seg i jobber som sekretær, sykepleier og lærer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menn har en tendens til å ta utdanning innen vitenskap, teknologi, matematikk og ingeniør fordi de har naturlige evner i med disse fagfeltene.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demographics about parents (just info about next questions)**DEMOGRAFI OM DEG**

De neste spørsmålene vil være noen demografiske spørsmål om deg og din livssituasjon.

---

Demographics about parents**DEMOGRAFI OM DEG****Hva er ditt kjønn?**

---

- Mann
- Kvinne
- Annet/Ønsker ikke å oppgi

**Hvor mange år er du?**

---

**Hva er din sivilstatus?**

---

- Singel
- I et forhold
- Gift/Samboerskap
- Enke/Enkemann

**Hva er din bakgrunn?**

---

- Født i Norge
- Ikke født i Norge

**DEMOGRAFI OM DEG****Hva jobber du med?**

---

I snitt, hvor mange timer jobber eller studerer du i uka? Om du er utenfor arbeidsmarkedet, skriv inn 0.

---

**Hvilken kategori beskriver inntekten din?**

---

- NOK 0 - 320 000
- NOK 320 000 - 460 000
- NOK 460 000 - 1 200 000



- NOK 1 200 000 - 2 000 000
- NOK Mer enn 2 000 000

## DEMOGRAFI OM DEG

Hvilken kommune bor du i?

Var det flere tilfeller av koronasmitte i din kommune? Her ønsker vi at du svarer uten å undersøke hvor mange tilfeller av COVID-19 smitte det faktisk var i kommunen.

1 = Ingen smitte

2 = Lite smitte

3 = Noe smitte

4 = En del smitte

5 = Svært mye smitte

Er du i risikogruppen for COVID-19?

- Ja
- Nei
- Ønsker ikke å oppgi

### Demografi partner

## DEMOGRAFI OM PARTNEREN DIN

De neste spørsmålene vil være noen demografiske spørsmål om din partner.

## DEMOGRAFI OM DIN PARTNER

Hvor mange år er din partner?

Hva er kjønnen på din partner?

- Mann
- Kvinne
- Annet/Ønsker ikke å oppgi

Hva jobber din partner med?

I snitt, hvor mange timer jobber eller studerer partneren din i uka? Om vedkommende er utenfor arbeidsmarkedet, skriv inn 0.

## Hva er din partners bakgrunn?

---

- Født i Norge
- Ikke født i Norge

### Demographic about the child (just info about next questions)

## DEMOGRAFI OM BARNET DITT

**Nå vil vi stille noen demografiske spørsmål om barnet ditt. Husk å tenk på det samme barnet som ved tidligere spørsmål.**

---

### Demographics about the child

## DEMOGRAFI OM BARNET DITT

### Hvor gammel er barnet ditt (i år og måneder)?

---

### Snakker barnet ditt mer enn et språk?

---

- Nei, barnet mitt snakker kun norsk
- Ja, barnet mitt er flerspråkig

### Hva er kjønnet på barnet ditt?

---

- Gutt
- Jente
- Annet

### Hvor ofte bruker du kjønnsinneholdende navnelapper når du henviser deg til barnet ditt, for eksempel: "Hallo gutten/jenta mi" ?

---

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Aldri                 | Av og til             | Omtrent halve tiden   | Mesteparten av tiden  | Alltid                |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### Hvor ofte bruker din partner kjønnsinneholdende navnelapper når han/hun henviser seg til barnet ditt, for eksempel: "Hallo gutten/jenta mi"?

---

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Aldri                 | Av og til             | Omtrent halve tiden   | Mesteparten av tiden  | Alltid                |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### Hva er boforholdene til barnet ditt nå?

---

- Barnet mitt bor i et hushold med begge primære omsorgspersoner.
- Barnet mitt bor enten fulltid i ett hjem, eller deltid i to hjem hvor begge husholdninger har to voksenpersoner; en primær omsorgsperson og en partner.
- Barnet mitt bor mesteparten av tiden i et hushold med én forelder.
- Barnet mitt bor deltid med én primær omsorgsperson og dens partner, og deltid med en enslig forelder.

- Barnet mitt bor deltid i to hjem hvor begge husholdninger har en voksenperson.
- Annet. Vennligst beskriv

### Vennligst oppgi kjønnet på kontaktlærer (lærer/pedagogisk leder) barnet ditt fikk da han/hun begynte på skolen han/hun går på nå.

---

- Mann
- Kvinne
- Annet

### Har barnet som deltar i undersøkelsen søsken?

---

- Ja
- Nei

### Vennligst oppgi alder og kjønn til barnets søsken

---

- Første søsken

- Andre søsken

- Tredje søsken

- Fjerde søsken

### Er barnet i en risikogruppe for COVID-19?

---

- Ja
- Nei
- Ønsker ikke å oppgi

#### Your general experience (open ended)

### DIN GENERELLE OPPLEVELSE

Dersom du har noen tanker du ønsker å dele med oss, kan du utdype dem her. Det kan være om du for eksempel er eller var permittert, mer utdypende om hvordan hverdagen med koronatiltak har vært for deg og din familie, eller andre tanker du ønsker å dele.

---

#### Finishing questions

### DU ER NESTEN FERDIG

**Når du velger å gå videre vil du komme til en side hvor vi spør om barnet har flere primære omsorgspersoner som undersøkelsen eventuelt kan videresendes til, og om du ønsker å bli kontaktet igjen ved en senere anledning angående oppfølgingsstudie. Du vil bli bedt om å legge inn e-postadressen din slik at vi kan sende deg lenke til barnets spørreskjema og eventuelt den andre omsorgspersonen. Du velger selv om du vil oppgi e-postadressen.**

---





