



THE WORK-LIFE BALANCE, LEISURE AND WELLBEING OF WORKING PARENTS WITH TODDLERS DURING THE COVID-19 CRISIS IN CAPE TOWN, SOUTH AFRICA

by

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DECLARATION

I, **Ilanza Perold**, declare that the contents of this dissertation represent my own unaided work, and that the dissertation has not previously been submitted for academic examination towards any qualification. Furthermore, it represents my own opinions and not necessarily those of the Cape Peninsula University of Technology.

A handwritten signature in black ink that reads "Perold." with a period at the end. The signature is written in a cursive style.

Signed

31 October 2022

Date

ABSTRACT

As a result of the COVID-19 pandemic, the South African government implemented social isolation during varying lockdown levels. Among others, leisure spaces (e.g. beaches, parks and restaurants) were closed, schools and Early Childhood Development centres were closed and most employees (who were not regarded as essential) were forced to work from home. This influenced parents with toddlers, especially their work-life balance, personal leisure time and wellbeing. This study aimed to determine the interconnectedness of work-life balance, leisure and the wellbeing of parents facing crises.

The study was approached from a pragmatic, post-positivist worldview. The research method comprised methodological triangulation through descriptive statistics, inferential statistics (i.e. Pearson correlations), and interviews by using a sequential mixed methods approach within an embedded single case study design. As a result, both quantitative data (Phase 1: questionnaire, n=140) and qualitative data (Phase 2: semi-structured interviews, n=10) were combined to optimally address the research problem. The unique stories and experiences of parents were explored while valuing both subjectivity and objectivity throughout the study.

The findings indicate that working parents with toddlers neglect themselves in attempts to be 'better' parents. However, the opposite appears to be true. Parents who made time for themselves to engage in activities of their choice (not to predominantly keep their toddlers occupied), experienced better overall wellbeing and balanced work and life domains better. Parents who neglected time for themselves, due to several variables (lack of support, social isolation, lack of resources, role changes) reported a negative overall wellbeing and work-life balance.

The study provides guidelines to working parents with young children and employers who employ parents on the significance of personal leisure to improve overall wellbeing and work-life balance. It suggests changes or adaptations of policies, such as the National Sport and Recreation Plan and Basic Conditions of Employment Act, no. 75 of 1997 to align with parents' personal leisure needs – especially when being faced with crises. A conceptual framework for personal leisure, as a tool to enhance work-life balance and wellbeing during a crisis, was also developed. This should ideally be used by the research fraternity across disciplines to aid with the wellbeing of South African citizens.

VOTE OF THANKS

When 'all comes to nothing' and you experience mixed-emotions between satisfaction and complete emptiness – you know you have completed the journey of a 'master' in two long years of discovery. In the discovery process, I found myself (more than anything). Simultaneously, I found many people that I sincerely value. Based on the words of a song by Roxette, I want to invite you (the reader) to "Come and join the joyride" by granting me the time to thoroughly thank each *beacon of hope* on my road (and dedicate a song):

Firstly, my Lord and Heavenly Father, Jesus Christ through whom all things are possible. I have personally experienced the words of Matthew 19:26, which read: "With man this is impossible, but with God all things are possible". Thank you, Jesus for guiding my way with your forgiving and unconditional love. You granted me with the power to pursue, the serenity to reflect on and accept the things I cannot change, the courage to strive to self-improvement and the wisdom to not take anything for granted. May I live my life to glorify your name in all my endeavours. (*Hillsongs: My life is in you, Lord* <https://www.youtube.com/watch?v=DmZZr5NASu0>)

- My household, and safe space: I dedicate this dissertation to my husband and children, however, our house has two angels – Cathy and Nannie. Thank you for ensuring that the house responsibilities and chores such as cooking, cleaning, washing, caring for the dogs, cats, rabbits, fish and hamsters and loving us continued without disruption. You are appreciated, loved and family. May God bless you abundantly!
(*Jonathan Rubain: God sorg vir die mossies* <https://www.youtube.com/watch?v=mAp0QIsWj9g>)
- My Mom (Amanda) and Dad (Emile): Thank you for your love and support, but even more...thank you for raising me and Etienne (my brother) without a '*best practices for parenthood*' textbook. Motherhood brought upon me the realisation of how blessed I am. You raised a strong, independent, caring and loving daughter and I hope I make you proud.
(*James Blunt: Monsters* <https://www.youtube.com/watch?v=DTFbGcnI0po&list=RDMM&index=28>)
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(*Disturbed: The sound of Silence* <https://www.youtube.com/watch?v=u9Dg-g7t2l4>)
- Mentors: Dr JP Bruwer and Dr Chris Hattingh. How do I summarise our journey over the past 5+ years in one paragraph? It is impossible – it just won't do your role in my life justice. You are my mentors! Thank you for sharing your research knowledge with me, for in-depth discussions and debates but mostly for providing me with a platform

to *just be* while enjoying the process of academic writing. You allowed me to find *my voice*, you nurtured me, invested time to develop my skills, and taught me not to fear feedback but to see it as a valuable contribution to better my work or argument (Gosh – initially you did not spare my feelings, did you 😊).

(Lady Gaga & Bradley Cooper: *A Star is Born - Shallow Sing-Along*)

https://www.youtube.com/watch?v=eWupm_cePX8)

- Extended ‘family’: I am a multifaceted person. As a result of my personality, life choices and experiences, I have many acquaintances but allow very few people inside my high walls. This group of people are not related by blood, but family. I hope you know how much I value you (in no particular order): Tanya & JP Taljaard, Aunty Shirley & Uncle Rudi Wolter, Neil & Lindi Wolter, Wade & Anneke Wolter, Jacques & Emma, Susan & Mia Kruger, Grandmom Marietjie & Granddad Mervyn Terreblanche, Andries de Beer, Nadia Bergh, Mardine Engelbrecht, Rentia & Nico van Wyk, Norbert & Barbara Haydam, JP Bruwer, Chris Hattingh, Anton & Helma Nel, Chris & Marie Young, Zea Tomlinson, Stiaan Pool. Your support, calls, “just checking in”, motivation and trust in my capabilities assisted me to push through. Throughout it all, you had more faith in me than I had in myself...I love and appreciate you more than words, but mostly...you allowed me to grow as a person, accepting me unconditionally.

(F-R David: *Words* <https://www.youtube.com/watch?v=nwrqQ2jYpwY>)

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(Sarah Bareilles: *Brave*)

https://www.youtube.com/watch?v=QUQsqBqxoR4&list=RDMM&start_radio=1&rv=8IEQpfA528M)

- The Advanced Masters Programme and support: Academic writing is often experienced as a lonely journey. With fellow colleagues, I participated in the Advanced Masters Programme of the Faculty of Business and Management Sciences (FBMS). A special word of thanks to Prof Green, Prof Rampersad and Prof Taliep for the opportunity to learn *from the best*. Prof Taliep, you made the programme informative, engaging and eventful. Thank you for your endless and dedicated support on all levels. Thank you to my experienced colleagues who played a significant role to overcome *writer’s block* at the Faculty Writing Retreat (2022) in Gordon’s Bay (No titles were allowed – *with the utmost respect to you all*: Sharhidd Taliep, Renitha Rampersad, Retha de la Harpe, Desiree Scholtz, Robertson Tengeh, Kevin Ncube, Mandisa Silo, Tshina Sunday, Beverley Seager, Nosi Brandau, Sandra Williams, Celiwe Menze). I learnt life lessons which I will always treasure, moreover I learnt practical lessons which I will share with future Post-Graduate students – go visual, use colours and sticky notes, record your thinking with mobile devices.

(Survivor: *Eye of the tiger* <https://www.youtube.com/watch?v=btPJPFnesV4>)

- An old African proverb states: *It takes a village to raise a child*. As much as this is true in parenthood, the latter is also applicable to my research journey of the past 2 years. I can write books to express my gratitude. However, in return I will *pay your contribution forward*...I will recommend you, work with you, salute you and acknowledge your contribution in my Academic Development
 - Dr Layla Cassim – Post-Graduate Toolkit and workshops
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(Miriam Makeba: Qongqothwane – the Click song <https://www.youtube.com/watch?v=6ode6imhNKQ>)

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(Simon & Garfunkel: Bridge over troubled water <https://www.youtube.com/watch?v=WrcwRt6J32o>)

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(Josh Groban: You raised me up (performed by Westlife)
<https://www.youtube.com/watch?v=GRm2ldD7d5Y&list=RDMM&index=25>)

Words of encouragement to fellow parents: You are worthy...make time for yourself!

“Ho gegrafa, gegrafa”

What I have written...I have written

(John 19:22: Pontius Pilate)

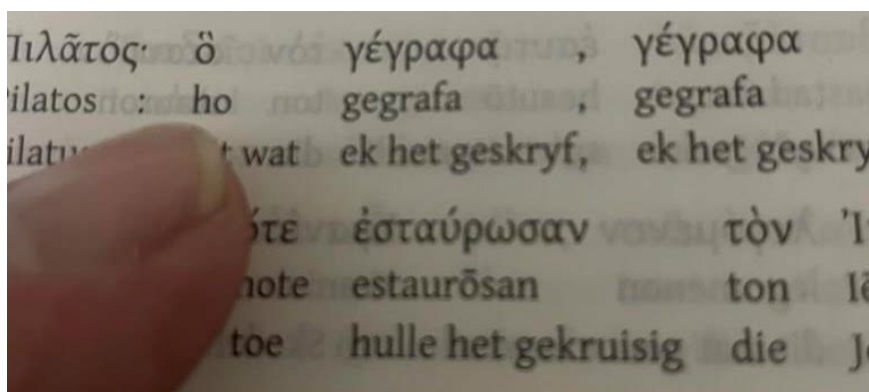


Image credit: My father, Ds Emile Kritzinger

DEDICATION

I dedicate this dissertation to my husband (Glen Perold) and two beautiful children: Miah (7 years) and Luka (5 years), because this journey was not embarked on in isolation – I had a dream that required a ‘team’ effort!

♥ Glen – without your constant motivation and trust in my ability to complete this – I would not have persevered. You were my biggest ‘fan’. When I had to go away from home for weeks at a time to make progress and left you with the kids, you managed to be a ‘mommy’ and ‘daddy’ without complaining. I am glad to have you as my life-partner and teammate in our rollercoaster, amazing and blessed parenthood journey. To me – your being is priceless and appreciated

(James Blunt: *Bonfire Heart* <https://www.youtube.com/watch?v=g1j1qwQQ8-Q&list=RDMM&index=10>)

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(Pentatonix: *Hallelujah* <https://www.youtube.com/watch?v=LRP8d7hpoQ>)

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(Pentatonix: *Amazing Grace* <https://www.youtube.com/watch?v=Obp-9BEZE1c>)



TABLE OF CONTENTS

| | |
|------------------------------------------------------------------|------------|
| DECLARATION | II |
| ABSTRACT | III |
| VOTE OF THANKS | IV |
| DEDICATION | VII |
| LIST OF TABLES | XIV |
| LIST OF FIGURES | XIX |
| LIST OF APPENDICES | XX |
| ACRONYMS AND ABBREVIATIONS | XXI |
| CHAPTER 1: INTRODUCTION TO THE RESEARCH STUDY | 1 |
| 1.1 Introduction and background | 1 |
| 1.2 Research problem | 3 |
| 1.3 Significance of the study | 5 |
| 1.4 Research question..... | 6 |
| 1.5 Aim and objectives..... | 6 |
| 1.6 Summary of research methodology | 7 |
| 1.7 Ethics..... | 8 |
| 1.8 Definitions of key concepts | 8 |
| 1.9 Chapter outline | 10 |
| 1.10 Summary | 11 |
| CHAPTER 2: LITERATURE REVIEW | 13 |
| 2.1 Overview | 13 |
| 2.2 Crisis times defined | 13 |
| 2.2.1 COVID-19 as a global crisis..... | 16 |
| 2.2.1.1 The origin of COVID-19 | 17 |
| 2.2.1.2 Mitigation strategies..... | 20 |
| 2.2.1.3 The effect of COVID-19 on families | 23 |
| 2.3 Work-life balance..... | 27 |
| 2.3.1 Work-life balance - definitions and conceptualisation..... | 27 |
| 2.3.2 Dimensions influencing an individual's WLB | 30 |
| 2.3.2.1 Dimension 1: Demands | 31 |
| 2.3.2.2 Dimension 2: Resources..... | 32 |
| 2.3.2.3 Dimension 3: Individual factors | 33 |
| 2.3.2.4 Dimension 4: Organisational factors | 35 |
| 2.3.2.5 Dimension 5: Culture | 35 |
| 2.3.3 WLB while working from home during COVID-19 | 36 |

| | | |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------|
| 2.4 | Wellbeing..... | 39 |
| 2.4.1 | Roleplayers affecting individual wellbeing..... | 40 |
| 2.4.2 | Constructs critical in creating wellbeing | 41 |
| 2.4.3 | Wellbeing defined and conceptualised..... | 42 |
| 2.4.4 | Measuring wellbeing | 44 |
| 2.4.5 | The effect of COVID-19 on wellbeing of working parents..... | 46 |
| 2.5 | Leisure..... | 48 |
| 2.5.1 | Leisure industries | 49 |
| 2.5.2 | Leisure and wellbeing | 50 |
| 2.5.2.1 | The Leisure-Wellbeing Model (LWM)..... | 52 |
| 2.5.3 | The impact of COVID-19 on daily lives, leisure and leisure pursuits | 55 |
| 2.6 | Theoretical framework as the underpinning of an exploratory process to establish a conceptual framework..... | 59 |
| 2.7 | Summary | 61 |
| CHAPTER 3: RESEARCH METHODOLOGY | | 62 |
| 3.1 | Introduction..... | 62 |
| 3.2 | Research paradigm | 63 |
| 3.1.1 | Research assumptions | 64 |
| 3.3 | Research design, methods and methodology | 65 |
| 3.3.1 | Population | 67 |
| 3.3.2 | Sample method and sample size..... | 68 |
| 3.3.2.1 | Phase 1: Survey | 68 |
| 3.3.2.2 | Phase 2: Interviews | 69 |
| 3.3.3 | Research instruments..... | 69 |
| 3.3.3.1 | Phase 1: Survey | 69 |
| 3.3.3.2 | Phase 2: Interviews | 77 |
| 3.3.4 | Data collection and fieldwork | 82 |
| 3.3.4.1 | Phase 1: Survey | 82 |
| 3.3.4.2 | Phase 2: Interviews | 82 |
| 3.3.5 | Data coding and analysis..... | 83 |
| 3.3.5.1 | Phase 1: Survey | 83 |
| 3.3.5.2 | Phase 2: Interviews | 84 |
| 3.4 | Data management plan | 90 |
| 3.5 | Summary | 90 |
| CHAPTER 4: RESEARCH FINDINGS, ANALYSIS AND DISCUSSION OF SELF-ADMINISTERED QUESTIONNAIRE | | 91 |
| 4.1 | Introduction..... | 91 |
| 4.2 | SECTION A: Descriptive statistics | 92 |
| 4.2.1 | The profile of parents with toddlers..... | 92 |
| 4.2.1.1 | Geographical information: Suburb and nationality..... | 92 |

| | | |
|---------|---------------------------------------------------------------------------------------------------------------------|-----|
| 4.2.1.2 | Demographical information | 93 |
| 4.2.1.3 | Family structure: Relationship status, Number of toddlers in household, toddler age(s), other dependants | 97 |
| 4.2.2 | The effect of COVID-19 crisis and related crises on the wellbeing of parents with toddlers | 99 |
| 4.2.2.1 | COVID-19 as a crisis time for families | 100 |
| 4.2.2.2 | Additional crises experienced by parents during the COVID-19 crisis | 103 |
| 4.2.2.3 | Intensity of feelings and emotions experienced by parents | 104 |
| 4.2.2.4 | The effect of COVID-19 on the autonomy experienced by parents | 108 |
| 4.2.3 | The WFH experience of parents who were not regarded as essential workers | 109 |
| 4.2.3.1 | Home-schooling of toddlers | 111 |
| 4.2.3.2 | Wellbeing of parents | 112 |
| 4.2.3.3 | Work-life balance of parents | 113 |
| 4.2.3.4 | Managing work duties, household chores and home-schooling | 115 |
| 4.2.3.5 | Intensity of WFH experience | 117 |
| 4.2.3.6 | Biggest challenges, advantages and disadvantages of the WFH experience | 119 |
| 4.2.4 | The effect of COVID-19 and related lockdown levels on WLB of parents | 124 |
| 4.2.4.1 | The effect of COVID-19 on the parents' work life and private life responsibilities | 124 |
| 4.2.4.2 | COVID-19 changed work and leisure (private life, free time) routines of parents with toddlers | 126 |
| 4.2.4.3 | The allocation of time-related to activities and responsibilities since the start of COVID-19 | 129 |
| 4.2.4.4 | Managing demands and support/ resource structures | 130 |
| 4.2.4.5 | Biggest personal challenge(s) experienced since the start of COVID-19 and available resources to assist | 137 |
| 4.2.5 | The effect of COVID-19 on leisure time and activities of parents and families | 142 |
| 4.2.5.1 | Family: Pre-COVID-19 leisure activities | 142 |
| 4.2.5.2 | Family: Pre-COVID-19 leisure activities | 142 |
| 4.2.5.3 | The change in family and personal leisure time and activities since the start of the COVID-19 crisis. | 145 |
| 4.2.5.4 | Family leisure: The effect of fluctuating lockdown regulations on the types of family leisure activities | 151 |
| 4.2.5.5 | Family leisure: The type of home-based leisure activities parents enjoyed with their toddlers | 154 |
| 4.2.5.6 | Personal leisure of parents: Pre-COVID-19 leisure activities | 158 |
| 4.2.5.7 | Personal leisure of parents: leisure activities engaged in since the start of the COVID-19 crisis | 158 |
| 4.2.5.8 | Personal leisure: Physical activities and exercise routines of parents since the start of the COVID-19 crisis | 161 |

| | | |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 4.2.5.9 | The effect of leisure time and activities on the wellbeing of parents | 164 |
| 4.3 | SECTION B: Inferential statistics | 169 |
| 4.3.1 | Relationships between emotions experienced by parents since the start of the COVID-19 crisis | 170 |
| 4.3.2 | Relationships between the effect of the COVID-19 crisis and related lockdown levels on WLB changes and feelings of successfully managing overall life demands (n = 140)..... | 174 |
| 4.3.3 | Relationships between the intensity parents experienced while working from home during the COVID-19 crisis with home-schooling demands, toddler care demands and work and life demands (n = 88)..... | 179 |
| 4.3.4 | Relationships between changes in how much time was spent on general daily activities and family leisure activities pre-COVID-19 and during the COVID-19 crisis (n = 140)..... | 187 |
| 4.3.5 | Relationships between parents' personal exercise routines and WLB variables | 189 |
| 4.3.6 | Relationships between the type of leisure activities working parents engaged in since the start of the COVID-19 crisis and WLB variables | 190 |
| 4.3.7 | Relationships between parents who received support and the effect on their Wellbeing, WLB and exercise routines..... | 194 |
| 4.3.7.1 | Relationships between parents who received support and the effect on their wellbeing..... | 195 |
| 4.3.7.2 | Relationship between parents who received support and the effect on their WLB..... | 196 |
| 4.3.7.3 | Relationship between parents who received support and their exercise routines..... | 199 |
| 4.4 | Summary | 200 |
| CHAPTER 5: INTERPRETATION, ANALYSIS AND NARRATION OF SEMI-STRUCTURED INTERVIEWS | | 201 |
| 5.1 | Introduction..... | 201 |
| 5.2 | Description of interviewed participants..... | 201 |
| 5.3 | THEME 1: The COVID-19 crisis..... | 204 |
| 5.3.1 | Sub-theme 1: Mitigation strategies and legislation | 204 |
| 5.3.1.1 | Category 1: Confusion and uncertainty | 204 |
| 5.3.1.2 | Category 2: Effect on the disabled | 205 |
| 5.3.1.3 | Category 3: Disobedience and division | 206 |
| 5.3.2 | Sub-theme 2: Reflections on life lessons as a result of the COVID-19 crisis | 209 |
| 5.3.2.1 | Category 1: Adaptability of parents and toddlers..... | 209 |
| 5.3.2.2 | Category 2: Value life and all its role-players | 210 |
| 5.4 | THEME 2: Work-life imbalances (WLI)..... | 212 |
| 5.4.1 | Sub-theme 1: Work imbalances | 212 |
| 5.4.1.1 | Category 1: Additional work pressure and new routines | 212 |
| 5.4.1.2 | Category 2: New work routines | 215 |
| 5.4.1.3 | Sub-theme 2: Life imbalances | 217 |

| | | |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------|
| 5.5 | THEME 3: parental wellbeing | 221 |
| 5.5.1 | Sub-theme 1: Emotional wellbeing..... | 221 |
| 5.5.2 | Sub-theme 2: Psychological wellbeing..... | 222 |
| 5.5.3 | Sub-theme 3: Available support and resources during the COVID-19 crisis.. | 225 |
| 5.6 | THEME 4: Leisure discourse | 240 |
| 5.6.1 | Sub-theme 1: The paradox that family leisure time was enjoyed by all parents during the COVID-19 crisis | 241 |
| 5.6.2 | Sub-theme 2: Modalities of family leisure during the COVID-19 crisis and related lockdown levels..... | 242 |
| 5.6.3 | Sub-theme 3: Personal leisure time: ‘Between a rock and a hard place’ | 245 |
| 5.6.4 | Sub-theme 4: Modalities of personal leisure activities during the COVID-19 crisis and related lockdown levels | 246 |
| 5.6.5 | Sub-theme 5: The benefits of being ‘intentional’ about personal leisure time and activities | 250 |
| CHAPTER 6: INTEGRATED DISCUSSION WITH RELEVANT LITERATURE – TRIANGULATING QUANTITATIVE AND QUALITATIVE DATA | | 251 |
| 6.1 | Introduction..... | 251 |
| 6.2 | Working parents with toddlers during the COVID-19 crisis of 2020-2021 | 252 |
| 6.3 | The COVID-19 crisis resulted in Work-Life Imbalances of working parents with toddlers during 2020-2021 | 253 |
| 6.3.1 | Increased work time and demands | 257 |
| 6.3.2 | Increased life demands..... | 258 |
| 6.3.3 | Decreased private life satisfaction | 258 |
| 6.3.4 | Drained and tired | 259 |
| 6.3.5 | Neglecting personal needs | 259 |
| 6.4 | Parental wellbeing | 260 |
| 6.4.1 | A crisis creates additional crises | 264 |
| 6.4.2 | Ranging intensity in emotions | 265 |
| 6.4.3 | Lack of WLB | 266 |
| 6.4.4 | Lack of ‘ME time’ | 266 |
| 6.4.5 | Constant tiredness..... | 266 |
| 6.4.6 | Lack of autonomy | 267 |
| 6.5 | Leisure discourse..... | 267 |
| 6.5.1 | Changed family leisure modalities | 273 |
| 6.5.2 | Changed personal leisure modalities | 274 |
| 6.5.3 | Reduction in exercise | 276 |
| 6.5.4 | Reduced personal leisure time | 276 |
| 6.5.5 | Leisure limitation due to lockdown | 278 |
| 6.6 | Support and resources | 279 |
| 6.6.1 | Support needs to combat challenges | 282 |
| 6.6.2 | Support sources (who provided support) | 282 |

| | | |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 6.6.3 | Support resources | 283 |
| CHAPTER 7: CONCLUSION AND RECOMMENDATIONS | | 285 |
| 7.1 | Introduction..... | 285 |
| 7.2 | Revisiting the research question, aim and methods | 285 |
| 7.3 | Selected findings | 287 |
| 7.3.1 | Objective 1: To determine the effect of the COVID-19 crisis and related lockdown levels of 2020-2021 on the WLB of working parents with toddlers at ECD centres in Cape Town | 287 |
| 7.3.2 | Objective 2: To determine the effect of the COVID-19 crisis and related lockdown levels of 2020-2021 on the wellbeing of working parents with toddlers at ECD centres in Cape Town | 288 |
| 7.3.3 | Objective 3: To explore if and how family leisure activities of working parents with toddlers at ECD centres changed as a result of the COVID-19 crisis and related lockdown levels in 2020-2021 | 289 |
| 7.3.4 | Objective 4: To explore if and how personal leisure activities of working parents with toddlers at ECD centres changed as a result of the COVID-19 crisis and related lockdown levels in 2020-2021 | 290 |
| 7.3.5 | Objective 5: To propose guidelines to ECD centre management and employers of parents with toddlers, regarding the necessary support systems and resources needed by working parents to balance their work, life, leisure and wellbeing during crisis times..... | 291 |
| 7.4 | Contribution of this study | 293 |
| 7.4.1 | Theoretical contribution | 294 |
| 7.4.2 | Methodological contribution | 296 |
| 7.4.3 | Contribution to the WLB, leisure and parental wellbeing during the COVID-19 crisis and crises beyond discourse | 296 |
| 7.5 | Implications for policy and practice | 299 |
| 7.6 | Recommendations for further research..... | 300 |
| 7.6.1 | COVID-19 and related crises | 300 |
| 7.6.2 | Work-life balance | 301 |
| 7.6.3 | Leisure..... | 302 |
| 7.6.4 | Parental wellbeing | 303 |
| 7.7 | Study demarcations and limitations | 303 |
| 7.8 | Reflective evaluation of the study | 304 |
| REFERENCE LIST | | 308 |
| APPENDICES | | 328 |

LIST OF TABLES

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Table 2.1: Main epidemics and pandemics to date | 16 |
| Table 2.2: Summary of lockdown levels throughout the pandemic (2020 – 2022) | 22 |
| Table 2.3: Defining work-life balance..... | 28 |
| Table 2.4: Dimensions and related aspects to holistically understand the WLB of individuals..... | 31 |
| Table 2.5: Dimension 1: Demand categories | 32 |
| Table 2.6: Dimension 2: Resources categories | 33 |
| Table 2.7: Dimension 3: Individual factor categories..... | 33 |
| Table 2.8: Dimension 4: Organisational factors | 35 |
| Table 2.9: Dimension 5: Cultural factors..... | 35 |
| Table 2.10: Enhancing leisure experiences | 54 |
| Table 2.11: Impact of COVID-19 on daily activities..... | 56 |
| Table 2.12: The impact of COVID-19 on leisure | 57 |
| Table 2.13: Types of leisure pursuits during lockdown | 58 |
| Table 3.1: Summary of questionnaire questions per type of question asked, category, construct and objective(s) – Section B Respondent Profile | 72 |
| Table 3.2: Summary of questionnaire questions per type of question asked, category, construct and objective(s) – Section C Covid-19, lockdown and related crises | 72 |
| Table 3.3: Summary of questionnaire questions per type of question asked, category, construct and objective(s) – Section D Applicable to parents who worked from home | 73 |
| Table 3.4: Summary of questionnaire questions per type of question asked, category, construct and objective(s) – Section E Applicable to all parents..... | 74 |
| Table 3.5: Summary of questionnaire questions per type of question asked, category, construct and objective(s) – Section F Leisure time and activities..... | 75 |
| Table 3.6: Quantitative and qualitative terms to ensure trustworthiness | 79 |
| Table 3.7: Reflexive thematic analysis procedures and phases..... | 85 |
| Table 4.1: Breakdown of respondents per ECD Centre | 93 |
| Table 4.2: Citizenship of parents | 93 |
| Table 4.3: Gender of parents..... | 94 |
| Table 4.4: Age of parents | 94 |
| Table 4.5: Ethnicity of parents | 95 |
| Table 4.6: Home language of parents..... | 95 |
| Table 4.7: Level of education of parents..... | 95 |
| Table 4.8: Employment status of parents | 96 |
| Table 4.9: Job title | 97 |
| Table 4.10: Relationship status of parents..... | 97 |
| Table 4.11: Number of toddlers in household | 98 |
| Table 4.12: Age of toddlers | 98 |
| Table 4.13: Dependants living with parents | 99 |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Table 4.14: COVID-19 as a crisis time for families..... | 100 |
| Table 4.15: Additional crises experienced as a result of COVID-19 and related lockdown levels | 103 |
| Table 4.16: Intensity of feelings and emotions experienced by parents | 104 |
| Table 4.17: Number of parents who were regarded as essential services or whom had to WFH | 110 |
| Table 4.18: Initial preparedness of parents to WFH..... | 110 |
| Table 4.19: Caring and home-schooling opinions of parents | 111 |
| Table 4.20: The wellbeing of parents while ECD centres were closed and parents had to WFH | 112 |
| Table 4.21: Balancing work, life and household demands while WFH | 114 |
| Table 4.22: Reasons for managing/not managing various duties (work, life, household, home-schooling) | 115 |
| Table 4.23: Intensity experienced by parents while WFH | 117 |
| Table 4.24: Reasons for challenges experienced by parents while WFH..... | 119 |
| Table 4.25: Reasons for the advantages experienced while WFH..... | 121 |
| Table 4.26: Reasons for WFH disadvantages experienced by parents..... | 122 |
| Table 4.27: The effect of COVID-19 on parents' WLB | 124 |
| Table 4.28: COVID-19 changed parents' work routines | 126 |
| Table 4.29: Explanations of how parents' work routines changes due to the COVID-19 crisis | 126 |
| Table 4.30: Available leisure time of parents changed due to the COVID-19 crisis..... | 127 |
| Table 4.31: Explanations of how parents' leisure routines changed due to the COVID-19 crisis | 128 |
| Table 4.32: The effect of the COVID-19 crisis on how parents had to re-adjust their available time..... | 130 |
| Table 4.33: Parents' reflection on how they managed their various demands during the COVID-19 crisis..... | 131 |
| Table 4.34: Parents' support structures during the COVID-19 crisis | 132 |
| Table 4.35: Classification of comments regarding support levels of parents..... | 133 |
| Table 4.36: Classification of the type(s) of support received from various sources | 135 |
| Table 4.37: Classification of comments regarding parents' biggest personal challenges because of the COVID-19 crisis..... | 138 |
| Table 4.38: Classification of comments on support during parents' biggest personal challenges due to the COVID-19 crisis | 140 |
| Table 4.39: Family leisure activities before the start of the COVID-19 crisis | 143 |
| Table 4.40: Summary of how leisure time and activities changed since the start of the COVID-19 crisis..... | 145 |
| Table 4.41: Analysis of possible influencing factors for the change in leisure time and activities since the start of the COVID-19 crisis..... | 146 |
| Table 4.42: Type of leisure activities which parents with toddlers did not often engage in prior to Covid-19 (mostly home-based activities) | 149 |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Table 4.43: The significant increase in home-based leisure activities because of Covid-19 crisis | 150 |
| Table 4.44: The change in family leisure activities in relation to fluctuating Lockdown Alert Levels | 151 |
| Table 4.45: Classification of the types of leisure activities families engaged in during various Lockdown Alert Levels..... | 151 |
| Table 4.46: An indication of when parents with toddlers will return to their pre-COVID-19 leisure activities | 153 |
| Table 4.47: Classification of the types of home-based family leisure activities parents enjoyed with their toddlers | 154 |
| Table 4.48: Classification of reasons why parents enjoyed their family leisure activities with their toddlers..... | 156 |
| Table 4.49: Classification of parents' personal leisure activities before the COVID-19 crisis emerged | 158 |
| Table 4.50: Parents' personal leisure time and activities | 159 |
| Table 4.51: Parents' physical activities and exercise routines since the start of the COVID-19 crisis | 162 |
| Table 4.52: Classifications of reasons why parents' personal exercise routines changed because of the COVID-19 crisis..... | 162 |
| Table 4.53: Parents' self-identification of their overall health (mental, physical, stress levels, coping strategies) | 165 |
| Table 4.54: Leisure activities during the COVID-19 crisis did not aid parents to forget about their life demands, challenges and responsibilities..... | 165 |
| Table 4.55: The contribution of leisure time and activities during the COVID-19 crisis to parents' overall wellbeing..... | 166 |
| Table 4.56: Classification of comments on how leisure activities during the COVID-19 crisis contributed to parents' overall wellbeing | 166 |
| Table 4.57: Summary of all Pearson Correlations per questionnaire Section and statistically significant (95% and 99% confidence intervals) correlations despite relationship strength | 169 |
| Table 4.58 Pearson Correlations for emotions experienced by parents since the start of the COVID-19 crisis..... | 171 |
| Table 4.59: A summary of all the correlations found in Table 4.58..... | 172 |
| Table 4.60: Interpretation of the moderate and strong relationships in emotions experienced by parents since the start of the COVID-19 crisis..... | 172 |
| Table 4.61: Relationships between the effect of the COVID-19 crisis and related lockdown levels on WLB changes and feelings of successfully managing overall life demands (n = 140)..... | 175 |
| Table 4.62: A summary of all the correlations found in Table 4.61..... | 176 |
| Table 4.63: Interpretation of the moderate relationships found between the effect of the COVID-19 crisis and related lockdown levels on WLB changes and feelings of successfully managing overall life demands (n = 140) | 176 |
| Table 4.64: Relationships between the intensity parents experienced while working from home during the COVID-19 crisis with home-schooling demands (n = 88)..... | 180 |
| Table 4.65: Relationships between the intensity parents experienced while working from home during the COVID-19 crisis with toddler care demands (n = 88)..... | 181 |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Table 4.66: Relationships between the intensity parents experienced while working from home during the COVID-19 crisis with work demands (n = 88)..... | 182 |
| Table 4.67: Relationships between the intensity parents experienced while working from home during the COVID-19 crisis with work and life demands (n = 88)..... | 183 |
| Table 4.68: A summary of all the correlations found in Figure 4.5 | 184 |
| Table 4.69: Interpretation of the moderate relationships found between the effect of the COVID-19 crisis and related lockdown levels on WLB changes and feelings of successfully managing overall life demands (n = 140) | 184 |
| Table 4.70: Relationships between changes in how much time was spent on general daily activities and family leisure activities pre-COVID-19 and during the COVID-19 crisis (n = 140)..... | 187 |
| Table 4.71: Relationships between parents' personal exercise routines and WLB variables | 189 |
| Table 4.72: Relationships between the types of leisure activities working parents engaged in since the start of the COVID-19 crisis and WLB variables (n = 140)..... | 191 |
| Table 4.73: Relationships between parents who received support and their wellbeing ... | 195 |
| Table 4.74: Relationships between the parents who received support and the effect on their WLB..... | 197 |
| Table 4.75: Relationship between parents who received support and their exercise routines..... | 199 |
| Table 5.1: Description of the parents who participated in the interviews | 201 |
| Table 5.2: Value life and its role-players..... | 210 |
| Table 5.3: Additional work pressure | 212 |
| Table 5.4: Adapting to new routines | 215 |
| Table 5.5: Rollercoaster of emotions parents experienced during the first 18 months of the COVID-19 crisis..... | 221 |
| Table 5.6: Family members as support structure providing various support and available resources to parents during the COVID-19 crisis | 228 |
| Table 5.7: Spouses and/or partners as support structure providing various support and available resources to parents during the COVID-19 crisis | 231 |
| Table 5.8: Employers as support structure providing various support and available resources to parents during the COVID-19 crisis | 233 |
| Table 5.9: Friends as support structure providing various support and available resources to parents during the COVID-19 crisis..... | 234 |
| Table 5.10: Technology as support structure providing various support and available resources to parents during the COVID-19 crisis | 235 |
| Table 5.11: Medical support (doctors and psychologists) as support structure providing various support and available resources to parents during the COVID-19 crisis .. | 236 |
| Table 5.12: ECD centre as support structure providing various support and available resources to parents during the COVID-19 crisis | 237 |
| Table 5.13: All other support structures providing various support and available resources to parents during the COVID-19 crisis..... | 237 |
| Table 5.14: Personal routines as support structure providing various support and available resources to parents during the COVID-19 crisis | 239 |
| Table 5.15: Family leisure activities engaged in by parents and toddler(s) | 242 |

| | |
|---------------------------------------------------------------------------------------|-----|
| Table 6.1: Triangulation process regarding the WLI construct | 254 |
| Table 6.2: Triangulation process regarding the parental wellbeing construct | 261 |
| Table 6.3: Triangulation process regarding the leisure discourse construct | 268 |
| Table 6.4: Triangulation process regarding the support and resources constructs | 280 |

LIST OF FIGURES

| | |
|---------------------------------------------------------------------------------------------------------------------------|-----|
| Figure 2.1: Summary of Lockdown Alert Levels in South Africa..... | 21 |
| Figure 2.2: Definition of Wellbeing..... | 42 |
| Figure 2.3: Definition of Wellbeing related to the workplace | 43 |
| Figure 2.4: Multidisciplinary wellbeing framework..... | 45 |
| Figure 2.5: Leisure-Wellbeing Model (LWM)..... | 53 |
| Figure 2.6: Theoretical framework on interconnectedness of WLB, Leisure and wellbeing constructs | 60 |
| Figure 2.7: Building blocks toward a conceptual framework during a crisis such as COVID-19..... | 61 |
| Figure 3.1: Visual display of the methodological steps of Chapter 3 | 62 |
| Figure 3.2: Sequential mixed methods approach in an embedded single case study design..... | 66 |
| Figure 3.3: Building blocks as a lens for designing the questionnaire (Version 1)..... | 70 |
| Figure 3.4: Visual display of Step 4 in the analysis process..... | 89 |
| Figure 4.1: Reasons for classifying COVID-19 as a crisis/not a crisis | 101 |
| Figure 4.2: Reasons for intensity of emotions experienced by parents | 106 |
| Figure 4.3: Factors influencing and/or not influencing the autonomy of parents..... | 108 |
| Figure 5.1: Visual display of the final themes (Phase 2) | 204 |
| Figure 6.1: Visual display of data analysis to guide triangulation discussions | 251 |
| Figure 6.2: Visual display of WLI | 254 |
| Figure 6.3: Visual display of Parental Wellbeing..... | 261 |
| Figure 6.4: Visual display of the Leisure Discourse | 268 |
| Figure 6.5: Visual display of Support and Resources | 279 |
| Figure 7.1: The conceptualised framework of personal leisure as a tool to enhance WLB and wellbeing during a crisis | 298 |

LIST OF APPENDICES

| | |
|----------------------------------------------|-----|
| APPENDIX A: CPUT ETHICAL CLEARANCE..... | 328 |
| APPENDIX B: QUESTIONNAIRE | 329 |
| APPENDIX C: INTERVIEW SCHEDULE..... | 359 |
| APPENDIX D: PERMISSION PILOT | 362 |
| APPENDIX E: PERMISSION MAIN STUDY..... | 363 |
| APPENDIX F: PARENTAL INFORMATION LETTER..... | 364 |
| APPENDIX G: LETTER OF INFORMED CONSENT | 365 |
| APPENDIX H: BUILDING BLOCKS | 366 |
| APPENDIX I: LETTER FROM THE EDITOR..... | 373 |

ACRONYMS AND ABBREVIATIONS

| | |
|------------|----------------------------------------------------------------------|
| APS | Association for Psychological Science |
| COVID-19 | Coronavirus Disease 2019 |
| CPUT | Cape Peninsula University of Technology |
| DIY | Do it yourself |
| DoH | Department of Health |
| DSD | Department of Social Development |
| ECD | Early Childhood Development |
| EU | European Union |
| GDP | Gross Domestic Product |
| IPSOS | Institute of Public Opinion Survey Sector |
| LGBTQI+ | Lesbian, gay, bisexual, transgender, queer and intersex |
| LWM | Leisure-Wellbeing Model |
| MA | Morphological analysis |
| MERS | Middle East Respiratory System |
| NCCC | National Coronavirus Command Council |
| NICD | National Institute for Communicable Diseases |
| NPI | Non-pharmaceutical Intervention |
| OECD | International Organisation for Economic Co-operation and Development |
| PANAS | Positive and Negative Affect Scale |
| RTA | Reflexive thematic analysis |
| SADAG | South African Depression and Anxiety Group |
| SARS | Severe Acute Respiratory Syndrome |
| SARS-CoV-2 | Severe Acute Respiratory Syndrome Coronavirus 2 |
| SGBV | Sexual and Gender-Based Violence |
| SPSS | Statistical Package for the Social Sciences |
| SPWB | Scales of Psychological Well-Being |

| | |
|-------|--------------------------------------------------------|
| TBL | Triple-bottom-line |
| UK | United Kingdom |
| USA | United States of America |
| WCG | Western Cape Government |
| WEIRD | Western, Educated, Industrialised, Rich and Democratic |
| WFH | Work-From-Home |
| WHO | World Health Organisation |
| WHR | World Happiness Report |
| WLB | Work-Life Balance |
| WLI | Work-Life Imbalance |
| WTTO | World Travel and Tourism Organization |

CHAPTER 1: INTRODUCTION TO THE RESEARCH STUDY

1.1 Introduction and background

In December 2019, China reported a new strain of a highly contagious Coronavirus, known as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), to the World Health Organisation (WHO) (SADOH, 2020; WHO, 2020a). The outbreak reputedly originated in Wuhan, in the Hubei Province of China, and was identified as the cause of the Coronavirus Disease 2019 (COVID-19). The WHO declared COVID-19 as a global pandemic on the 11th of March 2020 (WHO, 2020b). The high number of casualties and rapid human-to-human spreading of the virus through physical contact and droplets in the air was the main reason for this decision.

Countries across the globe, including South Africa, implemented various interventions to flatten the curve of increased infections while attempting to contain and eradicate the spreading of the virus (Qukula, 2020). In the process, most non-essential economic activities were halted to save lives and reduce burdens on struggling healthcare facilities. Mitigation strategies required global and South African residents to change their overall behaviour and routines. These changes required citizens to be cognisant of a range of recommended conduct that was legalised by the Presidency. The latter included but was not limited to personal hygiene (washing and sanitising of hands), adherence to social distancing and the wearing of masks. During 2021, vaccine mandates were also recommended. More extreme measures included the enforcing of travel bans, curfews, quarantines and the lockdown in various countries (Airport Technology, 2020; Allan, 2020; BBC News, 2020a; Froneman, 2020; Murphy, 2020; O'Hare & Hardingham-Gill, 2020; Ratcliffe, 2020; Secon et al., 2020; Tidey, 2020).

Oyibanji (2020) reports that during June 2020, more than half of the world's population was forced into some form of home-bound isolation. At the same time, employers expected parents, who were not frontline workers, to continue with their working activities, on digital platforms, from home (Balenzano et al., 2020). Fontanesi et al. (2020) and Romero et al. (2020) claim COVID-19 lockdown measures created predominantly stressful situations for parents. They faced concerns about uncertain financial situations, school closures, suspended educational services and day-care programmes, their family's health, children's isolation from teachers and friends and their own skills to provide essential information to their children about COVID-19. Simultaneously, parents were concerned with the organising of day-to-day obligations to balance work responsibilities, home-schooling and family care. The latter affected the wellbeing of parents, especially parents of under-aged children as their daily routines were disrupted (Yang et al., 2020).

The disruption of daily routines did not only disrupt the wellbeing and work-life balance (WLB) of parents with toddlers but equally disrupted their pre-COVID-19 lifestyles, which include leisure time and activities (Sivan, 2020). According to Marques and Giolo (2020), leisure time and activities provide meaning to people as it relates to their personal realisation and freedom. Equally, it provides opportunities to contribute and expand knowledge and skills, to escape from daily routines of care and/or work, while creating a sense of self-realisation and belonging. “Be it a travel, a visit to the nearest pub, or simply watching a movie at home, most definitions of leisure converge on the idea of a time which is spent in accordance with the individual’s will, as opposed to that which s/he has to do” (Marques & Giolo, 2020:344). However, Piper (2020) reports on how access to many leisure spaces was prohibited, such as, museums, galleries, cinemas, theatres, arts venues, gyms, leisure centres, nightclubs, bars, pubs and restaurants. As a result, homes were transformed into workplaces, leisure spaces and schools (Scholtz, 2021).

Prior research confirmed various links between WLB, leisure and wellbeing and how interrelated they are (Guest, 2002; Keeney et al., 2013; Haar et al., 2019; Adebisi et al., 2021). According to Guest (2002) research on people’s work-life balance is dominated by American organisational perspectives that lack focus on both, work, and life demands. Research is mostly conducted from a work perspective and a need to broaden the conceptual framework to include more areas of life outside of work demands was identified. The research confirms that a work-life imbalance affects effective functioning and wellbeing, negatively. Work-family conflict is not new, and a study conducted by Keeney et al. (2013) highlight the interference of work with various life domains. Since the start of dual-income families, many working women still see it as solely their responsibility to care for their families, leaving less available energy for other activities. Therefore, women tend to experience high work interference with life and strain is taken to attend to domains related to their health, household management, romantic relationships, friends and leisure time and activities. Haar et al. (2019) noted that if a healthy balance is not kept between job, family and social/personal demands, a person’s wellbeing could be negatively affected which could lead to among others, work stress, inadequate family-time, and limited time to participate in leisure activities and/or to just relax. Adebisi et al. (2021:234) reported that the “family is responsible for maintaining stability in society through the socialisation function and it is central in the care and wellbeing of individuals so that they can function properly in society”. The authors highlighted various negative effects of COVID-19 on South African families while emphasising the importance of play and early learning of toddlers during early childhood development years. The closure of schools and Early Childhood Development (ECD) centres had a negative effect on both, learners, and their parents.

While the abovementioned studies indicate links between the WLB, leisure and wellbeing of people in the time before the world was hit by the global pandemic of COVID-19, limited research was available in a South African dispensation. The WLB concept was rarely researched by South African academics (apart from Frazer, 2017) prior to the COVID-19-related lockdown regulations. Suddenly, South African employers and employees had to adapt to work-from-home (WFH) concepts with blurred boundaries between work and life while being confined to home while essential service-parents had to plan for their toddlers to be cared for during school closures. It all contributed to the experience of a crisis without any prior frame of reference to refer to. As a developing country, results may vary to more developed countries with prior WLB policies in place. As such, South Africa poses a unique setting to investigate if and how working parents with toddlers managed their time and resources to ensure balanced households in between their work, wellbeing, and leisure times during the COVID-19 crisis (Balenzano et al., 2020, Unicef, 2020; Young, 2020).

1.2 Research problem

The COVID-19 crisis forced global and South African citizens to suddenly change the routines and behaviour they were accustomed to. In a South African dispensation, a National State of Disaster was announced on 15 March 2020, followed by an announcement from the National Department of Social Development to close all ECD centres and partial-care facilities from 18 March 2020 (Western Cape Government, 2020). As a result, working parents with toddlers (aged 3 months and up to 6 years) who attended ECD centres during the day, had to make alternative care, development, and supervision plans, while they had to continue with their normal work responsibilities.

This was short-lived, as a week later, on 23 March 2020, the South African Presidency announced a harsh national lockdown, giving citizens three days' notice that from midnight 26 March 2020 "individuals will not be allowed to leave their homes except under strictly controlled circumstances, such as to seek medical care, buy food, medicine and other supplies or collect a social grant" (Dirco, 2020). Certain sectors were however exempted from the lockdown while essential services to the public, such as health workers, emergency personnel, security services, banking and those involved with the supply, distribution and production of basic goods and food had to continue. Suddenly, working parents of toddlers were either confined with their children at home or had to continue with their work as essential services, without the support of the ECD centres.

Adebiyi et al. (2021) acknowledge the devastating negative effects on South African families because of the complexity of the COVID-19 crisis. They noted the following broad categories: 1) health impacts and families, 2) COVID-19 containment measures and violence in the family, 3) financial and economic impacts on families, and 4) educational impacts on families. Chapter

2 provides an in-depth discussion of the latter. Additionally, Frazer (2017) stated that an imbalance between work and life domains can result in negative physiological responses, including insomnia, emotional eating, depression, burnout, and decreased motivation to engage in physical activity.

According to Clarke et al. (2004), a WLB takes place on an individual level of participation that is adequate to fit well between the multiple roles of people while sustaining an overall sense of harmony or equilibrium (Koch & Hill, 2004). It is normally associated with flexible work arrangements (Redmond et al., 2006). Prior to the COVID-19 crisis, from a geographical point of view, research on the WLB concept was dominated by researchers from countries that form part of the Global North, such as the United Kingdom (UK) and the United States of America (USA) with limited research originating from Asian and African contexts (Fraser, 2017; Chandran et al., 2019; Thilagavathy & Geetha, 2020). Fraser (2017) report that very little South African research existed on the WLB phenomenon as well as the implementation of WLB policies in South African organisations. Thus, the inference can be made that very few South African organisations were ready to convert to WFH arrangements within the short timeframe provided before the closing of all non-essential businesses and services and thus, disturbing the harmony and/ or wellbeing of employees, families and especially working parents with toddlers.

Apart from work, the life domain of the WLB phenomenon includes numerous aspects of a person's life, such as families, hobbies, friends, health, and leisure pursuits (Kohll, 2018; Alton, 2021). Freire (2012) explained that the parameters of people's daily lives are spent between work, maintenance (i.e., cooking, cleaning, commuting) and 'free' time – also known as leisure time. Leisure "gives meaning to people's lives" and has the possible benefits to reduce stress as it functions as a form of emotion-focused coping mechanism, it inspires independence, escapism, compensation, and relaxation (Young, 2013:144). Historically, leisure was viewed as a tool to separate from work and as a method towards a well-lived life. As a result, leisure time and pursuits (embarked on alone and/or as a group and/or family unit) aid with the wellbeing of people. As Lambert et al. (2020) state, "it is leisure satisfaction, how pleased one is with those [leisure] experiences, that is paramount to wellbeing". Marques and Giolo (2020:344) explain that leisure "converges on the idea of a time which is spent in accordance with the individual's will, opposed to that which s/he has to do". The COVID-19 crisis limited people's freedom, and parents with toddlers specifically, had to adapt their social leisure activities as leisure spaces closed. To date, no research study was conducted in South Africa to determine if and/or how the leisure time and activities of working parents with toddlers changed because of the COVID-19 crisis. It is critical to explore, as leisure service providers should be aware of such changes to realign their focus.

While the WLB phenomenon focuses on how individuals balance their work and life domains, including their leisure time and pursuits, wellbeing refers to the “balancing point between support, resources and autonomy with challenges, demands and intensity” as subjectively perceived by individuals in both work and life domains (Wassell & Dodge, 2015:8; Lambert & Pasha-Zaidi, 2019). During the ongoing COVID-19 crisis, working parents with toddlers measure their personal wellbeing on how they feel about their overall life and how they interpret their challenges, conditions and available support and resources. In a South African dispensation, research was conducted to determine the wellbeing of parents because of the COVID-19 crisis and related WLB challenges (Department of the Premier, 2020), however to date, no research focused solely on working parents with toddlers up to age 6, indicating a clear gap that needs to be filled.

The abovementioned should be specifically noted as the wellbeing phenomenon comprises a range of multidimensional constructs, such as satisfaction with life, positive emotions, psychological resources, meaning in life and considerations of environmental degradation, social inequality, and political freedom (Lomas et al., 2015; Lambert & Pasha-Zaidi, 2019 Better Health Channel, 2020). Wellbeing, therefore, forms a significant part of individuals’ lifestyles and determines the decisions individuals make when being confronted with a range of options or crisis times, such as those brought by COVID-19. Higgs (2007:340) claims that the overall wellbeing of humans dictates “what they eat and drink, how they organise their leisure, how hard they work, what goals they strive for, what is important in their lives and what decisions they make”.

From the above, it becomes apparent that research is needed to explore the effect of the COVID-19 crisis and related crises faced by working parents with toddlers. The problem for this study was that little empirical evidence was available on the WLB, leisure and wellbeing of working parents with toddlers during the COVID-19 crisis in South Africa, more specifically, Cape Town. Research is needed to establish if working parents with toddlers perceived a balance between their work and life responsibilities and to determine if their perceived balance and/or imbalance affected their emotions, abilities to cope, leisure activities and wellbeing, as all of the constructs are subjectively interrelated in terms of life satisfaction. Moreover, the research wanted to explore if parents with toddlers had sufficient support systems and resources in place to assist them to cope during the COVID-19 crisis.

1.3 Significance of the study

Despite the interconnected nature of the three constructs, one research study linking the WLB, leisure and wellbeing constructs, especially during a global health pandemic, was lacking. The study results can contribute to the development of theory and a practical model by exploring and providing feedback on the advancement and future of new directions in family and

personal leisure pursuits of parents with toddlers, especially when social interaction is prohibited by mitigation strategies, causing additional crises. Equally, the results could guide the government in how to handle infectious diseases and/or pandemics better while acknowledging the importance of leisure, wellbeing and WLB in achieving healthy citizens. The study will also benefit local and national government by identifying gaps to address parental wellbeing, WLB while WFH and to change or adopt specific policies or plans, such as the Child Protection Policy, National Sport and Recreation Plan and Basic Conditions of Employment Act. In practice, the results can assist working parents with toddlers to provide an understanding of how other working parents with toddlers experienced and navigated through the COVID-19 crisis. The latter will aid academics and fellow researchers to understand the effect of the COVID-19 pandemic on the lives of working parents with toddlers, more specifically the balance between their work, life, leisure and wellbeing. Simultaneously, the exploratory nature of the research project may provide an understanding of the various constructs and offer fellow academics with research opportunities to further explore and/or empirically test the results and/or sub-sections of the project.

1.4 Research question

Based on the developed aim and objectives, the purpose of the study was to answer the following main research question specifically:

- Have working parents with toddlers at ECD centres in Cape Town managed to balance their work and life responsibilities, family and personal leisure time and activities and wellbeing during the COVID-19 crisis and imposed lockdown levels of 2020 and 2021, with sufficient support and resources?

1.5 Aim and objectives

This study aimed to explore if working parents with toddlers balanced work, life, leisure and wellbeing during the COVID-19 crisis and imposed lockdown levels in 2020-2021 to be able to suggest possible support and resource guidelines that could be put in place to aid these parents in future crises.

The objectives of the study are:

- To determine the effect of the COVID-19 crisis and related lockdown levels of 2020-2021 on the work-life balance of working parents with toddlers at ECD centres in Cape Town;
- To determine the effect of the COVID-19 crisis and related lockdown levels of 2020-2021 on the wellbeing of working parents with toddlers at ECD centres in Cape Town;

- To explore if and how family leisure activities of working parents with toddlers at ECD centres changed because of the COVID-19 crisis and related lockdown levels in 2020-2021;
- To explore if and how personal leisure activities of working parents with toddlers at ECD centres changed because of the COVID-19 crisis and related lockdown levels in 2020-2021; and
- To propose guidelines to ECD centre management and employers who employ parents with toddlers, regarding the necessary support systems and resources needed by working parents to balance their work, life, leisure and wellbeing during crisis times.

1.6 Summary of research methodology

The research methodological processes are described in-depth in Chapter 3 while also explaining the theoretical frameworks that were used to design the main research instrument (on-line questionnaire) based on the Literature review conducted in Chapter 2. A brief description of the mixed methodology utilised follows next. The intent is to provide the reader with a summary of the selected research paradigm, research approach and methods that were believed to be most applicable in conducting the research.

The study was approached from a pragmatic, post-positivist worldview. The research method comprised methodological triangulation by using a sequential mixed methods approach within an embedded single case study design. As a result, both quantitative and qualitative data were combined to optimally address the research problem. Simultaneously, an exploratory case study research design was used, specifically focusing on working parents with toddlers between the ages of 3 months and up to 6 years (research subject) within one ECD brand (single case) with three branches (n = 3) distributed across the Northern Suburb of Cape Town.

The abovementioned methodological processes were deemed significant for the purpose of the study based on the following reasons: 1) the selected paradigm lends itself to exploring the unique situations of working parents with toddlers while comprehending that each parent's experience(s) and situation(s) differ; 2) it lends itself to a "middle ground" view related to post-positivism and interpretivism while recognising the weakness of using a pure positivist approach; and, 3) it provided room to include social factors while valuing both subjectivity and objectivity throughout the study. This provided a space for the researcher to reflect on her personal experience and understanding while analysing and discussing the data of the semi-structured interviews employing reflexive thematic analysis in Chapter 5.

The selected research method used the qualitative data (semi-structured interviews n = 10) of Phase 2 to gain deeper insight into the results of the quantitative data (self-administered survey n = 140) of Phase 1 while incorporating the participants' voices to gain more knowledge on their experiences and stories and reflect on the researcher's experience. The selected

research design assisted to explore ideas and provide insight into constructs on which little research was conducted in a South African context. As a result, the case study research provided an empirical investigation of phenomena (WLB, leisure and wellbeing) within a real-life context (the COVID-19 crisis).

Chapter 3 explains in detail the ethical conduct followed through-out the study as well as the ethical research considerations of the current research project. It further elaborated on the research phases (Phase 1 on-line questions, Phase 2 semi-structured interviews), populations (Phase 1 = 140, Phase 2 = 10), sampling methods (representative, convenience sampling), data collection procedures (Phase 1: on-line survey, Phase 2: semi-structured interviews) and pilot study as well as the methods used for analysis (Phase 1: descriptive statistics and inferential statistics using Pearson's Rank correlations, Phase 2: reflexive thematic analysis).

Furthermore, the methods which were used to ensure the validity and reliability of the research instrument (questionnaire) were discussed along with the researcher's credibility, data transferability, dependability and confirmability in analysing the data of Phase 2 (semi-structured interviews). Lastly, more insight is provided into the study's delimitations and limitations.

1.7 Ethics

Walton (2020) reports that research morals are clearly captivated by the exploration of moral issues that are elevated when individuals are involved as participants in research. Ethical conduct throughout the research study was thus a prerequisite in the entire research project and guided the 'rights' and 'wrongs' of the researcher's conduct (Mouton, 2001:238). All aspects pertaining to ethical research procedures, such as informed consent, voluntary withdrawal and privacy were described and discussed in Chapter 3. To ensure the safeguarding of the participants, ethical approval was obtained from the Research Ethics Committee of the Faculty of Business and Management Sciences at the Cape Peninsula University of Technology (see Appendix A - Clearance Certificate No | 2021_FBMSREC_018) before embarking on any primate data collection (see Appendix A). Thus, no data was gathered without approval and ethical clearance, as ethical approval was granted on the 5 May 2021.

1.8 Definitions of key concepts

Crisis

Riscalla (1973:10) defines a crisis as "an event or circumstance which disrupts an individual's adaptive pattern or mode of being to the extent that the individual is at a decisive stage in life having positive or negative consequences."

COVID-19

Benziman (2020:1) defines the Coronavirus (COVID-19) as "the worst infectious disease the world has experienced in the past 100 years (since the Spanish Flu of 1918)". At the same time, Craven et al. (2020) note that COVID-19 is the "first humanitarian challenge on a global scale". The World Health Organisation (WHO, 2020a) reports COVID-19 as an entirely new Coronavirus strain that includes symptoms such as difficulty to breath, shortness of breath, fever, sore throat, coughing, and respiratory symptoms. At the same time, more extreme cases lead to kidney failure, pneumonia, severe acute respiratory syndrome (SARS) or even death. This infectious disease is spread through human-to-human contact, which creates challenges for governments to contain the spreading of the virus (WHO, 2020a; WHO, 2020b).

Lockdown

A national lockdown can be regarded as a non-pharmaceutical intervention (NPI) imposed by countries to mitigate the spread of the COVID-19 pandemic. It is imposed to restrict citizens' mobility and reduce social interactions while attempting to interrupt the transmission chain of the COVID-19 virus. 'Lockdown' had different levels of intensity, depending on the transferability rate of the virus (Kabiraj, 2021)

Leisure

Newman et al. (2013:555) define leisure as a "multidimensional construct, encompassing both structural and subjective aspects". At the same time, it is the amount of activity/time spent outside of obligated work time and perceived engagement in leisure as subjectively defined. The authors aver that "leisure is a key life domain and a core ingredient for overall wellbeing."

Wellbeing

This study should note that a formal measurement model of wellbeing is still lacking (Zou et al., 2013:1247). Zou et al. define wellbeing as "a match between an individual's actual life and his/ her ideal life." They further stated that common wellbeing indicators are "life-satisfaction judgements, domain satisfaction judgments, and measures of positive and negative affect (hedonic balance)". It should, however, be noted that different definitions exist for psychological wellbeing and subjective wellbeing. For this study, we will utilise the definition as stated earlier.

Work-life balance

The work-life balance is explained by De Cieri et al. (2005) as the balance between meeting the demands of work responsibilities and the demands of family life. At the same time, Forsyth and Polzer-Debruyne (2007) aver that it is the integration of personal time, unpaid work and paid work. Based on the preceding, for this study, the emphasis is placed on the individual parent's control of their activities and time.

Toddler

Roberts (1972:3) defines a toddler as "a child from twelve to forty-eight months" while Zhang (2016) defines a toddler as a "child between one to three years". For this study, a toddler is defined as a child between 3 months and six years old. The rationale is to include parents of children who are not yet in Grade 1 of their official schooling, thus part of ECD centres.

Early Childhood Development (ECD) centre

The City of Cape Town (2003:2) defines an Early Childhood Development centre as "any building or premise maintained or used for the care of children. ECD centres include a playgroup, crèche, aftercare centre, pre-school, and nursery schools" (City of Cape Town, 2003:2).

1.9 Outline of dissertation

The outline of the dissertation, to secure a logical flow throughout, is structured according to the following chapters:

Chapter 1: Orientation of the Study

Chapter 1 contextualises the study under investigation, exploring how working parents with toddlers balanced work, life, leisure and wellbeing during crisis times such as the COVID-19 imposed lockdown levels 2020-2021. The chapter briefly orientates the reader about the origination of the COVID-19 pandemic and the psychological effects it proved to have on individuals. It also stressed the work-life balance that parents with toddlers had to deal with during a time of crisis. This was used to formulate the problem statement, research question, aims and objectives, and hypotheses of the study. The terminology related to the study was clarified. The chapter also briefly outlined the research methodology employed in the study, which is further discussed in Chapter 3.

Chapter 2: Literature review

Chapter 2 outlines the key constructs and interrelatedness of the WLB, leisure and wellbeing constructs. It focuses on the history and definitions and conceptualises the terms in relation to the current research. Each construct is substantiated by global research that was conducted since the start of the COVID-19 crisis, as limited research existed in a South African dispensation. In line with the current study, reference is made to articles that refer to parents with children and where possible to parents with toddlers, despite being limited. The literature discussed in Chapter 2 provided the basis for the theoretical framework that was used to execute various puzzle pieces and building processes to finally derive a conceptual framework for the current study. The latter is explained in more detail in Chapters 2 and 3.

Chapter 3: Research methodology

Chapter 3 provides a visual display of the research methodological steps that were utilised throughout the entire study. It discusses the research paradigm, assumptions, design, and

methods that were followed to answer the research question and objectives. The chapter provides a detailed explanation of the ethical conduct followed. Furthermore, it discusses the primary data collection tools utilised during both, Phase 1 (survey) and Phase 2 (semi-structured interviews). The validity and reliability of the research instrument of Phase 1 is explained, followed by the reliability, transferability, dependability, and confirmability of the semi-structured interviews of Phase 2. Included in this chapter are details of the target population (case study) and non-probability sampling procedures. The relevance of thorough descriptive statistics followed by Pearson's Rank Correlations as a statistical method is explained and the chapter concludes with the limitations of the study.

Chapter 4: Results and discussion: Quantitative

Chapter 4 provides a detailed analysis of data gathered from 140 validated respondents (working parents with toddlers) who participated in the survey through a self-administered, predominantly on-line questionnaire. It presents the findings, analysis, and discussions through descriptive and inferential statistics. Figures and tables were used to illustrate the findings.

Chapter 5: Results and discussion: Qualitative

Chapter 5 explains how the researcher analysed the data of 10 semi-structured interviews according to the reflexive thematic analysis procedures and phases, adapted from Braun and Clarke (2006) and Creswell and Poth (2018) (see Chapter 3). It is followed by the interpretation, analysis and narration of the data while allowing room for the researcher's voice followed by a personal reflection on the themes, sub-themes and related categories as visually displayed in Figure 3.4.

Chapter 6: Conclusions and recommendations

In the final chapter, key aspects related to this research study are revisited. Main research results are conveyed into the perspective of the overall research problem, while recommendations are made, and conclusions are drawn per research objective.

1.10 Summary

In the first chapter, the researcher provided the background of the research study about three phenomena (work-life balance, leisure and wellbeing) of working parents with toddlers during the COVID-19 crisis. The background of the study was discussed to provide the reader with a broader context in which the study operated. The contribution of the dissertation is discussed in the problem statement, rationale and significance of the study sections. The aim and related objectives were outlined while insight was given into the research questions and methodological processes. A chapter-by-chapter overview was included as well as the definition of key terms and concepts.

In Chapter 2, an in-depth literature review is presented that promotes a better understanding of the three constructs, namely WLB, leisure and wellbeing of working parents with toddlers during the COVID-19 crisis and related crises as brought along by the lockdown legislation of 2020-2021.

CHAPTER 2: LITERATURE REVIEW

2.1 Overview

Fundamentally speaking, crisis times are unpredictable, stressful and life-changing events for human beings (Cherry, 2020). It impacts lives and livelihoods and is perceived as negatively affecting the wellbeing of people (Chaplan, 1964; Slaikeu, 1990). This chapter outlines key constructs of the current research study, namely, crisis times, family structures, COVID-19 and imposed lockdown measures, WLB and wellbeing. Finally, leisure experiences as a resource and/or coping mechanism to create wellbeing during crisis times are discussed. The latter refers to the Leisure-Wellbeing Model (LWM) while reviewing academic observational papers (the effect of COVID-19 on daily activities, leisure and leisure pursuits) as published by the World Leisure Journal. In line with the current study, reference is made to articles that refer to parents with children (where possible parents with toddlers). Throughout the chapter, each construct is concluded by relevant COVID-19 studies. As such, each construct is explained and defined, then linked to COVID-19 as a health crisis.

2.2 Crisis times defined

A crisis is usually described as a life event that involves change or loss (Government South Australia, 2020). In Chinese, the word *crisis* is formed with the characters for opportunity and danger and is defined as an “obstacle, trauma, or threat, but it also offers an opportunity for either growth or decline” (Cherry, 2020). As such, crises can include the loss of someone through separation or death, the loss of health through accidents or illnesses, the loss of something such as a job or a house and the fear of change or loss (Cherry, 2020).

There are various definitions for crises situations. Caplan (1961) stated that people experience a crisis when they face unknown/ new obstacles or barriers to important life goals. The state of crisis occurs because their ordinary problem-solving methods do not appear to work. Lillibridge and Klukken (1978) agreed that a crisis appears when difficulty to maintain a balance is experienced while a person’s traditional problem-solving approach collapsed. It normally leads to feelings of hopelessness, disorganisation, confusion, sadness, and panic. James and Gilliland (2001) believe that a crisis is the perception of an event as unbearable and difficult and is accompanied by feelings that the event exceeds a person’s current coping mechanisms and available resources. Cherry (2020) agrees with the latter but explains that in mental health terms, crises do not always refer to the actual traumatic event or situation but more to how an individual reacts to such an event, as each person’s coping levels are unique. Therefore, the inference can be made that different life events faced by individuals, even people in the same household, are dealt with and responded to differently, as what is perceived as a crisis by one person may not be experienced as a crisis for someone else.

The latter is supported by Parenting SA (2020) stating that people's reactions towards crises depend on the feelings that arise by being faced with a specific crisis, such as feelings of powerlessness, confusion and the inability to cope. They further explain that these feelings are brought upon by new and unknown situations, a history of not coping with a similar event in the past and a mental state of devastation, being tired, feeling burnt-out, disappointed or generally just unwell and sick. Simultaneously, Parenting SA (2020) maintain that crisis times provide individuals with an opportunity to positively adapt their lifestyles, find new ways of operating and coping, deepen relationships and develop new relationships.

Traditionally, crisis times were known as chances to question the existing situations of entire civilizations (Caldera-Villalobos et al., 2020). Simultaneously, they create moments for reinvention and evolution toward, among others, improved systems and more organised, wide-ranging, open-minded and compassionate humanities (Caldera-Villalobos et al., 2020). The Royal Spanish Academy defines a crisis as a "profound change with important consequences in a process or situation or in a way in which these are appreciated" (Caldera-Villalobos et al., 2020:1). However, Robinson et al. (2013) refer to the holistic development paradigm of the Neo-Eriksonian theorists such as Levinson (1986) and Wapner and Demick (1998) who developed a meta-theoretical perspective for the personal, holistic development of humans. Levinson (1986) maintains that the person-environment matrix moves through periods of transition during life but stabilises at a certain point when the internal structures of humans (beliefs, goals and values) and external structures (activities, roles, relationships and commitments) assimilate. Robinson et al. (2013:27) explain Wapner and Demick's approach by considering the optimal change of humans as an "integrated person-environment state, which is flexible, hierarchically integrated and stable".

Slaikeu (1990) supports Caplan (1964) and explains that crises are unpredictable, stressful times and/or situations in a person's life where they move from an existing life structure into a new one. Wethington et al. (2004), however, state that only life structure variations that are outstandingly stressful and with hindsight regarded as main turning points, qualify as crises, and therefore propose that not all big life structure changes are crises. Robinson et al. (2013) describe crises conditions as all invading proceedings that take place at several levels, namely:

- Physical level: major instabilities in physical location and genetic symptoms of stress;
- Psychological level: people interrogate their own sense of self and beliefs;
- Interpersonal level: variations in interactions and roles; and
- Socio-cultural level: a reassessment of societal norms, community identities and social roles

Therefore, the development of humans is referred to as a “lifelong process of orthogenetic change that proceeds inter-dependently on biological, psychological and sociocultural levels, and views the developing person as more than the sum of his/her parts” (Robinson et al., 2013:27). From the above it appears that parenthood can form an integral part of the developing person as people progress through the lifelong process of change. Having a baby, and entering parenthood are perceived as positive life events by many, despite being accompanied by big changes, many uncertainties and feelings of being overwhelmed. However, the global health crisis, brought upon by COVID-19, was accompanied by fears of the unknown and could create various other crises situations to be triggered among parents (Parenting SA, 2020).

When conducting a search on Google with the keywords “parenting through a pandemic”, more than 70 000 articles and on advice and guidance for parents appear, which indicates the demand by parents who are searching for online guidance and coping advice during unprecedented global times. While COVID-19 posed a unique stressor for parents, it is acknowledged that various other epidemics and pandemics were experienced by humanity since prehistoric times. It is important to note the difference between an epidemic and a pandemic. Porta (2014) defines an epidemic as “the occurrence in a community or region of cases of illnesses in excess of normal expectancy” while a pandemic is explained as “an epidemic occurring over a very wide area, crossing international boundaries and usually affecting many people.

Both Jarus (2020) and Stanciu et al. (2020) provide an overview, summarised in Table 2.1, of the main epidemics and pandemics experienced by global civilisations to date.

Table 2.1: Main global epidemics and pandemics to date

| Times | Epidemics and Pandemics |
|------------------------------|-------------------------------------------------|
| Approximately 5000 years ago | An epidemic in China wiped an entire region out |
| 430 BC | Bubonic Plague of Athens |
| A.D. 165 – 180 | Antonine Plague |
| A.D. 250-271 | Plague of Cyprian |
| A.D. 541-542 | Plague of Justinian |
| 1346-1353 | The Black Death |
| 1545-1548 | Cocoliztli epidemic |
| 16th century | American Plagues |
| 1665-1666 | Great Plague of London |
| 1720-1723 | Great Plague of Marseille |
| 1770-1772 | Russian plague |
| 1793 | Philadelphia yellow fever epidemic |
| 1889-1890 | Flu pandemic |
| 1916 | American polio epidemic |
| 1918-1920 | Spanish Flu |
| 1957-1958 | Asian Flu |
| 1981-present day | AIDS pandemic and epidemic |
| 2009-2010 | H1N1 Swine Flu pandemic |
| 2014-2016 | West African Ebola epidemic |
| 2015-present day | Zika Virus epidemic |
| 2020 | Coronavirus Disease 2019 |

Source: Adapted from Jarus (2020) and Stanciu et al. (2020)

From the abovementioned table, it becomes apparent that the COVID-19 crisis is not the first epidemic and/or pandemic to influence societies.

2.2.1 COVID-19 as a global crisis

Young et al. (2020:1) state that ‘health’ is not only defined as the “absence of disease” but rather as a “more holistic concept that includes appreciation of the physical, mental and social health” of individuals. According to Adebisi et al. (2021), there are five dimensions of health, namely: emotional, physical, mental, spiritual and psychological health. The health pandemic and restrictions imposed by COVID-19 affect these dimensions in one way or another. The spreading of COVID-19 is stressful for most people; they become anxious and fear the disease and feelings of overwhelm may negatively impact their wellbeing (Western Cape Department of the Premier, 2020).

The study conducted by the Western Cape Department of the Premier (2020) explained that stress during a disease outbreak influences several aspects of an individual’s life, such as job

security, loss of income, eating and sleep patterns, concentration, the increased use of substances like tobacco, alcohol and painkillers, worsening of chronic health problems, worry about the health of loved ones, worry about their own health and the worsening of mental health conditions and wellbeing. Further, the study claimed that excessive hearing and receiving of information about the pandemic can add to stress as it is upsetting. It is therefore crucial for individuals to implement measures to manage stressful situations. The study by the Western Cape Government, Department of the Premier (2020) recommends various coping measures, such as 1) taking care of your family, your friends and yourself, 2) taking breaks from following social media, reading, listening or watching the news, 3) eating healthy well-balanced meals, 4) taking care of your body, 5) exercising regularly, 6) getting sufficient sleep, 7) avoiding alcohol and drugs, 8) connecting and keeping in touch with family and friends, 9) having conversations with people whom you trust and tell them how you are feeling and things that concern you, and 9) spending time on leisure activities that you enjoy and love (Department of Premier, 2020).

A global poll was conducted by the Institute of Public Opinion Survey Sector (IPSOS) (2020) among 16 000 adults, representing 16 countries (both developed and developing economies) including South Africa. The aim of the study was to determine the impact of COVID-19 as a health crisis while identifying possible illnesses of global citizens that transpire as a direct result of the pandemic (IPSOS, 2020). Key global findings include 1) anxiety (increased stress about health) – 30%, 2) overeating – 29%, 3) insomnia – 20%, 4) depression – 20%, 5) migraines – 10%, 6) increased smoking – 8%, 7) increased use of alcohol – 3%. When extracting the findings of South Africa, the following top categories emerged: 1) anxiety – 31%, 2) overeating – 29%, 3) under-exercising – 29%, 4) insomnia – 25%, 5) depression – 20%, 6) migraines – 10% and 7) increased smoking – 8%. From the South African results, it becomes apparent that South African citizens were faced with increased forms of anxiety, depression and additional illnesses. They engaged in bad habits such as overeating and increased smoking while a decline in exercise routines was noted. The possibility arises that South African lockdown alert levels and regulations could have led to the latter.

For a holistic view, it is critical to understand the COVID-19 crisis and the necessity to impose lockdown alert levels. Therefore, emphasis is placed in the next section on the origin of the COVID-19 crisis/pandemic, the arrival of the first case in South Africa, the global and national mitigating strategies implemented by governments as well as the lockdown alert levels imposed in South African dispensation.

2.2.1.1 The origin of COVID-19

On 31 December 2019, the Chinese authorities informed the World Health Organisation (WHO) of an emergence of an unfamiliar strain of Coronavirus causing, among others, severe

pneumonia (WHO, 2020a). The COVID-19 global pandemic started with an outbreak of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) in a food market in the city of Wuhan, China in 2019 (SADOH, 2020a; WHO, 2020a). Coronaviruses are a large group of infections that can result in illnesses that vary in severity. Coronaviruses were initially identified in the mid-1960s as infectious for both humans and animals (birds and other animals). Original, severe human infection affected by a Coronavirus transpired in China, in the form of SARS in 2003 (Science News, 2020; Young, 2020). It was followed by a second incident of stark sicknesses of humans in Saudi Arabia in 2012 with the Middle East Respiratory Syndrome (MERS), concomitantly causing the death of roughly 1 600 people (Science News, 2020).

COVID-19 is, however, identified as a completely new strain of Coronavirus and it was stated by the WHO (2020b) as "a first time ever" event, where a Coronavirus sparked a pandemic. Symptoms ranged between respiratory signs such as shortness of breath and/or difficulty breathing, a sore throat, fever and coughing while in more extreme cases it causes kidney failure, pneumonia, Severe Acute Respiratory Syndrome (SARS) or even death. As a result, the WHO initially announced it as a Public Health Emergency of International Concern (SADOH, 2020a; WHO, 2020a). Soon thereafter, on 11 March 2020, COVID-19 was declared a global pandemic, and the International Organisation for Economic Co-operation and Development (OECD) defined it as "a humanitarian crisis on a global scale" (OECD, 2020a). Daily positive and deceased cases per country escalated worldwide, disrupting government operations, industry operations and human behaviour on several economic, social, personal and psychological levels (Craven et al., 2020; OECD, 2020a; Perold et al., 2020).

On the 28th of July 2022, globally confirmed cases of the virus exceeded 578 800 000 with more than 6 400 000 deaths reported; initially, these figures doubled in less than a week (Worldometer, 2022). At the same time, one should acknowledge that many mild cases of SARS-CoV-2, where people are classed as asymptomatic (showing no actual symptoms while carrying the virus), might have gone unreported, unnoticed and/or untreated (Family Doctor, 2020). Soon after the emergence of the COVID-19 pandemic, Chinese scientists availed research data to researchers globally while implementing numerous actions to detect the pandemic nationally. The detection measures, however, could not control the rapid spread of the virus (which spread by human-to-human contact - i.e. transfer of respiratory droplets through sneezing and/or coughing, and the touching of contaminated surfaces) (WHO, 2020a). Subsequently, different countries implemented a range of mitigation strategies like strict health protocols and drastic changes to human behaviour in attempts to protect their citizens and healthcare facility capabilities (WHO, 2020a; WHO, 2020b, Worldometer, 2020). The latter also applied to South Africa (as discussed in section 2.2.1.2).

Oyibanji (2020) stated that by June 2020 more than half of the world's population was forced into isolation. Piper (2020) reported that most leisure spaces, such as museums, galleries, cinemas, theatres, arts venues, gyms, and leisure centres, nightclubs, bars, pubs and restaurants were closed. Simultaneously, schools were closed for students, some reverting to online teaching and learning methods where possible, while many parents had to continue with their working activities (on digital platforms) while supervising their children at home (Balenzano et al., 2020).

In South Africa, the Minister of Health confirmed the first case of COVID-19 on 5 March 2020 (Broadbent et al., 2020; NICD, 2020a). Patient Zero was part of a tour group of nine members who returned from a holiday in Italy (Pillay, 2020). After the patient's return to KwaZulu Natal. Flu-like symptoms developed and upon consultation with a medical practitioner, both the doctor and Patient Zero were isolated while the National Institute for Communicable Diseases (NICD) was deployed to the province to monitor the situation. A mere 10 days later, the number of confirmed COVID-19 cases in South Africa escalated to 51, indicating that local transmissions (being infected without leaving the country) occurred. Consequently, the President addressed the nation (referred to as "family meetings") and declared a National State of Disaster in terms of the Disaster Management Act No. 57 of 2002 (Health24, 2020; Merten, 2020; Qukula, 2020; South Africa, 2020e; 2020f). Merten (2020) explains that this act is focused on the mitigation, coordination and recovery of the country after or while being faced with a disaster, explaining that a National State of Disaster is defined as a "natural or human-caused occurrence that causes disease, damage to property infrastructure or the environment or disruption of the life of a community".

The repercussions of the COVID-19 virus are widespread and without mercy (Branswell & Joseph, 2020; Wetsman, 2020). Serhan and McLaughlin (2020) report that the virus brought xenophobia, racism and even death threats against East Asian and Chinese people. Likewise, it resulted in a complete disruption (slowing or halting) of economic activities, closing of religious institutions, reports of false communication, misinformation, mental health issues, rumours, conspiracy theories, increased domestic violence, supply-chain pressures, panic buying (people stocked up on products such as pasta, toilet paper and hand sanitisers), price fixtures on some compulsory household items, effects on countries' triple-bottom-line (TBL) – namely people, planet and profits, the sustainability and contingency of Small, Medium and Micro Enterprises (SMMEs) across various industries, while affecting all private and public industries, globally, nationally and locally (BBC News, 2020b; LatinBiz, 2020; Letzing, 2020; Mahdawi, 2020; Mcardle, 2020; McGuinness, 2020; Mental Health Foundation, 2020; Naidoo, 2020; Peters & Grynbaum, 2020; Rabouin, 2020; Smith-Bingham & Hariharan, 2020, Travel Daily, 2020; Xue et al., 2020). As a result, governments such as South Africa had to implement

harsh measures to mitigate the spreading of the virus while protecting the lives and livelihoods of their citizens and keeping the demand for healthcare facilities in mind (Young, 2020).

2.2.1.2 Mitigation strategies

Globally, various countries implemented different mitigation strategies in their attempts to slow down the spread of the COVID-19 virus. The range of strategies included national lockdowns in Italy, Spain, Belgium, France, China, nationwide quarantines in New Zealand, Poland, Ireland, El Salvador, Denmark, Ireland, and France, restrictions on the issuing of visas and the introduction of travel bans across EU countries and Canada, Australia and the USA, border closures in EU countries, facility closures and the closing of all leisure and public spaces (e.g. the closing of schools, universities, public spaces, beaches), curfews for leaving and arriving home in the USA, screening methods at public transport facilities and all major airports, the cancellations and postponements of events and any gatherings of people in Lebanon, Morocco, South Korea, Spain, China, Italy (Airport Technology, 2020; Allan, 2020; Aljazeera, 2020; BBC News, 2020a; Froneman, 2020; Murphy, 2020; O'Hare & Hardingham-Gill, 2020; Ratcliffe, 2020; Secon et al., 2020; Solaris, 2020; Tidey, 2020; Ward, 2020).

By June 2020, more than half of the world's population was forced into some kind of isolation, prohibiting many leisure spaces, such as museums, galleries, cinemas, theatres, arts venues, gyms, and leisure centres, nightclubs, bars, pubs and restaurants (Oyibanji, 2020; Piper 2020). At the same time, schools closed for students, implementing online teaching and learning methods where possible while employers urged employees to work from home (Balenzano et al., 2020). Nationally, the Presidency declared South Africa as a National State of Disaster on 15 March 2020, and legislated the following mitigation strategies, among other, in the Government Gazette No. 43096, Notice R.313 of 18 March 2020 to prevent, address and combat the COVID-19 virus (South Africa, 2020h): 1) citizens were bound to specific physical contact reduction (social distancing) and hygiene guidelines (hand washing, sanitising and the wearing of masks in public), 2) all gatherings exceeding one hundred people were halted, 3) places that distribute and/or sell liquor were limited in terms of trading hours, 4) all partial care facilities such as schools and ECDs – also known as crèches – were closed down, 5) no member of the public was allowed to visit any Department of Social Development facilities and 6) travel restrictions.

Despite the abovementioned mitigation strategies, the number of infections continued to rise, healthcare systems were under pressure and a hard national lockdown (guided by strict protocols to control human behaviour regarding physical distancing and hygiene) was actioned by the National Coronavirus Command Council (NCCC) and commenced on 27 March 2020 (South Africa, 2020c, 2020g; Young, 2020; Worldometer, 2020). Examples of hygiene protocols include the mandatory wearing of masks, coughing in one's elbow, covering one's

mouth and nose when sneezing, not physically touching one’s mouth, nose and eyes with unwashed hands, staying away from people with flu-like symptoms – and the regular washing and/or sanitising of hands (South Africa, 2020b).

Lockdown Alert Level 5 (also referred to as the hard lockdown and among the harshest globally) lasted for five weeks between 27 March 2020 and 30 April 2020, followed by a COVID-19 lockdown alert system (see Figure 2.1). The latter comprised five alert levels (also referred to as lockdown levels) as part of the “risk-adjusted approach” to ease South Africa’s Alert Level 5 (South Africa, 2020f). Specific criteria to determine the applicable alert level were legislated in Government Gazette No. 43599, Notice R.867 of 7 August 2020 (South Africa, 2020d) as stipulated below:

- 1) Alert Level 1 indicates a low COVID-19 spread with a high health system readiness
- 2) Alert Level 2 indicates a moderate COVID-19 spread with a high health system readiness
- 3) Alert Level 3 indicates a moderate COVID-19 spread with a moderate health system readiness
- 4) Alert Level 4 indicates a moderate to high COVID-19 spread with a low to moderate health system readiness
- 5) Alert Level 5 indicates a high COVID-19 spread with a low health system readiness

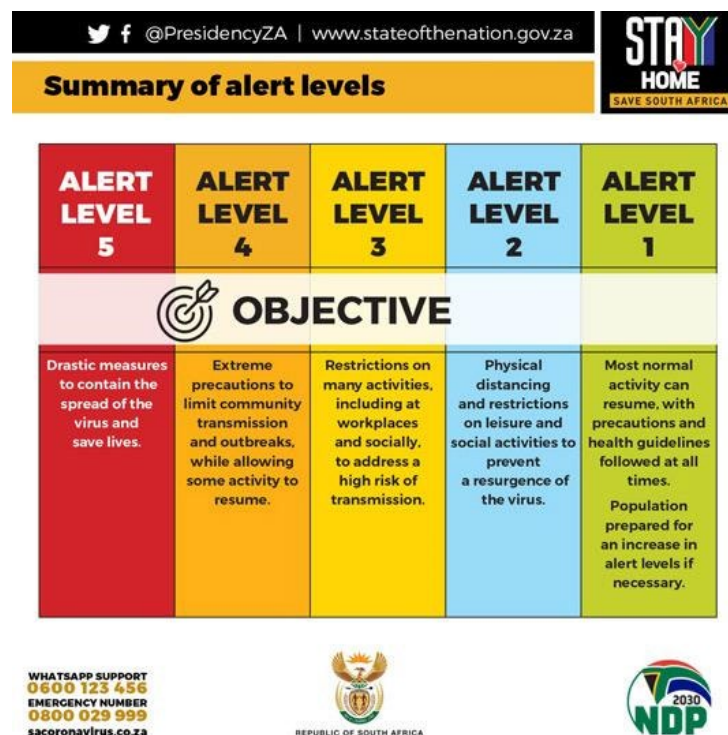


Figure 2.1: Summary of Lockdown Alert Levels in South Africa

Source: South Africa (2020f)

Based on the guidance from the NCCC, the Department of Health (DoH) declared numerous lockdown Alert Levels (nationally, provincially, per metropolitan area or district) throughout 2020 and 2021 (South Africa, 2020g). These fluctuating levels are summarised in Table 2.2 and take into account: 1) the epidemiological trends of COVID-19 infections (the number of people screened, number of tests conducted, amount of positive cases, the demographic profile of positive cases as well as the number of recoveries); 2) a specified area's health system capacity (amount of available facilities to support COVID-19, bed-occupancy levels, available equipment and resources and human resource capacity) to respond to the virus, and 3) any other economic and social factors that can influence the level of hospitalizations, infections and/or mortality numbers.

Table 2.2: Summary of lockdown levels throughout the pandemic (2020 – 2022)

| Timeframe | Lockdown Alert Level |
|--------------------------------------|-----------------------------|
| Midnight 26 March to 30 April 2020 | Alert Level 5 |
| 1 to 31 May 2020 | Alert Level 4 |
| 1 June to 17 August 2020 | Alert Level 3 |
| 18 August to 20 September 2020 | Alert Level 2 |
| 21 September to 28 December 2020 | Alert Level 1 |
| 29 December 2020 to 28 February 2021 | Adjusted Alert Level 3 |
| 1 March to 30 May 2021 | Adjusted Alert Level 1 |
| 31 May to 15 June 2021 | Adjusted Alert Level 2 |
| 16 June to 27 June 2021 | Adjusted Alert Level 3 |
| 28 June to 25 July 2021 | Adjusted Alert Level 4 |
| 26 July to 12 September 2021 | Adjusted Alert Level 3 |
| 13 September to 30 September 2021 | Adjusted Alert Level 2 |
| 1 October 2021 to 4 April 2022 | Adjusted Alert Level 1 |

Source: South Africa (2020f)

Spaull and van der Berg (2020) and Fouché et al. (2020a) speculated about the effectiveness of the fluctuating Alert levels in protecting South African citizens from contracting the virus. These speculations keep in mind the socio-demographics of South Africa, where challenges such as overcrowded households and heavily populated neighbourhoods are evidence of major socio-economic inequalities. Adebisi et al. (2021) maintain that the implemented measures significantly slowed down the rate of transmission, assisted to flatten the curve and provided time for health systems to prepare sufficiently to fight the virus.

Following the lead of other countries and based on global advancements in treating COVID-19, the South African Government implemented a vaccination campaign on 17 January 2021 to aid with their mitigation strategies in fighting the COVID-19 crisis (South Africa, 2022g). An

explanation of the COVID-19 vaccine is provided by the South African Government (2022) as follows:

A vaccine is intended to provide immunity against COVID-19. In general, vaccines contain weakened or inactive parts of a particular organism that triggers an immune response within the body. This weakened version will not cause the disease in the person receiving the vaccine, but it will prompt their immune system to respond. Some Vaccines require multiple doses, given weeks or months apart. This is sometimes needed to allow for the production of long-lived antibodies and development of memory cells. In this way, the body is trained to fight the specific disease-causing organism, building up memory against the pathogen so it can fight it in the future.

The government's aim was to vaccinate 60% of all South Africans by the end of 2021 (South Africa, 2020g). However, to date, only 31.1% of the South African population is regarded as fully vaccinated (Our World in Data, 2022). The hesitation of the South African population to register for the COVID-19 vaccines was studied by numerous authors such as Cooper et al. (2021) and Dzinamarira et al. (2021). In an analysis of nine survey results, specifically addressing the COVID-19 vaccine, Cooper et al. (2021) disclose the intrinsic social nature of COVID-19 vaccine hesitancy in South Africa. They believe that it is potentially influenced by race, age, politics, education, employment and geographical location. Vaccination as a mitigation strategy is widely debated, and not discussed as part of this research study.

Authors such as Kim et al. (2020), Marchetti et al. (2020), Olivier et al. (2020), and Wills et al. (2020) agree that the pandemic changed the lives of all people (referred to as a 'new normal'), including those of families. During certain alert levels, people were prohibited from leaving their homes, except if they were regarded as essential workers (issued with permits to travel to and from work), if they were buying essential goods, if they were collecting social grants or if they were visiting healthcare practitioners (South Africa, 2020c). Schools were closed, ECD centres closed, leisure activities and gatherings outside the periphery of your home were prohibited and businesses regarded as non-essential had to continue their work from home (Fouché et al., 2020b; Young, 2020). Subsequently, all affected the operations and daily lives of families (parents and children) who had to rapidly adapt to new ways of living because of the pandemic crises – hereafter referred to as the COVID-19 crisis (Adebiyi et al., 2021)

2.2.1.3 The effect of COVID-19 on families

To understand the effect of the COVID-19 crisis on parents, especially parents with toddlers, context should be provided to understand the meaning and roles of *families* in society. Adebiyi et al. (2021:233) explain families as a "micro-unit of society". The White Paper on families in South Africa (Department of Social Development [DSD], 2013) describes families as social groups that are not only related by blood but equally related by civil union, marriage, foster care and cohabitation. Adebiyi et al. (2021) assert that families are accountable for preserving stability in society through socialization (to interact, converse, get together and have people

around) and that being social is critical in the wellbeing and care of people to function well in society. Therefore, it is imperative to note that when families are impacted by crises situations such as COVID-19, individuals and societies are equally affected (economically, politically, socially as well as psychosocially). Apart from the latter, Allain-Dupré et al. (2020) claim the COVID-19 crisis intensified the exposure of the least secure people in society due to social and economic inequalities, inadequate health protection and a lack of social protection. They further affirm that different people—women, men, children, youth, the elderly, migrants, refugees, people with disabilities, the poor, people in detention and minority groups such as the LGBTQI+ community—are all impacted differently.

Many studies globally have evaluated the impact of COVID-19 on the overall population, but very few studies have assessed the effects of lockdown and related restrictions on the wellbeing of families, such as parents with toddlers (Mazza et al., 2020). However, Fontanesi et al. (2020) and Romero et al. (2020) claim COVID-19 lockdown measures created predominantly stressful situations for parents who faced anxieties about insecure financial situations, school closures (the duration, management and outcomes of home-schooling), adjourned educational service and day-care programmes, their family's health, children's isolation from educators and friends, their own abilities to provide the necessary information to their children about COVID-19 and the running of day-to-day obligations (working remotely and meeting financial responsibilities) while aiming to achieve a balancing act between home-schooling, caring and providing for their families.

Jiao et al. (2020) note that even though the infection rates of COVID-19 are lower in children, they are not invulnerable to the catastrophic effect of the COVID-19 crisis and may also experience emotional states of uncertainty, fear, isolation, inattention and irritability which parents must acknowledge and deal with. Simultaneously, Marchetti et al. (2020) acknowledge the likelihood of the COVID-19 crisis to contain possible positive aspects for parents who can devote additional time to their household and children. However, the authors maintain that the likelihood is bigger, especially for families of lower income groups, that the COVID-19 crisis may escalate the possibility of trauma, motionlessness, the loss of the obviousness of their previously known world, disinterestedness or dissatisfaction with life and a missing sense of time and security.

A Canadian study presents key findings of the effects on, and challenges faced by parents with children, especially parents who had to continue with work responsibilities while caring for their children during the COVID-19 crisis (Innovative Research Group, 2020). From a sample of 1500 parents with children, 22% had one child under the age of six years, 7% had two children under the age of six years and 2% had three children under the age of six years. 25% of children attended day-care (part-time or full-time) and kindergarten before COVID-19

started. The report states “parents have a harder time maintaining the changes they have made to adjust to the COVID-19 outbreak than non-parents”, especially because they are concerned about their work performance, WLB and their children’s development. As a result, 32% of parents with younger children had to take leave to care for their children, had to reduce their work hours and/or shift their work hours. High percentages of parents reported difficulties and increased stress during the crisis. The majority of parents indicated that they are not managing a balance between work and family life since day-cares and schools are closed (53%), simultaneously indicating that their WLB has suffered a lot (42%), having to deal with their children all day, added much stress to their lives (41%), they could not focus on their jobs (39%) and they were afraid that the school and day-care closures affected their careers negatively (31%). Interestingly, the report indicates that men struggled more than women in balancing work and life while working, with the kids and at home while other reports indicate the opposite.

The former is in line with Adebisi et al. (2021:234) who aver that the negative effects on families were devastating and varying impacts range between short-term, medium-term and long-term, as an undesirable effect on one part of a family is known to have a surging effect in other areas. For example, job losses may result in food uncertainty, followed by hunger, starvation and nutrient shortages while economic distress may also increase violence within the family setting. While studying the effects of COVID-19 lockdown measures on families in South Africa, Adebisi et al. (2021) explain the following impacts of the crisis: 1) the health of families, 2) COVID-19 containment measures and violence in the family, 3) economic and financial impacts on families, and 4) educational impacts on families. The latter is expanded on below.

- **The health of families:** The overall health of families comprises numerous dimensions – physical, social, mental, spiritual and emotional. The restrictions on outdoor exercise specifically may result in total inactivity which can lead to neuromuscular joint destruction, backbone denervation, insulin resistance, muscle loss, fat deposition, low-grade complete inflammation and reduced aerobic capability. While exercise is known as a protective factor in various life diseases such as obesity, an escalation could be seen in obesity numbers as well as the number of cases identified with depression and anxiety. More health conclusions include visual health and impairments (as people are deskbound while working from home and stay for long hours in front of their computers) and the non-adherence of chronic patients to collect their medicine and visit their clinics and doctors regularly.
- **COVID-19 containment measures and violence in the family:** While families were confined to their homes, several aspects caused increased violence against women and children. Social and protection systems were isolated, there was a decrease in

accessing support services for victims, children could not access schools for protection and support and breadwinners experienced heightened tension because they could not work to provide for their families. Sexual and Gender-Based Violence (SGBV) increased as domestic violence victims were secluded from resources and people while being confined with their abusive parents or partners.

- **Economic and financial impacts on families:** As a result of the COVID-19 restrictions, many businesses, especially in the informal economy, closed or were forced to downsize which left millions of South Africans unemployed. Despite introducing relief measures in an attempt from the South African Government to assist with the economic wellbeing of families, many wage earners were working in positions where they did not meet the qualifying criteria, and their companies did not submit the necessary documentation to lodge a claim and therefore they had no access to the relief actions or social grants. All the latter left families with no earnings or a severely reduced income and an inability to buy basic supplies such as food.
- **Educational impacts on families:** Play and early learning are critical to early childhood development as research shows that “a child with early and proper physical, social, emotional, language and cognitive development has better health and educational outcomes in childhood and employment outcomes in adulthood” (Adebiyi et al., 2021:235). The closing of schools and especially ECD centres had a negative impact on both, children and their parents, as it prohibited young learners to play and learn while being confined to surroundings that are not conducive to learning (no connectivity, no access to data, confined spaces, power blackouts and no learning facilities). Even though some schools diverted to remote and online learning, many South African families and unable to afford the necessary equipment to effectively learn online.

Scholtz (2021) adds that COVID-19 brought about a “work-from-home” (also known as teleworking) aspect which drastically changed the work landscape of employees, especially parents, who had to utilise their homes as workplaces, leisure spaces and schools. Based on research conducted by the OECD, work productivity declined on both, organisational and individual levels, especially due to social separation, the absence of childcare support (such as ECD centres and schools) and because of the violations of family-work restrictions (OECD, 2020b). The OECD (2020b:2) refers to an interview with Nick Bloom from Stanford University who states: “We are home working alongside our kids, in unsuitable spaces, with no choice and no in-office days”. The latter refers to the importance of creating a balance between work and life, which is discussed in greater detail in section 2.3 below.

2.3 Work-life balance

Chandran et al. (2019) opine that the work-life concept is not a unique phenomenon and that plenty of research is available. It becomes apparent that the latter is specifically applicable to countries of the Global North. In a South African dispensation, Fraser (2017) claims very little research exists on the concept and therefore indicates a clear gap in knowledge. The latter is supported by the results of a systematic literature review that was conducted by Chandran et al. (2019), indicating that between 2000 and 2019 only 2 articles were submitted from the African continent discussing this concept. Simultaneously, Thilagavathy and Geetha, (2020) confirm that from a geographical view, research on the WLB concept is dominated by researchers from the United Kingdom (UK) and USA, while limited research was conducted in Asian and African contexts.

The “work-life balance” term originated during the 1970s and 1980s as anxious baby boomers (babies born after World War II, between 1945 and 1960) aimed to accomplish a strong equilibrium between various aspects of their lives, such as careers, families and other areas related to their families, hobbies, friends, health and leisure pursuits (Kohll, 2018; Alton, 2021). The children of the baby boomers, (referred to as Generation X - born between 1961 and 1980) witnessed their parents’ long working hours and poor WLB, as a result, they seriously focused on accomplishing healthy WLB in their own lives (Kohll, 2018). To Generation X the significance of a WLB, in which time with their families played a critical role, was an essential condition of an establishment offering employment. This generation searches for work offerings that comprise benefits such as sufficient leave days, remote working (working from home/teleworking) and comprehensive maternity and paternity time (Kohll, 2018). According to Alton (2021), the WLB of generations such as the Millennials (born between 1981 and 2000) and those to follow, focus more intensively on building careers that fit their personal experiences. In essence, a healthy WLB results in content employees with less stress and fewer chances of burnout and positive overall wellbeing. Building from the aforementioned, it is critical in the next section to reflect on existing definitions of the WLB as given by prior research.

2.3.1 Work-life balance - definitions and conceptualisation

A universally accepted, standard definition for WLB does not exist in the literature and the possible reason could be that numerous researchers use different terminology (such as work-life interface, work-family satisfaction, work-life satisfaction and work-family balance) to define the same phenomenon (Chandran et al., 2019). Be it as it may, the WLB consists of various definitions as listed in Table 2.3 and forms a critical part of any organisation’s Human Resource Management (HRM) function to ensure and promote organisational and individual effectiveness.

Table 2.3: Defining work-life balance

| Definitions of Work-life balance | Source |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| “the concept also analysis the capability of the employees to simultaneously cope with multi-faceted hassles of life” | Hill et al. (2001) |
| “a global assessment that work resources meet family demands and family resources meet work demands such that participation is effective in both domains” | Voydanoff (2005) |
| “work-life balance includes employees’ cognitive perception of their ability to successfully amalgamate work and family domains, functions and demands” | Jones et al. (2006) |
| “a flexible work arrangement that provides employees with working provisions which will bring a balance in both responsibilities at work and home” | Redmond et al. (2006) |
| “Balancing work and family require an individual to accomplish some socially negotiated role responsibilities, both at work and in the family” | Valcour (2007) |
| “Work-life balance is an integration of two overlapping yet diverse discourses: the one emphasises the personal control of the individual’s time and activities, while the other is concerned with the flexibility of the workplace” | Zeytinoglu (2010, cited by Fraser, 2017:11) |
| “an umbrella term intended to include all research involving the juxtaposition of various life roles” | Allen (2012) |
| “an execution of role-related anticipations that are collaborated and collectively agreed between an individual and his role-partners in the work and family spheres” | Ferguson (2012) |
| “work-life balance becomes a balancing act of individuals between expectations and responsibilities in both, family and organisational structures, while keeping in mind all the variables that contribute to lives and livelihoods of humans” | Rumangkit and Zuriana (2019) |
| “a state of balance that a person could achieve, through effective management and fulfilment of multiple responsibilities at work, at home, and in their community and society, with good physical, psychological, emotional, spiritual, family, and community health, and does so without grief, stress or negative impact, by efficiently utilising the available resources at work, at home, and in their community and society” | Thilagavathy and Geetha (2020) |

Source: Adapted from Chandran et al. (2019:15)

From Table 2.3 it becomes apparent how various researchers attempted to define the WLB phenomenon during the past 2 decades. One would assume that it is an easy concept to explain, but because of all the dimensions that are part of a person’s life and equally the numerous dimensions of work, combined with non-work factors, subjective feelings, work flexibility, leisure time and health, it becomes more challenging. From 2001 until 2020, it becomes clear how more information and dimensions were added to define WLB. The latter occurred as a result of more women employed as part of workforces, dual-income families where both parents work, attitudinal and social shifts in the connection between family life and work, the diversity and range of different family structures (i.e. joint, nuclear, single parent, blended and/or transnational families) and technological advancements. However, from Table

2.3 the inference can be drawn that the WLB phenomenon refers to an individual's personal journey of finding a balance between, the expectations of employers, and the available time away from work to spend with friends and family or to pursue leisure and recreational pursuits, or even just to rest. Simultaneously non-work domains and dimensions such as family, health, friendship, households, romantic relationships, education, community and leisure should be attended to.

According to Rumangkit and Zurian (2019), previous studies on WLB focused on the concept as a single dimension, and the researchers support Johari et al. (2016) who suggest that the role of WLB as a predictor of employee positivity should be examined in different contexts using a multidimensional approach. Greenhaus et al. (2003) and Potgieter and Barnard (2010) state that WLB was defined, conceptualised, measured and operationalised differently by scholars and researchers. Thilagavathy and Geetha (2020) agree and state that the conceptualisation of the WLB emerged and changed over time while emphasising the need for researchers to focus on the personal/individual needs and resources within the structure of balancing general work demands and life demands.

Initially, the conceptualisation of WLB considered the aspects of role enrichment and the nonappearance of role conflict (Thilagavathy & Geetha, 2020). However, Greenhouse and Allen (2011) claim that individuals, depending on where they are in the life cycle, can fulfil multiple responsibilities without increased amounts of conflict. At the same time, Hirschi et al. (2019) explain individuals may lack role enrichment at a specific moment because of multiple responsibilities. However, they are working to achieve a balance between their multiple responsibilities. Therefore, based on the criticism of the initial conceptualisation of WLB, researchers and scholars aim to conceptualise WLB by making use of domain (family and work) involvement, which also received criticism.

Mark and MacDermid (1996) argue that 'balanced' people are involved in their work and family domains on an equal basis. The latter was contested by Greenhaus and Allen (2011) stating that people's opinions on their responsibilities and roles depend on their individual perceptions, situations and values, and therefore not all responsibilities and roles demand equal attention. They defined WLB as "people's overall appraisal of how the effectiveness and satisfaction derived from each role are consistent with their own values and standards" (Greenhouse & Allen, 2011:174). As a result, a holistic approach (studying the ability of individuals to balance their family and work roles) was adopted by researchers such as Wayne et al. (2017). Valcour (2007) and Pareek and Purohit (2018) focused on the satisfaction aspect of the holistic approach while Grzywacs and Carlson (2007) relied on the effectiveness in fulfilling both work and family roles. However, Haar et al. (2019) stated that WLB should not solely focus on family and work dimensions. In essence, it should differ from work-family enrichment, work-family

conflict and work-family balance. Haar et al. (2019) agree with Hall et al. (2013) in their opinion that the experiences of individuals with many personal roles, needs and real-life situations while taking part in various non-work roles beyond their work and families are lacking. Keeney et al. (2013) provided non-work dimensions that should be considered in WLB conceptualisations as family, health, friendship, households, romantic relationship, communities, education and leisure.

Based on the work of Guest (2002), Hall et al. (2013), Keeney et al. (2013) and Haar et al. (2019), the following inferences can be made about conceptualising WLB:

- A one-sided approach to measure and define the balance of work and non-work aspects of people does not suffice;
- Recognition should be given that within the WLB phenomenon, every person has a unique set of circumstances that influence their overall balance;
- WLB differs from constructs that focus solely on work and family dimensions such as work-family conflict, work-family enrichment, and work-family balance;
- While studying the WLB, consideration should be given to the reality of people, which also include several non-work dimensions such as leisure, communities, education, relationships, friendships, households, families and health; and
- All the roles in which people engage should be considered in conceptualising the WLB.

Based on the above, for the current research project, WLB is conceptualised as:

The ability of parents with toddlers to effectively create a balance between a range of work, non-work and personal need dimensions and roles such as overall work, life, family, health and wellbeing, relationships, households, friendships, education, community and leisure demands and available support and resources to be able to maintain good overall wellbeing and life satisfaction, while acknowledging unique individual factors and personal abilities to cope, specifically when being faced with a life crisis.

This conceptualisation acknowledges and builds on the work of Hall et al. (2013), Keeney et al. (2013), Haar et al. (2019) and Thilagavathy and Geetha (2020) while acknowledging various dimensions that holistically affect a person's WLB. These dimensions are discussed in more detail below.

2.3.2 Dimensions influencing an individual's WLB

Most people, as part of their aspirations in life, work to excel in their careers. However, when a healthy balance is not kept between job, family and societal demands, these aspirations can negatively affect their psychological, physical and emotional wellbeing (Emslie et al., 2014; Ford & Jin, 2015; Haar et al., 2019; Helen, 2019; Jensen & Knudsen, 2017, Sandow, 2019). It can lead to work stress, inadequate family time, harmful family relationships, separation, divorce, and limited time to participate in leisure activities, hobbies or just to relax (Silla &

Gamero, 2014; Sandow, 2019). Using an in-depth morphological analysis (MA) of literature regarding WLB, Thilagavathy and Geetha (2020) identified 216 research gaps related to the WLB of individuals. One notable area involves the individual's ability to balance life and work. The current study aims to contribute to this area through a desktop review to holistically understand the dimensions and related aspects of the WLB of individuals. The researcher adapted the literature review framework of Thilagavathy and Geetha (2020) to reflect various dimensions with related categories to include the COVID-19 changes as depicted in Table 2.4. More literature to support the dimensions are expanded on in Table 2.5 until Table 2.9.

Table 2.4: Dimensions and related aspects to holistically understand the WLB of individuals

| Dimension 1: Demands | Dimension 2: Resources | Dimension 3: Individual factors | Dimension 4: Organisational factors | Dimension 5: Culture |
|------------------------------------------------|-----------------------------------|--------------------------------------------|------------------------------------------------|---------------------------------|
| Work demands | WLB policies | Perceived working hour and shift duty | Work-family backlash | Organisational culture |
| Family demands | Organisational support | Commuting time | Flexibility stigma | Societal culture |
| Personal demands | Supervisor and co-worker support | Employee perception | WLB Policy implementation | WFH culture |
| Societal demands | Spouse support | Perceived autonomy | Organisational work climate | |
| Behavioural demands due to the COVID-19 crisis | Family support | WLB policy utilisation | WFH policies | |
| | Friends support | Individual strategies | | |
| | Social support | Person-environment fit | | |
| | ECD support | Psychological climate | | |
| | | Work-family image | | |
| | Work-value ethics | | | |
| Education (Home-schooling demands) | | Leisure time and activities | | |
| Toddler demands | | Health and wellbeing | | |

Source: Adapted from Thilagavathy and Geetha (2020)

.3.2.1 Dimension 1: Demands

For an individual to productively function in each domain, there are demands (responsibilities and obligations) that should be accomplished. Voyadanoff (2005:823) defines demands as “structural or psychological claims associated with role requirements, expectations, and norms to which individuals must respond or adapt by exerting physical or mental effort”. This dimension is divided into seven categories:

Table 2.5: Dimension 1: Demand categories

| Demands | Explanation |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work demands: | This category relates to how demanding individuals perceive their work roles and responsibilities to be and is therefore regarded as a perceptual construct that comprises an individual's all-inclusive reflection of their responsibilities at work (Boyar et al., 2007; Haar et al., 2019). |
| Family demands: | This category relates to the wants and needs of family members which are essential to be fulfilled by the employee to maintain peace and happiness within the family structure (Volman et al., 2013). |
| Personal demands: | Based on the WHO's definition of health, this category relates to the personal needs of employees, such as physical needs, psychological needs, spiritual needs and the social need for affiliation with other people. The need for family and/or personal leisure time can be included. |
| Societal demands: | Individuals are faced with various demands and needs of their society that also have to be fulfilled, and which is known to have a recursive impact on the WLB of employees (Kelliher et al., 2019). |
| Behavioural demands due to the COVID-19 crisis | Crisis times (such as COVID-19) are stressful, life-changing and unpredictable times for human beings as it impacts lives and livelihoods and disrupts the overall balance of people (Chaplan, 1964; Slaikeu, 1990; Cherry, 2020). As a "black swan"/"first of its kind" event in modern society, traditional problem-solving approaches could not be utilised and demanded behaviour changes across almost all dimensions of life (Balenzano et al., 2020; Oyibanji, 2020; Piper, 2020; South Africa, 2020h; Young, 2020). |
| Education (Home-schooling demands) | As a result of lockdown and related restrictions, educational and home-schooling demands added to the pressure on parents. Parents had to deal with their anxieties about continuing with their work demands while not knowing the duration of school closures and how to manage the outcomes of their home-schooling capabilities (Fontanesi et al., 2020; Romero et al., 2020). |
| Toddler demands | The demands of toddlers include constant care and supervision and provided heightened stress to working parents who had to continue with work to provide for their families (Mazza et al., 2020). |

Source: Adapted from Thilagavathy and Geetha (2020)

2.3.2.2 Dimension 2: Resources

Employees who effectively utilise their available resources can overcome work-life imbalances which normally occur when the requirements of their work and non-work domains are incompatible (Powell et al., 2019). Voydanoff (2005:834) defines resources as "the structural or psychological assets that may be used to facilitate performance, reduce demands or generate additional resources". This dimension is divided into eight categories which mainly support WLB policies and employee support systems.

Table 2.6: Dimension 2: Resources categories

| Resources | Explanation |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WLB Policies: | Numerous WLB policies are implemented by organisations to provide benefits and services to employees to assist them to balance work and life (Jenkins & Harvey, 2019). |
| Organisational support: | This category includes various rules, regulations and policies implemented by organisations to directly or indirectly guide employees and their related activities in an attempt to maintain their WLB (Haar & Roche, 2010). |
| Supervisor and co-worker support: | It refers to the cooperation and support given by supervisors and colleagues, which assist employees in balancing their work and life (Haar et al., 2019). |
| Spouse support: | The cooperation and support of a spouse, in managing various responsibilities and roles in all life domains, significantly impacts the WLB of employees (Dumas & Perry-Smith, 2018). |
| Family support: | The cooperation and support from an employee's family members are very important for functioning effectively in all domains of life and to have a better WLB (Nicklin & McNall, 2013). |
| Friends support: | Support from friends is greatly important as it influences the WLB and refers to the assistance an individual receives from their friends when they are faced with making a difficult decision, when they are in need or want to get a different perspective on a problem (Dhanya & Kinslin, 2016; Pillemer & Rothbard, 2018; Kowitlawkul et al., 2019). |
| Social support: | It refers to the assistance and support received from an employee's community and neighbourhood, especially during times of need (Markwei et al., 2019). |
| ECD support | Preschools can also be added as a resource available to parents during pre-COVID-19 times. In the case of Iceland, preschools did not close during the lockdown and preschool staff were acknowledged as frontline workers (Dýrfjörd & Hreidrasdóttir, 2020). The latter assisted parents who had to continue with their work responsibilities as their preschool children were taken care of. Iceland is, however, a unique case, as all other countries closed schools, preschools and day-cares early in the pandemic, leaving millions of children, parents, families and households to adapt to a new normal of daily operations not accustomed to. |

Source: Adapted from Thilagavathy and Geetha (2020)

2.3.2.3 Dimension 3: Individual factors

Individual factors that influence the WLB were grouped under this dimension (Table 2.7).

Table 2.7: Dimension 3: Individual factor categories

| Individual factors | Explanation |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Perceived working hours and shift duty: | Due to increases in working hours (especially for employees who have a low control over their shifts and work time), people have less time for "quality" family time which negatively impacts their WLB (Haar et al., 2019; Jenkins & Harvey, 2019). |
| Commuting time: | It refers to the travelling time between an employee's home and workplace (Thilagavathy & Geetha, 2020). Generally speaking, travelling time has a negative influence on WLB but the times and distances vary between |

| | |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | individuals (Denstadli et al., 2017). While some employees perceive their travelling time as unproductive, other employees state that they use their commuting time to mentally shift gears, relax and think and therefore not all employees try to minimise their commuting time (Mokhtarian & Salomon, 2001; Denstadli et al., 2017). |
| Employee perception: | Perceptions of employees regarding their work environment, their job, supervision and the family supportiveness of their employer influence WLB (Forsyth & Debruyne, 2007; Fontinha et al., 2019). |
| Perceived autonomy: | Autonomy refers to the ability of an individual to exercise discretion over how work should be conducted without excessive limitations and monitoring (Thompson & Prottas, 2006). Therefore, autonomy allows the employee (based on their suitable work-family balance) to achieve their preferred level of WLB and positively influence their WLB (Vera et al., 2016; Johari et al., 2018; Haar et al., 2019). |
| WLB policy utilisation: | It refers to the degree to which employees apply the presented WLB policies to harmonise their work and life (Jenkins & Harvey, 2019; Jurado-Guerrero et al., 2018). However, Adame-Sanchez et al. (2018) and Cannizzo et al. (2019) state that the actual use of WLB policies by employees is absent and is delayed by the implementation thereof. |
| Individual strategies: | Based on the intertwined nature of work and life amongst individuals, Hirschi et al. (2019) claim that individual plans for achieving fulfilment and effectiveness through work and family roles necessitate attention to improve the WLB. |
| Person-environment fit: | It refers to the employee and their environment as a mixture of their work environment (person-job fit, person-group fit, person-organisation fit, person-supervisor fit) and family environment (person-family fit) (Padmasiri et al., 2019). It is also a very important construct in overall well being studies. |
| Psychological climate: | It refers to the perception of an employee regarding their organisational culture which has a substantial influence on WLB policy utilisation (Bourdeau et al., 2019; Fondinha et al., 2019). |
| Work-family image: | Ladge and Little (2019) define the work-family image as an overall image, characterised by the capability of an individual to be both, a parent and a professional, determined by basic elements in both work and life domains. |
| Work-value ethics: | It is a component of work commitment and an individual's ability to contribute to work outcomes, based on ascertaining personal and situational know-hows (McMurray et al., 2019). |
| Leisure time and activities | With an increase in demands because of the COVID-19 crisis, leisure time and activities of individuals were negatively affected which in turn negatively affected a balance in personal realisation and freedom of choice (Marques & Giolo, 2020; Sivan, 2020). Due to lockdown and related mitigation strategies, leisure spaces that normally provided an escape from daily routines, care and/or work to keep a balance, were closed (Bramante, 2020). |
| Health and wellbeing | Pertinent roleplayers in the wellbeing of individuals include employers, governments and the environment (Wassell & Dodge, 2015). As a result of individuals spending most of the time during the week on work-related responsibilities and tasks, manager and employers directly affects the wellbeing of their employees because they influence the intensity of the challenges and demands of their employees. An individual with good health and positive overall wellbeing is likely to benefit employers while being happier, less absent or sick with improved productivity and more engaging mindsets (Lambert et al., 2020). |

Source: Adapted from Thilagavathy and Geetha (2020)

2.3.2.4 Dimension 4: Organisational factors

Factors that were not incorporated in the demand dimension but have a substantial effect on the WLB of employees are included in this dimension.

Table 2.8: Dimension 4: Organisational factors

| Organisational factors | Explanation |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work-family backlash: | It is a phenomenon described by negative behaviours, emotions and attitudes of either individuals or collectives that are linked with WLB policies in organisations (Perrigino et al., 2018; Wilkinson et al., 2018). |
| Flexibility stigma: | It is defined by Williams (2001) as a kind of discrimination caused when an individual indicates a necessity for workplace flexibility due to family duties. |
| WLB Policy implementation: | The implementation of WLB policies by organisations is inclined by their financial condition and/or problems (Adame-Sanchez et al., 2018). |
| Organisational work climate: | It refers to the perception of the employee as explained under the organisations culture in the culture dimension (Shwartz et al., 2019). |
| WFH policies | Many employers had to think out of the box to implement new best practices for employees using digital technologies, remote connections and flexible work arrangements as a result of the COVID-19 crisis (Cannito & Scavarda, 2020; Kaushik, 2020). |

Source: Adapted from Thilagavathy and Geetha (2020)

2.3.2.5 Dimension 5: Culture

Culture significantly affects the WLB of employees as it affects their choice of using the WLB policies. Despite Fraser's (2017) acknowledgement that WLB policies are limited and lacking in a South African context, the overall culture of organisations is critical and since the start of the COVID-19 crisis had to include employees' WFH culture too.

Table 2.9: Dimension 5: Cultural factors

| Culture | Explanation |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Organisational policies: | It refers to the unwritten norms, rules, beliefs and regulations which should be followed by organisations and employees, and it significantly influences an employee's application of WLB policies (Pillemer & Rothbard, 2018; Cannizzo et al., 2019). |
| Organisational culture: | It refers to the values, norms, beliefs and morals that are expected from every member of society and has a strong influence on WLB of the employee (Adisa et al., 2019; Brown et al., 2019). |
| WFH culture: | It refers to the adaptability of employees to WFH due to the COVID-19 crisis and should be taken note of when employers want to keep their workforce committed, proactive, productive, dedicated and positive during abnormal times (Kaushik, 2020). Factors to keep in mind when creating a WFH culture and implementing flexible WLB policies include a noisy environment at home, a lack of family-time, lack of family support, mentally stressed, fear of losing employment, a lack in work due to lockdown and difficulty to adjust to foreign time schedules (Sharma & Venkateswaran, 2021). |

Source: Adapted from Thilagavathy and Geetha (2020)

Based on the above, it becomes apparent that individuals' WLB involves more than just general work and general life domains. Researchers must keep in mind that none of the dimensions or factors are static or generalisable (the proverbial 'one size fits all') as demands, resources, crises situations (even something simple as a meeting taking longer than scheduled) affects the WLB of an individual on a certain day or at a certain time. The sudden switch in South Africa from office-based workplaces to home-based workplaces, because of the COVID-19 crisis, is evidence of how quickly an individual's perceived balance could be disrupted. The following section focuses on the WFH concept.

2.3.3 WLB while working from home during COVID-19

The COVID-19 crisis drastically transformed work routines and several companies and couples had to embrace flexible working solutions while being forced to work from home (Cannito & Scavarda, 2020). Sharma and Venkateswaran (2021) explain the impact of COVID-19 on employees. Despite impacting the health of employees, factors such as a lack of time for family, a noisy environment at home, being mentally stressed, a lack of family support, forcefully proceeding to get their work done, a fear of losing their jobs and a general lack of interest in work during lockdown periods, all contributed to the employees' difficulties to adjust their time schedules and balance work and life.

Kaushik (2020) claims that the Work-from-Home (WFH) concept had to be adopted by many organisations to keep themselves and their economies afloat. It forced employers to find alternative ways to run their businesses using remote connections and the use of digital technologies. Kaushik (2020) notes the positive and negative factors related to working from home while stating "it is not all about balancing life but facing all the challenges positively to perform and bring forth productively as the scenario demands". Human Resources (HR) departments were forced by COVID-19 to re-design, re-think and think out of the box to instil new best practices for employers, businesses and industries. A major challenge is to continue to develop employees who are proactive, committed, innovative, dedicated, productive and positive during difficult situations. The latter resulted in numerous studies being undertaken to understand employees' realities during the crisis.

A study conducted in the United Kingdom (UK) aimed to understand how the COVID-19 crisis, related lockdowns and being forced to WFH influenced the work-life issues and WLB of employees – more specifically, cohabiting couples with children under the age of 18 (Chung et al., 2020). While a total of 1 160 completed surveys were returned, 560 respondents matched the stipulated criteria to best draw conclusions on the effect on parents with children. While the study did not focus specifically on parents with toddlers, the results may still provide some insight that might be applicable to parents with toddlers too.

The results indicate that a radical change occurred in work cultures and practices with 70% of the respondents working flexible hours (they decide when to start and finish), while 52% (76% of mothers, 73% of fathers) indicated that it is very likely that they would prefer working from home after the COVID-19 lockdown ends. Reasons for the latter include that their productivity increased, they have more time to spend with their families and it improved their overall wellbeing. Additional positive aspects for employees include, 1) the ability to spend more time with their partners, 2) they can take care of their children, 3) less time spent on commuting, and 4) they have time to do housework. From a WLB perspective, despite negative experiences such as a lack of sufficient space and equipment, employees experienced their line managers to be supportive and indicated that managers have developed a better understanding of their tasks and responsibilities away from the workplace since the start of COVID-19. However, despite the increase in self-reported productivity, possibly due to the blurred boundaries between work and home, mothers reported a visible decrease in dedicated working hours, especially mothers of primary school children. As a result, mothers had to work substantially more in the evenings when their household is quiet and kids are asleep. Despite the increase in the involvement of fathers in unpaid homework and childcare and couples sharing the responsibilities of childcare and homework to achieve a healthy WLB, parents – especially mothers – identified childcare and an increase in housework as key negative experiences of working from home. Simultaneously, most women indicated that they are doing significantly more housework, childcare and education responsibilities as work, while also struggling to find time and a quiet place to carry on with their work duties. Only 15% of mothers indicated having clear boundaries between work and family responsibilities which underlines the mothers' struggle to work productively when childcare facilities and schools are closed. At the same time, women with children (more than men) indicated that they miss the interaction with their colleagues especially as they had to deal with increased amounts of nervousness and stress. Almost half of all mothers felt pressed for time, continuously rushed and did not wake up in the mornings feeling fresh and well-rested. Signs, therefore, emerged that increased workloads and conflicts between family and work, as well as a lack of WLB during COVID-19 lockdown, are negatively affecting parents' wellbeing, especially those of mothers. It leads to worrying trends around the mental health and wellbeing of parents, especially mothers, who report high levels of work-family conflict. It becomes apparent that mothers, specifically, were stuck between a rock and a hard place as 49% reported that their work is preventing them from having sufficient time for their family, while 50% reported that their family prevents them from having sufficient time for work. Chung et al. (2020) conclude that the above findings indicate serious concerns for the wellbeing of parents who are already stressed as a result of the COVID-19 crisis and related lockdowns. It is especially concerning as care providers and school openings and closures are determined by the lockdown, adding pressure to mothers who are already struggling to secure time and space to work.

While the research of Chung et al. (2020) provides a good indication of the situation of working parents with children under the age of 18 in the UK, as part of the Global North, a similar study was conducted by the South African Department of the Premier on Western Cape Government (WCG) staff. These employees were working from home between 29 April and 15 May 2020. Keep in mind that the work-from-home phenomenon is new to the South African workforce and related WLB policies and implementations are still lacking in South Africa (Fraser, 2017). The radical change and drastic altering of normal daily working experiences happened unexpectedly for the majority of South Africans. The Department of the Premier (2020) claimed that neither employers, managers or employees had time to negotiate, plan or set up remote working arrangements before the lockdown was implemented in March 2020 and employees were expected to adapt and adjust their home spaces to create a conducive working environment. As a result (based on the impact of the drastic change on employees' emotional, social and mental wellbeing in the middle of a health crisis), the WCG conducted an online survey to determine the views of their staff on working from home, more specifically the challenges (organisational and personal) that they face. The survey appears to be unique as it was internally conducted (based on internationally conducted surveys) and aimed at public servants who used to be office-based prior to COVID-19. A total of 1 791 responses were received of which 39.3% were parents with toddlers up to age five. The average household size was 4 people living together (28%), 18% of respondents indicated that they care for an elderly person at home while 6% had to look after a mentally challenged, disabled or incapacitated person who lives with them. Of essence to the current study is the results regarding marital status, parental status and childcare responsibilities. Almost 70% of the respondents were married or living with a partner, over 65% of respondents had children living with them and 39.3% had toddlers aged five and below. As a result, parents were forced to become teachers and caregivers while attempting to sustain their WLB.

As per the research results of Chung et al. (2020), most employees (88%) enjoyed the flexibility of working from home and reported feelings of being trusted, valued and motivated. Most respondents (70%) indicated that they would prefer working from home in the future, while 8.4% were completely against working from home at the end of the lockdown. At the same time, 62% of the respondents indicated that they worked longer hours at home as a clear work-from-home routine was lacking and it was difficult to set boundaries. The latter has a direct impact on maintaining WLB while working from home as 60% of respondents claim that their WLB was disrupted and more than two thirds (67%), predominantly females, report disruptions in their routine and sleep patterns. Mostly females (two out of three) admit that they are experiencing these unusual times as challenging and report that they are not coping well with their situations. One in five respondents also experiences feelings of loneliness and isolation.

Most respondents (80%) report positively about their mental health and wellbeing and indicate that they are generally optimistic about the future, they are keeping in touch with friends and family while also spending time to meditate, journal, reflect and/or pray. However, only 2 out of every 5 respondents were hopeful about returning to the office. Over a quarter of the respondents (26.5%) are concerned about their health, 21% are worried about their job, one in every five respondents lost sleep while stressing about a variety of aspects related to COVID-19, 18% are finding it difficult to manage boundaries between home life and work life while 16% are concerned about their WLB. South Africans, especially parents, experienced blurred lines between childcare and work (Scholtz, 2021).

Based on the results of the studies conducted by Chung et al. (2020) and the Department of the Premier (2020), critical phenomena features are related to the current study, namely WLB, mental health/wellbeing and the importance of leisure pursuits (including exercise) during crisis times. While the study of Chung et al. (2020) was conducted among UK employees who were forced to WFH because of the COVID-19 crisis, the aim was to speak to co-habitating parents with children younger than 18 years of age. The current study excluded parents with children 7 years and older as toddlers require more specific care, supervision and attention. It also included single parents, if parents were working (not necessarily from home) when the COVID-19 crisis started. The study of the Department of the Premier was conducted by the employer among their staff which could lead to biased or false answers based on what the employer thought the employee wanted to hear. No specific questions were directed to parents of toddlers, which should be explored in more detail. The following sections elaborate on the remaining two concepts: wellbeing (section 2.4) and leisure (section 2.5).

2.4 Wellbeing

The science and research on wellbeing have increased in recent decades (Seligman, 2011; Dodge et al., 2012; Huppert, 2017; Moro-Egido, 2022). Wellbeing was originally confined to studies in the field of psychology but has progressed to fields like health, economics, education, organisational development, social sciences, policy expansion and leisure studies (Teghe & Rendell, 2017; Lambert et al., 2020). Many researchers have highlighted the importance of wellbeing (Guvén, 2012; Rand et al., 2015; Sin, 2016; Walsh et al., 2018). Lambert et al. (2020) summarise some of the reasons why wellbeing is important below.

Individuals with better wellbeing:

- produce more social good and are less dependent on the public purse, they control expenditures, save more and consume less
- show more prosocial behaviour, empathy and compassion
- are more engaged socially and to a greater degree offers to volunteer

- are more likely to make ethical decisions and less likely to engage in risky behaviour
- smoke less and exercise more
- tend to live longer and healthier
- achieve better grades at school
- benefit employers and workplaces with increased productivity, happier employees, less absenteeism and sick time and more engaging attitudes.

It is therefore important for communities, local and national government, and global institutions to prioritise the wellbeing of people, in this case specifically parents. Parental wellbeing (generalised from here on as wellbeing) is often overlooked as parents typically rather focus on their children than on themselves and neglect to acknowledge the mutual effect they have on one another (McConcey, 2020). A vicious circle occurs as parents could experience a perceived lower quality of health, drained mental and physical health and more stress which results in compromised family structures (Tint, 2015; Bonis, 2016; Vasilopoulou, 2016; Scherer, 2019). The following sections study the various stakeholders who are involved in creating wellbeing, define wellbeing, resources and challenges, measuring wellbeing and the impact of COVID-19 on the wellbeing of working parents.

2.4.1 Role players affecting individual wellbeing

Pertinent role-players in the wellbeing of individuals are listed by Wassell and Dodge (2015) as employers (owners, managers, institutions), the environment and governments. Individuals spend a great portion of their week conducting work-related tasks and responsibilities. As a result, Wassel and Dodge (2015:5) claim that “employers and managers have a direct influence over wellbeing because they influence the resources, support, and autonomy as well as the challenges, demands, and intensity of systems that involve employees, businesses, countries and ecosystems”. Another important facet of wellbeing is the environment, as the health and wellbeing of the planet have a direct connection to the wellbeing of all plants, animals and humans (Thomas, 2014; Ahuvia, 2015). Numerous researchers further stress the importance of the happiness/wellbeing principle being included by governments in policy making (Layard, 2011; Frey & Stutzer, 2012). Wassel and Dodge (2015) aver that government decisions that influence income, housing, communities, jobs, environments, education, health, civic engagement, safety, life satisfaction and WLB, also influence the wellbeing of individuals.

Due to the COVID-19 crisis, with a focus more specifically on family and parental wellbeing, more role players affecting wellbeing emerged, such as toddlers, children, schools, ECD centres, partners, spouses and additional family members (Engberg et al., 2021; Pomfret, 2021; Wong et al., 2022).

2.4.2 Constructs critical in creating wellbeing

Ryff (1989) acknowledged characteristics that assist in the creation of wellbeing, also known as the core dimensions of wellbeing (explained in more detail in section 2.4.3). These aspects include: 1) positive relationships with others, 2) autonomy, 3) purpose in life, 4) environmental mastery, 5) self-acceptance, and 6) personal growth or the realisation of your potential. Pollard and Lee (2003) identified happiness as critical in creating wellbeing while authors such as Diener and Suh (1997) and Seligman (2002a; 2002b) emphasise life satisfaction as an important element of wellbeing. However, wellbeing is known to be a multifaceted combination of a person's mental, emotional, physical and social health factors and not just the lack of illness or disease (Better Health Channel, 2020).

In the past wellbeing was mostly associated with how people evaluated the intensity of their experiences based on negative or positive emotions, satisfaction with life or general happiness (Veenhoven, 2017). It was followed by the set-point theory during the eighties and nineties which holds that the wellbeing of people is stable when it is tracked over time because of personality traits and their general view on life to adapt (Lambert et al., 2019). It is explained that people go through various phases and life experiences and all are temporary as they adapt and return to a set point after the period of adaptation (Lambert et al., 2019). As a result of longitudinal data, a main direction in the literature in recent times focused on assessing major life events such as the death of a family member, unemployment and divorce, and how it affected the wellbeing and adaptation strength of individuals.

Every aspect of a person's life influences their state of wellbeing and all these elements are interrelated (Association for Psychological Science (APS), 2020; Better Health Channel, 2020, Bonanna, 2020; Segrin, 2020). Therefore, it is difficult to compile an all-inclusive list of aspects influencing wellbeing. However, it is safe to list some factors that enhance a person's overall wellbeing, such as 1) an intimate and happy relationship with a partner, 2) a network of close friends, 3) a fulfilling and enjoyable career, 4) sufficient money, 5) regular exercise, 6) sufficient sleep, 7) a nutritive diet, 8) religious and spiritual beliefs, 9) leisure pursuits and fun hobbies, 10) healthy self-esteem, 11) living in a reasonable and representative democratic society, 12) an optimistic outlook on life, 13) achievable and realistic goals, 14) a sense of belonging, 15) a sense of meaning and 16) the ability to adapt to change (Better Health Channel, 2020).

As a result, broad guidelines to practically achieve wellbeing are communicated by the Better Health Channel (2020) as follows: 1) improve and sustain durable relationships with friends and family, 2) consistently make time available for social contact, 3) do not take a job purely for the money but find something you truly enjoy and find rewarding, 4) eat nutritious and wholesome food, 5) regularly engage in physical activities, 6) get involved in leisure activities that are interesting to you, 7) get involved in local clubs and organisations of likeminded people

who share your interests, 8) set achievable goals for yourself and work towards achieving them, and 9) have an optimistic mindset and try to enjoy every day.

2.4.3 Wellbeing defined and conceptualised

Wellbeing, as a multidisciplinary construct refers to numerous aspects of daily life that either contribute or detract from an individual's wellbeing (Wassel & Dodge, 2015). It links to autonomy, positive relationships, capabilities, personal growth and flourishing, self-acceptance, quality of life, satisfaction with life, self-acceptance and various negative and positive effects (Dodge et al., 2012). It is defined by the Millennium Ecosystem Assessment (2003, cited by Wassel & Dodge, 2015:6) as “a multidimensional concept encompassing material wealth, health, safety and security, good social relations, and freedom of choice and actions”. The term wellbeing is used synonymously with several concepts, including worthwhileness, life satisfaction, mood enhancement, positive mental health, self-determination, self-efficacy, quality of life, self-esteem and resilience (Huppert, 2017). Dodge et al. (2012) state that a clear definition of wellbeing (and how it should be spelt) is still lacking.

The lack of a clear definition for wellbeing increased vague and excessively broad definitions of wellbeing (Forgeard et al., 2011: 81). This shortfall was acknowledged decades ago, as Ryff (1989:1069) mentioned the neglect in the undertaking of defining the vital features of psychological wellbeing. Simultaneously, Pollard and Lee (2003:60) claim that wellbeing is “a complex, multi-faceted construct that has continued to elude researchers’ attempts to define and measure”. The latter is supported by Thomas (2009:11) arguing that wellbeing is not something tangible which makes it hard to measure and difficult to define. As a result, the work of Dodge et al. (2012) differentiated between a description and a definition of a construct, claiming that researchers have not focused on providing definitions for wellbeing but instead focused on various descriptions and/or dimensions. They define wellbeing (displayed in Figure 2.2) as “the balance point between an individual's resource pool and the challenges faced” (Dodge et al., 2012:230).



Figure 2.2: Definition of Wellbeing

Source: Dodge et al. (2012: 230)

According to Dodge et al. (2012:230), the see-saw represents the “drive of an individual to return to a set point for wellbeing as well as the individual’s need for equilibrium or homeostasis”. Resources and challenges are identified as fundamentals that can move an individual’s equilibrium as the see-saw tips (or ‘flow’) from side to side. It complements the work of Kloep et al. (2009:337) stating: “Each time an individual meets a challenge, the system of challenges and resources comes into a state of imbalance, as the individual is forced to adapt his or her resources to meet this particular challenge”. In essence, when people have more challenges than resources, the see-saw – along with their wellbeing – dips and equally so, when they have more resources than challenges. Therefore, the wellbeing of individuals are stable when they have the social, psychological and/or physical resources they need to meet a specific physical, social and/or psychological challenge (Dodge et al., 2012). Wassell and Dodge (2015) improved the definition to include theories of wellbeing conducted in the workplace, as displayed in Figure 2.3.

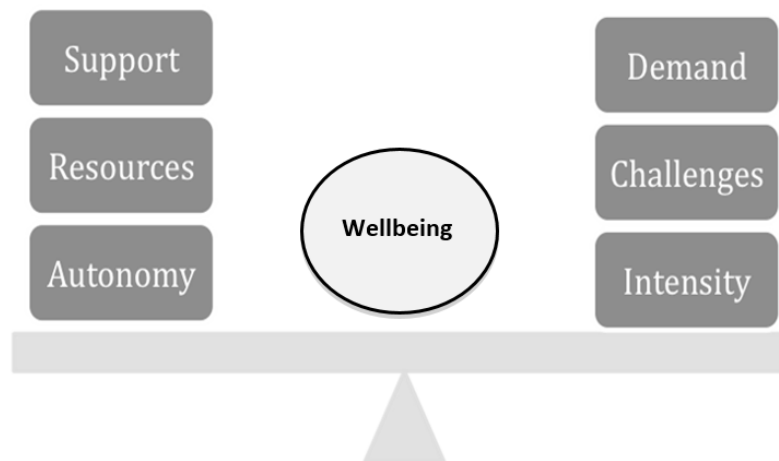


Figure 2.3: Definition of Wellbeing related to the workplace

Source: Wassell and Dodge (2015:8)

Workplace studies state that a balance between the demands of a job, the available support and the amount of control (autonomy and intensity) an employee has, contributes to their overall wellbeing (Egan et al., 2007). The latter is applicable regardless of an individual’s job type, as unnecessary pressure on an employee can weaken their wellbeing while more independence and sufficient supporting processes can enhance it.

Wellbeing is defined by Wassell and Dodge (2015:8) as the “balancing point between support, resources, and autonomy with challenges, demand, and intensity”. For an individual to deal with greater intensity, higher challenges or a greater demand, they have to increase their autonomy, support and resources. The inference can thus be made that during the COVID-19 crisis, the wellbeing of people, especially parents with toddlers are compromised. It is a struggle to find an equilibrium between the challenges of their health, family commitments and

responsibilities, childcare, WLB, leisure time, and a disrupted home environment with their available resources, autonomy and support. Given the restrictions on movements, support might have been limited to online support. For this study, parental wellbeing is conceptualised as follows:

“Parental wellbeing is a subjective state of mind (influenced by emotional, mental, physical, social, technological, financial and environmental factors) determined by the ability to perceive some unique form of balancing-point between the 1) the intensity of the life experience, 2) demands, and 3) challenges (on the one side) and 1) autonomy, 2) support and 3) resources (on the other side) while scheduling sufficient leisure time and activities to get away from it all”.

2.4.4 Measuring wellbeing

Due to the subjective nature of wellbeing (how a person feels about their life depends on how they interpret their life challenges, resources and conditions), it is a complex concept to measure and report on with clear statistics, graphs and charts (Lambert & Pasha-Zaidi, 2019). Both, the World Happiness Report (WHR) and the Happy Planet Index, use Cantril’s Ladder of 1965 (the Cantril Self-Anchoring Striving Scale) and rely on one question (rating low versus high quality of life) which asks respondents to rate themselves on their existing and impending quality or satisfaction with life (Lambert et al., 2020, Chen & Wang, 2021). Lambert et al. (2020) claim that even though it is a valid assessment of perceived and present quality of life across global cultures, it is an incomplete measurement of wellbeing. Reasons for the aforementioned include, 1) a high correlation with a nation’s Gross Domestic Product (GDP) at country level; 2) a single score indication that is linked to numerous factors such as healthcare, political functioning, education and personal freedom; and, 3) it is considered a Western-centric metric and cannot reflect how wellbeing is understood and experienced globally (Johanloo, 2013; 2014; 2016; 2018; Johanloo et al., 2019). Therefore, it becomes apparent that wellbeing cannot be reduced to a single facet (such as measuring the quality of life), as it comprises a range of multidimensional constructs (Lomas, 2015; Lomas et al., 2015; Lomas & Ivtzan, 2016). It includes a cognitive appraisal of one’s life, satisfaction with life, positive emotions, psychological resources, meaning in life and considerations of environmental degradation, social inequality and political freedom. As a result, the results of surveys (even though it is important to assist governments to implement wellbeing policies) differ and depend on what aspect of wellbeing is measured (Lambert & Pasha-Zaidi, 2019; Better Health Channel, 2020).

Several research methods were established to conceptualise hedonic wellbeing – claiming that happiness is achieved through experiences of enjoyment and pleasure – focusing on the subjective experiences of life satisfaction and happiness (Ryan & Deci, 2001; Stone & Mackie, 2013; Saunders et al., 2018). Thieme et al. (2012) identify prominent tools as the Affect Balance Scale, Positive and Negative Affect Scale (PANAS), Affectometer and the Satisfaction

with Life Scale. The conceptualization of eudemonic wellbeing – claiming that happiness is achieved through experiences of purpose and meaning in life by realising one’s true potential - has received less attention (Stone & Mackie, 2013:43). According to Thieme et al. (2012) measures include Ryff’s Scales of Psychological Well-Being (SPWB), the Social Wellbeing Scale and scales to measure mindfulness and spirituality. The lack of attention given to eudemonic conceptualisation is explained by Stone and Mackie (2013:18) as “its role in explaining behaviour is less well understood” and “worthwhileness of specific activities or the role of purpose in a person’s assessment of overall satisfaction with life, eudemonic sentiments may figure into emotional states or evaluations of life satisfaction”.

Wassel and Dodge (2015) recognised the lack of a multidisciplinary framework to measure wellbeing and even though it has not yet been extensively tested and/or applied in various research contexts, it attempts to provide an overview and some form of guidance in measuring wellbeing (See figure 2.4). It suggests that the wellbeing of people is reliant on a dynamic link between others around them, themselves and their environment.

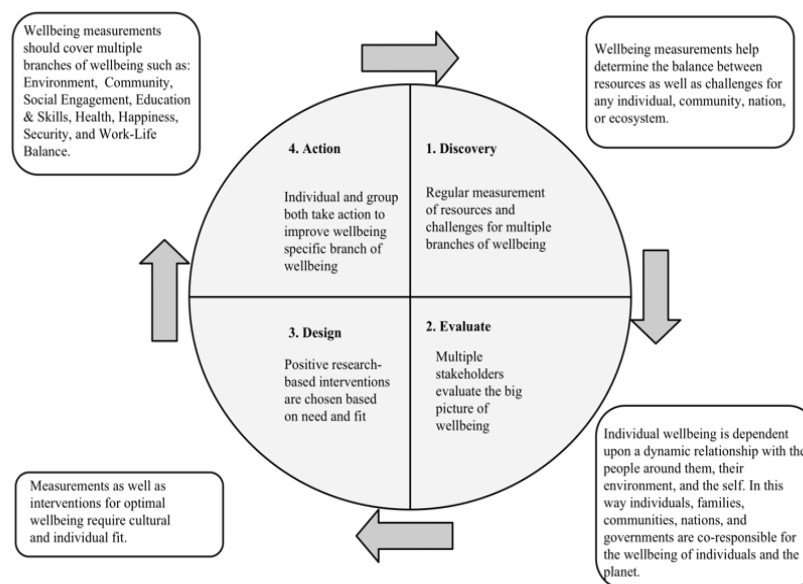


Figure 2.4: Multidisciplinary wellbeing framework

Source: Wassell and Dodge (2015:8)

The multidisciplinary wellbeing framework is based on three theories, namely, 1) social cognitive theory (three main factors influence people – self-cognition, environment and behaviours), 2) social exchange theory (the exchange of physical or intangible activities between at least 2 people and the relative reward or cost involved – social interaction produces and/or influences social behaviour and the establishment of social organisations), and 3) dynamic equilibrium theory (wellbeing is influenced by certain life events which disturb an

individual's equilibrium in addition to the effects of their personality traits). Figure 2.4 depicts the stages/steps to follow while measuring wellbeing. The first step, referred to as Discovery, involves the measuring of wellbeing, together with the resources and challenges of various divisions of wellbeing. Secondly, an evaluation of the measurements must be conducted, inclusive of multiple stakeholders from the individual to the collective. Thirdly, based on constructive researched based interventions, stakeholders are encouraged to participate in the design, considering the cultural fit of the interventions and the needs of the system. The final step is taking action; groups and individuals take co-responsibility for changing behaviour and patterns to maximise global and personal wellbeing.

Based on the above, it becomes apparent that assessing significance and meaningfulness is challenging. Stone and Mackie (2013:72) explain that these are “subjective variables that run on an ordinal scale and that there may be (statistically) significant differences in terms of what is meaningful over time versus across cohorts in a cross-section (and there is likely more margin of error in determining the latter)”. As a result, a single, globally accepted measure to report on wellbeing is not available. Adding to the challenges of measuring wellbeing, Henrich et al. (2010) state that most data-collecting bodies have produced samples that are based on WEIRD (Western, Educated, Industrialised, Rich and Democratic) populations. According to Arnett (2009), Christopher et al. (2014) and Rad et al. (2018), the WEIRD population reflects approximately 90% of published psychology research. Lambert et al. (2020) believe that this should be challenged to ensure that research and findings are representing all humans and a range of wellbeing constructs to accurately align with how different communities view themselves. One such construct could be the effect of COVID-19 on wellbeing.

2.4.5 The effect of COVID-19 on wellbeing of working parents

Nearly all global citizens, but specifically parents are experiencing mixed feelings. Negative emotions range between anxiety, stress, COVID-19 fatigue, rebellion to comply and fear, while more positive emotions include the attempt of people to adapt, strictly adhering to regulations while respecting the standards of a new normal as brought along by the COVID-19 crisis (De Villiers, 2020; eNCA, 2020). Working parents were socially isolated at home while having to rearrange and manage their time to conduct their paid work, household chores, caring and looking after their children (actively and passively), assisting with education while having to make time for exercise and leisure, personal care and sleep. They had to balance more activities than usual without dedicated schedules (Del Boca et al., 2020). It is especially worth noting as wellbeing is a significant part of individuals' lifestyles. Higgs (2007:340) claims that the overall wellbeing of humans, dictates “what they eat and drink, how they organise their leisure, how hard they work, what goals they strive for, what is important in their lives and what decisions they make”, concluding that wellbeing determines the decisions individuals will make when confronted with a range of options and crises times. A study conducted by Holmes et al.

(2020) refers to mental health sciences as an all-encompassing term that includes disciplines such as psychology, psychiatry, clinical medicine, behavioural and social sciences as well as neurosciences. The researchers emphasised the importance of all disciplines working together to combat the effects of COVID-19 on the wellbeing of societies. Holmes et al. (2020:548) report:

The potential fallout of an economic downturn on mental health is likely to be profound on those directly affected and their caregivers. The severe acute respiratory syndrome epidemic in 2003 was associated with a 30% increase in suicide in those aged 65 years and older; around 50% of recovered patients remained anxious, and 29% of healthcare workers experienced probable emotional distress. Patients who survived severe and life-threatening illness were at risk of post-traumatic stress disorder and depression. Many of the anticipated consequences of quarantine and associated social and physical distancing measures are themselves key risk factors for mental health issues. These include suicide and self-harm, alcohol and substance misuse, gambling, domestic and child abuse, and psychosocial risks (such as social disconnection, lack of meaning or anomie, entrapment, cyberbullying, feeling a burden, financial stress, bereavement, loss, unemployment, homelessness, and relationship breakdown).

The abovementioned is supported by the results of a survey conducted by Ipsos MORI (2020) stating that psychological and social problems brought by the COVID-19 crisis graded higher among people than the worry of contracting COVID-19. Warning that the COVID-19 crisis may have a pervasive and profound impact on global mental health now and in the future. They further state that research on mental health is critical in responding to the COVID-19 crisis.

Simultaneously, Chung et al. (2020) identified that the wellbeing of parents is affected. Mothers, especially, struggle to find the time and space to conduct their work responsibilities and thus found very high levels of work-family conflict. Chung et al. (2020:7) reported:

There are signs that the increased workload and conflict between work and family has negatively impacted parents' mental wellbeing, especially for mothers. Almost half of all mothers felt rushed and pressed for time, more than half of the time during lockdown. In addition, 46% of mothers felt nervous and stressed more than half of the time. Less than [half] of all parents said they woke up feeling fresh and well-rested. These findings indicate serious concerns for the wellbeing of parents, who are particularly stressed as a result of lockdown and this may be exasperated as the school/care provider closures continue or if there is a second lockdown in the future. This is especially worrying for mothers, who struggle to secure time/space to work.

Yang et al. (2020) agreed with the above but stated that COVID-19 especially presents significant challenges to the wellbeing of families with under-aged children. The authors acknowledge that previous studies documented the deterioration in wellbeing but focused their research specifically on the difference in family wellbeing between lockdown-imposed restrictions by government and families' voluntary/self-quarantine responses. The retrospective self-reporting study was conducted in Singapore. The respondents reported on their everyday stressors, activities and parent and caregiver's wellbeing at three points in time, namely: Pre-pandemic (before local transmission), Pandemic (referred to as the "circuit breaker" after local transmissions were recorded), and lockdown (during the "circuit breaker").

Results displayed noteworthy changes in childcare arrangements, income, jobs, family dynamics and the emotional wellbeing of parents throughout the various time points. Both fathers and mothers reported increased stress about the safety and health of their family members and themselves.

Fantanesi et al. (2020) report that the impact of COVID-19 on wellbeing was prevalent in families with children, as work and school shifted to the home. It is supported by the outcomes of a national survey in the United States indicating that almost all families reported a significant disruption in their daily routes and daily life due to business and school closures (Pew Research Center, 2020). Over a third of the parents who had to continue with their work responsibilities had difficulties in handling the responsibilities of childcare. Patrick et al. (2020) agree, stating almost a quarter of parents did not have the support of regular childcare while the majority of parents indicated that their child(ren) had to be constantly watched and cannot be left alone. As a result of these stressors, over a quarter of US parents indicated that their mental health worsened. The same outcomes were reported in Singapore, as Awang (2020) affirms the increased levels of anxiety in married people with children.

In a South African dispensation, the South African Depression and Anxiety Group (SADAG) reports that “59% of people felt stressed before the lockdown and 65% of people who took part in the survey said that they felt very stressed during lockdown” (Zwavelstream Clinic, 2020). Zwavelstream Clinic continues, stating that “55% feel enormous amounts of anxiety, 46% of people felt financial stress and pressure...40% of people felt depressed and 6% declared usage of substance abuse during the lockdown”. While the latter confirms that the wellbeing of global and South African citizens is of cardinal importance during times of a crisis or pandemic, it lacks information specifically on the wellbeing of working parents with toddlers. The relevant South African studies were referred to in Sections 2.2 and 2.3, acknowledging the effect of COVID-19 on wellbeing of parents while also stating the significance of leisure as a tool to mitigate and manage stress. Newman et al. (2014) add that leisure is not only a key life domain but also a core ingredient for overall wellbeing. It is discussed in more detail in the following section.

2.5 Leisure

Leisure is defined as a multidimensional construct that includes subjective and structural aspects. (Newman et al., 2014:555) explains leisure as the “amount of activity/time spent outside of obligated work time and/or perceived engagement in leisure as subjectively defined”. The following comparison was made by Csikszentmihalyi who wrote the preface of the book (page vii) edited by Freire (2012) that refers to the similarities of daily activities between humans and animals, in this example the yellow baboons of the Amboseli National Park of Kenya. The parameters of human lives are explained as follows:

[w]e also spend about 30% of our waking life in one of these three kinds of activities: productive ones like work; maintenance ones like cleaning, cooking, or commuting; and finally, 30% in 'free time'. With come historical fluctuations, these three kinds of activities constitute the parameters of our lives.

However, Young (2013:144) avers that leisure is not simply about managing one's free time but adds that leisure "gives meaning to people's lives". It has the potential benefits to lessen stress because it functions as a form of emotion-focused coping mechanism, inspiring independence, escapism, compensation and relaxation. Leisure offers the opportunity to develop friendships and companionships which in turn assist people to buffer and/or cope with stress (Trenberth & Dewe, 2005). It encompasses various leisure industries such as tourism, out-of-home eating and drinking and the media as well as a range of leisure providers, such as commercial leisure, voluntary associations and the public sector. For the current study, a brief explanation of some leisure industries follows.

2.5.1 Leisure industries

Roberts (2004) notes the following leisure industries: 1) tourism, 2) sport, 3) events, 4) the media and popular culture, 5) hospitality and shopping, 6) gambling and, 7) the arts. The explanations below provide a very broad sense of these industries while acknowledging that each industry provides many more dimensions.

Tourism is known as the largest leisure industry globally, accounting significantly for the global economy and employment according to the World Travel and Tourism Organization (WTTO, 2016). It includes tourists (people staying over at a destination) and visitors (people travelling for the day) as well as culture and heritage dimensions such as holiday camps, overseas packages, Do-It-Yourself (DIY) holidays and a very long list of attractions (local, national and international).

Sports industries include participants (those who participate) and spectators (those who support) and basic principles of inclusion in the sports industry apply: 1) sports are games that take place away from the rest of life while combining place, time and rules, 2) it requires a skill, 3) it is energetic, and 4) competitive. Participants can be amateurs who voluntarily participate or be professional athletes while participating individually or as part of a team.

The events industry differs from attractions (which are fixed) and plays a fundamental part in civilization by providing abundant reasons for a celebration to break away from the labour, effort and monotony of everyday life (Tassiopoulos, 2011; George, 2019). The purpose of events in society is deemed one of the most authoritative mediums of communication in the world (events attract tourists and tourists earning to host destinations) and include a range of different types of events. Getz (1997:4) defines events as "[T]emporal occurrences either planned or unplanned, with a finite length of time".

The media and popular culture leisure industries include watching television, producing popular arts (films, books and music) and entertainment like clubbing (Roberts, 2004).

Hospitality refers to drinks (the consumption of alcohol is recognized as the second biggest leisure industry after tourism), food and entertainment people provide when relatives or friends visit and include activities such as friends and/or family who go out for a drink or to have a meal. Roberts (2004) classifies the accommodation part of hospitality under tourism and entertainment under media, therefore hospitality focuses particularly on eating and drinking as favourite pastime activities. Simultaneously, certain types of shopping which are not classified as daily chores (such as eating, sleeping, drinking, shopping for necessities, and garden activities) or necessary for self-maintenance (like grooming and washing) are part of leisure.

Gambling is a massive global industry and has evolved into a transnational leisure industry where people do not have to phone or travel to place bets in other countries (Roberts, 2004). It can be done in the comfort of one's own home, cheaply and easily via the internet. Online gambling, as a leisure industry, combines punters and bookmakers in a global, interactive gambling market. While gambling includes casinos, national lotteries and betting on various races (such as horseracing), it is perceived as "incompatible with the values of modern societies" (Roberts, 2004:171). However, due to the lucrative nature of the industry, one cannot discard its existence as a popular pastime (whether good or bad is an ongoing debate).

The arts industry refers to the heritage and symbolic, cultural and artistic dimensions of human behaviour (Roberts, 2004). It includes museums, libraries, art galleries and exhibitions, ballet, opera, classical music and pop star performances, theatres, orchestras, contemporary dance, jazz and any performance in a theatre.

From the above, the inference can be made that leisure includes many more aspects than physical activity and exercise. Notwithstanding evidence that shows regular physical activity contributes to the prevention (primary and secondary) of chronic diseases, improves mental health and wellbeing, and reduces symptoms of anxiety, depression and stress, leisure is way more than only physical activity. Positive engagement in the abovementioned leisure industries and experiences may yield higher levels of wellbeing.

2.5.2 Leisure and wellbeing

The scholarly field of leisure studies replicates various methodological and theoretical similarities linked to the wide developments in wellbeing methods and theories (Mansfield et al., 2020). Many leisure studies have provided guidelines that challenged academic thought, political, economic and social effects and beliefs. Mansfield et al. (2020:1) urge leisure studies academics to "articulate the complex socio-cultural, personal, political and policy relevance of

leisure for wellbeing”. The latter is especially critical during a time when the measures and meaning of wellbeing are contested.

Historically and very broadly, leisure was viewed as a tool to separate from work and as a method towards a well-lived life. As a result, leisure practices are widespread and diverse and activities that create a ‘feel-good experience’ vary based on individual interests and preferences (Gibson, 2018). Simultaneously, aspects of what creates a good life differ in societies and across cultures. Johanloo (2014) compares Western culture with Eastern culture as an example. In the West, individualism is a predominant aspect and people focus on the promotion of their success, personal attributes and being independent. In the East, collectivism is more prominent and people add value to fulfilling social roles, maintaining relationships, sacrificing for communal good and appreciating their interdependent nature.

However, Mansfield et al. (2020:3) aver that “leisure forms and practices afford people wellbeing experiences created in time and space and in connection with the cultural and physical environment and embodied and sensual experiences that characterize them”. The authors support Testoni et al. (2018), stating the fundamental value of leisure to wellbeing only happens when experiential facets that explain the purpose, pleasures and meaning of leisure, are explored. It is widely accepted that leisure provides a range of opportunities for people to engage in activities and experiences which they enjoy and that are meaningful to them. These activities can be embarked on alone or as part of a group, it can be introspective and restful or sociable and stimulating and can also be constructive or destructive (Mansfield et al., 2020).

In August 2019 the Gallup World Poll and the Well-Being for Planet Earth Foundation hosted an international wellbeing summit, stressing the importance of a global view of wellbeing (Lambert et al., 2020). To provide a richer view of wellbeing which used to be purely measured based on life satisfaction, nine additional constructs were proposed which include eudaimonic and hedonic facets, as both overlap and contribute to overall wellbeing. These constructs and questions are as follows:

- Proposal 1—Relationship to nature: “I feel connected to nature and all of life.”
- Proposal 2—Mastery: “I am capable of dealing with life’s challenges.”
- Proposal 3—Meaning in Life: “My daily activities seem worthwhile to me.”
- Proposal 4—Low-arousal emotions: “Did you feel calm and at peace yesterday?”
- Proposal 5—Balance and harmony: “The various aspects of my life are in balance.”
- Proposal 6—Relationship to group: “My happiness depends on the happiness of people close to me.”
- Proposal 7—Relationship with government: “To what extent do you feel that your government and/or society respects people for who they are (for example, their culture, religion, sexual, or political orientation)?”

- Proposal 8—Leisure: “To what extent are you satisfied with how you spend your free time?”
- Proposal 9—Resilience: “When life is difficult, I recover quickly.”

Based on a majority vote, the first six proposed items were suggested to Gallup World Poll to include in their polls in 2020, with the possible addition of items seven to nine in 2021. The significance of leisure as an instrument to achieve and measure global wellbeing becomes apparent. Stebbins (1992; 1995; 1997; 2005) refers to Aristotle’s view of leisure as free time away from responsibilities, spending time on activities that were freely chosen which make people happy. In modern theories, Iso-Ahola (1988) refers to freedom of choice as essential in leisure activities while Newman et al. (2014) link leisure to the satisfaction of autonomy (a basic human need). Research and theories also refer to the satisfaction of needs associated with mastery, meaning in life and happiness which leisure (and the frequency of engaging in leisure activities) offers (Newman et al., 2014). However, Lambert et al. (2020) state “it is leisure satisfaction, how pleased one is with those experiences, that is paramount to wellbeing”.

2.5.2.1 The Leisure-Wellbeing Model (LWM)

The LWM was developed by Carruthers and Hood in 2007 and is rooted in the literature of psychology (Frisch, 2006 and Seligman, 2002; 2011), human development (Bornstein & Davidson, 2003) and the leisure behaviour theory (Kleiber, 1999). It augments the complexity and efficiency of Therapeutic Recreational practices (Carruthers & Hood, 2007). Deyell et al. (2016:5) define wellbeing as “a state of successful, satisfying, and productive engagement with one’s life and the realisation of one’s full physical, cognitive, and social-emotional potential”. The LWM (as displayed in figure 2.5) acknowledges that the solving of problems does not automatically result in an escalation of personal growth which is fundamental to the dimensions of wellbeing. However, the solving of problems facilitates the development of experiences that enhance positive emotions and in the development of capabilities and resources, it supports wellbeing.

Numerous aspects impact wellbeing (such as physical geography, environment, personality, family structure, cultural heritage, socioeconomic status, family structure and status). However, Hood and Carruthers (2016:5) place emphasis on two, “positive affect, emotion and experience on a daily basis” and “cultivation and expression of one’s full potential including strengths, capacities and assets”. They aver that “research is quite clear that developing abilities related to experiencing positive emotion, as well as knowing, using, and cultivating one’s individual and environmental strengths and resources, are directly linked to increased wellbeing” (Hood & Carruthers, 2016:5). By ascertaining proximal (short-term) and medial (mid-range) goals, the LWM supports the distal (end) goal of escalating positive emotions by identifying and

developing resources and strengths, and ultimately wellbeing. These goals are like building blocks, the proximal goals are the foundation for medial goals, and together they support the distal goals of wellbeing.

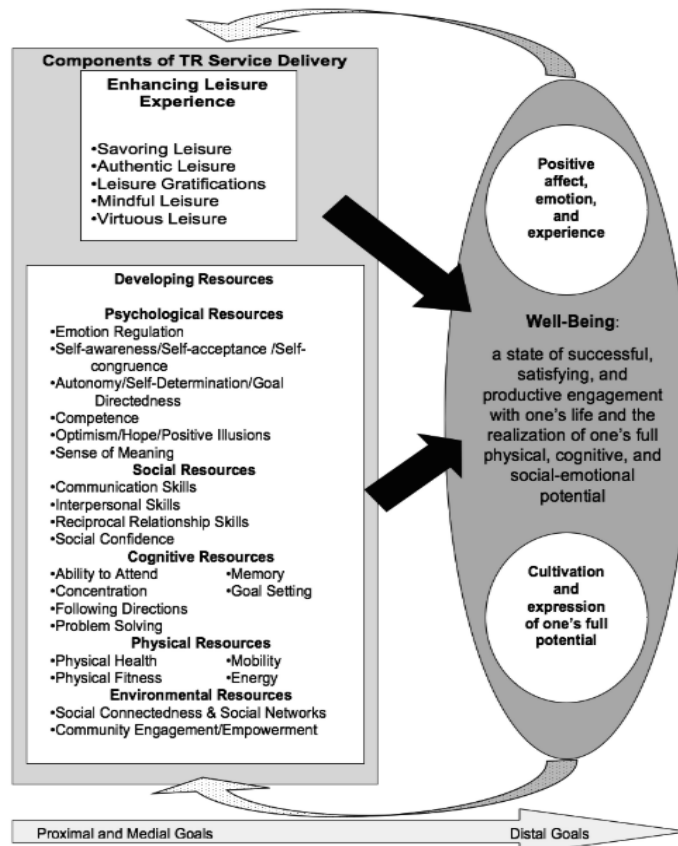


Figure 2.5: Leisure-Wellbeing Model (LWM)

Source: Hood and Carruthers (2016:6)

The model identifies two medial goals, namely 1) to enhance leisure experiences, and 2) to develop resources. Both medial goals consist of sub-components (proximal goals) as displayed in Figure 2.5. The proximal goals to enhance leisure experiences include Savouring Leisure, Authentic Leisure, Leisure Gratifications, Mindful Leisure and Virtuous Leisure as explained in Table 2.10.

Table 2.10: Enhancing leisure experiences

| Proximal Goals | Enhancing leisure experiences |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Savouring Leisure | Learn to appreciate, foster and extend the positive emotions linked to leisure engagements as positive emotions contribute to social, psychological, cognitive, physical and spiritual flourishing. Those who have the capability to attend to an immerse themselves in the satisfaction and joy of living, anticipating and reminiscing about their leisure experiences reap great benefits. |
| Authentic Leisure | Learn to recognize, select and engage in leisure experiences that reflect personal interests, strengths and aptitudes. Cultivating one's self-defining interests, strengths and virtues assists in the realisation of one's unique and full human potential. Self-defining (also known as signature) interests, strengths and aptitudes are described by a sense of one's "true self", intrinsic motivation, authenticity, excitement, enthusiasm and energy. Engaging in leisure activities that allow for the expression and discovery of these qualities intensifies the value of leisure in producing lasting benefits. |
| Leisure Gratifications | Learn to recognize, select and change leisure experiences to create a flow and ongoing development of capacities and skills. A sense of achievement and mastery are essential elements of flourishing and wellbeing. It is achieved by recognizing a desired goal and chasing it with dedication. While people have an intrinsic desire to relate, to know and to act efficiently, leisure activities should be optimally challenging (neither too easy or too difficult). Once an activity does not produce feelings of satisfaction, individuals will move to the next level of challenge. An upward spiral of growth occurs and adds to the understanding of one's full life and human potential. |
| Mindful Leisure | Mindfulness is a state of uncluttered awareness that ascends from non-judgemental and intentional attention given to the unfolding of moment-to-moment internal and external experiences. It includes emotions, sensations, perceptions and thoughts. Learn to be present in the moment to optimally benefit from the engaged leisure experience. Simultaneously, learn to engage in and select leisure experiences that require full commitment at a given moment, as it increases the intensity and frequency of positive emotions. Mindfulness reduces reactive coping and negative effects such as depression and anxiety by engaging in calming leisure experiences that include informal, formal and movement-based meditative practices. |
| Virtuous Leisure | Learn to recognize and engage in leisure experiences that permit one to use one's strong points to contribute to the world in any possible way. Meaning in life is vital to wellbeing and is attained when people participate in activities that surpass their own self-interests. It is accomplished through commitment to an honourable purpose by dedicating their strengths to a greater good. Leisure provides a rich arena for developing worthy journeys, such as reaching out to a friend in need, mentoring youth, checking in on homebound neighbours, practising random acts of kindness, revitalising a neighbourhood, conducting a faith community outreach, mobilising votes or serving on a board of directors of a nonprofit organisation. By giving, one creates a life of greater meaning and purpose. |

Source: Csikszentmihalyi (1990); Harter (2002); Seligman (2002; 2011); Brown and Ryan (2003); Peterson and Seligman (2004); Bryant and Veroff (2007); Hood and Carruthers (2007); Lyubomirsky (2008); Carruthers and Hood (2011; 2013); Linley (2013); Lyubomirsky and Layous (2013); Ryan et al. (2013); Schlegel et al. (2013); Stebbins (2013); Steger et al. (2013)

The second part of the LWM identifies the proximal goals to assist with the development of resources in creating wellbeing. The categories include Cognitive, Social, Physical, Psychological and Environmental Resources as displayed and explained in Figure X. Simultaneously, each category comprises specific resource subcomponents which also serve as proximal goals. These goals can be achieved using psychoeducational programmes, introducing practices and information that address a specific resource or a set of resources, while the development of these resources is mostly facilitated by involving enhanced leisure experiences. The authors state that “resources must operate in conjunction with each other and with the life context of the individual for them to be effective in supporting wellbeing” (Carruthers & Hood, 2007:289). Keep in mind that positive emotions are linked to the development of assets, capabilities and resources which are crucial in the development of resources. According to Fredrickson (2004), positive emotions function and feel differently than negative emotions because it permits people to be unbiased and widen their typical ways of thinking. All the above, especially the nature of leisure and reduction of freedom, was severely challenged with the onset of the COVID-19 crisis and imposed lockdown restrictions by governments.

2.5.3 The impact of COVID-19 on daily lives, leisure and leisure pursuits

COVID-19 affected the lifestyles of people across the globe (Sivan, 2020). Leisure generally has a positive meaning to people as it is observed in relation to personal realisation and freedom (Marques & Giolo, 2020). It provides opportunities to expand and contribute to knowledge and skills, and to escape from daily routines of care and/or work while generating a sense of self-realisation and belonging. “Be it a travel, a visit to the nearest pub, or simply watching a movie at home, most definitions of leisure converge on the idea of a time which is spent in accordance with the individual’s will, as opposed to that which s/he has to do” (Marques & Giolo, 2020:344). However, COVID-19 imposed official measures to limit people’s freedom (Bramante, 2020). According to Marques and Giolo (2020:345), “the existential character of leisure, already recognized by Plato and Aristotle, who conceived it as an essential requirement for humans to realise their full potential, is nowadays enshrined in the Declaration of Human Rights, in several national constitutions and in the World Leisure Organizations Charter for Leisure”. As a result, it is critical to observe and reflect on how daily activities and more specifically, leisure activities, changed due to COVID-19.

Various research, representing different geographical locations were studied to determine 1) the impact of COVID-19 on the daily activities of people (see Table 2.11), the effect of COVID-19 on leisure (see Table 2.12), and the types of leisure pursuits engaged in during lockdown (see Table 2.13).

Table 2.11: Impact of COVID-19 on daily activities

| Country | Impact of COVID-19 on daily activities |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Brazil | (Bramante, 2020) states “virtually all dimensions of life have undergone profound changes such as the expansion of telework, distance education, delivery services, family relationship, the increase in hours in front of screens, the way of celebrating the divine and, in this long list, leisure behaviours”. |
| China | According to Zhou and Liu (2020), COVID-19 created social spaces between people, forcing them to act as islands. Female employees, especially, struggled to cope with increased family commitments like never-ending household chores and caring for young and old family members. The authors are also concerned about the increased number of domestic violence cases being reported in China and abroad. People report advantages of being home-bound such as less time commuting, putting on make-up and the ability to conduct work from anywhere where there is an internet connection. |
| Hong Kong | Terms such as “work-from-home” and “online gatherings” have become the norm since the inception of COVID-19 (Bramante, 2020). Before the wearing of masks was mandatory, protestors were wearing masks to cover their identities during unrest. A shift from social activities (like dining and going out) to individual activities (home-based engagements) has taken place. Family gatherings and collective leisure activities in Hong Kong were cancelled. |
| Israel | Due to the increase in social media activities, negative and fake messages had people rushing to stores to stock up on toilet paper and certain essential commodities. Social distancing rules prevent interaction between people and families (Bramante, 2020). Older people (such as grandparents) could not be visited by their grandchildren or children. |
| Hungary | With the onset of COVID-19, the younger generation in Hungary did not take the precautions seriously and continued with their normal life, until a State of Emergency was declared. Bánhidi and Lacza (2020) conducted a study focusing specifically on Recreation and Sport Management students and found that their lifestyles have changed dramatically. Despite adapting to online methods of teaching and learning, students were forced to pay increased attention to household issues and self-care. Simultaneously, the lockdown strongly affected their search for partners, socialising behaviour and the gaining of experiences together. Physically active students also suffered tremendously, as sports clubs, fitness centres, entertainment services and regular training were halted. |
| Netherlands | Marques and Giolo (2020) report that traditional student lives of Higher Education, especially Master students, were severely impacted by the pandemic. During pre-COVID-19 times, students benefited from culturally rich leisure experiences such as visiting museums, attending debates, concerts and festivals and travelled. However, due to imposed limitations, behaviours and lifestyles were impacted while students struggled to adapt to changing family lives, the shifting of daily routines and patterns and working from home. |
| South Africa | South Africa experienced among the harshest lockdown regulations, at some levels, restricting all movements of citizens if not classified as essential, forcing everybody to work from home (Young, 2020). Daily lives changed radically as people lost their jobs while restaurants, wineries, guest houses, hotels and fitness centres closed. Given the diversity of the country, many households in informal settlements struggled to maintain social distance and had no access to the internet with large families staying in very confined spaces. As a result, most people in informal settlements continued with their normal daily activities. Due to a lack of leisure pursuits being prioritised in informal settlements, social injustices (such as teenage |

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| | pregnancies and violence against children and women), gangsters, high crime levels and substance abuse continued throughout the pandemic. Young (2020:332) states “the pandemic forced many people to revisit how they live, work and play”. |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Source: Bandihi and Lacza (2020); Bramante (2020); Marques and Giolo (2020); Sivan (2020); Young (2020); Zhou and Liu (2020)

Table 2.12: The impact of COVID-19 on leisure

| Country | Impact of COVID-19 on leisure |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Brazil | (Bramante, 2020:301) states the majority of respondents have not been detained from leisure experiences that “occupy, distract, and/or relax the mind”, “rest the body”, and “develop personally and/or professionally”. However, the home environment became a critical leisure space and the majority of respondents indicated a decrease in time allocated for leisure. |
| China | Before strict quarantine measures were imposed, people hesitantly created their own outdoor leisure spaces, venturing to less-visited spaces such as stadiums and parks. These leisure spaces were closed during stricter quarantine levels, halting among many others, China’s signature mass dancing activities (Zhou & Liu, 2020). |
| Hong Kong | (Bramante, 2020) reports that leisurely strolling in shopping malls was replaced by people queuing at supermarkets to stock up on essential goods. People turned inward, spending time on their talents and hobbies, exploring new activities and reflect how their time could be allocated to develop good habits and professional growth. Therefore known as a time of self-reflection |
| Israel | According to Sivan (2020), self-reflection can be either good (prompt positive and new ideas for development) or bad (enlarged tension about the unknown). To alleviate hardship, people in Israel reverted to black humour such as jokes about people incapable of leaving their homes at the end of the pandemic due to long-term activities of eating and passive leisure. |
| Hungary | A significant drop was experienced in retail and recreational places such as restaurants, cafes and shopping centres, while Bánhidí and Lacza (2020:326) report “daily life in Hungarian cities became different; usually busy streets in cities were quiet in a way that was never seen before”. In the past Hungarian students used their leisure time to attend parties, go to the movies or meet friends in public areas like restaurants and bars. As the entire entertainment sector was disrupted, the preferences of students changed to more passive entertainment activities. |
| Netherlands | Master students dedicate more time to studies than to work or leisure. Marques and Giolo (2020) report the mixed emotions experienced by students, and these students experienced a lack of leisure options available as well as a lack of free time to engage in leisure activities. |
| South Africa | Leisure spaces such as beaches, parks and open spaces were shut down. People undertook more domestic responsibilities, supervised children’s online schooling activities and had more responsibilities than usual. However, people still made time for family leisure pursuits like drama, music, arts and crafts, physical activities and playing board games (Young, 2020). |

Source: Bandihi and Lacza (2020); Bramante (2020); Marques and Giolo (2020); Sivan (2020); Young (2020); Zhou and Liu (2020)

Table 2.13: Types of leisure pursuits during lockdown

| Country | Types of leisure pursuits during lockdown |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Brazil | In the study conducted by (Bramante, 2020), nearly 100% of respondents engaged in virtual leisure experiences such as videos, TV, social networks, movies, online games, video games and watching series. Almost 80% engaged in intellectual experiences such as table games, reading, riddles and word searches. Approximately 70% engaged in manual experiences such as cooking, painting, crafts, drawing and gardening while 60% did physical sports experiences like fighting, dancing, sport and walks. Tourism (excursions, trips and tours) and social cultural interests (parties, church meetings, club and association meetings, celebrations and meetings with friends and/or families had, expectantly, the lowest score of less than 20% and almost 0% respectively. |
| China | Chinese citizens engaged in exercise videos (accessible on their mobile devices) at home, like Chinese martial arts. People practices badminton (a popular sport in China) on rooftops. Social media usage (such as Weibo, Douban and WeChat) increased and (Zhou and Liu, 2020) observed how Chinese citizens strategically managed their online outlets. |
| Hong Kong | People engaged in social online activities while some started cooking, even taking up cooking classes as leisure pastimes. Sivan (2020) observes the important role of the internet as it brings people together to care, embrace, exchange and share. New leisure pursuits developed (also referred to as the “new normal”) which include elements of caring and creativity. |
| Israel | Creative ways to exercise without going to the gym are featured. People used their homes to set up fitness areas in attempts to maintain healthy minds and healthy bodies (Bramante, 2020). Families such as grandparents, children and grandchildren expressed signs of closeness with virtual kisses and hugs. Known as a collective society, the high holidays of the Jewish tradition were celebrated in creative ways to ensure that everybody is included. During mealtimes, citizens went to the balconies and sang their prayers together. It created a feeling of togetherness during a time dominated with uncertainty. |
| Hungary | The nationwide lockdown kept most Hungarians at home, and the general feedback was that people used their time to keep their living spaces clean and conduct some renovations to their homes. People (mainly the youth) assisted one another (especially the elderly) with shopping, and students started cooking, and cleaning and took time to help their grandparents (Bánhidi and Lacza, 2020). Students engaged in home-based fitness activities, some jogged while others spent time hiking, walking, cycling and running in open spaces. While being confined to home, students spend more time on passive leisure activities such as reading books online, watching movies and pet-sitting animals. While initially enjoying the freedom of engaging in numerous online activities, as time passed, students aimed to balance their virtual and online activities and times. Young people are especially warned to keep healthy lifestyles, avoid gaining weight, reduce useless leisure activities or become completely inactive. |
| Netherlands | Some students engaged in personal cultural projects such as creating a social webpage to share with fellow students, developing apps for friends and re-working old poems. Students enjoyed digital cultural initiatives and attended online festivals and artist shows from their living room. Students watched stand-up comedy shows online, and visited online museums. More creative leisure pursuits included improvising a skateboard pit inside a student room (using pillows and mattresses) while doing tricks and recording it to share with friends. Students also experimented with new recipes. |

| | |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| South Africa | People reverted to various forms of communication such as WhatsApp to stay in touch with family and friends. The interest in social media platforms such as Zoom, Google Hangouts, YouTube and Facebook increased. These platforms were used for a variety of leisure interactions such as participating in online fitness classes and sharing fitness tips. The use of technology increased significantly. Young (2020) claimed people took up cooking and baking activities, while others engaged in online streamed theatre productions, watching Sunday sermons on YouTube and having virtual braais and wine tastings. |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Source: Bandihi and Lacza (2020); Bramante (2020); Marques and Giolo (2020); Sivan, (2020); Young (2020); Zhou and Liu (2020)

From Tables 2.11, 2.12 and 2.13, it becomes apparent that social distancing rules prevented people from interacting with one another. It had an impact on everybody, but even more so on societies that are collectivistic in nature. Different acts of solidarity (alleviating feelings of loneliness and isolation) may indicate a move from connectivity (albeit virtual) to connectedness in societies. When people can no longer physically meet friends and relatives, leave their homes or practise sports, new narratives in Leisure studies arise. The latter is supported by Marques and Giolo (2020) stating:

When the world becomes the size of our apartments, and being is an unstable concept, constantly updated according to new directives and procedures restricting our freedoms, leisure can still find its way through the circumstances in old and new forms

2.6 Theoretical framework as the underpinning of an exploratory process to establish a conceptual framework

After conducting a review of the literature and conceptualising WLB and wellbeing, in the absence of one theoretical or conceptual model or framework to adapt or test, the researcher determined the theoretical framework, displayed in Figure 2.6. The current theoretical framework provides a general set of ideas based on literature on WLB, leisure and wellbeing while using the conceptualisations applicable to the current study. It provides the larger research assumptions (as discussed in Chapter 3) in which the exploratory study took place. Perceived intensity, perceived demands, perceived challenges, perceived autonomy, perceived support and perceived resources provides an indication that it is an overarching approach and that the results of the study may vary according to a range of factors (i.e. personality type, subjective situation, experiences, feelings) and as such may or may not be all-inclusive.

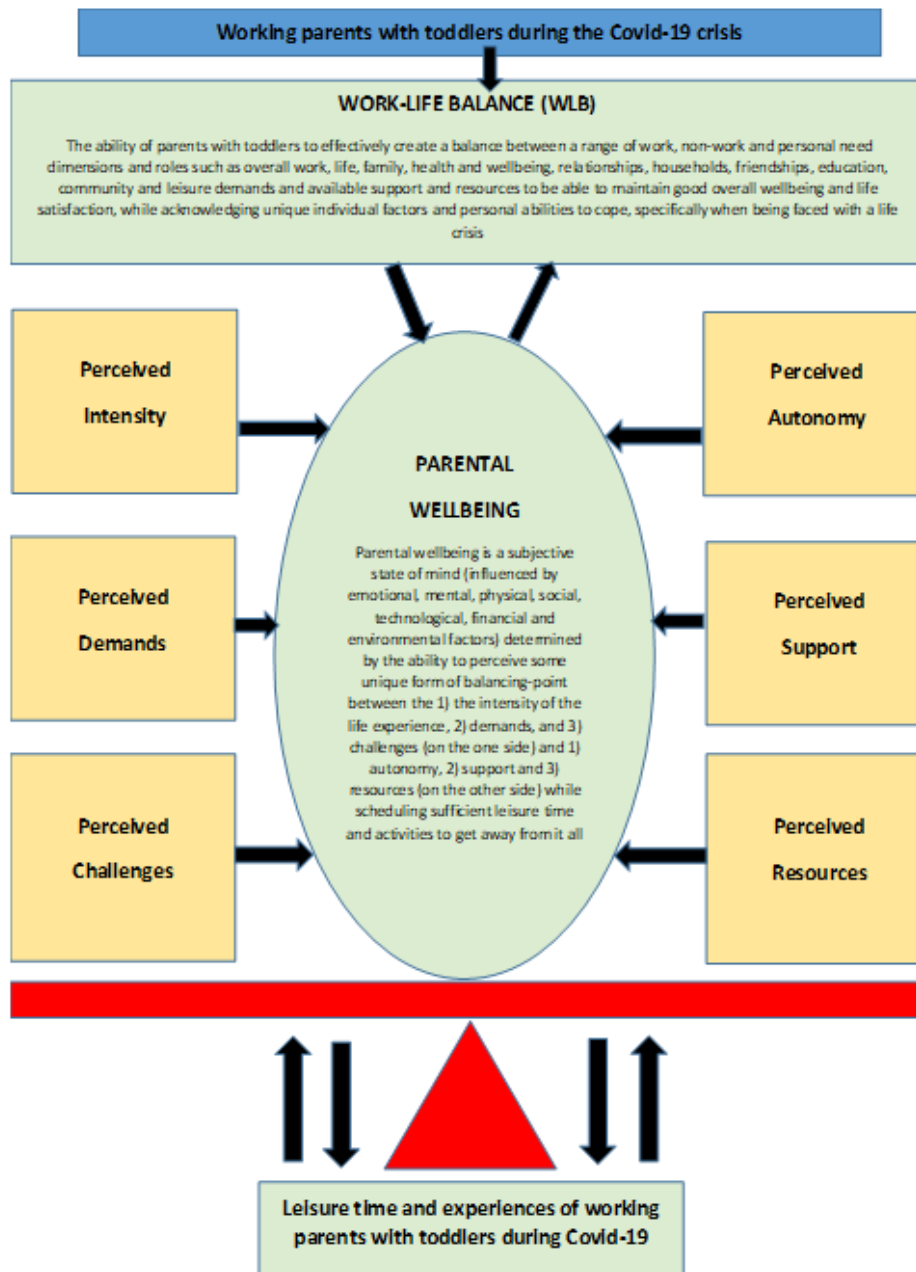


Figure 2.6: Theoretical framework on interconnectedness of WLB, Leisure and wellbeing constructs

Source: Carruthers and Hood (2007); Egan et al. (2007); Dodge et al. (2012); Hall et al. (2013); Keeney et al. (2013); Wassel and Dodge (2015); Huppert (2017); Haar et al. (2019); Chung et al. (2020); Mazza et al. (2020); Thilagavathy and Geetha (2020); Adebisi et al. (2021); Scholtz (2021)

Based on Figure 2.6, the researcher realised that the theoretical framework could be systematically changed to a conceptual framework through investigating and exploring the parental wellbeing landscape based on aspects that emerged because of the COVID-19 crisis and related crises. It is indicated by building blocks (puzzle pieces) to facilitate the process throughout (see Figure 2.7) and based on the research conducted and recommendations made since the start of the COVID-19 crisis (globally and nationally) in 2020. Each building block is explored in the research process (explained in Chapter 3) and aligned with the

research objectives (see Chapter 1) while analysing the data (see Chapters 4 and 5), triangulating the results (see Chapter 6) to arrive at the final conceptual framework for the current study (see Chapter 7).

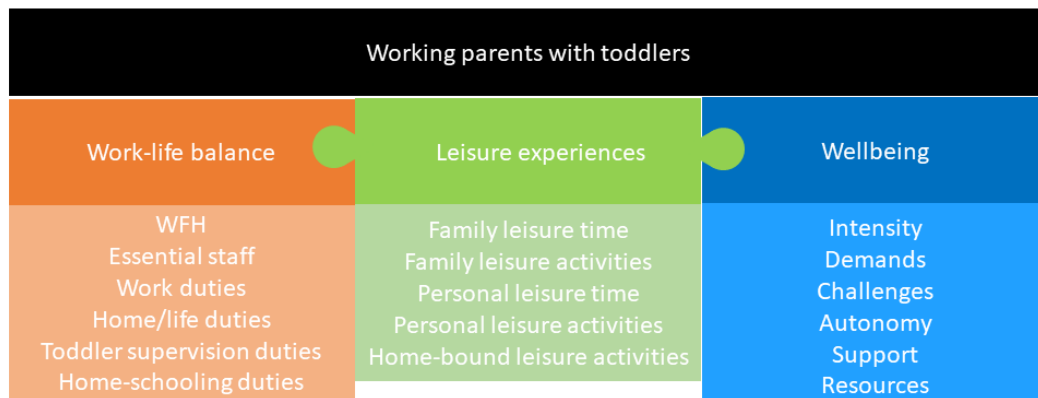


Figure 2.7: Building blocks toward a conceptual framework during a crisis such as COVID-19

Source: Balenzano et al. (2020); Better Health Channel (2020); Branswell and Joseph (2020); Caldera-Villalobo et al. (2020); Cannito and Scavarda (2020); Cherry (2020); Chung et al. (2020); De Villiers (2020); Department of the Premier (2020); Fontanesi et al. (2020); Holmes et al. (2020); IPSOS (2020); Lambert et al. (2020); Mazza et al. (2020); Mental Health Foundation (2020); Parenting SA (2020); Patrick et al. (2020); Pew Research Centre (2020); Piper (2020); Thilagavathy and Geetha (2020); Wetsman (2020); WHO (2020a); Young (2020); Zwavelstream Clinic (2020); Adebisi et al. (2021); Scholtz (2021);

2.7 Summary

In this chapter, literature regarding key concepts of this research study was provided, such as crisis times, family structures, the origin of COVID-19 as a pandemic influencing WLB, wellbeing and leisure activities. The LWM was discussed as a tool to create wellbeing by allocating the necessary resources and available leisure activities. Lastly, a global and national perspective, as published in the World Leisure Journal, was discussed based on how COVID-19 altered daily lives and leisure activities and brought about new and innovative forms of leisure.

In the next chapter, the research methodology, methods and data collection tools are discussed as well as how the building blocks guided the process to develop a conceptual framework by means of the research instruments.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses the research paradigm, design and methodology applied in this study. The flow of the research process is visually displayed in Figure 3.1.

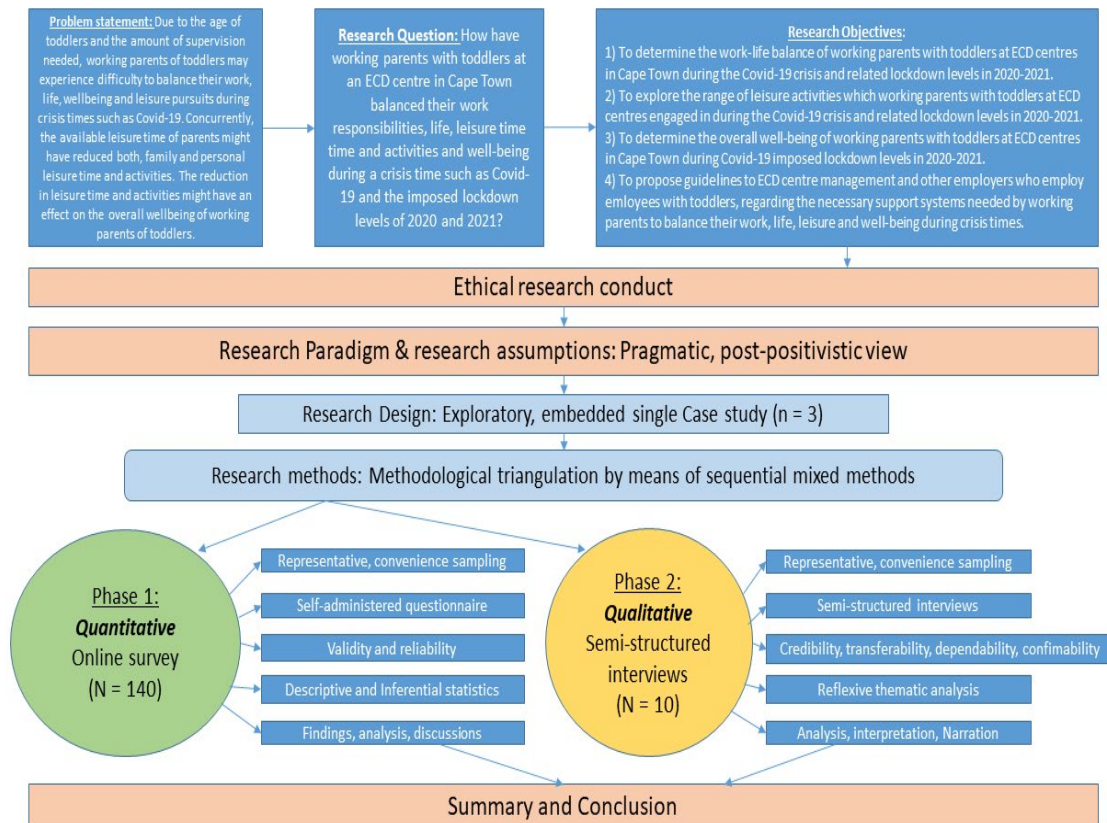


Figure 3.1: Visual display of the methodological steps of Chapter 3

Source: Researcher's own construct

The entire chapter is guided by the problem statement which led to the research question and research objectives as discussed in Chapter 1. The research paradigm and research assumptions are followed by the research design, methods and methodology. It includes a discussion of the primary data-collection methods with a focus on both phases of the data collection process. The design of the quantitative research instrument (questionnaire) is discussed regarding the reliability and validity of the instrument. The design of the qualitative research instrument (semi-structured interviews) is discussed while referring to the trustworthiness, credibility, dependability, confirmability and transferability of the instrument. Included in this chapter are details of the target population, the non-probability sampling procedures and how it leads to the data collection methods. An explanation of the relevance of thorough descriptive statistics in an exploratory study is discussed, as well as the use of

Pearson's Rank Correlations as a statistical method of analysis. It ends with a discussion on the cornerstone of all research, namely research ethics and/or ethical conduct throughout the research process.

3.2 Research paradigm

The study was approached from a pragmatic, post-positivist point of view. It is a combination of two research paradigms, namely, 1) pragmatic research paradigm and 2) post-positivism paradigm. A pragmatic research paradigm is described by Patel (2015) as an understanding that no reality is stable as it is constantly renegotiated, interpreted and debated in terms of its applicability and usefulness for a specific situation(s). It is different from other research paradigms as it does not take a particular view about reality and trust but focuses more on attempting to solve the problem at hand (Feilzer, 2010).

Post-positivism recommends the use of multiple research methods to address a research question and does not force the researcher to select one research method. Panhwar et al., (2017:255) explain it as follows:

This diversity of methods helps the researcher interact with the participants...[and] it takes objectivity as relative and tries to understand the biases that exist in all studies. Understanding biases and taking effort to minimize them is like coming closer to objectivity and trust. Post-positivism unlike positivism stands challenging the findings of the absolute truth and denies accurate claims of knowledge when studying human behavior and actions ...[therefore] post-positivist[s] are critical realist[s], because they believe that it is not possible for human beings to perceive perfection of natural causes with their imperfect intellectual powers/senses.

Moreover, a pragmatic, post-positivist approach is known to be context driven with the intent to establish practical views that are suited to specific research aims of a study while reflecting on a real-world problem to improve practices (Gelo et al., 2008). As a result, this study does not start with a theory, as a theory may be generated after the analysis of the data to substantiate the exploratory nature of the research study.

In this instance, the selected paradigm lends itself to exploring the situations of working parents, with toddlers, while understanding that each parent's experience(s) and situation(s) are unique. The rationale for choosing this research paradigm is substantiated by the provision of a workable solution to the multifaceted research problem, and research questions, while it lends itself to a practical, middle view concerning post-positivism and interpretivism (Leech & Onwuegbuzie, 2004). According to Cassim (2021:9), "post-positivism recognises the weakness of just using a positivist approach and the importance of including social factors; it is less categorical than a positivist approach and does not assume that the research is separate from a phenomenon", at the same time the "axiology with post-positivism values both [the] objectivity and subjectivity" of the researcher.

3.1.1 Research assumptions

According to Leedy and Ormrod (2010), research assumptions mention potential aspects a researcher might take for granted. If the latter is not clarified, it may lead to the misunderstanding of a certain element(s) of the research or worst case, the entire research study. From a research perspective, research assumptions relate to assumptions regarding human nature, epistemological assumptions, ontological assumptions and methodological assumptions (Burrell & Morgan, 1979). However, according to Simon (2010) and Bruwer (2016), research assumptions can also adopt a personal stance on, among others, personal insights of the researcher, specific theories and/or prior experiences. The following research assumptions were relevant to this research study:

- **Ontological assumptions:** These assumptions relate to how people make sense and/or view the world and everything in and around it. This study fell within the social realm whereby data were collected from working parents with toddlers, but it fell predominantly within the pragmatic, post-positivist research paradigm (discussed in section 3.4) as it focuses on the realist perspective. As a result, the researcher acknowledges that there are generally subjective background experiences within which humans live and function and that realism can only be identified imperfectly. In the case of working parents during a crisis such as COVID-19, what works for which parents will differ. The absolute truth will never be found as too many real-life variables should be taken into account. As a result, hypotheses can never be proven and are rejected while the researcher acknowledges that findings will not be perfect but will provide an initial exploration into the three constructs to possibly aid more avenues of research to be explored in future.
- **Epistemological assumptions:** These assumptions relate to the nature of a person's thought process as a synergy exists between a person and how they view the world and its surroundings. As this research study comprised the exploring of working parents with toddlers of three constructs within a crisis time, it was critical to obtain empirical data, both quantitative and qualitative in nature. Therefore, the researcher's thought process was relative to post-positivism as social and emotional factors had to be included, and the researcher as well as research subjects are not separate from the phenomena being studied: WLB, leisure, wellbeing and crises.
- **Assumptions regarding human nature:** Building forth on the previous two assumptions, this research assumption relates to how people view relationships between human beings and their surroundings. More specifically, do people or their environment determine what happens to people. The researcher acknowledges that

the interaction and/or experiences between human beings and their surroundings are determined by a large scope of complex, interrelated factors i.e. personalities, life satisfaction, background and history, past experiences, support systems, financial situation, employment status. Given the COVID-19 crisis, the global population was affected in numerous areas and to exactly measure its effect is impossible. Burrell and Morgan (1979) opine that it is unnecessary to choose between determinism (people's environment and situation are in control) and voluntarism (people are in control of their own fate) in social sciences. However, the researcher's assumption in the case of the COVID-19 crisis and related lockdown levels leans towards determinism as people did not have control over the drastic changes in their lives.

- **Methodological assumptions:** These assumptions comprise the process followed by the researcher. Based on the selected research design, methodology and methods, a large portion of the study had to comprise empirical research (online survey, hardcopy versions of the survey and semi-structured interviews), while non-empirical research (literature review and desktop analysis) was used to a lesser extent. The design process specifically focused on methodological triangulation by using a sequential mixed methods approach within an embedded single case study design to include the real-life experiences of parents in Phase 2 to delve deeper into sections of the quantitative results of phase 1.
- **Sampling assumptions:** Since the size of the targeted populations was unknown, the researcher made use of non-probability sampling methods: representative and convenience sampling during the quantitative phase of the research. At the time of executing the questionnaire (14 to 28 October 2021), the link was sent to all parents and teachers who had children enrolled at the three ECD branches. All parents with toddlers from 3 months up to 6 years were included and a total of 384 hard copies of the survey were distributed. 140 completed questionnaires (102 online submissions and 38 hardcopy submissions) adhered to all delineation criteria, while 16 parents indicated their voluntary participation in Phase 2. Ultimately, 10 parents completed the interviews (23 to 30 November 2021).

3.3 Research design, methods and methodology

According to Bryman and Bell (2011), Mouton (2011), and Blumberg et al. (2011), a research design (strategy) is the framework in which a research study is conducted; it acts as a blueprint for the accumulation, measurement and examination of data. A research design provides the plan and suitable engagement structures to acquire empirical evidence while the research methodology is the concrete process that should be followed to execute the research design

(Cooper & Emony, 1995; Remenyi et al., 1998). Cassim (2021) explains the purpose of the research design and methodology as a roadmap of how you designed your research and data collection methods to reach the study's research objectives and in turn answer the research question. It should be clear and enable other researchers to follow the same path and execute the same research study in different settings. Therefore, it was critical to determine the epistemology (overall approach and/or philosophy) of the current study (see Section 3.2) as it guides the entire methodological approach.

For this study, an exploratory case study research design was used; specifically focusing on working parents with toddlers between the ages of 3 months and 6 years (research subject). For the sake of clarity, the term "exploratory research" pertains to research that is conducted with the main intent to discover ideas and insights on a topic[s] on which little and/or no research was conducted before (Stebbins, 2001). In turn, case study research has to do with an empirical investigation of a phenomenon, by a researcher, within its real-life context (Saunders et al., 2018).

According to Collis and Hussey (2009) and Mouton (2011), research methods are defined as the data collection techniques used for the collection and/or analysis of the data to shed light and/or solve an identified research problem. Another way to view this is to see it as research tactics. According to Remenyi and Money (2004), research tactics are approaches that pertain to evidence collection and analysis; used to understand phenomena, such as the WLB, leisure and wellbeing of working parents with toddlers.

For this study the research method comprised methodological triangulation by using a sequential mixed methods approach within an embedded single case study design (see Figure 3.2).

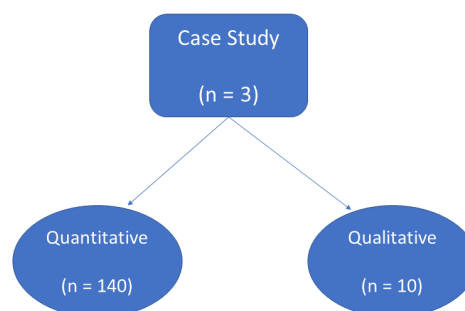


Figure 3.2: Sequential mixed methods approach in an embedded single case study design

Source: Researcher's own construct

Quantitative and qualitative data were combined to optimally address the identified research problem. After gleaning quantitative data through means of an exploratory self-administered (predominantly online) survey of parents of toddlers at an ECD centre, qualitative data were gathered through semi-structured interviews of selected parents and teachers to explore the key outcomes of the quantitative study in more depth. This approach is justified by the work of Wisdom and Creswell (2013:3) that “the qualitative data can be incorporated into the study at the outset, during the intervention; and after the intervention”. In other words, one method (phase 1: survey) is conducted first, followed by the next method (phase 2: interviews) while the case study allowed for in-depth insight into a selected population (ECD parents with toddlers).

In essence, research methodology can take the form of 1) quantitative research, 2) qualitative research and/or, 3) mixed methods research (consisting out of both quantitative research and qualitative research) (Collis & Hussey, 2009; Leedy & Ormrod, 2010; Bryman & Bell, 2011; Mouton, 2011;). For this study, a mixed methods approach was followed. The advantages of mixed methods are: 1) It helps to compare quantitative and qualitative data, 2) the participants' points of view are reflected by giving the participants a voice to talk about their experiences, 3) it provides methodological flexibility, and 4) rich and comprehensive data can be collected (Wisdom & Creswell, 2013:3). In addition, Cassim (2021:9) states that “this [mixed methods] approach recognises that all methods have their weaknesses, so if you use different types of methods together, these weaknesses could be addressed” while “the weaknesses of the individual approaches are still there, but are compensated for to some extent by using the other approach as well”. Creswell (2013) avers that by combining the methods, a more comprehensive analysis can be displayed.

3.3.1 Population

In fundamental nature, a research methodology is generally chosen while considering the targeted population of a study. The population is the complete focus of the study from which a sample is taken (Saunders et al., 2009). Since the current study aimed to explore how working parents with toddlers balanced their work, life, leisure and wellbeing during a crisis, the population of this study included working parents - both employees at and clients of the selected ECD Centre in Cape Town - who have toddlers, between the ages of three months up to six years. Although the total population was unknown, three of the branches of the selected ECD Centre in Cape Town were chosen as samples for this case study research. For clarity, the selected ECD Centre has branches in three different areas of the Northern Suburbs of Cape Town, namely, De Tyger, Oostersee and Brackenfell. Initially only estimated figures of the entire population could be provided as, 1) 200 parents at Brackenfell, 2) 130 parents for De Tyger, and 3) 100 parents for Oostersee. Due to children enrolling and/or leaving, the population fluctuates regularly, and the exact population is unknown. Each branch presented

a different geographical and demographic profile of working parents with toddlers. However, in this study, analysis is not provided per branch but as a collective (n = 140).

3.3.2 Sample method and sample size

There are two wide-ranging categories of sampling methods for social sciences, known as probability sampling and non-probability sampling (Hattingh, 2018).

3.3.2.1 Phase 1: Survey

Because the exact population sizes of working parents (both employees and clients) with toddlers at the three centres were unknown and constantly changing, all probability-sampling techniques were unsuitable. Therefore, non-probability sampling methods were used by targeting the entire population of parents and employees of the ECD centre, using representative, convenience sampling for the quantitative phase of this study. The respondents (parents and teachers) had to be listed on the ECD centre's D6 School Communicator and/or WhatsApp group to be approached and simultaneously they had to adhere to a list of delineation criteria (Blumberg, 2011; Bryman et al., 2011).

Representative, convenient sampling was employed as the entire population present at the ECD centres were approached and guided by specific delineation criteria. The inclusion criteria for voluntary participation were: 1) The parent must have at least one child between the ages of 3 months and up to 6 years, 2) the child(ren) should be enrolled at any branch of the ECD centre, 3) the parent should be listed on the School Communicator or class specific WhatsApp group of the school. To this end, it was envisaged that 150 respondents would have participated to be able to draw representative findings as provided by the tables as listed by Israel (1992). During the data collection stage, the number of printed hard-copies that were distributed to all branches (representative sampling) indicated that the size of the population at that specific moment (14 October 2021) were: Brackenfell (174), Oostersee (89) and De Tyger (121). Combining the possible respondents resulted in a population of 384. However, as non-probability sampling techniques is explained by Malhotra and Birks (2007:410) to possibly "yield good estimates of the population characteristics", Leedy and Ormrod (2005:2016) explain that the researcher cannot assure that each case of the sample is typical to the population. As a result, the estimates obtained from non-probability sampling techniques cannot be universal and/or generalised as the view of the whole population.

The researcher was aware that the response rate on self-administered questionnaires was not guaranteed to be high, and thus attempted everything (while adhering to COVID-19 protocols) to collect sufficient completed questionnaires that satisfy the criteria in the tables as listed by Israel (1992:3), while keeping time and money constraints in mind. A total of 160 respondents

completed the survey, however, only 140 were usable. Some parents completed the hard copy but did not meet the inclusion criteria and had to be removed.

3.3.2.2 Phase 2: Interviews

For the qualitative phase of the study, all participants who completed the survey were purposefully requested if they would want to continue to phase 2, namely the interviews. As a result, the same delineation criteria as phase 1 were applied. As a result of parents' unique stories, circumstances, background and experiences, it should be noted that data saturation could not occur. The researcher, however, notes that data saturation is the norm in guiding qualitative research.

3.3.3 Research instruments

As previously mentioned in the research methods section, this study made use of self-administered surveys as well as semi-structured interviews. A summary of how these research methods were applied to collect data is explained below:

3.3.3.1 Phase 1: Survey

A draft self-administered questionnaire was developed using insight gathered from conducting the literature review (Collis & Hussey, 2009). Questions in the self-administered survey comprised both open-ended and closed-ended questions. In the design phase of the questionnaire, the following surveys and theoretical frameworks were consulted: 1) Permission was been granted by the Chief Director of Strategic Management Information at the Department of the Premier to use and/or adapt the "Western Cape Government Working from Home Survey June 2020, 2) the work of Fraser (2017) focusing on the WLB of South Africans, 3) the theoretical development framework of Hood and Carruthers (2016) - the LWM, 4) the theoretical model on the relationship between leisure, positive affect and health by Han and Patterson (2015) and the multidisciplinary wellbeing framework by Wassel and Dodge (2015), comprising of the social cognitive theory, social exchange theory and dynamic equilibrium theory. All of the latter provided guidelines and insights to the researcher as to how to structure the questionnaire as no model or framework could be used in their entirety. Guided by the literature review and theoretical framework the researcher used the insight gained to develop the questionnaire initial questionnaire. Figure 3.3 provides a visual display of how the theoretical framework building blocks were utilised through various questions to answer the research question and objectives.

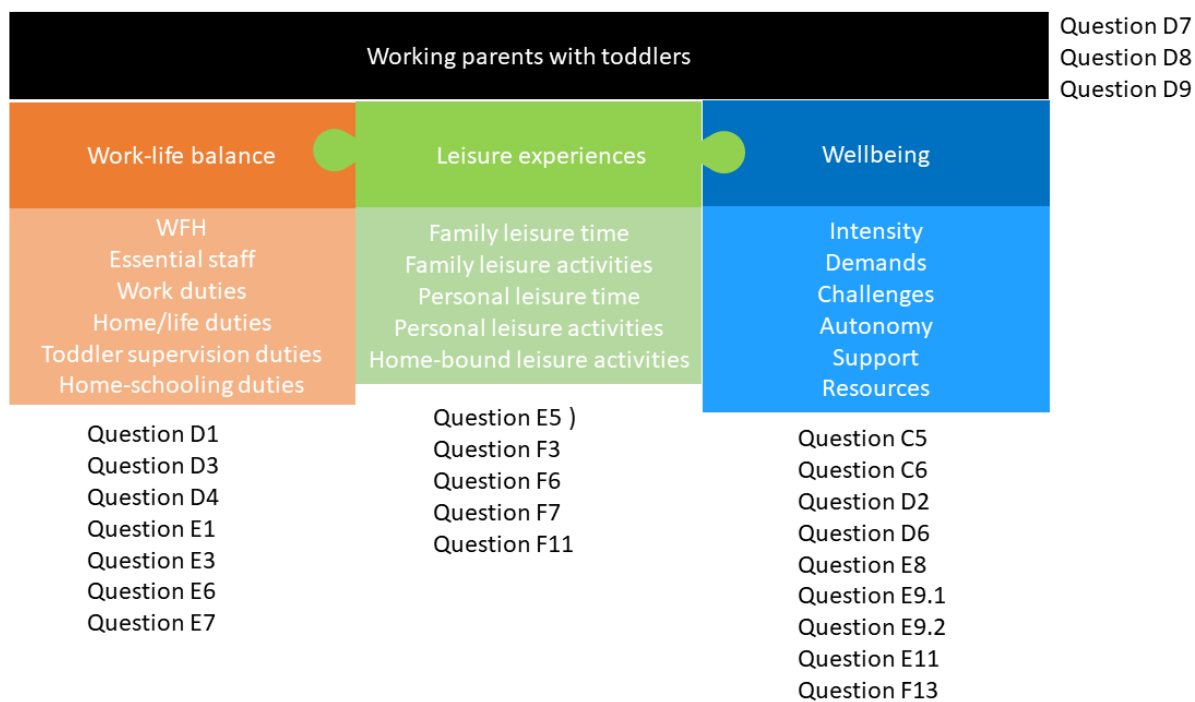


Figure 3.3: Building blocks as a lens for designing the questionnaire (Version 1)

Source: Researcher's own construct

3.3.3.1.1 Peer reviews and pilot study of questionnaire

The questionnaire was initially developed in Microsoft Word, thereafter it was programmed into Google Forms as an online platform for gathering data. Prior to conducting the pilot study, the questionnaire (version 1) was distributed to four academics from various disciplines (i.e. tourism, sport, recreation and leisure, events and internal auditing) and four parents with toddlers (that were not part of the case study) to pilot the research instrument. The four parents were selected by identifying friends who did not live in the case study vicinity (Durbanville and Wellington). The latter was done to eliminate possible errors in the design of the structured survey and to ensure the validity and reliability of the questionnaire. The researcher requested the peer reviewers to specifically provide feedback on the following: 1) the duration of time it took them to complete the survey, 2) the relevance of the questions to the aim and objectives of the study, 3) to indicate if the questionnaire was able to keep them focused throughout, 4) if they lost interest, at what point did that happen, and 5) any general feedback to improve the questionnaire (i.e. edit or enhance the clarity, content validity, readability, sequence of questions, to identify problem areas, errors and disregard vagueness).

On average, the time to complete the questionnaire ranged between 25 to 40 minutes. The feedback included that the Likert scale questions should be lessened and/or restricted to avoid scrolling up and down on cellular devices, as it is time-consuming. However, no interest was lost, and the reviewers agreed that the questionnaire kept their interest with questions they

could relate to. After the peer reviews, the researcher reduced the questionnaire by removing certain Likert scale questions, other Likert scale questions were grouped in separate questions to be visible on a cell phone screen by avoiding unnecessary scrolling, while some Likert scale questions were changed to open-ended questions. After the amendments were completed, the researcher sent the adapted questionnaire (version 2) to an additional two parents with toddlers and the average completion time was reduced to between 18 and 20 minutes. The questionnaire was approved by the two supervisors and was distributed to the selected ECD centre's owner for piloting after requesting permission during an online meeting and being granted permission for the pilot study (see Appendix D).

A pilot study is also known as a pre-testing tool whereby the main study is tested on a small scale (Sarantakos, 1988). Ricafort (2011:66-67) explains a pilot study as a "complete survey to test the efficiency of the research methodology". Permission for the pilot study was granted by an ECD centre that was not related to the main research case study (located in Durbanville), however, the same delineation criteria applied. The link was distributed to 32 parents (the entire population of the school) via email and WhatsApp and parents were given from 22 until 30 September 2021 to complete the pilot study. Very minor changes were made and the final questionnaire (version 3) was designed in Google Forms and the printed questionnaires were distributed for the completion by the voluntary participants of the three branches of the ECD case study.

A structured survey was therefore used as it is a reliable and valid measurement tool, it provides factual information, it allows the respondents to account for their behaviour, attitudes and intentions, it guarantees anonymity and it eliminates differences in the way questions are presented (Mouton, 2011). The questionnaire consisted of five sections:

- 1) Respondent profile
- 2) Covid-19 and related crises experienced by parents
- 3) WLB while being forced to work from home
- 4) WLB of both essential staff and those parents who worked from home
- 5) Leisure time and activities as a family and alone

The following tables (see Table 3.1 to Table 3.5) provide a summary of the questions and type of questions used per category and construct related to the objectives of the current research. The complete questionnaire is attached in Appendix B.

Table 3.1: Summary of questionnaire questions per type of question asked, category, construct and objective(s) – Section B Respondent Profile

| Section B: Respondent Profile | | | |
|------------------------------------------------------------------------------------|---------------------------------|-------------------------------|---------------------------------------|
| Question | Type of question | Construct and category | Objectives of current research |
| B1: Are you a South African citizen | Dichotomous | Respondent profile | Objectives 1 to 5 |
| B2: If no, what is your nationality? | Open-ended | Respondent profile | Objectives 1 to 5 |
| B3: What is your home language | Single answer multiple choice | Respondent profile | Objectives 1 to 5 |
| B4: What is your highest qualification? | Single answer multiple choice | Respondent profile | Objectives 1 to 5 |
| B5: What is your gender? | Single answer multiple choice | Respondent profile | Objectives 1 to 5 |
| B6: What is your age? | Open-ended question | Respondent profile | Objectives 1 to 5 |
| B7: What is your relationship status | Single answer multiple choice | Respondent profile | Objectives 1 to 5 |
| B8: Home many children do you have between the ages of 4 months and up to 6 years? | Single answer multiple choice | Respondent profile | Objectives 1 to 5 |
| B9: How old are your toddlers? | Multiple answer multiple choice | Respondent profile | Objectives 1 to 5 |
| B10: Do you have any other dependants living with you? | Single answer multiple choice | Respondent profile | Objectives 1 to 5 |
| B11: What is your ethnicity? | Single answer multiple choice | Respondent profile | Objectives 1 to 5 |
| B12: Are you currently employed? | Single answer multiple choice | Respondent profile | Objectives 1 to 5 |
| B13: Most receive / current job title | Open-ended question | Respondent profile | Objectives 1 to 5 |

Source: Researcher's own construct

Table 3.2: Summary of questionnaire questions per type of question asked, category, construct and objective(s) – Section C Covid-19, lockdown and related crises

| Section C: COVID-19, lockdown and related crises | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------|---------------------------------------|
| Question | Type of question | Construct and category | Objectives of current research |
| C1: Are you experiencing the COVID-19 pandemic as a crisis for you and your family? | Single answer multiple choice | Wellbeing: Intensity | Objective 2 |
| C2: Please explain your reason provided above | Open-ended question | Wellbeing: Intensity | Objective 2 |
| C3: Despite the COVID-19 pandemic, indicate other crises situations you have faced during 2020 and 2021, since the start of the COVID-19 pandemic? | Multiple answer multiple choice | Wellbeing: Challenges | Objective 2 |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------|-------------|
| C4: How many times since the start of the COVID-19 pandemic started have you experienced the following feelings and/or emotions? | 4-point Likert scale: number of times | Wellbeing: Emotions | Objective 2 |
| C5: Keeping in mind your personal state of mind and individual circumstances. Explain how intense you have experienced COVID-19 and related lockdown levels as a working parent | Open-ended question | Wellbeing: Intensity | Objective 2 |
| C6: Keeping in mind your freedom of choice (autonomy) in your daily life. Explain if and why your freedom of choice was/was not affected by COVID-19 and the related lockdown levels | Open-ended question | Wellbeing: autonomy | Objective 2 |

Source: Researcher's own construct

Table 3.3: Summary of questionnaire questions per type of question asked, category, construct and objective(s) – Section D Applicable to parents who worked from home

| Section D: Only applicable to parents who were forced to WFH (Not completed by essential staff-parents) | | | |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Question | Type of question | Construct and category | Objectives of current research |
| D2: While working from and taking care of your toddler(s), please rate your level of agreement with the following wellbeing statements | 4-point Likert scale: agreement levels | WLB: WFH (wellbeing) | Objectives 1 and 2 |
| D3: While working from home and taking care of your toddler(s), please rate your level of agreement with the following WLB statements | 4-point Likert scale: agreement levels | WLB | Objective 1 |
| D4: Explain if and/or how you manage to balance work duties, household chores and home-schooling | Open-ended question | WLB: work/life duties | Objective 1 |
| D5: Select the description that best suits you: had a home office prior to COVID-19 or never worked from home | Dichotomous | WLB: WFH | Objective 1 |
| D6: While WFH during 2020 and 2021, how intense have you experienced the following statements | 5-point Likert scale: Intensity | WLB: WFH – Wellbeing: Intensity | Objectives 1 and 2 |
| D7: What are/were your biggest challenges while WFH? | Open-ended question | WLB: WFH, toddler supervision, work duties, work/life duties Wellbeing: Intensity, demands, challenges, support, resources, | Objectives 1 to 5 |

| | | | |
|--------------------------------------------|---------------------|------------------------------------------------------|--------------------|
| | | autonomy Leisure: Personal leisure time | |
| D8: What are/were the advantages of WFH | Open-ended question | WLB: WFH Overall wellbeing | Objectives 1 and 2 |
| D9: What are/were the disadvantages of WFH | Open-ended question | WLB: WFH Overall wellbeing | Objectives 1 and 2 |

Source: Researcher's own construct

Table 3.4: Summary of questionnaire questions per type of question asked, category, construct and objective(s) – Section E Applicable to all parents

| Section E: Applicable to all working parents (essential staff and WFH staff) | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------|---------------------------------------|
| Question | Type of question | Construct and category | Objectives of current research |
| E1: On a scale of 1 to 4, indicate how COVID-19 and related lockdown levels affected your work and private life | 4-point Likert scale: Agreement level | WLB Wellbeing Leisure | Objectives 1 to 4 |
| E2: Has your work routine changed since the start of COVID-19 in March 2020? | Dichotomous | WLB | Objective 1 |
| E3: if yes, please explain the type of change(s) you experienced in your work routine | Open-ended question | WLB | Objective 1 |
| E4: Have your private life and free time routines changed since COVID-19 started? | Dichotomous | WLB Wellbeing Leisure | Objectives 1 to 4 |
| E5: if yes, please explain the type of change(s) you experienced in your private life and free time routines | Open-ended question | WLB Wellbeing Leisure | Objectives 1 to 4 |
| E6: Compare the daily time you spent on the following activities before COVID-19 with the time since the pandemic started and indicate the difference | 3-point Likert scale: change in time | WLB Wellbeing Leisure | Objectives 1 to 4 |
| E7: Since the start of COVID-19, rate your level of agreement with the following demands of life statements | 4-point Likert scale: agreement level | WLB Wellbeing: demands | Objectives 1 and 2 |
| E8: Since the start of COVID-19, rate your level of agreement with the support you had available to cope with the demands | 4-point Likert scale: agreement levels | WLB Wellbeing: support | Objectives 1, 2 and 5 |
| E9: Please explain if you received support (e.g. physically, mentally, emotionally, financially), who supported you and how it assisted you to cope since the start of the | Open-ended question | WLB Wellbeing: support, resources | Objectives 1, 2 and 5 |

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|-------------|
| pandemic | | | |
| E10: Explain the biggest personal challenge(s) you had to face since the start of COVID-19 and how it affected you and your household | Open-ended question | Wellbeing: challenges | Objective 2 |
| E11: Which resources (such as work policies, psychological, social, cognitive, physical and/or environmental) were available to you and have assisted you to overcome the abovementioned challenges? | Open-ended question | Wellbeing: resources | Objective 2 |

Source: Researcher's own construct

Table 3.5: Summary of questionnaire questions per type of question asked, category, construct and objective(s) – Section F Leisure time and activities

| Section F: Leisure time and activities of working parents with toddler(s) | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------|--------------------|
| F1: Before COVID-19, what type of activities have you engaged in as a family during your free time | Open-ended question | Leisure: Family leisure activities | Objective 3 |
| F2: Before COVID-19, what type of activities have you engaged in alone during your free time | Open-ended question | Leisure: Personal leisure activities | Objective 4 |
| F3: Since the start of lockdown, indicate if the time you spent on the following activities changed | 4-point Likert scale: change in time | Leisure: Family leisure activities, personal leisure activities, home-bound leisure activities | Objectives 3 and 4 |
| F4: While keeping in mind your physical activities and exercise routines since the start of COVID-19, please indicate your level of agreement with the following statements | 4-point Likert scale | Leisure: personal leisure time | Objective 4 |
| F5: How have your exercise routine changed since COVID-19 started and what type of exercises did you mostly do during hard lockdown and as lockdown levels were eased? | Open-ended question | Leisure: personal leisure time and activities | Objective 4 |
| F6: Did the type of activities you and your household engaged in during your free time changed as the lockdown levels changed and restrictions were lifted? | Dichotomous | Leisure: family leisure activities | Objective 3 |
| F6: Please elaborate on your answer by indicating which type of activities you engaged in during which lockdown levels | Open-ended question | Leisure: family leisure activities | Objective 3 |
| F7: Which lockdown activity with your toddler(s) did you enjoy most while being at home | Open-ended question | Leisure: family leisure activities | Objective 3 |
| F8: Why was the abovementioned activity your favourite? | Open-ended question | Leisure: family leisure activities Wellbeing | Objectives 2 and 3 |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------|
| F9: How soon will you feel comfortable to engage in your pre-COVID-19 leisure activities | Single answer multiple choice | Leisure: family leisure, personal leisure Wellbeing: feelings | Objectives 2, 3 and 4 |
| F10: While you engaged in leisure activities, did you forget about your responsibilities, demands and challenges for that period of time? | Single answer multiple choice | Leisure Wellbeing WLB | Objectives 1 to 4 |
| F11: Keeping in mind how you spend your personal free time since the start of the COVID-19 pandemic, indicate your level of agreement with the following statements | 4-point Likert scale: agreement levels | Leisure: personal leisure time, personal leisure activities Overall wellbeing Overall WLB | Objectives 1, 2 and 4 |
| F12: Have the activities that you engaged in during your free time contributed positively to your overall wellbeing? | Single answer multiple choice | Leisure Wellbeing | Objectives 2 and 4 |
| F13: Please explain your answer | Open-ended question | Leisure Wellbeing WLB | Objectives 1, 2 and 4 |
| F14: How would you self-identify your overall health (including: physical health, mental health, stress levels, coping strategies etc) since experiencing the ongoing COVID-19 pandemic for the past 18 months? | Single answer multiple choice | Wellbeing | Objective 2 |

Source: Researcher's own construct

3.3.3.1.2 Validity and reliability of the questionnaire

Leedy and Ormrod (2005:28-29) explain the validity of a research instrument as “the extent to which the instrument measures what it is supposed to measure”, while reliability discusses “the consistency with which a measuring instrument yields a certain result when the entity being measured hasn’t changed”. Much time studying and reading (literature review) led to the development of the questionnaire. Other research instruments have also been consulted as mentioned in section 3.4.3.1. As a result, the reliability of the questionnaire was improved three times by utilising various levels of expertise, peer reviewers, parents and the pilot study to achieve the final version of the questionnaire. Suh and Gartner (2004:131) warn about lengthy questionnaires as they may cause respondents to provide false information to save time, it can cause denial and/or confuse the respondents which reduces the reliability of the study. As a result, the questionnaire was shortened three times to keep it as succinct and short as possible. Limited variables were used from previously validated studies (as no other studies were conducted about the same constructs during COVID-19), however, self-developed variables were established from secondary data sources attained through reputable scholars and official

research companies. As a result, the methods used in the research study are regarded as trustworthy.

3.3.3.2 Phase 2: Interviews

Semi-structured interviews were conducted with a sample of parents and teachers who voluntarily requested to be part of phase 2. The data collection process was guided by an interview schedule (see Appendix C) based on the research constructs under investigation, following the results of phase 1. It allowed participants to share their experiences and tell their stories without directing them back to a strict interview schedule (Kruger & Welman, 2002). The data collection instrument was specially selected to allow participants to reveal their feelings, emotions, beliefs, experiences and real-life stories. The interviewer introduced the main research question (theme) while explaining the general themes (objectives) of the discussion and then allowed for spontaneous development and interaction between the research participant and interviewer while keeping the guidelines of the interview schedule in mind (Kruger & Welman, 2002).

3.3.3.2.1 Perspectives and terms used in qualitative validation

Creswell (2013) illustrates various perspectives and terms that exist in literature about the significance of validation in qualitative research. These perspectives range between the following stances of the author(s): 1) some view qualitative validation in terms of quantitative equivalents (LeCompte & Goetz, 1982), 2) others use qualitative terms that are different from quantitative terms (Eisner, 1991; Lincoln & Guba, 1985), 3) some employ interpretive and postmodern perspectives (Wolcott, 1994), and 4) others feel that validation is not important and rather combine many perspectives and visualise it metaphorically as a crystal (Richardson & St. Pierre, 2005).

As such, authors have different opinions on the procedures and terms of validation in qualitative research. Goetz and LeCompte (1984) note that reliability affects the grade to which study results are credible to others because no study can ever be exactly replicated as human behaviour is not static. LeCompte and Goetz (1982) agree with Guba and Lincoln (1981) that internal validity and reliability have an adjacent relationship as they contain an agreement between descriptions of observational phenomena in the same study. Guba and Lincoln (1981) further state that it is impossible to have reliability without internal validity as a demonstration of internal validity amounts to a simultaneous demonstration of reliability. LeCompte and Goetz (1982) investigated the constructs of reliability and validity in qualitative studies by questioning the merit of the customary functional definition of reliability as a replication of the original research. They suggested that the "generation, refinement, and validation of constructs and postulates may not require replication of [the] situation (LeCompte & Goetz, 1982:35). They further developed five strategies to enhance reliability in qualitative research as follows:

- 1) Low inference descriptors
- 2) Multiple researchers
- 3) Researcher as participant
- 4) Peer examination, and
- 5) Mechanically recorded data.

Based on the above, low inference descriptors refers to the utilising of careful descriptions instead of shorthand designations. Verbatim accounts of behaviour and activity combined with the use of concrete phrases and recordings increase the internal validity and as a result the reliability of the data. Multiple researchers provide triangulation of data sources while working in the same setting, using recording devices and team observations. The researcher as participant stipulates the importance of the social role of the researcher/investigator within the research setting, as they regulate the flow of the information; as a result, effects the type and analysis of the data. Peer examination as well as audit trails ensure dependable results while the confirmation of results by other independent authors who confirm results increase confidence in the reliability of the data. LeCompte & Goetz, (1982) regard mechanically recorded data, such as audio and video recordings, as very accurate observation tools to validate the data.

When a theoretical framework is used and the constructs from the analysis are based on the framework, the researcher has an “anchor for consistency” which becomes the main safeguard against unreliability (Goetz & ReCompte, 1984:220).

Based on the above, the following was ensured during this research study to increase the reliability and validity: 1) careful descriptions were used while behaviour and activity were displayed by using the words of the participants as explanations, 2) inferences were limited as the words of the participants were used to explain their experiences, 3) all interviews were recorded in an online research setting to adhere to the COVID-19 policy of the ECD centre, where after it was transcribed by an independent transcriber, 4) audit trails of the process was available to the supervisors in order to conduct peer examination, 5) both, the theoretical framework (see Figure 2.6) and related building blocks (see Figure 2.7) (displayed in Figure 3.3) were used to guide the interview process, 6) the analysis and presentation of the results (see Chapter 5) acts as a tool whereby credibility is assessed, and 7) the researcher as a participant is critical and a detailed discussion follows in section 3.3.3.2.2.

As a result of these measurements and precautions, the study is deemed valid and reliable, providing an explanation and descriptions of the world as interpreted by those who live in this world, while keeping multiple subjective interpretations of the participants in mind.

3.3.3.2.2 Credibility, transferability, dependability and confirmability

Trustworthiness is critical in research studies (Cassiem, 2021). It does not only apply to qualitative studies, but however different terminology can also be assessed for quantitative (scientific terms) and qualitative (naturalistic terms) as displayed in Table 3.2.

Table 3.6: Quantitative and qualitative terms to ensure trustworthiness

| Aspect | Scientific term | Naturalistic term | Application |
|---------------|---------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Truth value | Internal validity | Credibility | <ul style="list-style-type: none"> • A well-established qualitative research method was used, namely, semi-structured interviews • Researcher familiarised herself with the ECD structures • Site triangulation • Efforts were taken to decrease biased communication by establishing a safe and comfortable online interview space • No funding was received to conduct the study and possibly influence results • Researcher acknowledged her biases as a fellow parent who could relate to parents • Ethical research conduct was applied due to prior research project experiences of the researcher |
| Applicability | External validity or generalizability | Transferability | <ul style="list-style-type: none"> • The researcher engaged with the data and reflected constantly on the entire process throughout and acknowledged the subjective norm of reflection. • The researcher acknowledges that different researchers will analyse the same dataset differently but if the same methodological process is followed, the results might still be comparable. |
| Consistency | Reliability | Dependability | <ul style="list-style-type: none"> • Credibility increases dependability. • Dependability is achieved by triangulating the results of the surveys, semi-structured interviews, and relevant literature. • By using a mixed-methodological approach, dependability is enhanced. |
| Neutrality | Objective | Confirmability | <ul style="list-style-type: none"> • In establishing the codes, the researcher worked systematically towards general themes and codes and displayed the data analysis in the words of the participants to eliminate the view of the researcher to dominate the data. |

Source: Adapted from Guba (1981:80)

The naturalistic terms are discussed and applied to ensure the trustworthiness of this research study based on the work of Guba (1981), Shenton (2004) and Cassiem (2021).

Credibility

According to Cassiem (2021:143), credibility is used instead of internal validity and refers to the “accuracy of the study and whether the data that was collected accurately reflects a

particular phenomenon”. Based on the recommendation of Guba (1981) and Shenton (2004) on how to improve the credibility of the research, the following measures were taken by the researcher:

- Research methods that are well-established in qualitative research were used
- Time was spent at the ECD centre before the data collection process started
- Site triangulation was possible due to the three geographical sites of the case study
- Measures were taken to create a safe and comfortable online interview setting among participants to decrease biased communication
- Iterative questioning took place during the interview whereby the researcher confirmed if she understood the participant correctly
- Peer scrutiny of the research was conducted by the three supervisors of the study
- The researcher reflected on the research to identify possible errors or problems
- Regarding the development of the theoretical framework and related puzzle pieces, a detailed description of the constructs/phenomena was provided in Chapter 2.
- No funding was received for the research and thus eliminated the potential conflict of interest.
- The credibility of the researcher is ensured during the next paragraph by providing the reader with a short description of the researcher’s background, qualifications and experience.

The researcher is a white, South African female, 43 years old, married, and the mother of a boy (4 years old) and a girl (6 years old), residing in Wellington (Western Cape, South Africa). She is currently a lecturer at a Higher Education Institution and has the following qualifications: National Diploma in Marketing (2000) and a B-Tech Degree in Tourism and Hospitality management (2002). Her subjects of expertise include Tourism Management, Tourism Marketing and Event management. Previous experiences include being the co-owner of a SuperSpar and Tops responsible for Human Resource management, Retail management, Cash office management and the management of the overall businesses. She assisted as headmaster of one of the schools of their family business for three years while gaining significant insight into working with toddlers across the Autism spectrum. She is the owner of IQ Research Consultants since 1998 and conducted numerous research projects. The researcher is mindful that as a parent of toddlers, she can relate to the topic and caution is exercised to be aware of own experience biases.

According to Kirk and Miller (1986), any additional information and descriptions about the researcher enhance the credibility of a study and the data collection process. The reader of the study needs to feel that they know the researcher, their experience, academic

commitments, values and behavioural style. They also state that if observations are presented without information about the researcher, it is difficult to meaningfully interpret the data.

Transferability

Cassiem (2021) states that transferability is used instead of external validity. To compensate for the relatively small sample sizes of qualitative research, the researcher must provide detailed descriptions of the study, the context and the data. It will aid readers in making an informed decision about whether certain findings might apply to a different context while guiding them to which extent it could be done. To provide an opportunity for possible transferability, the researcher provides the methodology in this chapter, followed by detailed descriptions as required, in Chapter 5. However, Braun and Clarke (2019) warn that by using reflexive thematic analysis the researcher's interpretive analysis of the data occurs throughout the dataset, the theoretical assumptions and the analytical skills. As a result, it is expected and appreciated that different researchers will analyse the data differently. It is however possible, despite possibly being unlikely as reflexive thematic analysis involves the "researcher's reflective and thoughtful engagement with the data and their reflexive and thoughtful engagement with the analytic process (Braun & Clarke, 2019:594).

Dependability

In qualitative research instead of using reliability, dependability is used. Shenton (2004) notes that a qualitative research study may not be easily repeated in the same way of the original researcher as the participants and obtaining of results will vary. It is therefore the researcher's responsibility to provide detailed descriptions of the research design and methodology so that other researchers can easily understand the research and note possible weaknesses. However, Guba (1981), Shenton (2004) and Cassiem (2021) agree that credibility increases dependability, while methodological triangulation which overlaps (mixed-method approach) assists to identify similarities in the data. For this research study, dependability was achieved by using surveys and semi-structured interviews while further triangulating between descriptive statistics, inferential statistics and the interview results.

Confirmability

Another aspect of trustworthiness is confirmability (Cassiem, 2021). Instead of aiming to achieve objectivity (as it is not normally achieved) within qualitative research, confirmability ensures that the voices of the participants are displayed and not the researcher's views. For this research study triangulation promoted confirmability while being combined with a detailed research design and methodology. However, by employing reflexive thematic analysis, the expectation that specific codes and themes of one researcher will be produced by another is highly unlikely. The researcher agrees with Byrne (2021:2) who acknowledges that "prospective proponents of RTA [reflexive thematic analysis] are discouraged from attempting

to provide accounts of ‘accurate’ or ‘reliable’ coding, or pursuing consensus among multiple coders”.

3.3.4 Data collection and fieldwork

The first step in executing the fieldwork was to contact the owners of the private ECD Centre in Cape Town’s Northern suburbs, to set up a meeting to explain the rationale of the research and request written confirmation and consent to continue with the quantitative and qualitative research at their three respective branches (see Appendix E). The researcher agreed to adhere to all the relevant COVID-19 regulations of the ECD centre.

3.3.4.1 Phase 1: Survey

Once permission was granted from the owners, the first step for the researcher was to draft a letter, explaining the aim and objectives of the study. It also included the rationale for the study, and ethical considerations and invited parents to voluntarily participate. It was distributed to the parents to inform them of the forthcoming study (Appendix F). It aided the transparent research process while simultaneously informing possible respondents of the process. The Google Forms link to the online questionnaire, as well as copies of the letters and the printed questionnaires were distributed to the parents. All online communication was executed through the digital platforms used by the ECD Centre, namely the D6 school communicator and WhatsApp groups. The printed letters and questionnaires were delivered to the school by the researcher and distributed by the respective teachers who sent them home in the bags of each learner who are between 3 months and 6 years. While parents could not continue with the online questionnaire without giving consent, the printed versions of the questionnaire included a cover page with a letter of consent to complete and sign (see Appendix G).

3.3.4.2 Phase 2: Interviews

Semi-structured interviews were the second part of the data collection process. The final question of the survey invited interested parents to provide the researcher with either their email address and/or cell phone number. 16 parents indicated an interest in conducting the interview. However, 10 parents were available to conduct the interviews during the scheduled time frame. As all respondents had completed the online questionnaire to reach the last question, it was clearly explained that the semi-structured interviews sought to gain deeper insight and knowledge on the research question. The researcher provided the possible participants with the option of conducting the interview electronically or face-to-face, depending on the lockdown level imposed at the time. Once dates and times were confirmed, the interviews were conducted and with the consent of the respondents, were recorded.

During the interview, the researcher introduced herself and requested consent from the participant while explaining all ethical considerations (complete anonymity, free to express

their feelings without fearing condemnation from the interviewer), followed by introducing the main aim, while allowing for the conversation to flow guided by the investigative questions. During the interview, the researcher did not treat the respondent as 'one of many' participants but showed interest in the participant as an individual while respecting their unique situation and experience, being understanding of their situation and keeping records, both in writing and also through the recording (Kruger & Welman, 2002).

Finally, no time restriction limited the interview in an attempt to create a relaxed conversational atmosphere while the researcher also observed the non-verbal communication of the respondents. (Kruger & Welman, 2002). Once the interview neared an end, the researcher again reassured the participant of their anonymity and confidentiality and thanked them for their time. On average, the interviews ranged between 60 to 90 minutes per parent.

3.3.5 Data coding and analysis

3.3.5.1 Phase 1: Survey

The primary data that was obtained from the online survey was initially gleaned for any possible incompleteness as incomplete surveys were removed. It resulted in the removal of 20 surveys from the initial 160 responses received. 140 surveys were complete and adhered to the delineation criteria. The data was electronically extracted to Microsoft Excel on a spreadsheet, thereafter it was imported to the IBM Statistical Package for the Social Sciences (SPSS). Due to the exploratory nature of the research study, descriptive statistics were deployed to describe the data. As the constructs under investigation need thorough exploration, descriptive statistics were discussed in detail to provide a solid platform for inferential statistics and interviews. It was done by measuring central tendencies (i.e. means, averages), measuring dispersions (i.e. standard deviations), exploring the relationship of variables and displaying the statistical results in graphical format and tables. According to Wilson (2010), descriptive statistics empowers researchers to present data in a meaningful way as it allows for the simple interpretation of the data set.

Open-ended questions were treated as qualitative data and the same application of data analysis as displayed in Table 3.3 was used. It was reported through graphs and tables, whereby the number of responses was converted to percentages. The verbatim answers are reported on to provide richness to the descriptive analysis while encouraging data triangulation between the numerical data, the open-ended questions and the results of the qualitative phase of the research.

Inferential statistics were included in the form of Pearson correlation coefficient (r) to determine relationships between the phenomena as well as the strength of the association between variables. Pearson correlations is a popular technique used to measure the direction and

strength of a direct relationship between two variables and has the following advantages: 1) relatively low mathematical intricacy ranging from -1 to 1, and 2) strong significance as the nearer the value is to 1, the more solid the direct relationship is between the two variables (Heumann et al., 2016). Pearson correlations were deemed significant to reduce the data of a range of variables (crisis times, COVID-19, WLB, home-schooling, wellbeing, leisure time and activities of families and individual parents) by pairing correlations and possibly suggesting causal relationships that could be further investigated or explored. From the Google forms that were completed, the data was exported to Microsoft Excel from where it was imported to SPSS. A statistician with expertise in SPSS helped to run the Pearson correlations from where the tables were analysed and relationships were identified by the researcher.

3.3.5.2 Phase 2: Interviews

Bazeley (2009:7) reports that “integrating themes to provide a rich, deep understanding or a coordinated, explanatory model of what was found” is important. Hutchinson (1988) describes three coding levels as 1) notes of small observations, 2) notes on categories, and 3) theoretical constructs. For this study, a combination of the qualitative data analysis spiral of Creswell and Poth (2018) and the reflexive thematic analysis procedures of Braun and Clarke (2018) was applied in the reflexive thematic analysis of the data. The latter is explained in Table 3.3. The rationale for combining the methods stems for Creswell’s spiral approach as a guideline on the procedures to follow which is highly cited in numerous social sciences studies. Simultaneously, Braun and Clarke (2006; 2018; 2020) are frequently cited in psychology studies and related wellbeing studies. Wellbeing is a phenomenon under investigation and therefore motivated the merging of these procedures and phrases of the qualitative data analysis stage.

Table 3.7: Reflexive thematic analysis procedures and phases

| Procedure | Phase | Application |
|-----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Data collection | Familiarizing with the data | Data was generated through semi-structured interviews while the process of familiarization started |
| Data managing | Code generation | The researcher listened to the audio recordings of the data several times, simultaneously it was distributed to an independent transcriber. Deductive coding based on Chapter 2 and 4 and inductive coding occurred. Upon receipt of the data transcripts, it was printed, saved electronically and read to determine more possible codes. |
| Reading/memoing | Theme and pattern development (central organizing concepts) | Transcripts were read and reflected upon while making notes on emerging ideas for themes as organizing concepts. It involved the construction of draft themes that were not fixed or final. |
| Describing/classifying | Reviewing potential themes and describing the participating parents | Reviewing, describing and classification of themes by making use of the notes and the Web Version of Atlas.ti v22. |
| Interpreting | Defining and naming themes | Interpret the data while assigning the final theme names and displaying it visually. |
| Presenting the data and narrating the account | Reporting and reflecting | Reporting, narrating and the narrating of the themes took the form of verbatim quotes, tables and stories of participant experiences. Lastly, the researcher reflected on the process. |

Source: Adapted from Braun and Clarke (2006; 2018) and Creswell and Poth (2018)

In qualitative data analysis, “the researcher engages in the process of moving in analytic circles rather than using a fixed linear approach” (Creswell & Poth, 2018:186). After collecting, managing and reading the data, the data were manually coded while noting emerging themes. Both deductive (possible codes from previous studies and literature as discussed in Chapter 2) and inductive coding (additional/new codes that emerged throughout the analysis) were used to determine the codes and themes. Braun and Clarke (2018:109) state that reflexive thematic analysis typically “moves from simple summation-based description into interpretation; telling a story about the ‘so what’ of the data” guided by the objectives of the research study. Lastly, the data is interpreted and presented in Chapter 5 while making use of a combination of objective and subjective writing styles as underpinned by the research paradigm. Braun and Clarke (2018:107) aver that “research subjectivity [is viewed] as a resource (rather than a problem to be managed)” while emphasising the importance of reflexivity on the contextual nature of assigning meaning to the data set. In Chapter 5 the latter was presented as applied and explained in the following sub-section.

3.3.5.2.1 Reflexive thematic analysis (RTA) procedures and phases

The data analysis process was guided by reflexive thematic analysis procedures and phases (see Table 3.3). As a result, the researcher did not use a fixed linear approach but rather engaged with the data by moving in analytic circles. This allows for themes to emerge which can provide a deep and rich understanding of what was found during the semi-structured interviews based on the research question and objectives of the research study. As noted by de Vos et al. (2005:333) the process of analysis,

...does not proceed tidily or in a linear fashion but is more of a spiral process; it entails reducing the volume of information, sorting out significant from irrelevant facts, identifying patterns and trends, and constructing a framework for communicating the essence of what was revealed by the data.

This process is discussed in the steps below.

A) Step 1: Data collection and familiarisation

The semi-structured interviews were conducted with parents who had fully completed phase 1 (survey) of the study, therefore the same sampling method was employed. As indicated, the final question of the survey invited parents to voluntarily participate in phase 2. Only parents who showed interest were contacted and invited for an interview (Jones, 2022). All interviews took place online, due to the nature of the COVID-19 crisis at the time, by utilising the Zoom platform.

Pre-COVID-19 face-to-face semi-structured interviewing was perceived to be the only way in which researchers should preferably conduct interviews as it allows for the study of mannerisms and behaviour while being in close contact with the respondent (Novick, 2008). At the start of the COVID-19 crisis, researchers had to choose between 1) postponing data collection, or 2) utilising available technology (Eschman, 2022). The researcher experienced a willingness by parents to conduct an online interview. Although the exact reasons are unknown, the following factors could have assisted: 1) parents had the flexibility to schedule the interviews at night when the house was quiet, 2) it was convenient and 3) without extra effort. From a researcher's perspective, it saved time and money, the geographical distribution of parents did not affect the interviews and it was relatively easy to get respondents relaxed and engaged. The researcher had to pay close attention to non-verbal cues and facial expressions in the absence of studying their entire body language. By utilising an online platform such as Zoom, the researcher or participant may experience technological, connectivity or interruption issues and it was handled as and when they appeared. During COVID-19, most people got accustomed to phrases such as: "are you still there?", "can you hear me?", "you broke up, I missed it, please repeat", "let's reconnect and try again", "let me quickly quiet the dog", "I'll be right back". It was critical to realise that data gathering did not take place at a prior agreed-upon neutral venue but was conducted while allowing one another

into each other's homes and it called for flexibility and understanding from both the researcher and the participant.

Parents were contacted by the researcher via email (those who provided their email addresses) and/or via WhatsApp (parents who provided their telephone numbers) to arrange a suitable date and time for the interviews. Ten interviews were conducted in total. The same format was followed for each interview. The steps are explained below.

- a) The researcher introduced herself and described the aim of phase 2 of the study (viz. to gain a deeper insight to their WLB and leisure experiences during the COVID-19 pandemic period).
- b) To break the ice, build rapport and gain trust with the parents, the researcher explained that she is a fellow mother of two toddlers who had been working from home since the start of the COVID-19 crisis.
- c) Respondents were notified that they may end the interview during any part of the process, should they feel uncomfortable.
- d) Permission to record the interview was requested while assuring parents that confidentiality would be maintained.
- e) The recording started and the conversation, guided by an interview guide (see Appendix C) began.
- f) After thanking the parent for their time, the recording was saved and the audio file was sent to an independent transcriber.
- g) The researcher made reflective notes after the interview, specifically reflecting on the overall wellbeing of the parents, the leisure time and activities they engaged in as a family and alone, how they experienced working from home (if they worked from home), how they experienced the COVID-19 crisis as part of essential services (if they did not work from home) and the overall sentiment of the parent (positive, negative, neutral) regarding the COVID-19 crisis.

Throughout the interview and subsequent stages, the researcher was aware of potential biases such as her own perceptions of 1) the COVID-19 crisis, 2) working from home, 3) personal leisure time, 4) her personal wellbeing, and 5) autonomy. The interviewer attempted to be sensitive to what parents experienced, simultaneously attempting to view the COVID-19 crisis through the lens of their lived experiences. She focused on what they experienced, how they felt, what they were going through and how the COVID-19 crisis affected their lives and those of their households and relationships. While analysing and interpreting the data, the researcher strove to be aware of any other possible biases (cultural, financial and personal biases) that could affect the process. Continuous self-reflection and reflexivity, throughout the process, assisted the researcher to engage on a deeper level with the thematic process.

The researcher familiarised herself with the data by actively listening and paying attention during the interviews. Notes were not taken at this stage to ensure full attention to the engagement with the parents.

B) Step 2: Data management and code generation

The researcher listened to the recordings of the audio files numerous times, manually identifying potential themes and codes. Simultaneously, the audio recordings were distributed to an independent transcriber to provide a written account of the interviews. These transcripts were printed and manually coded. Deductive coding included possible related codes noted in Chapter 2 (literature review) and Chapter 4 (quantitative analysis). Inductive coding included the additional codes that emerged during the coding generation phase. The coding of all transcripts occurred before moving on to the next phase. The generation of codes was critical in the steps needed to arrive at themes. The researcher paid close attention to personal observations during the reading of the transcript while documenting her thoughts and feelings regarding the analytical process and the data (as recommended by Braun & Clarke, 2018 and Byrne, 2020). The notes taken during this stage assisted with the coding of all transcripts and informed the interpretation of the finalised thematic framework of the study.

C) Step 3: Draft themes and pattern development by reading and memo-ing the data

The researcher familiarised herself with the data by actively listening to the recordings in the previous phase and by reading the transcripts numerous times. Notes were made about various phenomena that appeared as well as the overall sentiments of the parents regarding the constructs under investigation. In the process, the researcher had to engage with the data and reflect on it. Kerdeman (1998, cited by Denzin & Lincoln, 2000: 3) avers that a researcher 'risks' their everyday attitudes, stances and knowledge by engaging with the data as they find themselves between experiences of strangeness and familiarity in the process.

D) Step 4: Reviewing, describing and classification

A recursive review of the draft themes was conducted by the researcher as the entire analytical process of qualitative data involves going back and forth, engaging and re-engaging with the coded items and entire data sets (Braun & Clarke, 2012; 2020; Byrne, 2021). Each review deepens the engagement with and on the data (See Figure 5.1).

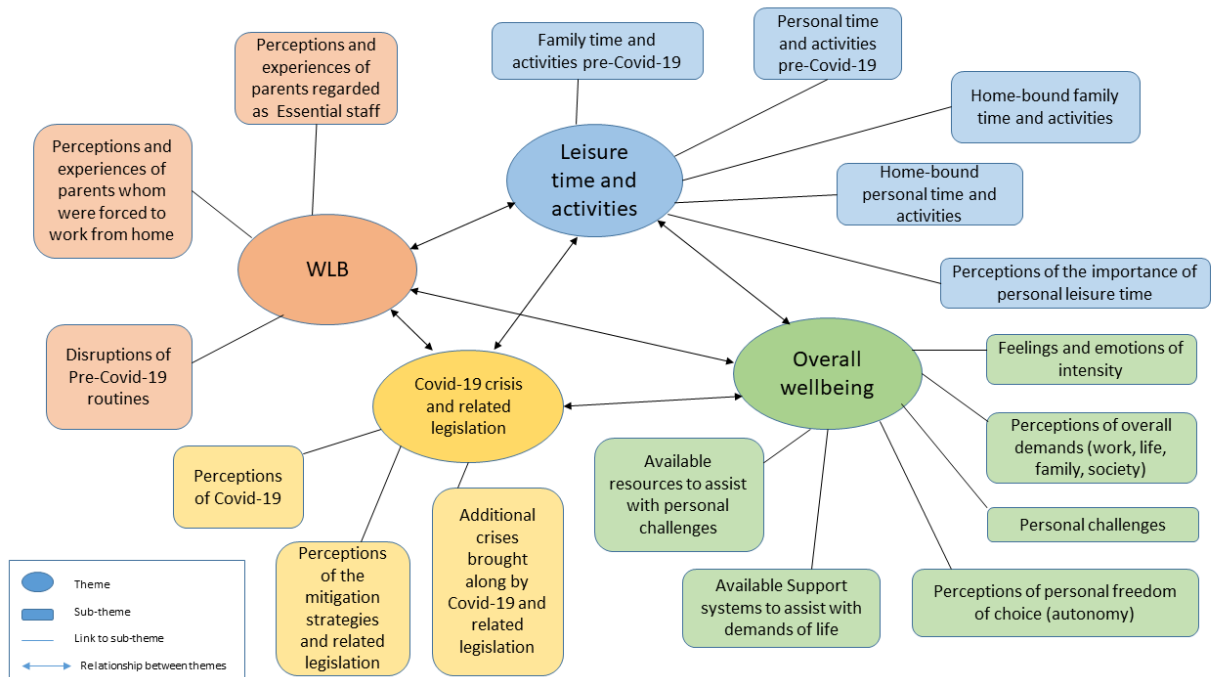


Figure 3.4: Visual display of Step 4 in the analysis process

Source: Researcher’s own construct

During each engagement, the researcher kept the research objectives in mind to not allow the magnitude of data to detract from the aim and objectives of the study. A set of key questions (as proposed by Braun & Clarke, 2020:65) was utilised to assist the researcher during this developmental phase. These are:

- 1) Is this a theme (it could be just a code)?
- 2) If it is a theme, what is the quality of this theme (does it tell me something useful about the data set and my research question)?
- 3) What are the boundaries of this theme (what does it include and exclude)?
- 4) Is there enough (meaningful) data to support this theme (is the theme thin or thick)?
- 5) Is the data too diverse and wide-ranging (does the theme lack coherence)?

The researcher answered and reflected on all the questions to assure meaningful engagement with the data.

E) Step 5: Assign and define final themes and interpret the data

During this step, the researcher reviewed the draft themes (see Figure 5.1) and assigned final theme names (sub-themes and categories) as displayed in Figure 5.1 (see Chapter 5). Multiple extracts were gathered from the entire pool of data to explain the diversity of the expressions of parents as well as their meanings. Byrne (2021:2016) recommends a deep analysis of the extracts which “goes beyond merely reporting what a participant may have said”. He agrees with the explanation of Braun and Clarke (2012) that each extract should be interpreted as part

of the overall theme, in the context of the research questions and by creating an analytic narrative that informs the reader what is interesting about the extract and why.

F) Exit point: Presenting the data and narrating the account

The final step of the analysis is when reporting occurs by means of narrative reporting, verbatim quotes, extracts, tables and figures as presented and discussed in Chapter 5.

3.4 Data management plan

All electronic data (videos, audio recordings, transcripts) were stored in the cloud on the OneDrive account of the researcher (as provided by CPUT). All manual records were placed in a box for safekeeping at Wellington Campus. All manual and electronic records will be destroyed after five years.

3.5 Summary

In this chapter, the researcher provided information on ethical research conduct, the research paradigm and selected research design, methods and methodologies that were applied in the study. Research assumptions were discussed and was followed by explanations on how primary data was gathered and the development of the research instruments. It further provided clarity on the target population, sampling procedures, data collection tools and the data analysis tools. In the next chapter, the quantitative data analysis and results are provided and discussed.

CHAPTER 4: RESEARCH FINDINGS, ANALYSIS AND DISCUSSION OF SELF- ADMINISTERED QUESTIONNAIRE

4.1 Introduction

Chapter 3 of the dissertation gave a thorough depiction of the investigation and blend of research methodologies used to explore the study. In addition, it described the analytical tools that were utilised to analyse the data. The research method that was used comprised methodological triangulation using an exploratory, sequential mixed method approach within an embedded single case study design. It was used to understand the phenomena of WLB, leisure and wellbeing of working parents with toddlers and to achieve the objectives of the study. Semi-structured interviews were conducted with parents of toddlers who volunteered to continue with a follow-up study (Part 2 of the study, as discussed in Chapter 5) after completing a self-administered questionnaire (Part 1 of the study).

In Part 1 of the research study, questionnaires were distributed to a population of 384 registered parents of toddlers at three ECD branches, namely Brackfenfell, De Tyger and Oostersee. A total of 160 completed questionnaires were received (a positive response rate of 41.67%) of which 140 were found to be valid. All 140 parents gave their consent to partake in the study, in line with the ethical considerations stated in Chapter 3. Furthermore, 100% of the parents had at least one child between the ages of three months and six years enrolled at one of the ECD branches during the data-gathering period. Moreover, 100% of the 140 validated parents were employed in March 2020 at the start of the COVID-19 crisis but some had since lost their jobs at the time of the survey between 14 and 28 October 2021. The data were analysed by manually coding open-ended questions into relevant frequency distribution tables while SPSS 26 software was used to analyse the remaining sections through frequency tables, percentages, standard deviations, variances and relationships.

This chapter provides a detailed analysis of the data gathered from the 140 parents who participated in the survey. It presents the findings, analysis and discussions through descriptive (Section A) and inferential statistics in the form of Pearson Correlations (Section B). To provide clarity on the structure of this chapter, the research instrument (questionnaire) was developed based on the predefined objectives (as outlined in Chapter 1) in conjunction with the literature review and the lens of the theoretical framework, guided by the puzzle pieces (as outlined in Chapters 2 and 3).

To provide further clarity, figures and tables were used to illustrate the findings of the study.

4.2 SECTION A: Descriptive statistics

According to Liu et al. (1999), descriptive analysis of a data set provides an indication of the distribution of the data gathered. It is used as a basis from where associations between various variables can be identified by providing a platform for additional statistical analyses. Due to the exploratory nature of the study, a thorough basis and therefore an in-depth discussion of the descriptive statistics is required. As a result, the content of Section A of this chapter is demarcated under the following sub-headings:

- The profile of parents with toddlers (n = 140)
- The effect of the COVID-19 crisis and related crises on the wellbeing of parents with toddlers (n = 140)
- The WFH experience of parents who were not regarded as essential workers (n = 88)
- The WLB of parents with toddlers (n = 140)
- The effect of COVID-19 on the leisure time and activities of families and parents (n = 140)

4.2.1 The profile of parents with toddlers

This sub-section presents the key findings obtained from the respondent profile of parents with toddlers, in terms of their geographical information, demographical information, family and household structure, size and additional dependants (specifically focused on the toddlers and dependants in the household). It is worthy to note that any and/or both parents could participate, due to the subjective nature of the study.

4.2.1.1 Geographical information: Suburb and nationality

Parents were requested to indicate (as part of the delineation criteria) at which ECD branch their toddler(s) are enrolled. The rationale for asking this question was two-fold; first to determine if the respondent had a child enrolled at any of the three ECD centre branches, and second to determine the geographical area and suburb of Cape Town where the toddler(s) were enrolled. The geographical areas of the three suburbs differ in terms of demographic, psycho-graphical and behavioural factors. Although the latter offered the opportunity to dissect the respondent profiles and results per geographical area, it was not required to achieve the objectives of this dissertation. Alternatively stated, most results were reported as a combined unit (n = 140). Table 4.1 illustrates the number of responses received per ECD centre.

Table 4.1: Breakdown of respondents per ECD Centre

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------------|-----------|---------|---------------|--------------------|
| Valid | Brackenfell | 52 | 37.1 | 37.1 | 37.1 |
| | De Tyger | 50 | 35.7 | 35.7 | 72.9 |
| | Oostersee | 38 | 27.1 | 27.1 | 100.0 |
| | Total | 140 | 100.0 | 100.0 | |

Source: Researcher's own construct from Phase 1 of the research data 2021

Interestingly, a close to even spread is depicted in the number of parents who responded, per area. Brackenfell was the biggest branch (enrolling toddlers up to Grade R) with Oostersee being the smallest of the three branches (enrolling toddlers up to Grade R). 37.1% of parents resided in the Brackenfell area, 35.7% in De Tyger and 27.1% in Oostersee.

In terms of geographical factors, parents were asked if they are South African citizens. According to Table 4.2, 91.4% of the parents are South African citizens while 8.6% were not from South Africa.

Table 4.2: Citizenship of parents

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------|-----------|---------|---------------|--------------------|
| Valid | No | 12 | 8.6 | 8.6 | 8.6 |
| | Yes | 128 | 91.4 | 91.4 | 100.0 |
| | Total | 140 | 100.0 | 100.0 | |

Source: Researcher's own construct from Phase 1 of the research data 2021

The parents who indicated "no" stated that they were from Cameroon (1.4%), India (0.7%), Nigeria (1.4%), Rwanda (1.4%), Zambia (0.7%) and Zimbabwe (2.9%).

4.2.1.2 Demographical information

In Chapter 2 (see Section 2.2.1.3, page 23), Allain-Dupre et al. (2020) affirm that the COVID-19 crisis affected (and is still affecting) individuals in households differently. As a result, the experiences of the COVID-19 crisis will likely be perceived differently by men and women, different societies, different age groups, income groups, the elderly, migrants and minority groups. Table 4.3 depicts the gender spread between males (fathers) and females (mothers). Most parents (79.3%) were females with males representing the remaining 20.7%.

Table 4.3: Gender of parents

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|--------|-----------|---------|---------------|--------------------|
| Valid | Male | 29 | 20.7 | 20.7 | 20.7 |
| | Female | 111 | 79.3 | 79.3 | 100.0 |
| | Total | 140 | 100.0 | 100.0 | |

Source: Researcher's own construct from Phase 1 of the research data 2021

Table 4.4 indicates that the ages of parents ranged between 22 years and 48 years of age. The average age was 34.62 years, while both the modal age and median age were 34 years.

Table 4.4: Age of parents

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|----|-----------|---------|---------------|--------------------|
| Valid | 22 | 1 | .7 | .7 | .7 |
| | 23 | 1 | .7 | .7 | 1.4 |
| | 24 | 2 | 1.4 | 1.4 | 2.9 |
| | 25 | 3 | 2.1 | 2.1 | 5.0 |
| | 26 | 2 | 1.4 | 1.4 | 6.4 |
| | 28 | 8 | 5.7 | 5.7 | 12.1 |
| | 29 | 7 | 5.0 | 5.0 | 17.1 |
| | 30 | 8 | 5.7 | 5.7 | 22.9 |
| | 31 | 7 | 5.0 | 5.0 | 27.9 |
| | 32 | 7 | 5.0 | 5.0 | 32.9 |
| | 33 | 14 | 10.0 | 10.0 | 42.9 |
| | 34 | 16 | 11.4 | 11.4 | 54.3 |
| | 35 | 6 | 4.3 | 4.3 | 58.6 |
| | 36 | 14 | 10.0 | 10.0 | 68.6 |
| | 37 | 4 | 2.9 | 2.9 | 71.4 |
| | 38 | 7 | 5.0 | 5.0 | 76.4 |
| | 39 | 8 | 5.7 | 5.7 | 82.1 |
| | 40 | 5 | 3.6 | 3.6 | 85.7 |
| | 41 | 5 | 3.6 | 3.6 | 89.3 |
| | 42 | 5 | 3.6 | 3.6 | 92.9 |
| | 43 | 3 | 2.1 | 2.1 | 95.0 |
| | 44 | 1 | .7 | .7 | 95.7 |
| | 46 | 1 | .7 | .7 | 96.4 |
| | 47 | 1 | .7 | .7 | 97.1 |
| 48 | 4 | 2.9 | 2.9 | 100.0 | |
| Total | | 140 | 100.0 | 100.0 | |

Source: Researcher's own construct from Phase 1 of the research data 2021

The spread between ethnic groups is displayed in Table 4.5 indicating that most parents were part of the Coloured population (40%), followed by the White population (38.6%) and African population (18.6%).

Table 4.5: Ethnicity of parents

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|----------|-----------|---------|---------------|--------------------|
| Valid | African | 26 | 18.6 | 18.6 | 18.6 |
| | Chinese | 1 | .7 | .7 | 19.3 |
| | Coloured | 56 | 40.0 | 40.0 | 59.3 |
| | Indian | 2 | 1.4 | 1.4 | 60.7 |
| | Other | 1 | .7 | .7 | 61.4 |
| | White | 54 | 38.6 | 38.6 | 100.0 |
| | Total | 140 | 100.0 | 100.0 | |

Source: Researcher's own construct from Phase 1 of the research data 2021

When parents were asked about their home language (Table 4.6), the majority spoke English at home (49.3%), followed by Afrikaans (35.7%) and Xhosa (5.7%).

Table 4.6: Home language of parents

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-----------|-----------|---------|---------------|--------------------|
| Valid | Afrikaans | 50 | 35.7 | 35.7 | 35.7 |
| | English | 69 | 49.3 | 49.3 | 85.0 |
| | Other | 7 | 5.0 | 5.0 | 90.0 |
| | Siswati | 2 | 1.4 | 1.4 | 91.4 |
| | Sotho | 2 | 1.4 | 1.4 | 92.9 |
| | Tsonga | 1 | .7 | .7 | 93.6 |
| | Xhosa | 8 | 5.7 | 5.7 | 99.3 |
| | Zulu | 1 | .7 | .7 | 100.0 |
| | Total | 140 | 100.0 | 100.0 | |

Source: Researcher's own construct from Phase 1 of the research data 2021

The level of education of parents is shown in Table 4.7.

Table 4.7: Level of education of parents

| | qualification | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---------------------------------------------------------------------|-----------|---------|---------------|--------------------|
| Valid | Bachelor's Degree/Advanced Degree | 25 | 17.9 | 17.9 | 17.9 |
| | Doctoral degree | 3 | 2.1 | 2.1 | 20.0 |
| | Grade 12/Senior Certificate/Matric | 34 | 24.3 | 24.3 | 44.3 |
| | Higher Diploma/Diploma/National Diploma | 33 | 23.6 | 23.6 | 67.9 |
| | Honours degree/Postgraduate diploma | 10 | 7.1 | 7.1 | 75.0 |
| | Lower than Grade 12 | 2 | 1.4 | 1.4 | 76.4 |
| | Master's degree | 7 | 5.0 | 5.0 | 81.4 |
| | National Higher Certificate/Higher Certificate/National Certificate | 19 | 13.6 | 13.6 | 95.0 |

| | | | | |
|-------|-----|-------|-------|-------|
| Other | 7 | 5.0 | 5.0 | 100.0 |
| Total | 140 | 100.0 | 100.0 | |

Source: Researcher's own construct from Phase 1 of the research data 2021

Most parents (55.7%) had post Matric education comprising of Higher diploma/National diploma (23.6%), Bachelor's/Advanced Diploma degrees (17.9%), Honours/Postgraduate degrees (7.1%), Master's degrees (5%) and Doctoral degrees (2.1%). Only 2 parents (1.4%) indicated that they have not completed Grade 12. The rest of the parents indicated their level of education as Grade 12/Senior certificate/Matric (24.3%) and National Higher certificate/Higher Certificate/National certificate (13.6%). Thus, it is evident that most parents who were still employed at the start of the COVID-19 crisis had an education level of Grade 12 and above.

Parents were asked if they were employed at the time of conducting the survey. In Table 4.8 it is evident that 3.6% of parents lost their jobs or had to resign from employment since the start of COVID-19.

Table 4.8: Employment status of parents

| Response | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------|-----------|---------|---------------|--------------------|
| Valid | | | | |
| No | 5 | 3.6 | 3.6 | 3.6 |
| Yes | 135 | 96.4 | 96.4 | 100.0 |
| Total | 140 | 100.0 | 100.0 | |

Source: Researcher's own construct from Phase 1 of the research data 2021

Keep in mind that based on the delineation criteria they were employed at the start of the COVID-19 crisis in March 2020. Most parents (96.4%) were still employed. Considering that parents' toddlers were enrolled at an ECD centre, the inference can be made that most parents (through combined household income) were still able to pay the monthly ECD centre fees.

In an open-ended question, parents were asked about their current/most recent job title where after all the responses were coded in the categories listed in Table 4.9.

Table 4.9: Job title

| Job/career | Frequency | Percent |
|---------------------------------|-----------|---------|
| Administrative | 25 | 17.86% |
| Analyst | 6 | 4.29% |
| Arts and design | 5 | 3.57% |
| Director/managerial/team leader | 26 | 18.57% |
| Education | 20 | 14.29% |
| Engineering | 5 | 3.57% |
| Financial | 8 | 5.71% |
| Government | 2 | 1.43% |
| Medical | 8 | 5.71% |
| Retail | 10 | 7.14% |
| Self-employed | 7 | 5% |
| Tourism | 5 | 3.57% |
| Transport | 5 | 3.57% |
| Other | 4 | 2.86% |
| No comment | 4 | 2.86% |
| Total | 140 | 100% |

Source: Researcher's own construct from Phase 1 of the research data 2021

Most of the parents (18.57%) were in leadership, managerial and director positions and thus responsible to lead other employees and/or their staff. Administrative positions (17.86%), education (14.29%), retail (7.14%), medical (5.71%) and financial (5.71%) industries were also represented.

4.2.1.3 Family structure: Relationship status, Number of toddlers in household, toddler age(s), other dependants

Parents were asked about their relationship status, household size, age of toddlers and if they had other dependants to care for and look after.

Table 4.10 indicates most parents were married or in a civil union (67.1%).

Table 4.10: Relationship status of parents

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|----------------------|-----------|---------|---------------|--------------------|
| Valid | Divorced | 5 | 3.6 | 3.6 | 3.6 |
| | Domestic Partnership | 11 | 7.9 | 7.9 | 11.4 |
| | Married/Civil Union | 94 | 67.1 | 67.1 | 78.6 |
| | Prefer not to say | 8 | 5.7 | 5.7 | 84.3 |
| | Single | 21 | 15.0 | 15.0 | 99.3 |

| | | | | |
|---------|-----|-------|-------|-------|
| Widowed | 1 | .7 | .7 | 100.0 |
| Total | 140 | 100.0 | 100.0 | |

Source: Researcher's own construct from Phase 1 of the research data 2021

The remaining parents were single (15%), in a domestic partnership (7.9%), preferred not to say (5.7%) or divorced (3.6%). One respondent indicated that she was widowed due to her husband passing away as a result of getting infected with COVID-19.

Parents were asked how many toddlers they have enrolled at the respective ECD centres with a summary presented in Table 4.11.

Table 4.11: Number of toddlers in household

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------|-----------|---------|---------------|--------------------|
| Valid | 1 | 110 | 78.6 | 78.6 | 78.6 |
| | 2 | 26 | 18.6 | 18.6 | 97.1 |
| | 3 | 4 | 2.9 | 2.9 | 100.0 |
| | Total | 140 | 100.0 | 100.0 | |

Source: Researcher's own construct from Phase 1 of the research data 2021

Most parents (78.6%) had one toddler, while some had two toddlers (18.6%) and others three toddlers (2.9%). The validated parents had a combined $[109 + (26 \times 2) + (4 \times 3)]$ 174 toddlers among them.

Based on the 174 toddlers, parents were asked to indicate the age(s) of their toddler(s). Table 4.12 provides a breakdown of the age(s) while indicating that many toddler(s) were two years old (24.1%) followed by five years old (19.5%).

Table 4.12: Age of toddlers

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|--------------------------------|-----------|---------|---------------|--------------------|
| Valid | 1 year old | 22 | 12.6 | 12.6 | 12.6 |
| | 2 years old | 42 | 24.1 | 24.1 | 36.8 |
| | 3 years old | 27 | 15.5 | 15.5 | 52.3 |
| | 4 years old | 21 | 12.1 | 12.1 | 64.4 |
| | 5 years old | 34 | 19.5 | 19.5 | 83.9 |
| | 6 years old (grade R) | 14 | 8.0 | 8.0 | 92.0 |
| | Babies (3 months to 11 months) | 14 | 8.1 | 8.1 | 100.0 |
| | Total | 174 | 100 | 100 | |

Source: Researcher's own construct from Phase 1 of the research data 2021

The remaining toddler(s) ranged between 3 years old (15.5%), 1 year old (12.6%), 4 years old (12.1%), babies between the ages of 3 months and 11 months (8.1%) and 6 years old in Grade R (8%).

Parents were asked if they had any additional dependants living with them such as parents, family members, mentally or physically disabled people. The results are portrayed in Table 4.13 with the majority (61.4%) not looking after additional dependants while some parents (38.6%) had the additional responsibility to care and look after additional dependants.

Table 4.13: Dependants living with parents

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------|-----------|---------|---------------|--------------------|
| Valid | No | 86 | 61.4 | 61.4 | 61.4 |
| | Yes | 54 | 38.6 | 38.6 | 100.0 |
| | Total | 140 | 100.0 | 100.0 | |

Source: Researcher's own construct from Phase 1 of the research data 2021

From the information above, the inference can be made that the profile of the average parent who participated in the study was:

- Female,
- 34 years of age,
- English speaking,
- Part of the coloured population of South Africa,
- Obtained at least a matric qualification,
- Employed,
- In a leadership position such as team leader, manager or director,
- Married,
- Had at least one toddler in the household,
- The toddler was around 2 years old, and they
- did not have other dependants to look after in their household apart from the toddler.

4.2.2 The effect of COVID-19 crisis and related crises on the wellbeing of parents with toddlers

As per Chapter 2, De Villiers (2020) reports on the mixed feelings experienced by parents. Feelings are rampant and range between negative emotions, such as fear, stress and anxiety and positive emotions including attempts of parents to adapt to the type of new normal brought by the COVID-19 crisis. Simultaneously, a study conducted by Chung et al. (2020) on the wellbeing of parents indicates COVID-19 negatively impacted parents' wellbeing.

With the above in mind, this subsection places focus on the wellbeing of working parents with toddlers, specifically addressing questions around COVID-19 as a crisis, additional crises

faced apart from the COVID-19 crisis, emotions experienced since the start of the COVID-19 crisis, how intense they experienced the COVID-19 crisis and lockdown regulations and if their freedom of choice was affected.

4.2.2.1 COVID-19 as a crisis time for families

Parents were asked to indicate if they were experiencing COVID-19 as a time of crisis for them and their families while explaining the reason for their answer in an open-ended question.

Table 4.14 indicates that most parents (71.4%) experienced COVID-19 and the related lockdown levels as a crisis time while a minority of parents (28.6%) did not.

Table 4.14: COVID-19 as a crisis time for families

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------|-----------|---------|---------------|--------------------|
| Valid | No | 40 | 28.6 | 28.6 | 28.6 |
| | Yes | 100 | 71.4 | 71.4 | 100.0 |
| | Total | 140 | 100.0 | 100.0 | |

Source: Researcher's own construct from Phase 1 of the research data 2021

The reasons for this phenomenon were wide-ranging and coded into related categories to be displayed as percentages as portrayed in Figure 4.1. More than one category could have been applicable to this question and the coding catered for it. A total of 214 answers were received from parents.

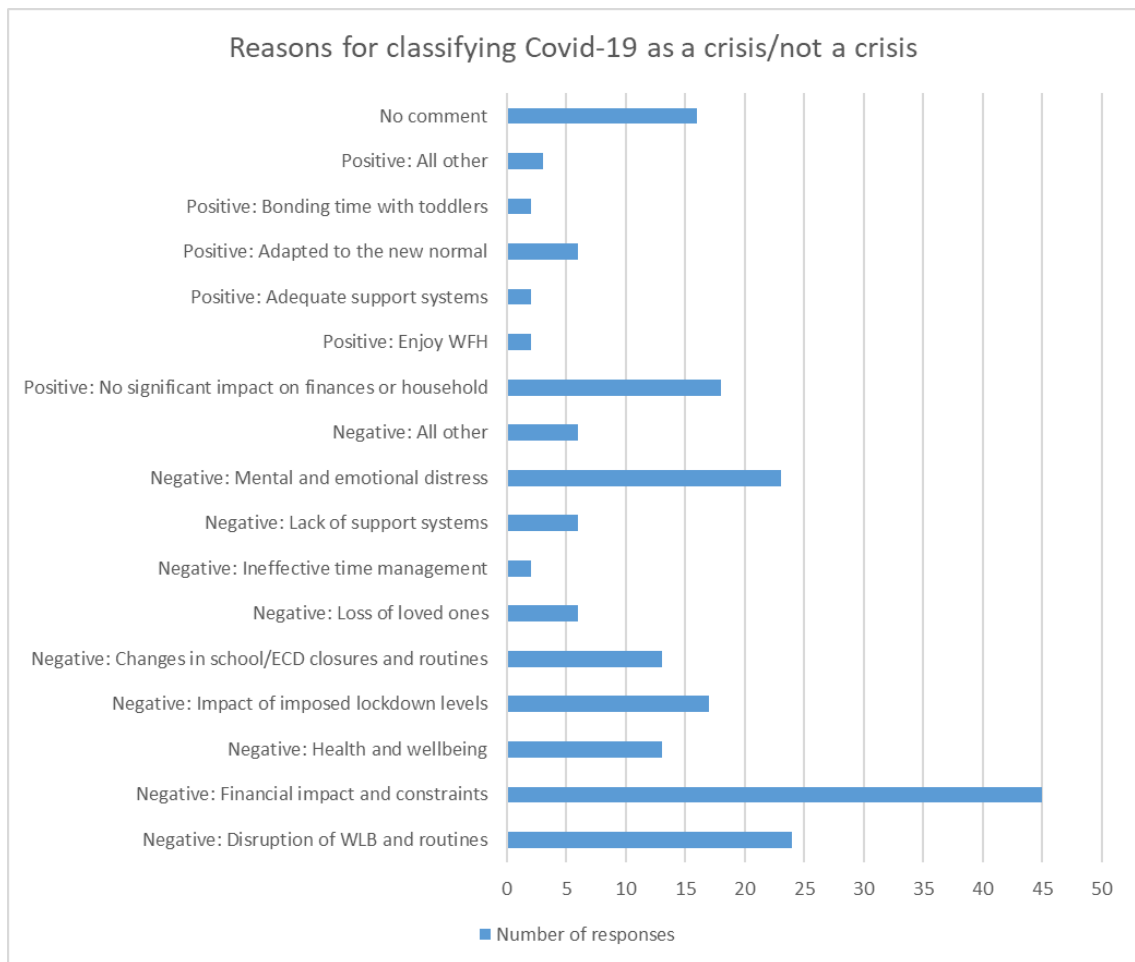


Figure 4.1: Reasons for classifying COVID-19 as a crisis/not a crisis

Source: Researcher’s own construct from Phase 1 of the research data 2021

Figure 4.1 presents the coding of the explanation(s) given by parents for classifying COVID-19 and the related lockdown levels as a crisis or not. It is not presented in percentages but in the frequency it appeared. In line with Table 4.14, the majority of parents explained why they were experiencing COVID-19 and the related lockdown levels as a crisis. The negative financial impact and constraints on families appeared 45 times and included explanations such as:

- “husband is self-employed with a cleaning company which did take a knock”,
- “my wife has not been employed since June of 2020 due to physical health as she suffers from Fibromyalgia and arthritis. I have not been given an increase in the last two years due to Covid[-19] and all the problems going with that”,
- “lost a percentage of our salary”,
- “my partner had to close her business and very few people are hiring at the moment”, and
- “I lost my previous work in Tourism as a result of COVID-19”.

The disruption of WLB and routines appeared 24 times and the following explanations were given by parents:

- “No normalcy wrt [with regard to] day to day life”,
- “The school times and work times do not relate. At work you are told to make a plan”,
- “Everyone is in survival mode. Struggling to adapt to what is considered a new normal. Figuring out how to be present and there for loved ones when you limited in doing so safely”,
- “With the restrictions we are not able to do our normal activities freely. Our schedule had to change with working from home and the kids who are not going to school every day adds pressure”,
- “Juggling time, changes in normal day to day activities”, and
- “...it added another dimension and degree of difficulty to an already complexed world”.

Mental and emotional distress appeared 23 times, encompassing among others, the following explanations:

- “I don't see how the COVID-19 crisis could be classified as a non-crisis time for anyone. The COVID-19 crisis has caused so many disruptions for my family and robbed us of so many opportunities for both social and economic standpoints. I do believe that there are varying degrees of crisis times for everyone. But for me and my family it has most certainly been the most difficult and trying time we've ever experienced”,
- “School closure at short notice having to take unplanned leave at work. Have to stay home to stay safe. Mentally challenging”,
- “It affected everyone whether you got it or not. Mental wellbeing and sanity were affected”,
- “Worrying about going out. Constantly have to think about sanitizing, keeping hands clean and wearing of masks”, and
- “16-year-old daughter experiencing anxiety and depression”.

The majority of parents who indicated that COVID-19 and the related lockdown levels were not a crisis to their family, appear to have not been affected financially. Explanations of no significant impact on their finances and household appeared 18 times, such as the following comments:

- “I have an income and bookings are picking up again”,
- “Both myself and my husband were employed throughout the COVID-19 crisis and apart from discomfort and stress, personally it is not a crisis”,
- “We are privileged in that we still have our jobs, and the COVID-19 crisis did not hit us too hard financially”,

- “Thankfully we still have a lot to be grateful for, we remained employed throughout”, and
- “Life hasn’t changed. Both parents are still working. Only difference is wearing a mask and working from home”.

4.2.2.2 Additional crises experienced by parents during the COVID-19 crisis

Parents were asked which other crisis/crises they have faced apart from COVID-19. Since more than one option could be selected, a total of 369 selections were made among all parents.

As displayed in Table 4.15, the majority of parents (20.3%) indicated the disruption of daily schedules and responsibilities, followed by emotional distress (uncertainty, mixed messages from authorities and social isolation) (17.9%), loss of a loved one (14.6%), mental health issues (stress, depression, anxiety) (14.4%) and loss of income (12.7%).

Table 4.15: Additional crises experienced as a result of COVID-19 and related lockdown levels

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------------------------------------------------------------------------------------|-----------|---------|---------------|--------------------|
| Valid | Disruption of daily schedules and responsibilities | 75 | 20.3 | 20.3 | 20.3 |
| | Divorce | 2 | 0.5 | 0.5 | 20.9 |
| | Domestic violence | 1 | 0.3 | 0.3 | 21.1 |
| | Emotional distress (uncertainty, mixed messages from authorities, social isolation) | 66 | 17.9 | 17.9 | 39.0 |
| | Increased substance abuse | 2 | 0.5 | 0.5 | 39.6 |
| | Loss of a loved one | 54 | 14.6 | 14.6 | 54.2 |
| | Loss of health | 17 | 4.6 | 4.6 | 58.8 |
| | Loss of income | 47 | 12.7 | 12.7 | 71.5 |
| | Loss of job | 9 | 2.4 | 2.4 | 74.0 |
| | Loss of possessions (car, house, etc.) | 6 | 1.6 | 1.6 | 75.6 |
| | Mental health issues (stress, depression, anxiety) | 53 | 14.4 | 14.4 | 90.0 |
| | Not applicable | 14 | 3.8 | 3.8 | 93.8 |
| | Political unrest | 12 | 3.3 | 3.3 | 97.0 |
| | Relocation | 9 | 2.4 | 2.4 | 99.5 |
| | Unplanned pregnancy | 2 | 0.5 | 0.5 | 100.0 |
| | Total | 369 | 100.0 | 100.0 | |

Source: Researcher’s own construct from Phase 1 of the research data 2021

The minority of parents indicated domestic violence (0.3%), divorce (0.5%), increased substance abuse (0.5%) and unplanned pregnancy (0.5%) as additional crises parents were faced with.

4.2.2.3 Intensity of feelings and emotions experienced by parents

Parents were asked to indicate how much of the time since the start of the COVID-19 crisis, they experienced a list of pre-determined emotions. Both positive and negative emotions were included.

From Table 4.16 it becomes apparent that parents experienced a range of positive and negative emotions “*sometimes*” during the past eighteen months.

Table 4.16: Intensity of feelings and emotions experienced by parents

| | | Never | Sometimes | Most of the time | All of the time | Std. dev. | Var. |
|-------|----------------------------------------------|-------|-----------|------------------|-----------------|-----------|-------|
| Valid | Feeling full of life and energised | 5.7% | 65% | 26.4% | 2.9% | 0.670 | 0.368 |
| | Feeling positive, hopeful, calm and peaceful | 3.6% | 55.7% | 36.4% | 4.3% | 0.635 | 0.403 |
| | Feeling tired | 2.1% | 45.7% | 39.3% | 12.9% | 0.733 | 0.537 |
| | Feeling downhearted, sad and hopeless | 20% | 64.3% | 15% | 0.7% | 0.616 | 0.380 |
| | Feeling nervous, uncertain and anxious | 10.7% | 69.3% | 17.9% | 2.1% | 0.601 | 0.361 |
| | Feeling in control and coping well | 9.3% | 55.7% | 31.4% | 3.6% | 0.684 | 0.468 |
| | Feeling disorganised and confused | 27.1% | 62.2% | 9.3% | 1.4% | 0.634 | 0.402 |
| | Feeling overwhelmed and panicking | 24.3% | 56.4% | 17.9% | 1.4% | 0.693 | 0.481 |
| | Feeling sick and unwell | 31.4% | 64.3% | 4.3% | 0% | 0.534 | 0.286 |

Source: Researcher’s own construct from Phase 1 of the research data 2021

For analysis purposes, the “never” and “sometimes” columns were combined, while the columns consisting of “most of the time” and “all the time” were combined. The positive feelings include the following statements: 1) feeling full of life and energised, 2) feeling positive, hopeful, calm and peaceful, and 3) feeling in control and coping well. In all the positive statements, the majority of parents indicated that they never and/or sometimes experienced those positive emotions during the past 18 months. The minority of parents felt most/all the time full of life and energised (29.3%), positive, hopeful, calm and peaceful (40.7%) and feeling in control and coping well (35%).

The negative feelings included the following statements: 1) Feeling tired, 3) feeling downhearted, sad and hopeless, 3) feeling nervous, uncertain and anxious, 4) feeling disorganised and confused, 5) feelings overwhelmed and panicking, and 6) feeling sick and unwell. The majority of parents indicated that they never/sometimes felt downhearted, sad and hopeless (84.4%), nervous, uncertain and anxious (80%), feeling disorganised and confused

(89.3%), overwhelmed and panicking (80.7%) and sick and unwell (95.7%). However, the majority of parents (52.2%) indicated that they feel tired most/all of the time.

Despite parents indicating that they are constantly tired, it is equally critical to keep in mind those parents who experienced the negative emotions most and/or all of the time:

- Feeling overwhelmed and panicking (20.3%)
- Feeling nervous, uncertain and anxious (20%)
- Feeling downhearted, sad and hopeless (15.7%)
- Feeling disorganised and confused (10.7%)
- Feeling sick and unwell (4.3%)

When comparing the positive and negative emotions, the subjectivity of feelings and emotions becomes apparent as well as the roller-coaster of emotions brought along by the COVID-19 crisis. To experience a range of emotions is normal but different personalities, personal circumstances, views about life, support structures and life satisfaction levels also play a role.

Based on parents' individual and unique feelings and emotions, they were asked in an open-ended question, how intensely they experienced COVID-19 and the related lockdown levels. Figure 4.2 represents the coding of the answers, in frequencies.

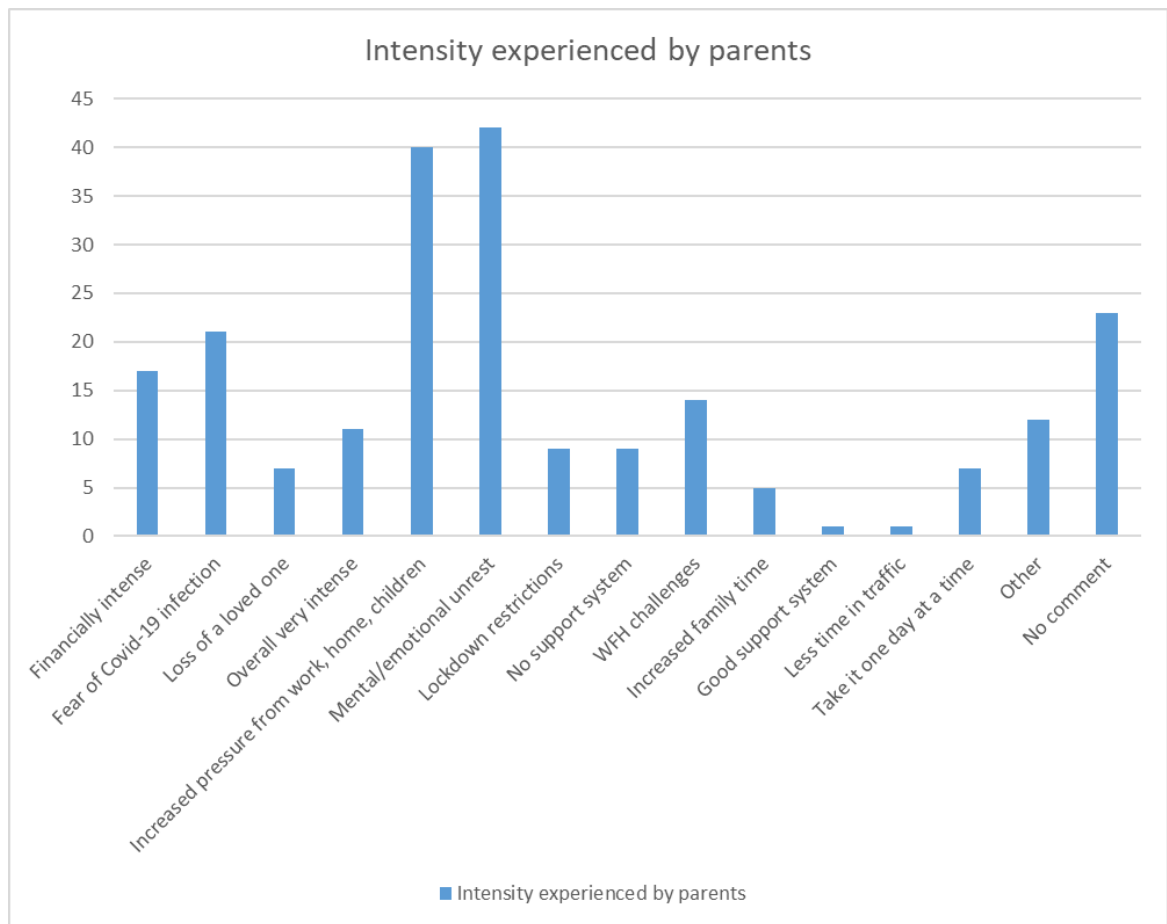


Figure 4.2: Reasons for intensity of emotions experienced by parents

Source: Researcher's own construct from Phase 1 of the research data 2021

More than one category could be applicable and was coded as such, therefore 219 responses are presented. Despite the majority of responses being negative, indicating a high intensity being experienced by parents, positive responses included 1) taking it one day at a time (7 parents), 2) increased family time (5 parents), 3) a good support system (1 parent) and 4) less time in traffic (1 parent).

The majority of parents (42 responses) indicated the intensity of mental and emotional unrest while providing explanations such as:

- “I had to quit my job because my kids were home for a year, making the budget a bit tighter which lead to a fair amount of stress and frustration. Much extra patience and planning were needed because kids were around all the time”,
- “It's been an emotional rollercoaster”,
- “COVID-19 came with unrest. My mind the whole time has been impacted and was uncertain what the future holds”,
- “Very stressful, tiring and uncertain times”, and

- “It has caused serious mental health issues and the fact that this COVID-19 crisis stole our parents it has caused a rift in our family”.

Increased pressure from work, home and/or children appeared 40 times, while explanations included among others:

- “Stress over being absent at work to look after kids because school is closed”,
- “Being a full-time working mom is difficult if trying to juggle work, children and the household from home”,
- “Stressful, frustrating, struggle to keep a balance between work and life at home. I have a very demanding and draining job as an educator and to still be an involved parent is challenging”,
- “A lot more of my time was spent worrying/planning. As a woman and main breadwinner in the household, I've been carrying an increased domestic emotional load. This has affected my focus at work and during times spent with my family. It increased my levels of being distracted and anxious about a million to-do lists”,
- “Still had to be a mother, partner, sister, aunty and daughter”, and
- “I have experienced severe stress as my workload increased”.

Fear of COVID-19 infections appeared 21 times as a factor that intensify parents’ experience with the COVID-19 crisis, explanations include comments such as the following:

- “I was working during lockdown. Due to my work, I was in contact with people who had Covid[-19] when conducting case tracing of people who tested positive and scared that I will be infected and pass it on to my family”,
- “It's been hard trying to keep my family safe and healthy”,
- “Only got intense or worried when you hear that there was a COVID-19 case in the day-care or when there is a new wave”,
- “Very intense as I had to focus more on my wellbeing as I had to go out and do my job as Covid started during work audits”, and
- “The constant worry about bringing germs home and making my family sick. Not being able to come home and just hold my child, having to wash first”.

The minority of negative responses received by parents included 1) the loss of loved ones (7 responses), 2) the lockdown-related restrictions (9 responses) and 3) no support system (9 responses). Despite being in the minority, the absence of support systems and presence of support systems featured both as factors intensifying the COVID-19 crisis for parents or reducing the intensity experienced by parents.

4.2.2.4 The effect of COVID-19 on the autonomy experienced by parents

Based on the theoretical framework presented in Chapter 3, parents were asked to keep in mind their freedom of choice (autonomy) in their daily lives and explain if and why their freedom of choice was/was not affected by the COVID-19 crisis and related lockdown legislation measures.

Figure 4.3 represents the majority of parents who did not comment (27.06%) and this question was delved deeper into during the second phase – semi-structured interviews (see Chapter 5).

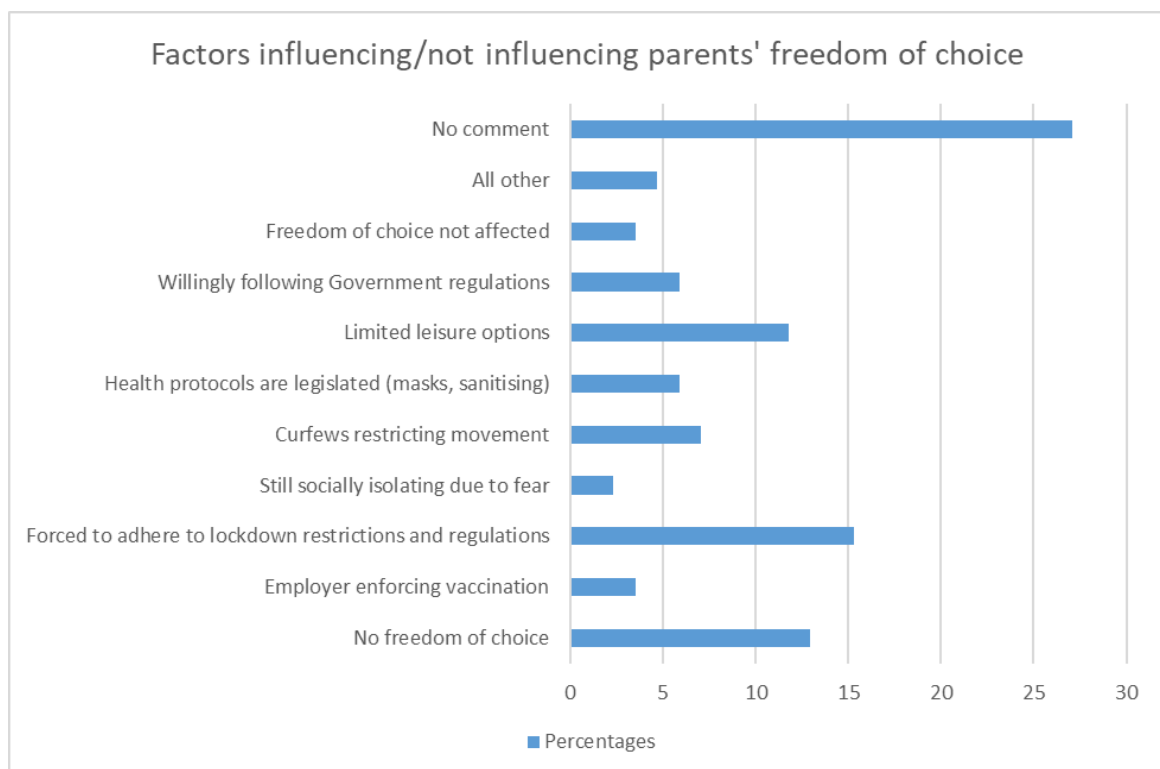


Figure 4.3: Factors influencing and/or not influencing the autonomy of parents

Source: Researcher's own construct from Phase 1 of the research data 2021

Many parents (15.29%) felt forced to adhere to lockdown restrictions and regulations. The explanations given include the following:

- “I am a social person and the fact that I am restricted to only my bubble is overwhelming. I have always been a free spirit and do not do well with restrictions”,
- “Well the lockdown levels made it very difficult to make certain choices. There were so many funerals we couldn't attend, many parties, birthdays and even missed church”,
- “My freedom of movement was affected as I cannot visit my extended family”,

- “This was affected by levels the country was placed under and curfews. We needed to adapt to 'the way' of doing things instead of normally being able to make a choice”, and
- “We liked staying home before Covid [-19] and lockdown started but it was still frustrating to be instructed and prohibited from going out”.

Some parents (12.94%) indicated that they had no freedom of choice, explaining reasons such as:

- “Strict lockdown levels take away your freedom of choice and adhere to the rules even if they don't make sense”,
- “Yes, it was affected as I couldn't do what I use to do before COVID. Such as going out and seeing family”,
- “Lockdown was imposing on us. We had no choice than to accept it even if I believe there is a better way of dealing with the current COVID-19 crisis as a country with own specificities”,
- “The government is in total control of everything, when to go out and where to”, and
- “My freedom of choice was affected as a result of the lockdown levels which prevented me from living my normal life”.

Parents (11.76%) mentioned the limited number of leisure options available to them. They explained how it affected their freedom of choice:

- “Not being able to relax in public places, and now not used to being around a lot of people”,
- “We could not go to church as gatherings were not permitted. We were unable to visit parks to break away from the apartment as all parks and beaches were closed”,
- “I could not visit the places I love to visit at a particular time eg. restaurants, beach and hotels”,
- “Sadly, now babies know what it is to sanitize and wear a mask and not what it's like to build sandcastles at the beach or playing on a swing in a park amongst other kids”, and
- “Was affected a lot as we love as a family spending time in nature (wine farm, nice eating place, giraffe house, monkey town)”.

The minority of parents (2.35%) indicated that after 18 months they were still socially isolating due to fear, some parents were mandated by their employers to vaccinate (3.53%), while other parents (5.88%) indicated that they are willingly following the Government's regulations.

4.2.3 The WFH experience of parents who were not regarded as essential workers

As per Chapter 1, section 11, not all parents have worked from home as the range of working parents included employees regarded as frontline staff, such as medical, retail, public services and related employees. This subsection relates to parents who had to work from home and

care for their toddlers during any lockdown level between March 2020 and October 2021 (n = 88), as displayed in Table 4.17 below.

Table 4.17: Number of parents who were regarded as essential services or whom had to WFH

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|--------------------------------------------------------|-----------|---------|---------------|--------------------|
| Valid | I did not work from home at any lockdown level | 52 | 37.1 | 37.1 | 37.1 |
| | I had to work from home during certain lockdown levels | 88 | 62.9 | 62.9 | 100.0 |
| | Total | 140 | 100.0 | 100.0 | |

Source: Researcher's own construct from Phase 1 of the research data 2021

Table 4.17 indicates that the majority of parents (62.9%) were forced, due to lockdown levels and/or legislation, to work from home while just more than a third of parents (37.1%) never had to work from home due to the nature of their work being regarded as essential. With the initial Level 5 lockdown regulations only essential workers could obtain permits to attend their workplaces while employers and employees not regarded as essential workers were forced to continue their work duties and operations virtually from home.

Table 4.18 stipulates that the majority of parents (84.09%) who were forced to work from home were not prepared with dedicated home offices and/or spaces when the regulations to stay at home were announced.

Table 4.18: Initial preparedness of parents to WFH

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------------------------------------------------------------------------------------------|-----------|---------|---------------|--------------------|
| Valid | I had a home office and was experienced in working from home before COVID-19 started | 14 | 15.91 | 15.91 | 15.91 |
| | I have never worked from home and had to set up a home office/space when COVID-19 started | 74 | 84.09 | 84.09 | 100.0 |
| | Total | 88 | 100.0 | 100.0 | |

Source: Researcher's own construct from Phase 1 of the research data 2021

The parents had to set up workspaces while ECD centres and educational institutions were shut, simultaneously parents had to care for, supervise and/or home school their children. The

latter might influence parents' stress levels and therefore parents were asked to rate their levels of agreement with home-schooling statements.

4.2.3.1 Home-schooling of toddlers

While making use of a 4-point Likert scale, to eliminate neutral agreements, parents were asked to rate their level of agreement with specific statements as indicated in Table 4.19.

Table 4.19: Caring and home-schooling opinions of parents

| | | Strongly disagree | Disagree | Agree | Strongly agree | Std. dev. | Var. |
|-------|--------------------------------------------------------------------------------------------------------------------------|-------------------|----------|-------|----------------|-----------|-------|
| Valid | I felt worried about the duration of ECD closures | 3.4% | 19.3% | 50% | 27.3% | 0.780 | 0.609 |
| | My toddler had sufficient resources at home to continue with playful learning and development | 5.7% | 31.8% | 53.4% | 9.1% | 0.725 | 0.526 |
| | I had sufficient time to attend to the developmental needs of my toddlers while continuing with my work responsibilities | 21.6% | 48.9% | 21.6% | 8% | 0.856 | 0.733 |
| | I enjoyed home schooling my toddlers during ECD closures | 14.8% | 36.4% | 44.3% | 4.5% | 0.794 | 0.631 |
| | I missed the daily routines we were accustomed to prior to COVID-19 | 3.4% | 19.3% | 39.8% | 37.5% | 0.836 | 0.700 |
| | I received learning material and sources from the ECD centre to assist me in home schooling my toddler(s) | 10.2% | 28.4% | 48.9% | 12.5% | 0.833 | 0.694 |

Source: Researcher's own construct from Phase 1 of the research data 2021

The percentages of the positive agreements (agree and strongly agree) were grouped, while the negative agreements (disagree and strongly disagree) were similarly grouped. From the level of agreement displayed in Table 4.19 it becomes apparent that the majority of parents (77.3%) felt worried about the duration of ECD closures despite the majority (62.5%) indicating that their toddlers had sufficient resources at home to continue with playful learning and development. Simultaneously the majority of parents (61.4%) that they received learning material and sources from the ECD centre to assist them in home-schooling their toddlers.

However, the majority of parents (70.5%) lacked sufficient time to attend to the developmental needs of their toddlers amidst continuing with their work responsibilities. As a result, the majority of parents (77.3%) agreed that they missed the daily routines they were accustomed to prior to the outbreak of the COVID-19 crisis while the majority of parents (51.2%) did not enjoy home-schooling their children.

4.2.3.2 Wellbeing of parents

The additional pressure of home-schooling and caring for toddlers while parents already indicated that they were stretched for sufficient time to fulfil their work duties and lacked sufficient time to attend to the developmental needs of their toddlers, might have an impact on the wellbeing of parents. Therefore, parents were requested to rate their level of agreement with the following statements. A 4-point Likert scale was used again, to eliminate neutral answers, while grouping the positive (agree and strongly agree) and negative (disagree and strongly disagree) levels of agreement to ease analysis.

As displayed in Table 4.20, the majority of parents (96.5%) indicated that they enjoyed the additional time they got to spend with their toddlers but the majority (76.1%) doubted their abilities to effectively home-school their toddler(s).

Table 4.20: The wellbeing of parents while ECD centres were closed and parents had to WFH

| | | Strongly disagree | Disagree | Agree | Strongly agree | Std. dev. | Var. |
|-------|-------------------------------------------------------------------------------------------------------------|-------------------|----------|-------|----------------|-----------|-------|
| Valid | I was worried about my own ability to effectively home school my toddler(s) | 1.1% | 22.7% | 56.8% | 19.3% | 0.684 | 0.468 |
| | My toddler(s) missed the interaction with their friends and educators while being at home | 1.1% | 4.5% | 48.9% | 45.5% | 0.633 | 0.401 |
| | I enjoyed the additional time I had to spend with my toddler(s) | 0% | 3.4% | 67% | 29.5% | 0.514 | 0.264 |
| | I sensed feelings of uncertainty, fear and isolation from my toddler(s) while being at home | 8% | 45.5% | 35.2% | 11.4% | 0.802 | 0.644 |
| | At times I was irritable with my toddler(s) due to a lack of time to balance work and home responsibilities | 2.3% | 15.9% | 64.8% | 17% | 0.651 | 0.424 |

| | | | | | | |
|--------------------------------------------------------------------------------|-------|-------|-------|-------|-------|-------|
| My work responsibilities prevented me to spend quality time with my toddler(s) | 5.7% | 34.1% | 47.7% | 12.5% | 0.769 | 0.591 |
| My toddler(s) prevented me to spend quality time on my work | 11.4% | 35.2% | 47.7% | 5.7% | 0.773 | 0.597 |

Source: Researcher's own construct from Phase 1 of the research data 2021

While keeping their toddler(s) emotions in mind, the vast majority (94.4%) of parents indicated that their toddler(s) missed the interaction with their friends and educators while being at home. The minority of parents (46.6%) sensed feelings of uncertainty, fear and isolation from their toddler(s) while being at home while the majority of parents (53.3%) did not sense the feelings from their toddler(s). A possible reason for the latter could be that toddler(s) enjoyed being with their parents, while some parents tried to treat the initial lockdown to create some type of holiday experience to ease the pressure of the COVID-19 crisis and sudden changes on their toddler(s), depending on their work status and level of responsibilities.

The pressure of balancing the responsibilities of both, caring for toddler(s), as well as work responsibilities, becomes evident as the majority of parents (60.2%) indicated that their work responsibilities prevented them from spending quality time with their toddler(s). Equally, the majority of parents (53.4%) indicated that caring for their toddler(s) prevented them from spending quality time on their work responsibilities. As a result, a minority of parents (18.2%) indicated that they never felt irritable with their toddler(s) in attempts to balance sufficient time for work and home responsibilities. The majority of parents (81.8%) were at times irritable with their toddler(s) due to a lack of time to balance work and home responsibilities.

4.2.3.3 Work-life balance of parents

The WLB of parents who were regarded as essential workers (almost continuing as prior to the COVID-19 crisis) and those who had to adapt to working from home while caring for their toddler(s) might differ. As a result, parents who had to set up home office spaces while being around their toddler(s) and being faced with work responsibilities and deadlines were requested to rate their level of agreement with the statements as displayed in Table 4.21. As with Table 4.19 and Table 4.20, the agreements of the 4-point Likert scale were grouped per positive and negative levels of agreement.

Table 4.21: Balancing work, life and household demands while WFH

| | | Strongly disagree | Disagree | Agree | Strongly agree | Std. dev. | Var. |
|-------|------------------------------------------------------------------------------------------------------------|-------------------|----------|-------|----------------|-----------|-------|
| Valid | I successfully balanced work responsibilities, home school responsibilities and household responsibilities | 11.4% | 47.7% | 39.8% | 1.1% | 0.684 | 0.468 |
| | I had to take leave from work to take care of my toddler(s) | 17% | 47.7% | 30.7% | 4.5% | 0.784 | 0.614 |
| | I shared the responsibilities to look after my toddler(s) with my partner | 22.7% | 14.8% | 45.5% | 17% | 1.026 | 1.053 |
| | I had to reduce my work hours during the day to care for my toddler(s) | 11.4% | 38.6% | 42% | 8% | 0.802 | 0.643 |
| | I worked more at night once my toddler(s) were asleep | 4.5% | 36.4% | 33% | 26.1% | 0.882 | 0.778 |
| | Adhering to work deadlines were difficult while having to look after my toddler(s) too | 5.7% | 29.5% | 43.2% | 21.6% | 0.842 | 0.709 |
| | I easily set boundaries for my toddler(s) when I had to work | 10.2% | 43.2% | 44.3% | 2.3% | 0.702 | 0.493 |

Source: Researcher's own construct from Phase 1 of the research data 2021

The majority of parents (59.1%) indicated that they have not managed to successfully balance their work responsibilities, home school responsibilities and household responsibilities. The minority of parents (35.3%) had to take leave from work to care for their toddler(s) as the majority (62.5%) shared the responsibilities of looking after their toddler(s) with their partners. Some parents (37.5%) could not share the responsibility of looking after the toddler(s) with their partners and possible reasons could be based on the parents' relationship status of being single, widowed or divorced/separated. Exactly half of the parents (50%) had to reduce their work hours during the day to care for their toddler(s) while the other half of parents (50%) did not reduce their work hours during the day. However, the majority of parents (59.1%) indicated that they worked more at night once their toddler(s) were asleep. It could be linked to the majority of parents (64.8%) who agreed that adhering to work deadlines while having to look after their toddler(s) was difficult. The inference could be made that attempts to work during the day while caring for toddler(s), resulted in frustrated parents (as indicated in section 4.4.2)

based on perceived reduced productivity and the inability to focus solely on work while having their toddler(s) around. Another possible reason for parents working more at night while struggling to adhere to work deadlines could be based on the majority of parents (53.4%) who agreed that they struggled to set boundaries for their toddler(s) when they had to work. As a result, it is easier to work at night when the toddler(s) are asleep.

4.2.3.4 Managing work duties, household chores and home-schooling

The parents were asked an open-ended question to explain if and/or how they managed to balance their work duties, household chores and home-schooling. The verbatim comments were arranged into themes and coded accordingly as displayed in Table 4.22.

Table 4.22: Reasons for managing/not managing various duties (work, life, household, home-schooling)

| D4 | Frequency | Percent |
|----------------------------------------------------------------|-----------|---------|
| Negative: Unable to establish a WL balance | 17 | 14.05% |
| Negative: Compromised work performance | 2 | 1.65% |
| Negative: No leisure time/breaks | 5 | 4.13% |
| Negative: Long and irregular working hours | 12 | 9.92% |
| Positive: Implemented structures i.e. timetables, new routines | 22 | 18.18% |
| Positive: Flexible working hours | 5 | 4.13% |
| Positive: Prioritised responsibilities | 3 | 2.48% |
| Positive: Supportive partner | 9 | 7.44% |
| Positive: Support from family and/or friends | 8 | 6.61% |
| Neutral: Take one day at a time | 5 | 4.13% |
| All other | 4 | 3.31% |
| No comment | 29 | 23.97% |
| | 121 | 100% |

Source: Researcher's own construct from Phase 1 of the research data 2021

The majority of parents (23.97%) did not comment. A possible reason could include the prior indication in section 4.4.3, Table 4.21 that many parents did not manage all their responsibilities successfully.

Based on Table 4.22, while considering the percentage of parents who did not comment, 121 responses were received and more than one classification could apply to an answer. Parents provided a range of positive comments (38.84%) and negative comments (29.75%) while some parents remained neutral (4.13%) (taking it one day at a time). Comments classified as all others included spiritual comments such as "Only with the help of the Holy Spirit" as well as comments complimenting the ECD centre for remaining open most of the time.

Of the negative comments received, the majority (17 parents) indicated their inability to establish a WLB, while comments included:

- “Every day was a different challenge. Had to just do what you can when time allows”,
- “I did not manage to find any balance at all it was a nightmare and I do not want to do it again, I work from home much better if my kids are at school.”,
- “No it is an ongoing struggle”,
- “I didn’t balance it all - I struggled to find that balance”, and,
- “I could never manage this. It was frustrating”.

Long and irregular working hours were mentioned by 12 parents, and the following comments were made:

- “By working at night and waking up early and using my lunchtime to do house chores”,
- “Most of my work I completed during the night. From 20h00 until 22h00 I cleaned my house and at 22h00 I started with the next day’s planning”,
- “By waking up early and preparing learning material over weekends”,
- “Looked after my children during the day, trying to work, and attend meetings, while breastfeeding and being pregnant. When everyone was asleep at night I would work until 02h or 03h in the morning to catch us on work“, and,
- “most of my work duties such as reports I would do them at night time. House chores I would do very early in the morning”.

Some parents (5) mentioned a lack of leisure time and breaks:

- “At home I worked longer hours, never took breaks. It was not a very good experience”,
- “It is the restlessness of being indoors all the time that was too much”.

Of the positive comments received, it becomes apparent that the parents who managed to balance all their responsibilities implemented structures such as timetables and new routines.

The comments of 22 parents included the following:

- “Planning, prioritising and time management”,
- “Had to have a strict routine”,
- “Worked out chores faster and smarter”,
- “By having a schedule for everything and sticking to it”, and,
- “Trying to set a routine and be creative with activities, but has an older brother who needed more intense home-schooling, which was more difficult to balance”.

Some parents (9) commented on their supportive partners:

- “My wife was unemployed actually from before Covid[-19] started so due to that we could manage chores and other important things easier”,

- “I shared the responsibilities with my partner”,
- “My partner was unemployed and we managed to help each other in that way”,
- “I was only working from home for the 1st month. after that, we were essential services and returned to work. I had my husband at home during that month and together we tackled the jobs. I had to work late at night and early morning to get the work done but managed”, and,
- “While the toddler slept I tried working in between and clean and cook once my spouse could take over”.

Support was also received from family and/or friends (8 parents):

- “Had help from a grandparent”,
- “I had my sister with me for the 3 months so I could do what I had to”, and,
- “I had to ask family members to look after my toddler”.

The minority of positive comments (3 parents) managed to prioritise responsibilities while five parents complemented their flexible working hours as reasons for balancing all their responsibilities.

4.2.3.5 Intensity of WFH experience

Parents were requested to rate the level of intensity of their WFH experience on a 4-point Likert scale ranging from “not intense at all” to “extremely intense”.

In Table 4.23 the scales were combined by pairing “not intense at all” with “manageable” and “intense” with “extremely intense”. An option was inserted for parents to indicate if a statement did not apply to their specific situation.

Table 4.23: Intensity experienced by parents while WFH

| | | N/A | Not intense at all | Manageable | Intense | Extremely intense | Std. Dev. | Var. |
|-------|------------------------------|------|--------------------|------------|---------|-------------------|-----------|-------|
| Valid | The demands of my job | 4.5% | 5.7% | 36.4% | 27.3% | 26.1% | 1.073 | 1.150 |
| | My household demands | 1.1% | 0% | 47.7% | 34.1% | 17% | 0.801 | 0.641 |
| | The demands of my toddler(s) | 2.3% | 1.1% | 30.7% | 33% | 33% | 0.944 | 0.892 |

| | | | | | | | |
|---------------------------------------------------------------------------|-------|------|-------|-------|-------|-------|-------|
| The demands of my relationship with my partner | 20.5% | 5.7% | 33% | 28.4% | 12.5% | 1.294 | 1.673 |
| Healthcare demands (taking care of the health of members in my household) | 11.4% | 8% | 46.6% | 21.6% | 12.5% | 1.113 | 1.239 |
| Personal health demands (staying physically and mentally healthy) | 3.4% | 3.4% | 42% | 31.8% | 19.3% | 0.953 | 0.909 |
| Fluctuating lockdown levels | 2.3% | 2.3% | 42% | 39.8% | 13.6% | 0.838 | 0.702 |
| Lack of personal interactions with friends and/or family | 1.1% | 4.5% | 28.4% | 40.9% | 25% | 0.896 | 0.802 |

Source: Researcher's own construct from Phase 1 of the research data 2021

20.5% of parents indicated that the demands of their relationship with their partner is “*not applicable*” which correlates with Table 4.10. Similarly, 11.4% of parents indicated that the healthcare demands of the members of their household were not applicable. A possible reason could be that the households have not been infected with any COVID-19 strains during the past 18 months.

The majority of parents experienced multiple areas of the WFH experience, ranging between intense and extremely intense:

- 53.4% of parents intensely experienced the demands of their jobs,
- 51.2% of parents intensely experienced the demands of their households,
- 66% of parents (33% intense, 33% extremely intense) intensely experienced the demands of their toddlers, and
- 50.9% of parents intensely experienced the demands of their relationships with their partners.

In terms of taking care of the healthcare demands of the parent's household, the minority of parents (24.1%) experienced it as intense while the majority (54.6%) rated the experience as

manageable. However, the majority of parents (51.1%) intensely experienced taking care of their personal health, such as staying physically and mentally healthy. Possible reasons for the latter could include the range of emotions and responsibilities parents had to deal with as well as the frustration levels with adapting to a new normal while being faced with limited time to sufficiently deal with emotions and responsibilities. Another reason could include that parents indicated that they are constantly tired.

When parents were asked to rate the intensity of the fluctuation lockdown levels, a small difference appeared between the parents who experienced the lockdown levels as manageable (44.3%) versus those parents who experienced the lockdown levels as intense (43.4%). A possible reason could be the subjective nature of how individuals experience certain crisis times, based on their type of personality and ability to deal with stress and change. Most parents (65.9%) indicated that the lack of personal interactions with friends and/or family was intense.

4.2.3.6 Biggest challenges, advantages and disadvantages of the WFH experience

In three open-ended questions, parents were asked to explain the biggest challenges (Table 4.24), advantages (Table 4.25) and disadvantages (Table 4.26) of WFH. The same structure was followed for all three questions whereby the verbatim comments were sorted into related classifications and then coded accordingly. More than one category could be applicable and therefore 146 responses (also classifying the 12 parents who did not comment) were classified.

Table 4.24: Reasons for challenges experienced by parents while WFH

| D7 | Frequency | Percent |
|-----------------------------------------------------|------------------|----------------|
| School/ECD closures | 2 | 1.37% |
| Being socially isolated | 14 | 9.59% |
| Increased employer/work demands | 18 | 12.33% |
| Lack of sufficient work resources | 5 | 3.42% |
| Load shedding | 2 | 1.37% |
| Increased household and toddler demands | 19 | 13.01% |
| Inability to focus i.e. noise levels, interruptions | 12 | 8.22% |
| No leisure/free time to relax | 9 | 6.16% |
| Lack of personal support systems | 4 | 2.74% |
| Inability to manage WL balance and time | 31 | 21.23% |
| Financial constraints | 4 | 2.74% |
| Health challenges and concerns | 2 | 1.37% |
| Emotional and mental wellbeing concerns | 10 | 6.85% |
| No comment | 12 | 8.22% |
| No challenges - enjoyed it | 2 | 1.37% |
| | 146 | 100% |

Source: Researcher's own construct from Phase 1 of the research data 2021

Based on Table 4.24, more than one category could be applicable and therefore 146 responses (also classifying the 12 parents who did not comment) were classified. Three major classifications, representing 46.57% of comments, appeared as 1) the inability to manage WLB and time (21.23%), 2) increased household and toddler demands (13.01%), and 3) increased employer/work demands (12.33%). Among others, the following comments were received per classification:

- 1) The inability to manage WLB and time:
 - “Managing my work with my toddler and also having my partner at home with me”,
 - “Biggest challenges were switching off at night. Having to balance work, schooling and wifely duties”,
 - “To balance home and working life”
 - “Trying to complete my work with the kids at home. Always a distraction”, and
 - “Trying to find that balance between work and personal life as your home has now become your office space as well”.

- 2) Increased household and toddler demands:
 - “My children wanting attention while I was busy with a call”,
 - “Focusing on the baby while working. Sometimes work is quiet, but other times it gets busy and needs my focus but I have to focus on the baby. Unable to focus with the noise levels and everyone wanting their own attention”,
 - “Balancing work and a toddler”,
 - “Toddlers are not static, they behave differently at any given time, so it was a challenge to get them sorted in the allocated time. Sometimes they just refused to cooperate making it a bit stressful”, and
 - “Fighting between kids and all the crying”.

- 3) Increased employer/work demands:
 - “The volume of work increased”,
 - “Adjusting to everything being done online and interacting with colleagues over the phone”,
 - “We had to do more Zoom meetings than the usual pre-plan for production”,
 - “Being constantly on duty”, and,
 - “Long hours of work and one meeting after the other at any time of the day or night”.

A minority of parents listed the following categories as their biggest challenges:

- 1) School/ECD closure (1.37%),
- 2) Load shedding (1.37%),
- 3) Health challenges and concerns (1.37%),

- 4) No challenges as they enjoyed the WFH experience (1.37%).

Table 4.25: Reasons for the advantages experienced while WFH

| D8 | Frequency | Percent |
|------------------------------------------------------------|-----------|---------|
| Save travelling time and money | 29 | 21.64% |
| Increased productivity | 7 | 5.22% |
| Convenient and flexible work hours | 29 | 21.64% |
| More time at home | 10 | 7.46% |
| Quality time with partner and children | 27 | 20.15% |
| Protected against COVID-19 at home | 3 | 2.24% |
| Reduced stress levels | 2 | 1.49% |
| Increased leisure/free time for myself | 2 | 1.49% |
| Time to attend to the needs of my household and toddler(s) | 9 | 6.72% |
| All other | 1 | 0.75% |
| No advantages/constant struggle | 6 | 4.48% |
| No comment | 9 | 6.72% |
| | 134 | 100% |

Source: Researcher's own construct from Phase 1 of the research data 2021

When parents were asked to explain the biggest advantages of the WFH experience, only 6.72% of parents did not comment. A total of 134 responses were classified with most comments (63.43%) falling into three classifications, namely 1) Saving travelling time and money (21.64%), 2) convenient and flexible working hours (21.64%), and 3) quality time with partner children (20.15%). Among others, the following comments were received per classification:

- 1) Saving travelling time and money
 - "Saving on petrol and travelling time",
 - "Not having to drive and waste time sitting in traffic",
 - "Reduction in travel expenses",
 - "No sitting in traffic for four hours a day so more time to actually work", and
 - "Not having the morning rush, convenience".

- 2) Convenient and flexible working hours
 - "Working in Pyjamas :) [sic] and cooking/cleaning during breaks",
 - "To manage my own hours",
 - "Doing things at my own pace",
 - "Not having to get up early. Not having to drive to work and sit in traffic. Being flexible", and
 - "No traffic, more focus (when kid is at school), not waking up too early".

- 3) Quality time with partner and children
- “Get to spend more time with toddler”
 - “Being able to witness growing milestones with my daughter in her first year of life”
 - “I had the most time with our kids since birth. Was able to study their characters. Greatest bonding time”
 - “Spending a lot of time with my child, that would not have been possible if I was working from the office” and
 - “Getting to know my children better. Spending time with my kids as a family”.

It becomes apparent that parents enjoyed the flexibility of working from home, while they saved time and money due to less travelling time and families had the opportunity to spend time together. Notably, some parents appreciated the WFH experience as they had the opportunity to witness certain milestones of their toddlers that they would have missed out on pre-COVID-19.

Next, parents were asked to explain the biggest disadvantage(s) of the WFH experience, as displayed in Table 4.26.

Table 4.26: Reasons for WFH disadvantages experienced by parents

| D9 | Frequency | Percent |
|------------------------------------------------------------------------|-----------|---------|
| Lack of WL balance and boundaries | 29 | 22.14% |
| No social interaction | 12 | 9.16% |
| Financial constraints | 4 | 3.05% |
| Struggle to attend to all household, toddler and work responsibilities | 23 | 17.56% |
| No leisure/free time i.e. constantly on duty | 15 | 11.45% |
| Insufficient workspace and resources | 4 | 3.05% |
| Less family time | 3 | 2.29% |
| Constant distractions | 13 | 9.92% |
| No support system | 2 | 1.53% |
| Unhealthy lifestyle and eating habits | 1 | 0.76% |
| Emotional and mental wellbeing constraints | 7 | 5.34% |
| All other | 2 | 1.53% |
| No challenges: Enjoyed WFH | 4 | 3.05% |
| No comment | 12 | 9.16% |
| | 131 | 100% |

Source: Researcher’s own construct from Phase 1 of the research data 2021

70.23% of parents commented on the lack of WLB. This percentage includes a lack of WLB boundaries (22.14%), the struggle of attending to all household, toddler and work responsibilities (17.56%), the lack of leisure and free time as they are constantly on duty (11.45%), the constant distractions disrupting them (9.92%) and the lack of social interaction (9.16%). Comments included the following per classification:

- 1) Lack of WLB and boundaries
 - “No division between work and life space”,
 - “Don't "switch off". Doing emails at 3 am still. No structured time”,
 - “Not being able to meet deadlines resulting in working more than normal hours”,
 - “An endless stream of virtual meetings, since these can now be squashed in right next to each other in quick succession”,
 - “Just as you find/start to find a balance lockdown levels change”,
 - “Structure of closing off work. Kids not able to engage freely with me while at work from home”, and
 - “No 8 to 5 pm principle was in place for work and I had to always be available for work even over weekends”.
- 2) The struggle to attend to all household, toddler and work responsibilities
 - “Felt responsible if I couldn't get to my daily chores during the day”,
 - “Juggling being a full-time parent with the demands of doing a full-time job”,
 - “Longer hours trying to prove yourself, no separation of school/work/leisure time, not being able to home-school and work simultaneously”,
 - “Having to balance everything at once and having my kids not understand that”,
 - “Not being able to meet deadlines resulting in working more than normal hours”, and
 - “Balancing deadlines and household needs without a spouse”.
- 3) No leisure/free time
 - “Being constantly on duty”,
 - “No time for breaks”,
 - “No "ME" time”,
 - “Couldn't go out and take a break from the 4 walls you were confined to in hard lockdown, not being able to go to gym”, and
 - “Children fighting and messing in the house so I had to clean 24/7”.
- 4) No social interaction
 - “Feeling stuck in a home”,
 - “Disconnect from society”,
 - “Not interacting with people”,
 - “Peer discussion was restricted to Zoom meetings”, and
 - “Isolation from people”.
- 5) Constant distractions
 - “Trying to complete the work with distractions. The needs of the kids came first”,

- “Being able to focus on work without disturbances from kids”,
- “Having virtual meetings with a toddler around, answering work-related calls”,
- “Distraction while in a meeting and losing focus on my work”, and
- “No peace and quiet”.

4.2.4 The effect of COVID-19 and related lockdown levels on WLB of parents

In Section 4.4 it becomes apparent that parents with a toddler who worked from home (n = 88), struggled to balance work and life responsibilities. The current subsection was completed by all the parents (n = 140), therefore it provides an overall depiction of both, parents who worked from home and parents who did not work from home. The latter could be perceived as continuing with their pre-COVID-19 work routines as they were not exposed to setting up home offices, adhering to work deadlines while caring for toddlers and/or being mostly confined to one setting (home). The current subsection deals with the holistic view of working parents with toddlers during the COVID-19 crisis and related lockdown regulations.

4.2.4.1 The effect of COVID-19 on the parents’ work life and private life responsibilities

Parents were asked to rate their level of agreement on the effect of COVID-19 on their work and private life responsibilities, on a 4-point Likert scale. For analysing purposes, the levels of agreements displayed in Table 4.27 were merged by combining “strongly disagree” and “disagree” and “agree” and “strongly agree”.

Table 4.27: The effect of COVID-19 on parents’ WLB

| | | Strongly disagree | Disagree | Agree | Strongly agree | Std. dev. | Var. |
|-------|--------------------------------------------------------------------|-------------------|----------|-------|----------------|-----------|-------|
| Valid | My work life worsened | 16.4% | 42.9% | 32.9% | 7.9% | 0.842 | 0.709 |
| | My work life improved | 7.9% | 46.4% | 40.7% | 5% | 0.711 | 0.506 |
| | My private life worsened | 11.4% | 49.3% | 32.9% | 6.4% | 0.766 | 0.587 |
| | My private life improved | 7.9% | 40% | 45.7% | 6.4% | 0.735 | 0.540 |
| | I often neglect my personal needs due to the stress of my work | 9.3% | 27.1% | 47.1% | 16.4% | 0.852 | 0.727 |
| | My work suffers because of everything going on in my personal life | 20% | 51.4% | 22.1% | 6.4% | 0.813 | 0.661 |

| | | | | | | |
|---------------------------------------------------------------------------------|-------|-------|-------|-------|-------|-------|
| I often need to make difficult choices between my work and my personal life | 12.9% | 37.1% | 36.4% | 13.6% | 0.886 | 0.784 |
| Once I finish my work I am too tired to try to do things I wish to do | 7.9% | 30% | 42.1% | 20% | 0.868 | 0.754 |
| My job makes it difficult to take care of the type of private life I might like | 11.4% | 44.3% | 37.1% | 7.1% | 0.785 | 0.616 |

Source: Researcher's own construct from Phase 1 of the research data 2021

Given the content displayed in Table 4.27, it becomes apparent that most parents (59.3%) do not perceive their work life to have worsened. However, when the opposite statement was made, in essence asking the same question but structuring it differently, most parents (54.3%) indicated that their work life has not improved. The rationale for this could be two-fold: 1) parents who responded did not read the statement properly, or 2) the work life of parents neither worsened or improved and remained somehow balanced.

When asked about parents' private life, the majority (60.7%) indicated that their private life worsened while others (52.1%) indicated that their private life improved, Parents indicated that they neglected their personal needs due to the stress of their work (63.6), while most parents (71.4%) did not allow their work to suffer because of everything going on in their personal life. While keeping Chapter 2 in mind, possible reasons for the latter could be 1) many people were reported to lose their jobs because of the COVID-19 crisis, 2) parents were pressured (by themselves and/or employers) to perform their work duties diligently to combat the fear of losing their jobs. As a result, parents would rather neglect their personal life but not their work life. It becomes apparent when parents were asked to rate their level of agreement with the following statement "I often need to make difficult choices between my work and my personal life". 50% of working parents agreed with the statement while, equally, 50% of parents disagreed. However, most parents (62.1%) indicated that once they have finished their work, they were too tired to do the things they wished to do, which could directly affect their personal leisure time and activities. It correlates with Table 4.16 where parents indicated that they are feeling tired most of the time since the COVID-19 crisis started. The minority of parents (44.3%) indicated that their job makes it difficult for them to take care of the type of private life they might like.

4.2.4.2 COVID-19 changed work and leisure (private life, free time) routines of parents with toddlers

In this subsection, parents were asked if their work and life routines changed since the start of the COVID-19 crisis and as a result of the imposed lockdown levels since March 2020. The results are displayed in Table 4.28 and Table 4.30 respectively. Parents were asked open-ended questions to explain the type of changes they experienced in both these routines and the results are displayed in Table 4.29 and Table 4.31.

Most parents (75%) indicated that their work routines changed since the start of the COVID-19 crisis in March 2020.

Table 4.28: COVID-19 changed parents' work routines

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------|-----------|---------|---------------|--------------------|
| Valid | No | 35 | 25.0 | 25.0 | 25.0 |
| | Yes | 105 | 75.0 | 75.0 | 100.0 |
| | Total | 140 | 100.0 | 100.0 | |

Source: Researcher's own construct from Phase 1 of the research data 2021

Parents who indicated that their work routines changes changed since the start of the COVID-19 crisis, were asked to explain their answers. Given the explanations of parents, as displayed in Table 4.29 below, most parents (27.93%) commented on more demanding workloads and schedules, such as more overtime and more after-hours work being conducted.

Table 4.29: Explanations of how parents' work routines changes due to the COVID-19 crisis

| E3 | Frequency | Percent |
|----------------------------------------------------------------------------|-----------|---------|
| More demanding workloads and schedules i.e. more overtime, after hour work | 50 | 34.72% |
| COVID-19 protocols at work i.e. screening, social distancing | 9 | 6.25% |
| Change in work routines i.e. more flexible | 17 | 11.81% |
| Less travel time | 5 | 3.47% |
| WFH: Transformation to digital workspace | 7 | 4.86% |
| Loss/change of jobs | 9 | 6.25% |
| Compromised productivity and/or quality of work | 4 | 2.78% |
| No social interaction | 6 | 4.17% |
| Alternating office and WFH routines | 7 | 4.86% |
| Compromised wellbeing i.e. less physical activity, mental adaptations | 9 | 6.25% |
| All other | 12 | 8.33% |
| No comment | 9 | 6.25% |
| | 144 | 100% |

Source: Researcher's own construct from Phase 1 of the research data 2021

The following comments were noted:

- “Especially the number of meetings have increased significantly and eats away at time spent on completing actual work tasks”,
- “My working hours have gone from 9 hours a day to 10-11 hours a day”,
- “I have to double teach content”,
- “My working hours were much more than normal times. I tend to work in bed at night and even getting up earlier to prepare for meetings etc.”, and
- “Had to work longer hours, different shifts, other departments to accommodate shortage of staff”.

Some parents (9.5%) indicated that the change in work routines included more flexible working conditions. Comments included the following:

- “My work routine changed because of the essential work I do and carry out. I transport medication and COVID-19 essential needs across the country”,
- “The routine has changed by me not working as late anymore”,
- “I do not need to be at the office for 8 hours a day anymore. Some work I do at office and some at home”,
- “I am a private tutor so travelling is part of my job. Having online classes changed my times and made things more relaxed in that regard”, and
- “It has to be more flexible, working day and night now. Also expected to work more overtime. Also do not get up as early for work as I used to, due to not having to travel”.

When parents were asked if their private life and leisure time routines changed since the start of the COVID-19 crisis, the majority (70.7%) indicated in Table 4.30 that it has changed.

Table 4.30: Available leisure time of parents changed due to the COVID-19 crisis

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------|-----------|---------|---------------|--------------------|
| Valid | No | 41 | 29.3 | 29.3 | 29.3 |
| | Yes | 99 | 70.7 | 70.7 | 100.0 |
| | Total | 140 | 100.0 | 100.0 | |

Source: Researcher’s own construct from Phase 1 of the research data 2021

If parents indicated that their private life and leisure routines changes, they were requested in an open-ended question, to provide explanations for the change.

Of the 70.7% of parents who indicated that their private life and leisure routines changed, the majority (68.1%) indicated that they are attempting to reduce social interaction to prevent their toddlers from becoming infected (26.73%), less free time due to increased work and household

responsibilities (16.38%), due to lockdown restrictions and curfews (12.93%) and some parents indicated that as a parent your leisure time is dedicated to your family (12.07%). Based on the classifications of comments indicated in Table 4.31.

Table 4.31: Explanations of how parents’ leisure routines changed due to the COVID-19 crisis

| E5 | Frequency | Percent |
|----------------------------------------------------------------------------------------------|-----------|---------|
| As a parent free time is dedicated to your family | 14 | 12.07% |
| Due to lockdown restrictions and curfews, limited free time/activities | 15 | 12.93% |
| Less free time due to increased work and household responsibilities | 19 | 16.38% |
| Less outdoor activities | 1 | 0.86% |
| Restricting family from being exposed to COVID-19 i.e. homebound; limited social interaction | 31 | 26.72% |
| Financial constraints impact free time and activities | 4 | 3.45% |
| Increased family time | 7 | 6.03% |
| Increased personal free time | 4 | 3.45% |
| Too exhausted to engage in activities or gatherings | 2 | 1.72% |
| All other | 6 | 5.17% |
| No comment | 13 | 11.21% |
| | 116 | 100% |

Source: Researcher’s own construct from Phase 1 of the research data 2021

The following comments were made:

- 1) Restricting family from being exposed to COVID-19:
 - “Not being able to live freely and do things that were once very safe and normal to do. Raising a child in isolation is extremely difficult - everyone knows that it takes a village to raise a child but as a result of COVID-19, that village was drastically reduced”,
 - “I don't have big gatherings. Before I go to people I ask if there is anyone unwell in the household and if someone wants to come visit me the same. I have even asked someone to go home just because they coughed 2 times when they got out of their car when they came to visit us. So days of being carefree and having people just over feels far away”,
 - “I don't go out as often as I used to, to protect myself and family from getting infected”,
 - “Limited to where you can go. How you can do it and when and also with whom and if it's worth it to potentially risk exposing yourself and loved ones”, and
 - “No longer interact with people, my daughter not allowed to play on a public playground. I have become an overprotective parent”.
- 2) Less free time due to increased work and household responsibilities:
 - “Spending too many hours working at night and missing out on family time”,

- “Had to do more standby shifts, to accommodate for staff shortages, less hours at home”,
 - “Free time routine involved looking after shopping duties, washing up, cleaning of clothes and looking after the toddler”,
 - “Working from home you tend to focus more and working longer hours just to meet company standards”, and
 - “Every opportunity I got without disturbance I will use for work”.
- 3) As a parent your leisure time is dedicated to your family:
- “there was no free time, if you have a family”,
 - “I no longer have time on my hands”,
 - “I don’t have free time but I have more time for my family”,
 - “Most of my free time I am home with my family and not a lot of outside activities”, and
 - “I don’t have free time anymore. Or rather not nearly as often as I would like. Sometimes my off days fall on a weekend when I have to watch kids”.
- 4) Lockdown restrictions and curfews:
- “A lot of the places I used to visit during free time are closer down or have a limit on people”,
 - “Due to lockdown, we cannot go anywhere”,
 - “National state of disaster changes our daily lives”,
 - “Gyms closed = no exercise. Curfew = shorter time with family and friends”, and
 - “Well it is obvious as we were not allowed to move freely”

The minority of parents commented on 1) limited outdoor activities (0.86%), 2) being too exhausted to engage in activities (1.72%), 3) financial constraints impact leisure time and activities (3.45%), and 4) increased personal free time (3.45%).

4.2.4.3 The allocation of time-related to activities and responsibilities since the start of COVID-19

Parents were given a range of statements based on how the COVID-19 crisis and related lockdown levels affected the amount of time they spent on certain activities. They had to indicate if the time they spent on the activities decreased, increased or remained unchanged, as indicated in Table 4.32.

Table 4.32: The effect of the COVID-19 crisis on how parents had to re-adjust their available time

| | | Decreased | Unchanged | Increased | Std. dev. | Var. |
|-------|-------------------------------------------|-----------|-----------|-----------|-----------|-------|
| Valid | Working time | 20% | 32.9% | 47.1% | 0.776 | 0.602 |
| | Personal Leisure (free) time | 62.9% | 24.3% | 12.9% | 0.715 | 0.511 |
| | Time spend on Caring duties | 27.1% | 38.6% | 34.3% | 0.783 | 0.614 |
| | Time spend on household responsibilities | 15.7% | 40.7% | 43.6% | 0.720 | 0.519 |
| | Family time | 30% | 29.3% | 40.7% | 0.837 | 0.701 |
| | Quality time alone with my partner/spouse | 62.9% | 25% | 12.1% | 0.702 | 0.496 |
| | Time with friends | 84.3% | 13.6% | 2.1% | 0.437 | 0.191 |
| | Time with social groups | 85.7% | 12.1% | 2.1% | 0.426 | 0.181 |

Source: Researcher's own construct from Phase 1 of the research data 2021

The majority of parents (47.1%) indicated that their working time increased while indicating that their leisure time decreased (62.9%). The time parents spent on caring duties either remained the same (38.6%) or increased (34.3%). The time parents spent on household responsibilities increased (43.6%) while family time also increased (40.7%). However, quality time alone with partners or spouses significantly decreased (62.9%), time spent with friends decreased (84.3%) and time with social groups decreased (85.7%). Social groups represent groups of which parents are part during their leisure time, which can range between book clubs, running and cycling clubs. Decreased time with social groups could be a result of the lockdown regulations but it can also be a result of the increased working time and time spent on household duties. Some parents however indicated that their time with social groups remained unchanged (12.1%), while the minority (2.1%) indicated that their time with social groups increased. The inference can be made that the parents who were part of certain social groups, moved their activities and/or meetings to the online domain.

4.2.4.4 Managing demands and support/ resource structures

Based on the theoretical framework of the study, the wellbeing and WLB of parents with toddlers are affected if the demands faced by parents (see section 2.3.2.1) are not balanced with relative support and resource structures (see section 2.3.2.2). As a result, parents were asked to rate their levels of agreement with statements related to demands (see Table 4.33) and support structures (see Table 4.34). In line with the previous subsections, the ratings were merged by combining “strongly disagree” with “disagree” and simultaneously combining “strongly agree” with “agree”. Thereafter, in an open-ended question, parents were requested to explain if they received any type of support (e.g. physically, mentally, emotionally and/or financially), whom they received the most support from and if it helped them to cope during the

18 months since the start of the COVID-19 crisis. The comments were split according to whom parents received support from (see Table 3.35) and what type of support they received (see Table 3.36). As more than one classification could apply to the parents' comments, the number of responses received in the open-ended question classification was n = 197 (Table 3.35) and n = 205 (Table 4.36).

Table 4.33: Parents' reflection on how they managed their various demands during the COVID-19 crisis

| | | Strongly disagree | Disagree | Agree | Strongly agree | Std. dev. | Var. |
|-------|--------------------------------------------------|-------------------|----------|-------|----------------|-----------|-------|
| Valid | I successfully manage my work demands | 4.3% | 24.3% | 60.7% | 10.7% | 0.690 | 0.476 |
| | I successfully manage my family demands | 3.6% | 28.6% | 61.4% | 6.4% | 0.640 | 0.410 |
| | I successfully manage the demands of society | 5.7% | 48.6% | 43.6% | 2.1% | 0.635 | 0.404 |
| | I successfully manage childcare demands | 0.7% | 18.6% | 67.1% | 13.6% | 0.590 | 0.348 |
| | I successfully manage household demands | 2.1% | 28.6% | 62.9% | 6.4% | 0.607 | 0.368 |
| | I successfully manage my partner/marital demands | 21.4% | 29.3% | 44.3% | 5% | 0.869 | 0.755 |

Source: Researcher's own construct from Phase 1 of the research data 2021

Based on the agreement levels, most parents agreed that they successfully managed the following areas of their lives:

- Work demands (71.4%)
- Family demands (68.4%)
- Childcare demands (80.7%)
- Household demands (69.3%)

However, the majority of parents (53.7%) indicated that they did not successfully manage the demands of society, which could include a range of aspects, such as the new normal, the changing lockdown restrictions, the hygiene requirements such as wearing masks and constantly sanitising. The level of agreement related to the successful managing of partner and/or marital demands indicated a minor difference in levels of agreement, with many parents (50.7%) not agreeing with the statement and the minority (49.3%) agreeing. A possible reason could be that partners were struggling together to keep their jobs, deal with the increased

household responsibilities and work responsibilities and decreased alone time available with one another. The latter correlates with Table 4.32 which indicated that quality alone time with partners and spouses decreased significantly (62.9%).

Based on the results in Table 4.34, many parents agreed that they received support from the following sources to cope with the demands of life since the start of the COVID-19 crisis:

- Family (87.8%)
- Partners/spouses (75%)
- Employers (75%)
- Friends (72.7%)
- Co-workers (69.27%)
- Support with child care activities (67.2%)
- Flexible work arrangements (59.3%)

Table 4.34: Parents' support structures during the COVID-19 crisis

| | | Strongly disagree | Disagree | Agree | Strongly agree | Std. dev. | Var. |
|-------|---------------------------------------------------------|-------------------|----------|-------|----------------|-----------|-------|
| Valid | My employer provided support and understanding | 3.6% | 21.4% | 52.1% | 22.9% | 0.766 | 0.587 |
| | My work arrangements are flexible | 8.6% | 32.1% | 41.4% | 17.9% | 0.866 | 0.749 |
| | I received support from my co-workers | 3.63% | 27.1% | 56.4% | 12.9% | 0.707 | 0.501 |
| | I received support from my partner/spouse | 20.7% | 4.3% | 50.7% | 24.3% | 1.037 | 1.076 |
| | I received support from my family | 4.3% | 7.9% | 64.3% | 23.6% | 0.696 | 0.484 |
| | I received support from my friends | 2.9% | 24.3% | 60.7% | 12.1% | 0.671 | 0.450 |
| | I received support from social groups that I am part of | 12.9% | 40% | 40.7% | 6.4% | 0.795 | 0.632 |
| | I received support with child care activities | 7.1% | 25.7% | 57.1% | 10% | 0.746 | 0.557 |
| | I received support with dependant care concerns | 64.3% | 15% | 17.1% | 3.6% | 0.896 | 0.803 |

Source: Researcher's own construct from Phase 1 of the research data 2021

From the above, it becomes apparent that parents received support from their family, partners/spouses, employers, friends and co-workers and that they have received support with childcare activities while flexible work arrangements also assisted them during the COVID-19 crisis.

In terms of support from social groups parents are part of, the majority (52.9%) indicated that they did not receive support from these groups. While support can be given in various forms, the prohibiting of social activities might have contributed to the latter. Most parents (79.3%) also did not receive support with dependent care concerns. Possible reasons for this phenomenon could include that people were prohibited by the lockdown regulations to leave their homes to physically assist others if they were not regarded as essential workers. As a result, parents who had to care for additional dependants had to cope without support.

Based on the classifications of comments displayed in Table 4.35, it appears that most of the support (60.91%) was received from family members such as parents, brothers and sisters (26.9%), spouses and partners (15.74%), employers (9.64%) and friends (8.63%).

Table 4.35: Classification of comments regarding support levels of parents

| E9.1 | Frequency | Percent |
|-------------------------------------------------|-----------|---------|
| Family i.e. parents, brothers, sisters | 53 | 26.9% |
| Spouse/Partner | 31 | 15.74% |
| Friends | 17 | 8.63% |
| Social support groups | 2 | 1.02% |
| School/ECD centre | 2 | 1.02% |
| Employer | 19 | 9.64% |
| Colleagues | 2 | 1.02% |
| Landlord | 1 | 0.51% |
| Church | 2 | 1.02% |
| Financial institutions i.e. banks | 1 | 0.51% |
| Leisure time and spaces i.e. gym, meditation | 3 | 1.52% |
| Medical support i.e. Psychologist, psychiatrist | 6 | 3.05% |
| I had nobody to support me | 6 | 3.05% |
| No comment | 48 | 24.37% |
| Not applicable | 4 | 2.03% |
| | 197 | 100% |

Source: Researcher's own construct from Phase 1 of the research data 2021

The above-mentioned correlates with the results of Table 4.34. Comments per classification included:

- 1) Family members such as parents, brothers and sisters:
 - "Support received from my parents. They are still supporting me",
 - "We had a family member who bought necessities for our home since I never received my TERS as I only received it when I started working again when the ECD centres opened",

- “Care from my parents from the loss of my husband in April this year so they supported emotionally, physically and mentally”,
 - “My parents were my greatest source of support. They helped me financially and emotionally”, and
 - “We have a family business with a strong support structure”.
- 2) Spouses and partners:
- “My wife. We are each other’s support structure seeing as we are alone in CPT, and with no one else around, we had to be there for each other no matter what”,
 - “My husband was my emotional support system. I gave birth during the first month of the COVID-19 crisis and it was a very daunting experience. He always kept cool and calm and guided and supported me where required”,
 - “My wife was supportive throughout”,
 - “Only had my husband and mother-in-law as support, COVID-19 crisis made me realize how isolated a person actually is. Emotionally it was difficult, especially during the time I was pregnant and Covid[-19] positive. 2020 was the worst”, and
 - “My partner and mother. With the personal things that have happened they have both helped me through a dark place”.
- 3) Employers:
- “From my work/employer as he made sure we could work from home and he is still providing us with a salary”,
 - “Our employee value programme at work”,
 - “Our company provided EAO services which were regular to make sure we were in a good space mentally”,
 - “My line manager was very understanding, which made it easier to manage work expectations and made it easier for me at home”, and
 - “my employer has provided access to tools and workshops to manage especially the mental fallout from the COVID-19 crisis”.
- 4) Friends:
- “We as a group of friends supported each other financially and emotionally as needed”,
 - “Husband and friends, moral support”,
 - “My mom, a friend and my husband. My mom financially helps me through the month. My friends and husband speak to me when I am down”,
 - “Had my friends and sister to talk to for emotional support to a degree”, and
 - “My friends, family and spouse support me during my anxiety battles”.

A significant number of parents (24.37%) did not comment while a significant low number of parents (2.03%) indicated that they did not need support and therefore providing an explanation was not applicable. As a result, a minority of parents (12.69%) indicated that they received support from the following sources:

- Landlords (0.51%)
- Financial institutions such as banks (0.51%)
- Social support groups (1.02%)
- Schools/ECD centres (1.02%)
- Colleagues (1.02%)
- Leisure spaces such as gyms and meditation sessions (1.52%)
- Medical support such as psychologists and psychiatrists (3.05%)

A small number of parents (2.03%) indicated that they “had nobody” to support them. Despite being in the minority, according to the theoretical framework, the wellbeing of parents who have not had any support will be severely affected as the scale indicates that the support parents receive assists in their overall wellbeing by balancing the demands that they faced.

The second part of classifying the same open-ended question focused on the type of support parents received. Table 4.36 indicates that the majority of parents (62.45%) received 1) emotional support such as messages and calls (22.93%), 2) financial support (16.59%), 3) support with toddler and/or children’s duties and responsibilities (8.78%), 4) mental wellbeing support (7.32%) and 5) physical wellbeing support (6.83%).

Table 4.36: Classification of the type(s) of support received from various sources

| E9.2 | Frequency | Percent |
|----------------------------------------------|-----------|---------|
| Financial support | 34 | 16.59% |
| Emotional support i.e. messages, calls | 47 | 22.93% |
| Household duties | 6 | 2.93% |
| Toddler/children duties and responsibilities | 18 | 8.78% |
| Food and household necessities | 2 | 0.98% |
| Employee Wellness programme | 3 | 1.46% |
| Mental wellbeing | 15 | 7.32% |
| Physical wellbeing | 14 | 6.83% |
| Medication | 5 | 2.44% |
| ECD centre support with learning material | 1 | 0.49% |
| I had nobody to support me | 6 | 2.93% |
| No comment | 50 | 24.39% |
| Not applicable | 4 | 1.95% |
| | 205 | 100% |

Source: Researcher’s own construct from Phase 1 of the research data 2021

Comments per classification include the following:

1) Emotional support:

- “My family and friend supported me. We would video call each other every day to stay in contact”,
- “Husband and friends, moral support”,
- “My husband was my emotional support system”,
- “My Church family is the best. We are there for one another. The Church is God's answer for humanity, and it was proven even more so in the COVID-19 crisis”,
- “Emotionally through close friends and family members”.

2) Financial support:

- “When I was on short pay. My landlord asked us half of our rent for the time period”,
- “Yes from my whole family and husband cause when Daniel was born we struggled with the money from labour law because I got married and I couldn't get my ID”,
- “Financially - father helped until husband got a job. And we used all our savings”,
- “My parents have been assisting me financially to be able to pay for my child's fees”,
- “My mom financially helps me through the month”,
- “Bank provided financial support by putting home loan and car instalments on hold. Received TERS which provided financial support”.

3) Support with toddler and/or childcare duties and responsibilities:

- “Received support from my partner and family, who assisted in taking care of my child while I was working”,
- “My partner assists with the kids while I was busy with Exams”,
- “I received support from my parents and partner looking after Sarah when I am at work”,
- “My brother was the most amazing support looking after my son while I was working”,
- “My parents support me by taking care of my kids while I am at work”.

4) Mental wellbeing support:

- “My company was supportive and provided emotional support by making psychologists available to talk to’,
- “I did receive physical, emotional and mental support from my work as well as close family”,
- “I attend the gym to help with mental and physical wellness”,
- “Family provided physical, mental and emotional support”,
- “Meditation, having a positive mindset and talking to friends”.

5) Physical wellbeing support:

- “My husband, go for a run together”,
- “Physical and financial support from my family”,
- “Physically and emotionally - From colleagues, family and friends. Lending a hand when things became too much to handle. Guiding me and giving advice and supporting my decisions”,
- “I received physical, emotional support from my partner”,
- “I have always received the physical support from my family whenever I have to work and can’t pick up my daughter”.

As nearly a quarter of parents (24.39%) did not comment, it was further explored in the semi-structured interviews (see Chapter 5). The same 4 parents (1.95%) who indicated that the question is not applicable appears in Table 4.36 and Table 4.35. As a result, the minority of parents (11.22%) indicated that they received various types of support to cope during the crisis:

- ECD centre support with learning material (0.49%)
- Food and household necessities (0.98%)
- Employee Wellness programmes (1.46%)
- Medication (2.44%)
- Household duties (2.93%)

The 6 parents who did not receive any support equates to 2.93% in Table 4.36.

4.2.4.5 *Biggest personal challenge(s) experienced since the start of COVID-19 and available resources to assist*

Parents were requested to explain, in an open-ended question, what their personal biggest challenge(s) were during the 18 months since the start of the COVID-19 crisis in March 2020. The comments were classified into categories from where the comments were coded according to the classifications. More than one classification could be applicable, therefore n = 219, as displayed in Table 4.37.

Table 4.37: Classification of comments regarding parents' biggest personal challenges because of the COVID-19 crisis

| E10 | Frequency | Percent |
|---------------------------------------------------------------------|-----------|---------|
| Financial impact | 34 | 15.53% |
| Adapting to C19 protocols i.e. masks, sanitising, social distancing | 9 | 4.11% |
| Fluctuating lockdown levels and restrictions i.e. curfews | 6 | 2.74% |
| Keeping myself and family safe from C19 exposure and infection | 18 | 8.22% |
| Loss of loved ones | 11 | 5.02% |
| WFH and WL balance challenges | 30 | 13.7% |
| Lack of support systems | 4 | 1.83% |
| Marital problems | 5 | 2.28% |
| Relocation | 1 | 0.46% |
| Adapting to new routines | 10 | 4.57% |
| Less family time | 7 | 3.2% |
| Mental and emotional distress | 34 | 15.53% |
| Keeping children and toddlers occupied at home | 9 | 4.11% |
| No free time | 4 | 1.83% |
| All other | 6 | 2.74% |
| No major challenges | 6 | 2.74% |
| No comment | 25 | 11.42% |
| | 219 | 100% |

Source: Researcher's own construct from Phase 1 of the research data 2021

According to Table 4.37, the two major challenges experienced by parents (with equal ratings of 15.53%) were 1) financial impacts and 2) mental and emotional distress. It becomes apparent that the COVID-19 crisis is experienced as a stressful time for parents with toddlers, equal to the financial implications brought along by the closing of businesses and loss of employment. The majority of parents (52.98%) indicated that the biggest challenges they experienced included the financial impacts (15.53%) and mental and emotional distress (15.53%) as explained above, as well as WFH and WLB challenges (13.7%) and the challenges of keeping themselves and their families safe from COVID-19 exposure and infection (8.22%). Comments on the latter two classifications include the following:

1) Financial impacts:

- "Getting a pay cut and learning how to cope with it",
- "partner sitting without an income for a few months, not being able to buy everything we used to",
- "With no income it is extremely difficult as our daily needs were not met as before Covid[-19]",
- "Started working for myself after being retrenched due to Covid[-19], resulting in financial constraints",

- “When my husband's workplace was closed there was no income all of a sudden we had to depend on one salary which could not meet all our needs as a family”.
- 2) Mental and emotional distress:
- “My mom was stressing about Covid[-19]. Did not affect the household. I was concerned about my mom and took her to her physician and cardiologist at different times”,
 - “My teen started getting anxiety attacks which in turn led to a breakdown causing me to have one as well”,
 - “Definitely was the cut in income and the emotional and mental wellness of myself and my partner”,
 - “The fear and uncertainty of the COVID-19 crisis was also a big challenge”,
 - “The loss of both our parents 5 days apart. Hosting a double funeral under unusual circumstances where not even a hug is allowed”.
- 3) WFH and WLB challenges:
- “Biggest challenge was working around a toddler’s schedule and routine and still being able to deliver quality work from my side”,
 - “Juggling work vs family”,
 - “Switching from work life to family life within the same space”,
 - “Everything I have to try and do as much work as I can before my daughter gets home, sometimes I put myself under too much pressure and stress. Work from 08h00 until 13h00. Leaves after 13h00 to fetch daughter”,
 - “Balancing everything as a single parent and sole provider”,
 - “I had to create a school at home, office at home and also making sure that kids are kept in routines. Constantly health checks and emotional support for the children was important”.
- 4) Keeping themselves and their families safe from COVID-19 exposure and infection:
- “Being conscious of Covid[-19]”,
 - “My wife is diabetic so it is difficult to decide when it will be safe for her to go back to work. It is a difficult choice, on the one side she wants to go back because she wants to support the household but on the other side we fear for her health”,
 - “The fear of getting COVID-19. The extensive cleaning, we have to do after we went shopping”,
 - “The fear that one might contract it and die. I sanitised my whole body before I got in a car to leave school, including shoes”,

- “Trying to keep my family safe. And losing that battle as my father had succumbed to COVID-19”,
- “My biggest personal battle was ensuring the safety of my family and having the scare of my daughter having Covid-19 and almost losing my mom to Covid-19 [sic]. Very stressful and emotional time”.

The minority of parents (32.86%) were faced with a range of various challenges, which include 1) the loss of loved ones (5.02%), 2) adapting to new routines (4.57%), 3) adapting to COVID-19 protocols i.e. masks, sanitising, social distancing (4.11%), 4) keeping toddlers and children occupied at home, 5) less family time (3.2%), 6) fluctuating lockdown levels and restrictions (2.74%), 7) marital problems (2.28%), 8) lack of support systems (1.83%), 9) no free time (1.83%), 10) relocation (0.46%). 2.74% of comments were classified as “*all other*”.

Based on the theoretical framework, it is critical to determine if parents had sufficient resources available to assist them to cope with the challenges they faced (see Table 2.4 in Chapter 2). When challenges and resources are not balanced on the scale, the wellbeing of parents is compromised (see Figure 2.6). As displayed in Table 4.38, many parents (14.29%) who answered the open-ended question, indicated that they had “*no resources available*” to assist them to cope and/or deal with their biggest personal challenge(s).

Table 4.38: Classification of comments on support during parents’ biggest personal challenges due to the COVID-19 crisis

| E11 | Frequency | Percent |
|-------------------------|-----------|---------|
| Social resources | 13 | 7.74% |
| Psychological resources | 19 | 11.31% |
| Physical resources | 7 | 4.17% |
| Cognitive resources | 9 | 5.36% |
| Environmental resources | 5 | 2.98% |
| Employer support | 13 | 7.74% |
| Partner support | 2 | 1.19% |
| Family support | 11 | 6.55% |
| ECD/school resources | 2 | 1.19% |
| Financial resources | 3 | 1.79% |
| All other | 4 | 2.38% |
| No resources available | 24 | 14.29% |
| No comment | 53 | 31.55% |
| Not applicable | 3 | 1.79% |
| | 168 | 100% |

Source: Researcher’s own construct from Phase 1 of the research data 2021

Table 4.38 indicates that the majority of parents (52.37%) had some form of resources available to assist them. The resources ranged between the following:

1. Psychological resources (11.31%)
 - “I had sessions with a wellness coach made available by my previous employer”,
 - “New job has a life coach that speaks to us once a month really helps understanding what we all experienced etc.”,
 - “I went to a psychologist”.
2. Social resources (7.74%)
 - “My team I worked with was very supportive of I couldn't conduct a webinar for a group they would cover for me for that particular time slot”,
 - “Social activities from church including hiking activities assisted”,
 - “Mostly support from spouse and telephonic support from family members”.
3. Employer support (7.74%)
 - “Support from boss, giving occasional afternoon off for alone time”,
 - “Work was flexible with time as long as the job gets done”,
 - “Work offered extra hours to work/earn more”.
4. Family support (6.55%)
 - “Family support system”,
 - “Friends and family assisted with my daily needs”,
 - “Supportive family structure”.
5. Cognitive resources (5.36%)
 - “The Bible and related sources”,
 - “Past experience on learning to cope with extreme pressure”,
 - “researching coping techniques”.
6. Physical resources (4.17%)
 - “I could go to gym once the levels were lifted so I could work my stress off with exercise”,
 - “When beaches opened, hiking trails, gym, visiting friends”,
 - “Physical and mental: jogging alone or waking walks with family”.
7. Environmental resources (2.98%)
 - “virtual church”,
 - “Internet (online money making), finding easy ways of making money”.
8. Financial resources (1.79%):

- “Work - The company was able to assist with TERS (government won grant)”,
- “If it wasn't for the UIF then we would not have survived”,
- “Rental income”.

9. ECD/school resources (1.19%):

- “My work updates me regularly on what is going on as well as my child's school”,
- “School provided information packages to help entertain the kids”.

4.2.5 The effect of COVID-19 on leisure time and activities of parents and families

4.2.5.1 Family: Pre-COVID-19 leisure activities

Throughout the descriptive statistics thus far, it became apparent that leisure time of parents with toddlers decreased, while work and general life responsibilities increased. Based on Chapter 2, Iso-Ahola (1999) reports that even though not all leisure activities have wellbeing benefits, most leisure activities improve the physical and mental wellbeing of humans. Consequently, this subsection deals with the leisure time and activities of parents (alone as well as with their families), while also analysing how the leisure time and activities of parents changed because of the COVID-19 crisis.

4.2.5.2 Family: Pre-COVID-19 leisure activities

Parents were asked an open-ended question to explain the type of activities they engaged in, with their families (at home or away from home) before the start of the COVID-19 crisis. More than one type of leisure activity could be mentioned by the parents, thus, falling into different classifications, therefore $n = 309$.

The majority of leisure activities (72.16%) that were engaged in by parents with their families prior to the COVID-19 crisis is displayed in Table 4.39.

Table 4.39: Family leisure activities before the start of the COVID-19 crisis

| F1 | Frequency | Percent |
|-------------------------------------------------------|-----------|---------|
| VFR | 39 | 12.62% |
| Outdoor activities | 58 | 18.77% |
| Physical and sport activities | 34 | 11% |
| Visiting restaurants and wine farms | 20 | 6.47% |
| Day excursions i.e. sightseeing, visiting attractions | 33 | 10.68% |
| Travel/weekends away | 39 | 12.62% |
| Visit play parks | 12 | 3.88% |
| Watching movies: at home or cinemas | 12 | 3.88% |
| Reading | 3 | 0.97% |
| Board games | 4 | 1.29% |
| Shopping | 2 | 0.65% |
| Attending events and/or festivals | 14 | 4.53% |
| Watch TV | 1 | 0.32% |
| Arts and crafts | 1 | 0.32% |
| Gardening | 1 | 0.32% |
| Cooking and baking | 1 | 0.32% |
| All other | 17 | 5.5% |
| No comment | 18 | 5.83% |
| | 309 | 100% |

Source: Researcher's own construct from Phase 1 of the research data 2021

Among other, the following categories were identified: 1) outdoor activities (18.77%), 2) visiting friends and relatives (VFR) (12.62%), 3) Travelling and weekends away (12.62%), 4) physical and sport activities (11%), 5) day excursions such as sightseeing and the visiting of attractions (10.68%), and 6) visiting restaurants and wine farms (6.47%).

Comments include the following:

1. Outdoor activities:
 - “Long walks on the beach, game time at night”,
 - “Family picnic”,
 - “Attending outdoor markets”,
 - “Mountain hiking, going to the beach, golf”,
 - “Weekends away tent camping/fishing learning our son about outdoors and/or time on the family farm in Nylstroom”.
2. Visiting friends and relatives (VFR):
 - “We were not often at home as we always went away or spend time with family, now we cannot do it anymore”,
 - “Going to friends, play freely outside, having play dates without a worry of getting the virus”,

- “I use to most of the time take my daughter out. Sleepovers by my parents”,
 - “visit family and friends, visit family venues and events”.
3. Travelling and weekends away:
- “Weekends away, travelling the country”,
 - “Camping”,
 - “Touring South Africa”,
 - “We had regular weekends away, visited family farms etc.”,
 - “We went away for weekends and did fun stuff at public places”.
4. Physical and sports activities:
- “4x4 driving, quads, horse riding, swimming, drag racing”,
 - “Hikes, park runs”,
 - “Running events, hiking”,
 - “Horse riding”.
5. Day excursions such as sightseeing and visiting attractions:
- “Visited new places”,
 - “Go out on weekends, go places and do things together”,
 - “We would go to parks, outings and have activities as a family”,
 - “Going out for drives”,
 - “Outings with kids e.g. aquarium, markets, braai with family and friends”.
6. Visiting restaurants and wine farms:
- “Visiting restaurants”,
 - “Visit restaurants - child-friendly restaurants”,
 - “Wine tastings/wine farms”.

One respondent summarised several aspects that affected pre-COVID-19 leisure in comparison with leisure since the start of the COVID-19 crisis as follows:

Free time generally meant time you had to do what you wished. Whether it be household chores or being a couch potato. Before Covid[-19], we would visit our family and loved ones frequently and engage in outdoor activities such as running and hiking without the fear of attracting a deadly virus, bringing it home and possibly affecting loved ones. As a family we would frequently have weekend trips away to build on family relationships. Since Covid[-19] this has changed as a result of having to social-distance, but also from a financial standpoint.

4.2.5.3 The change in family and personal leisure time and activities since the start of the COVID-19 crisis.

Based on a list of predefined leisure activities, parents were asked to indicate how the COVID-19 crisis and related lockdown levels and regulations affected the amount of time they spent on the activities as displayed in Table 4.40. Parents also had the option to indicate if the listed activity was not something they or their families engaged in prior to COVID-19. From the results displayed in Table 4.40 it becomes apparent that the leisure time and pursuits of parents with toddlers changed dramatically because of the COVID-19 crisis.

Table 4.40: Summary of how leisure time and activities changed since the start of the COVID-19 crisis

| | | Not an activity we engaged in before or during COVID-19 | Decreased | Unchanged | Increased | Std. dev. | Var. |
|-------|--------------------------------------------------------------------------|---------------------------------------------------------|-----------|-----------|-----------|-----------|-------|
| Valid | Visiting friends and relatives | 2.9% | 85.0 | 11.4% | 0.7% | 0.403 | 0.163 |
| | Exercising | 11.4% | 57.9% | 20.7% | 10% | 0.800 | 0.640 |
| | Going away for a weekend | 7.9% | 80% | 11.4% | 0.7% | 0.470 | 0.221 |
| | Visited attractions, wine farms, beach and/or attended events | 5% | 84.3% | 10% | 0.7% | 0.419 | 0.173 |
| | Visited restaurants | 2.1% | 87.9% | 9.3% | 0.7% | 0.369 | 0.136 |
| | Play board games | 19.3% | 25.7% | 26.4% | 28.6% | 1.093 | 1.195 |
| | Watch TV | 2.1% | 8.6% | 29.3% | 60% | 0.743 | 0.553 |
| | Play Xbox or online games | 36.4% | 13.6% | 20.7% | 29.3% | 1.253 | 1.570 |
| | Doing arts, crafts, painting, scrapbooking | 26.4% | 17.1% | 30.7% | 25.7% | 1.140 | 1.299 |
| | Decluttering and renovating the home | 10.7% | 14.3% | 34.3% | 40.7% | 0.992 | 0.983 |
| | Cooking, baking, gardening | 4.3% | 6.4% | 30% | 59.3% | 0.798 | 0.637 |
| | Providing community service or volunteer at the needy | 45.7% | 20.7% | 30% | 3.6% | 0.948 | 0.899 |
| | Online gambling and/or visit casinos | 69.3% | 13.6% | 13.6% | 3.6% | 0.861 | 0.741 |
| | Visited arts, culture and heritage related institutions and performances | 40.7% | 35.7% | 22.1% | 1.4% | 0.816 | 0.666 |
| | Reading | 12.1% | 19.3% | 33.6% | 35% | 1.014 | 1.029 |

| | | | | | | |
|----------------------------------------------------------------------------|-------|-------|-------|-------|-------|-------|
| Spend time in nature | 7.1% | 52.1% | 20% | 20.7% | 0.901 | 0.811 |
| Meditating, journaling and reflective writing | 43.6% | 18.6% | 20% | 17.9% | 1.160 | 1.345 |
| Engaged in intellectual leisure experiences such as word searches, riddles | 29.3% | 17.1% | 22.9% | 30.7% | 1.207 | 1.458 |

Source: Researcher's own construct from Phase 1 of the research data 2021

To analyse the above table, the columns were combined by adding the percentages of “not an activity we engaged in before COVID-19” with the “decreased” column, and the “unchanged” with the “increased” columns. The analysis and possible reasons for certain phenomena are displayed in Table 4.41 below.

Table 4.41: Analysis of possible influencing factors for the change in leisure time and activities since the start of the COVID-19 crisis

| Leisure activity | Not engaged prior to COVID-19 and decreased time spent | Time remained unchanged or increased | Analysis |
|---------------------------------------------------------------|--------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Visiting friends and relatives | 87.9% | 12.1% | As a result of the COVID-19 crisis and lockdown regulations, the visiting of friends and relatives were restricted and cautioned. As a result, the social time spent with family and friends was reduced by 85%. |
| Exercising | 69.3% | 30.7% | Despite 11.4% of parents indicating that it is not an activity that they engaged in prior to COVID-19, 57.9% of parents indicated that their time spend on exercising decreased |
| Going away for a weekend | 87.9% | 12.1% | Due to the COVID-19 regulations to mitigate the spreading of the virus between areas and/or provinces, travelling was restricted during numerous lockdown levels. As a result, parents' time spent travelling away for weekends decreased by 80%. |
| Visited attractions, wine farms, beach and/or attended events | 89.3% | 10.7% | The visiting of attractions and/or leisure spaces such as the beach was prohibited during certain fluctuating lockdown levels. Events were initially immediately cancelled due to the high risk of possible infection among big numbers of people. As a result, parents indicated that their time spent decreased by 84.3%. |
| Visited restaurants | 90% | 10.% | Restaurants were prohibited from trading during certain lockdown levels and the various curfew times also had an effect on the trading times of restaurants during the lockdown levels when they were permitted |

| | | | |
|-------------------------------------------------------|-------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | to operate. As a result, parents indicated that their times at restaurants decreased by 87.9%. |
| Play board games | 45% | 55% | This activity increased dramatically with 28.6%, despite 19.3% of parents who indicated that it is not an activity they engaged in prior to the COVID-19 crisis. Possible reasons may include that parents were confined to their homes and had to find ways to entertain their toddlers. |
| Watch TV | 10.7% | 89.3% | The time parents spent watching TV increased with 60%. A possible reason could be that it is an easy way to entertain toddlers. However, parents also had to remain informed about the COVID-19 health COVID-19 crisis and it was broadcasted continuously on all TV channels. |
| Play Xbox or online games | 50% | 50% | Despite 19.3% of parents indicating that it is not an activity they engaged in prior to COVID-19, 28.6% of parents indicated that the time spent on online games or Xbox increased. Possible reasons could be similar to other home-based leisure activities such as playing board games. |
| Doing arts, crafts, painting, scrapbooking | 43.5% | 56.40 | 26.4% of parents indicated that it is not an activity they engaged in prior to COVID-19, however, 25.7% of parents indicated that creative time alone or with the toddlers increased. The same reasons discussed for other home-based leisure activities can apply. Simultaneously parents indicated that they were worried about the safety of themselves and their toddlers, and in attempts to stay away from public places, all kinds of home-based activities were engaged in. |
| Decluttering and renovating the home | 25% | 75% | 40.7% of parents indicated that the amount of time they used to declutter and renovate their homes increased, despite 10.7% of parents who indicated that it is not an activity they engaged in prior to COVID-19. Possible reasons for this phenomenon could be that parents were confined to their homes and took the opportunity of flexible working time by spending time on activities that they seldom had time for prior to COVID-19. In essence, COVID-19 provided parents with time to do the things they always wanted to do but never made time for. |
| Cooking, baking, gardening | 10.7% | 89.3% | 59.3% of parents indicated that they spend more time on cooking, baking and gardening. The same reasons for de-cluttering and renovating the home could apply. Additionally, the sharing of recipes and pictures of activities between friends, family members and social groups allowed parents to engage socially, despite being virtually or on social media, such as WhatsApp, Facebook, Instagram, YouTube and telegram. |
| Providing community service or volunteer at the needy | 66.4% | 33.6% | 45.7% of parents indicated that providing community service or volunteering to the needy was not an activity they engaged in prior to COVID-19. However, of the parents who have engaged in the activity, 20.7% indicated a decrease in the time they spend volunteering or providing community services. Possible reasons could be the amount of time toddlers demand from parents in caring for them, |

| | | | |
|--------------------------------------------------------------------------|-------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | teaching and learning them, while those parents who had time prior to COVID-19 might have been restricted by the legislation and/or subjected to fear of the social interaction among the needy people in their community. Similarly, the financial distress and job losses that parents faced, could have influenced their ability to engage in community service and/or volunteering activities. |
| Online gambling and/or visit casinos | 82.9% | 17.2% | 69.3% of parents indicated that online gambling and/or visiting casinos are not activities they have engaged in prior to COVID-19. 13.6% of parents indicated a decrease in time while only 3.6% of parents indicated that they spent more time gambling online and/or visiting casinos. Despite not being a regular activity among parents of toddlers, the decline in time could have been influenced by the legislation and lockdown levels whereby leisure spaces were closed for the public during certain levels. |
| Visited arts, culture and heritage related institutions and performances | 76.4% | 23.5% | The majority of parents (40.7%) indicated that the visitation of arts, culture and heritage-related institutions and performances were not activities they engaged in pre-COVID-19. Those who have previously engaged in these leisure activities, indicated a 35.7% decrease in the time they spent on the activities since the COVID-19 crisis started. Possible reasons could include the imposed legislation prohibiting leisure spaces to open in attempts to mitigate the spreading of the virus. Simultaneously, events and performances where many people gather were also prohibited. The inference can be made that the 1.4% of parents who indicated an increased amount of time spent on this activity, pursued it virtually as many virtual events, performances, exhibitions and tours took place online. |
| Reading | 31.4% | 68.6% | The majority of parents (35%) indicated that they spend more time reading since the start of the COVID-19 crisis while 33.6% of parents indicated that their reading time remained the same during the COVID-19 crisis as before. Possible reasons for parents who read more since the start of the COVID-19 crisis could include that parents wanted to stay abreast of developments with regard to the COVID-19 crisis, due to a reduction in their pre-COVID-19 leisure activities parents had more time to read for their children and themselves. |
| Spend time in nature | 59.2% | 40.7% | The majority of parents (52.1%) indicated that the time they spent in nature reduced while only 20.7% of parents spent more time in nature since the start of the COVID-19 crisis. "Nature" is a very broad term and could include time at home in own garden while also including beaches, botanical gardens, mountains and related settings. The inference could be made that parents who indicated an increase in time in nature spent time outside, at home or in natural settings when lockdown regulations permitted it. Due to the closure of parks, beaches and related natural leisure spaces at certain lockdown levels, parents who used to visit these spaces were |

| | | | |
|----------------------------------------------------------------------------|-------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | prohibited to go, similarly due to the ranging socio-demographics of South Africa, some parents might live in dwellings (i.e. apartments, flats, houses) without an outside garden. |
| Meditating, journaling and reflective writing | 62.2% | 37.9% | The majority of parents (43.6%) indicated that it is not an activity they engaged in prior to COVID-19 while 18.6% of parents indicated a decline in time to meditate and/or write. A possible reason for this phenomenon may be that parents had their toddlers with them when ECD centres were closed, and they needed constant supervision, attention, care and entertainment which limited parents' abilities to find a suitable time and space to engage in this activity. |
| Engaged in intellectual leisure experiences such as word searches, riddles | 46.4% | 53.6% | The majority of parents (30.7%) indicated an increase in intellectual leisure activities, while 29.3% of parents have not engaged in these activities prior to COVID-19. A possible reason for this phenomenon might include the distribution of time and leisure activities as a result of minimal social interaction due to the nature of the COVID-19 virus. Another reason could be that parents had to find ways to "switch off" from the abnormal circumstances brought along by the COVID-19 crisis and as a result found additional intellectual leisure experiences to keep their minds busy and/or to relax. |

Source: Researcher's own construct from Phase 1 of the research data 2021

Based on Table 4.41, it becomes apparent that the leisure time and activities of parents with toddlers significantly changed because of the COVID-19 crisis and related lockdown regulations.

Given the content of Table 4.39, Table 4.42 below highlights the type of activities that families of toddlers did not engage in before the start of Covid-19.

Table 4.42: Type of leisure activities which parents with toddlers did not often engage in prior to Covid-19 (mostly home-based activities)

| Pre-Covid-19 family leisure which parents did not engaged in often | Frequency | Percent |
|--------------------------------------------------------------------|-----------|---------|
| Visit play parks | 12 | 3.88% |
| Watching movies: at home or cinemas | 12 | 3.88% |
| Reading | 3 | 0.97% |
| Board games | 4 | 1.29% |
| Shopping | 2 | 0.65% |
| Attending events and/or festivals | 14 | 4.53% |
| Watch TV | 1 | 0.32% |
| Arts and crafts | 1 | 0.32% |
| Gardening | 1 | 0.32% |
| Cooking and baking | 1 | 0.32% |

| | | |
|-------------------------------------------------------------------------------------------------------------------|----|-------|
| All other (i.e. part of a church band, going to church, “spending time together”, assisting toddlers to “grow up” | 17 | 5.5% |
| | | 21.98 |

Source: Researcher’s own construct from Phase 1 of the research data 2021

From Table 4.42 it becomes apparent that many of the family leisure activities before Covid-19 did not include home-based leisure activities. The inference could be made that home-based leisure activities with toddlers required more dedication, supervision, monitoring and control from parents. As such, parents perceive family leisure away from home as ‘easier’ or more ‘fun for all’.

However, leisure time and activities (personal and as a family) were limited to home-based leisure activities because of the Covid-19 crisis and related lockdown levels. As such, the time spent on home-based family leisure activities increased drastically. Table 4.43 indicates that pre-Covid-19 activities (as displayed in Table 4.42) which were not often engaged in prior to the Covid-19 crisis, were engaged in significantly more as families were forced to stay at home.

Table 4.43: The significant increase in home-based leisure activities because of Covid-19 crisis

| Home-based family leisure activities parents engaged in more since the start of the Covid-19 crisis and lockdown levels. | Percentage change in time spent on home-based leisure activities since Covid-19 |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Play board games | 55% |
| Watch TV | 89.3% |
| Play Xbox or online games | 50% |
| Doing arts, crafts, painting, scrapbooking | 56.4% |
| Decluttering and renovating the home | 75% |
| Cooking , baking, gardening | 89.3% |
| Reading | 68.6% |
| Engaged in intellectual leisure experiences such as word searches, riddles | 53.6% |

Source: Researcher’s own construct from Phase 1 of the research data 2021

The results in Table 4.43 above show family leisure time and activities changed. This is confirmed in the following section.

4.2.5.4 Family leisure: The effect of fluctuating lockdown regulations on the types of family leisure activities

To determine if the leisure pursuits of parents and families were influenced by the lockdown regulations, parents were asked to indicate if the type of leisure activities they engaged in changed as the lockdown levels changed and restrictions were eased. The results are displayed in Table 4.44.

Table 4.44: The change in family leisure activities in relation to fluctuating Lockdown Alert Levels

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------|-----------|---------|---------------|--------------------|
| Valid | No | 57 | 40.7 | 40.7 | 40.7 |
| | Yes | 83 | 59.3 | 59.3 | 100.0 |
| | Total | 140 | 100.0 | 100.0 | |

Source: Researcher's own construct from Phase 1 of the research data 2021

The above table indicates that 59.3% of households adapted their leisure activities according to the lockdown restrictions, while 40.7% indicated that they have not adapted their leisure activities since the start of the COVID-19 crisis among other reasons, due to a fear of contracting the COVID-19 virus. Based on the results of Table 4.44, parents were asked to elaborate on their answers by indicating which type of activities they engaged in during which lockdown levels.

As indicated in Table 4.45 below, many parents (55.13%) indicated that social interaction increased as lockdown levels eased (15.68%), they engaged more in nature-related activities (12.97%), home-based fitness activities (12.97%) and intellectual activities (4.86%), while others were still limiting social interaction despite the ease in lockdown regulations.

Table 4.45: Classification of the types of leisure activities families engaged in during various Lockdown Alert Levels

| F6 | Frequency | Percent |
|-------------------------------------------------------|-----------|---------|
| Home-based fitness activities | 24 | 12.97% |
| Virtual engagements and social media platforms | 3 | 1.62% |
| Creative activities | 3 | 1.62% |
| Educational activities | 6 | 3.24% |
| Intellectual activities | 9 | 4.86% |
| Technology-related activities | 3 | 1.62% |
| Passive leisure activities i.e. TV, movies | 7 | 3.78% |
| Nature-related activities | 24 | 12.97% |
| Baking, cooking | 3 | 1.62% |
| Faith-based activities | 4 | 2.16% |
| Social interaction increased as lockdown levels eased | 29 | 15.68% |

| | | |
|-----------------------------------------------------------------|-----|--------|
| Still limiting social interaction despite eased lockdown levels | 16 | 8.65% |
| Limited/no time for leisure activities as a working parent | 7 | 3.78% |
| All other | 4 | 2.16% |
| No comment | 43 | 23.24% |
| | 185 | 100% |

Source: Researcher's own construct from Phase 1 of the research data 2021

Comments to explain the parents' family leisure activities during lockdown include the following:

- 1) Social interaction increased as lockdown levels eased:
 - "We did go out to restaurants a bit more and travelled a few times locally",
 - "The lower the levels the more we can do",
 - "We could not go anywhere in level 5. We only spent time together. Level 4 and 3 we visited family, braai with family and during level 2 and 1 we go to friends and restaurants",
 - "As lockdown levels got lifted, we starting going to restaurants, taking kids to indoor and outdoor facilities more",
 - "Picnic - level 3; restaurant - level 3; travelling - level 2".
- 2) Nature-related activities;
 - "We go outdoors more, walks etc.",
 - "Level 5 - we could not take walks together because I came back late. Level 3 - we could jog and walk and go to the beaches",
 - "We would go out during nice days for walks or picnics",
 - "When levels were lifted, we started going out more like going to the snow and taking kids to see the nature",
 - "Jogging and hiking - we were able to do hiking on weekends as paths were opened".
- 3) Home-based fitness activities:
 - "Run around in garden",
 - "We used to go jogging as a family or take a walk around the area",
 - "Playing in the garden and doing online exercises",
 - "Home workouts - we still do it inside",
 - "My children love riding bikes; I prefer them to be indoors. When restrictions were lifted, I allowed them to ride outside with friends under supervision of course".
- 4) Intellectual activities:
 - "Play games with the kids",

- “Playing at home with the children, buying toys which help with stimulation and development. Not much time for ourselves as adults”,
 - “Quizzes”,
 - “We had “home book clubs”, we played board games mostly, we did family Bible study”,
 - “Board games and cards”.
- 5) Still limiting social interaction despite the ease in lockdown regulations:
- “It has not really changed. To a sad extent somehow we got used to this type of strict and simple routine of playing it safe. It will take time before one can start to enjoy the less strict lockdown level”,
 - “We do not go out to visit parks and play parks anymore due to the COVID-19 crisis”,
 - “We continued as if we were under strict lockdown rules since Covid[-19] is still around. Rather being safe”,
 - “Nothing changed since the restrictions lifted except that we attend church now every Sunday but going out still feel risky”,
 - “Going to restaurants and play parks increased but it still rarely happens due to a fear of COVID-19”.

Given the nature of the COVID-19 crisis (as discussed in Chapter 2), parents had to shift away from their ‘normal’ pre-COVID-19 leisure activities (as displayed in Table 4.39), which predominantly did not include home-based leisure activities (see Table 4.42) and engage in home-based leisure activities (as seen in Table 4.40 and Table 4.43) to keep their children occupied. The latter had a ripple effect on parents’ WLB and wellbeing, as not even ‘normal’ leisure activities remained the same and had to be adapted. The process of adaption and re-engineering new activities is a process and takes time, the latter various per individual. As a result, parents were asked to indicate when they will feel comfortable engaging in their pre-COVID-19 leisure activities. It will indicate when parents will be ready to commit to the process of adapting ‘back’ to their ‘old normal’ activities as it requires a different process, commitment and time again.

As displayed in Table 4.46, most parents (25.7%) indicated that they will only feel comfortable as soon as the COVID-19 crisis is over, 20.7% indicated that they will engage in their pre-COVID-19 leisure activities as soon as the lockdown levels permit, while 19.3% of parents were already ready to return to their pre-COVID-19 leisure activities.

Table 4.46: An indication of when parents with toddlers will return to their pre-COVID-19 leisure activities

| | | | | | |
|-------|------------------------------------------------------|----|------|------|------|
| Valid | As soon as I am vaccinated | 16 | 11.4 | 11.4 | 11.4 |
| | As soon as some kind of herd immunity is established | 9 | 6.4 | 6.4 | 17.9 |

| | | | | |
|--------------------------------------------------------------------------|-----|-------|-------|-------|
| As soon as the daily number of infections decrease below one thousand | 7 | 5.0 | 5.0 | 22.9 |
| As soon as the lockdown levels permit it | 29 | 20.7 | 20.7 | 43.6 |
| As soon as the COVID-19 crisis is over | 36 | 25.7 | 25.7 | 69.3 |
| I am already comfortable to return to my pre-COVID-19 leisure activities | 27 | 19.3 | 19.3 | 88.6 |
| Not soon | 16 | 11.4 | 11.4 | 100.0 |
| Total | 140 | 100.0 | 100.0 | |

Source: Researcher's own construct from Phase 1 of the research data 2021

Some parents (11.4%) indicated that they will not be ready soon, while others (11.4%) would return to their pre-COVID-19 leisure activities as soon as they are vaccinated.

4.2.5.5 Family leisure: The type of home-based leisure activities parents enjoyed with their toddlers

Due to the social mitigation strategies and lockdown regulations implemented by the Government, parents had to adapt to entertaining their toddler(s) at home. Home-based leisure activities were almost absent prior to the COVID-19 crisis, as indicated in Table 4.39 (pre-COVID-19 leisure activities). Parents were asked, in two open-ended questions, to explain which home-based leisure activities they most enjoyed with their toddlers (see Table 4.47) and explain why it was their favourite home-based leisure activity (see Table 4.48).

Table 4.47 indicates, the majority of parents (66.5%) enjoyed physical play and exercises (20.87%), creative activities (11.65%), playtime with their toddlers' favourite toys (8.74%), intellectual activities (7.28%), quality bonding time (7.28%), passive activities (5.34%) and singing and dancing (5.34%).

Table 4.47: Classification of the types of home-based family leisure activities parents enjoyed with their toddlers

| F7 | Frequency | Percent |
|-------------------------------------|-----------|---------|
| Physical play and exercises | 43 | 20.87% |
| Creative activities | 24 | 11.65% |
| Educational activities | 9 | 4.37% |
| Intellectual activities | 15 | 7.28% |
| Passive activities | 11 | 5.34% |
| Play-time with their favourite toys | 18 | 8.74% |
| Exploring new experiences together | 7 | 3.4% |
| Singing and dancing | 11 | 5.34% |
| Pamper sessions | 5 | 2.43% |
| Picnics | 2 | 0.97% |
| Quality bonding time | 15 | 7.28% |

| | | |
|-----------------------------------------------------|-----|--------|
| Technology-related activities | 3 | 1.46% |
| Hide and seek | 8 | 3.88% |
| Baking and cooking together | 5 | 2.43% |
| Gardening | 3 | 1.46% |
| No time available due to increased responsibilities | 4 | 1.94% |
| All other | 2 | 0.97% |
| No comment | 21 | 10.19% |
| | 206 | 100% |

Source: Researcher's own construct from Phase 1 of the research data 2021

Based on Table 4.47, comments included:

1. physical play and exercises:
 - "Playing outside",
 - "Swimming",
 - "Playing ball and riding bike outside",
 - "Playing in the yard, kicking the ball and running on the grass",
 - "Playing soccer".
2. creative activities:
 - "Arts and crafts and doing her school activities",
 - "Well with him it was mostly painting at home",
 - "My 4-year-old loves painting. He would do it every single day",
 - "Painting, cutting & pasting".
3. playtime with their toddlers' favourite toys/activities:
 - "Playing with monster trucks",
 - "Playing with dinosaurs",
 - "Playing house or playing with dress up",
 - "Drama acts with imaginary friends".
4. intellectual activities:
 - "Board games",
 - "Playing memory games",
 - "Doing puzzles",
 - "Playing board- and card games".
5. quality bonding time:
 - "To chat to my children",
 - "Bonding",

- “Tummy time”,
 - “Playing with my daughter, feed, love and being with her”.
6. passive activities:
- “Movie and game nights!”,
 - “Television”,
 - “Playing and watching Noddy”,
 - “Cooking videos”.
7. singing and dancing:
- “Singing and dancing”,
 - “The YouTube dancing exercise videos”,
 - “Sing and rhyme”.

Table 4.48 provides a classification of the reasons why parents enjoyed their family leisure activities with their toddlers during different levels of lockdown.

Table 4.48: Classification of reasons why parents enjoyed their family leisure activities with their toddlers

| F8 | Frequency | Percent |
|-------------------------------------------|-----------|---------|
| Uninterrupted bonding and quality time | 34 | 21.25% |
| Fun, interactive and relaxing for all | 27 | 16.88% |
| Experienced my toddler’s development | 18 | 11.25% |
| Benefits of being active | 7 | 4.38% |
| Convenient | 8 | 5% |
| Together gathered appreciation for nature | 3 | 1.88% |
| Cognitively stimulating | 3 | 1.88% |
| Learning abilities and skills improved | 7 | 4.38% |
| It allowed me free time | 2 | 1.25% |
| Seeing my children happy, makes me happy | 20 | 12.5% |
| All other | 1 | 0.63% |
| No comment | 30 | 18.75% |
| | 160 | 100% |

Source: Researcher’s own construct from Phase 1 of the research data 2021

Most parents (61.66%) indicated their reasons for their enjoyment included: 1) uninterrupted bonding and quality time (21.25%) and that the home-bound leisure activities were fun, interactive and relaxing for all (16.88%), while 12.5% of parents felt happier when they saw their children happy and 11.25% of parents enjoyed experiencing their toddlers’ development while getting to know them better. Comments include among other, the following:

1. Uninterrupted bonding and quality time:
 - “I love spending time with my child”,
 - “Because we had one on one attention with our children”,
 - “Special bonding took place”,
 - “I got to spend uninterrupted time with my child. I really go to spend quality time with her”,
 - “Get fresh air and spend quality time while your child enjoys themselves and is not cooped up inside the house”.

2. Fun, interactive and relaxing for all:
 - “Made us laugh and bonded, as we don't always get time to do these things”,
 - “Anytime spent with family is enjoyable”,
 - “She was having fun and enjoyed us joining in with her”,
 - “Just because of the oneness and silliness that jumping and playing on the trampoline brought”,
 - “We were all relaxed”,
 - “I was not able to engage in these activities pre-lockdown due to a demanding schedule”.

3. Seeing my children happy, makes me happy:
 - “Toddlers face would just light up”,
 - “He's an outside child...loves the outdoors so seeing him happy made me happy”,
 - “I enjoyed her giggles and laughs during our playtime together. It brings me joy”,
 - “Because she simply loved it and I enjoy seeing her happy”,
 - “He enjoyed it so then I also enjoy it”.

4. Experienced my toddler's development and got to know them better:
 - “Amazement and wonder of all things new”,
 - “To see her develop is very satisfying”,
 - “We could use it as quality time just me and him It made up for sometimes that I missed while working”,
 - “Could see how he developed and got better at it every day”,
 - “My child is now asking a lot more questions and its fun experiencing the world together with him and seeing how he engages with it whilst also having fun watching a movie or playing a game”.

4.2.5.6 Personal leisure of parents: Pre-COVID-19 leisure activities

In an open-ended question, parents were asked to elaborate on the type of leisure activities they engaged in on their own, without their children, before the COVID-19 crisis emerged.

As displayed in Table 4.49, many parents engaged in sports activities and/or exercises (17.8%), visited friends or relatives (VFR) (12.04%) and spend time in shopping malls (6.81%).

Table 4.49: Classification of parents' personal leisure activities before the COVID-19 crisis emerged

| F2 | Frequency | Percent |
|-----------------------------------|-----------|---------|
| Sport activities, exercise | 34 | 17.8% |
| Shopping, visit malls | 13 | 6.81% |
| Relax, rest, sleep | 9 | 4.71% |
| Self-care i.e. Pamper days | 9 | 4.71% |
| VFR | 23 | 12.04% |
| Play PC, online games | 3 | 1.57% |
| Watch movies, TV, Netflix, series | 8 | 4.19% |
| Take a drive | 4 | 2.09% |
| Escape to nature i.e. gardening | 6 | 3.14% |
| Listen to music | 1 | 0.52% |
| Attend festivals or events | 4 | 2.09% |
| Cooking, Baking | 3 | 1.57% |
| Faith-based activities | 1 | 0.52% |
| No alone time as a parent | 31 | 16.23% |
| Reading | 12 | 6.28% |
| All other | 4 | 2.09% |
| No comment | 26 | 13.61% |
| | 191 | 100% |

Source: Researcher's own construct from Phase 1 of the research data 2021

It appears that when parents had the opportunity to have time alone, they engaged in more passive leisure activities such as relaxing, resting, sleeping (4.71%), self-care activities (4.71%), reading (6.28%) and watching movies, TV, Netflix or series (4.19%). However, 16.23% of parents indicated that as a parent, you seldom have time alone. It correlates with the type of passive leisure activities parents engaged in, as time alone often became a time to just relax, rest and recharge.

4.2.5.7 Personal leisure of parents: leisure activities engaged in since the start of the COVID-19 crisis

To determine the leisure activities which parents engaged in during their personal free time since the start of the COVID-19 crisis, parents were asked to rate their level of agreement on a 4-point Likert scale. The ratings were merged by combining "strongly disagree" with

“disagree” and simultaneously combining “strongly agree” with “agree”. The results are displayed in Table 4.50.

Table 4.50: Parents’ personal leisure time and activities

| | | Strongly disagree | Disagree | Agree | Strongly agree | Std. dev. | Var. |
|-------|------------------------------------------------------------------------------------------------|-------------------|----------|-------|----------------|-----------|-------|
| Valid | I enjoyed spending my free time with my toddlers | 1.4% | 2.1% | 57.1% | 39.3% | 0.597 | 0.356 |
| | The type of leisure activities I engaged in was limited by my personal freedom due to lockdown | 1.4% | 12.9% | 69.3% | 16.4% | 0.594 | 0.352 |
| | I engaged in more passive leisure pursuits | 0.7% | 27.1% | 65.7% | 6.4% | 0.563 | 0.318 |
| | During my free time I engaged in activities which my toddlers enjoyed | 0.7% | 5% | 69.3% | 25% | 0.544 | 0.296 |
| | During my free time I spend time on my own hobbies | 14.3% | 45.7% | 37.1% | 2.9% | 0.742 | 0.551 |
| | Spending my free time on activities I enjoyed made me happy | 4.3% | 17.9% | 67.1% | 10.7% | 0.660 | 0.436 |
| | I value my leisure experiences during lockdown | 4.3% | 19.3% | 65.7% | 10.7% | 0.667 | 0.445 |
| | I hardly had free time available to relax and spend on activities of my choice | 3.6% | 36.4% | 47.1% | 12.9% | 0.738 | 0.545 |
| | I spend time on introspective and restful leisure activities | 7.1% | 34.3% | 56.4% | 2.1% | 0.661 | 0.438 |
| | I spend time on social and stimulating leisure activities | 5.7% | 44.3% | 48.6% | 1.4% | 0.628 | 0.394 |
| | I spend time on constructive and meaningful leisure activities | 2.9% | 34.3% | 60.7% | 2.1% | 0.581 | 0.338 |
| | I often reminisced about the leisure activities I engage in | 4.3% | 35% | 55% | 5.7% | 0.662 | 0.438 |
| | I engage in leisure activities that reflect my personal interest, strengths and aptitude | 2.9% | 24.3% | 67.9% | 5% | 0.589 | 0.347 |

| | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|-------|-------|-------|-------|
| I engaged in leisure experiences that developed my capacities and skills and it produced feelings of satisfaction | 2.1% | 32.1% | 60.7% | 5% | 0.601 | 0.361 |
| I engaged in mindful, meditating leisure experiences that decluttered my mind | 6.4% | 43.6% | 46.4% | 3.6% | 0.673 | 0.452 |
| I spend my leisure time to reach out to friends in need, checking on neighbours and providing random acts of kindness that give me a feeling of purpose | 7.9% | 37.9% | 51.4% | 2.9% | 0.684 | 0.468 |
| I enjoyed the home-based lockdown leisure activities I engaged in | 2.1% | 22.1% | 67.1% | 8.6% | 0.603 | 0.364 |
| I miss the social experiences of going out with friends and relatives during strict lockdown levels | 5% | 17.9% | 52.9% | 24.3% | 0.790 | 0.625 |
| My leisure time became a time of self-reflection | 4.3% | 25% | 62.9% | 7.9% | 0.661 | 0.437 |

Source: Researcher's own construct from Phase 1 of the research data 2021

Most parents (96.5%) indicated that they enjoyed spending their free time with their toddlers, similarly, the majority (94.3%) indicated that during their free time they engaged in activities that their toddlers enjoy. Only 40% of parents spent their free time on their own hobbies while 60% of parents indicated that they hardly had free time available to relax and spend on activities of their own choice. However, most parents (77.8%) agreed that spending their free time on activities that they enjoyed made them happy. The inference can thus be made that despite parents not spending their free time on their own hobbies, they choose to spend their free time with their toddlers, as it makes them happy. It correlates with the comments in Table 4.48.

The majority of parents (85.7%) agreed that the type of leisure activities they engaged in was limited by their personal freedom due to lockdown. 77.1% of the parents indicated that they missed the social experiences of going out with friends and relatives during the stricter lockdown levels, while 60.7% agreed that they often reminisce about the leisure activities they used to engage in before the COVID-19 crisis started. However, the adaptability of parents

becomes evident, as 76.4% of parents value their leisure experiences during lockdown while 75.8% of parents enjoyed the home-based leisure experiences in which they engaged.

When analysing the type of leisure activities parents engaged in, it appears that during crisis times such as the COVID-19 health COVID-19 crisis, most parents (72.8%) engaged in leisure activities that reflect their personal interest, strength and aptitude. 72.2% of parents engaged in more passive leisure activities, while 70.7% of parents used their leisure time to do self-reflection. 65.8% engaged in leisure experiences that developed their capacities and skills that produced feelings of satisfaction, and 62.8% spent time on constructive and meaningful leisure activities. 58,6% of parents spent time on introspective and restful leisure activities while 54.2% spent their leisure time reaching out to friends in need, checking on neighbours and providing random acts of kindness that give them a feeling of purpose. 50% of parents spent time on social and stimulating leisure activities and 50% of parents engaged in mindful, meditating leisure experiences that decluttered their minds. It becomes apparent, that because of the COVID-19 crisis, the leisure activities of parents shifted from being social of nature, to a more internal, developmental and reflective type of leisure activity.

4.2.5.8 Personal leisure: Physical activities and exercise routines of parents since the start of the COVID-19 crisis

Based on parents' physical activities and exercise routines, they were asked to rate their level of agreement with statements on a 4-point Likert scale. In line with the previous subsections, the ratings were merged by combining "strongly disagree" with "disagree" and simultaneously combining "strongly agree" with "agree".

The results are displayed in Table 4.51 and indicate that the exercise routines of most parents (66.4%) changed since the start of the COVID-19 crisis.

Table 4.51: Parents' physical activities and exercise routines since the start of the COVID-19 crisis

| | | Strongly disagree | Disagree | Agree | Strongly agree | Std. dev. | Var. |
|-------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------|----------|-------|----------------|-----------|-------|
| Valid | My exercise routine stayed the same since lockdown started | 19.3% | 47.1% | 29.3% | 4.3% | 0.792 | 0.627 |
| | I exercise at least once a day | 28.6% | 48.6% | 20% | 2.9% | 0.777 | 0.603 |
| | I exercised 2 to 3 times a week | 27.9% | 37.9% | 26.4% | 7.9% | 0.918 | 0.843 |
| | I know the importance of exercise but did not have the energy or time to focus on an exercise routine since the start of COVID-19 | 10.7% | 20% | 47.9% | 21.4% | 0.899 | 0.809 |
| | I played physical activities with my toddlers for exercise | 6.4% | 15.7% | 65% | 12.9% | 0.722 | 0.522 |

Source: Researcher's own construct from Phase 1 of the research data 2021

Only 22.8% of parents exercise at least once a day, while 34.2% of parents exercise 2 to 3 times a week. Most parents (69.3%) indicated that they know the importance of exercise but did not have the energy or time to focus on an exercise routine since the start of the COVID-19 crisis. Similarly, most parents (77.9%) played physical activities with their toddlers for exercise.

In an open-ended question, parents were asked to indicate how their exercise routines changed since the start of the COVID-19 crisis, as displayed in Table 4.52.

Table 4.52: Classifications of reasons why parents' personal exercise routines changed because of the COVID-19 crisis

| F5 | Frequency | Percent |
|--------------------------------------------------------------------------|-----------|---------|
| Lockdown restrictions halted/minimised exercise routines | 14 | 9.66% |
| Switched to home-based exercises i.e. running, skipping, weight training | 22 | 15.17% |
| Online training classes and videos | 7 | 4.83% |
| Overall exercise routines decreased/stopped | 8 | 5.52% |
| Exercise routine remained the same | 13 | 8.97% |
| Exercise routine increased | 6 | 4.14% |
| No time or energy for exercising | 24 | 16.55% |
| Only exercise is playing with my kids | 13 | 8.97% |

| | | |
|------------|-----|--------|
| All other | 2 | 1.38% |
| No comment | 36 | 24.83% |
| | 145 | 100% |

Source: Researcher's own construct from Phase 1 of the research data 2021

Most parents (50.28%) indicated that they had no time or energy for exercising (16.55%) while some parents switched to home-based exercises (15.17%) or indicated that the lockdown restrictions halted and/ or minimised their exercise routines (9.66%) and the only exercise they did was playing with their children (8.97%). Comments include the following:

1. No time or energy for exercising:
 - “We work, no time for exercise unless mopping the floor counts”,
 - “None. I have 2 small kids”,
 - “Working hours increased so we have less free time for our basic needs”,
 - “Work kept me tied down and when I would knock off it would be time for household activities”,
 - “Gym was closed for a while, no time to get to gym, too tired to gym”.

2. Switched to home-based exercises:
 - “I've now moved to also doing strength training whilst before I usually only jogged”,
 - “indoor gym and treadmill only change was jogging outdoors that's when I got myself a treadmill”,
 - “Cardio exercises at home”,
 - “Running in my yard and running outside still gave me good exercise”,
 - “Do dancing things and home workouts that's on YouTube with kids”,
 - “Since the lockdown started and curfews started I was not able to do my morning jog outside. I do running and cardio exercises mostly”.

3. Lockdown restricted halted/minimised exercise routines:
 - “Couldn't go for races or marathons, running club not operating and gyms closed”,
 - “Prior to COVID-19 we frequented the mountain for fun, completing hiking trails. Entering fun-runs/big walks. I used to have a gym membership but this was cancelled as a result of the lockdown rules I just didn't feel comfortable Gymming [sic] with/around strangers”,
 - “I normally went to gym daily but I could not do that when there was a hard lockdown this made me lazy when they opened up the gym again”,
 - “I stopped running as I cannot run with a mask”,

- “Did not exercise since we were not allowed to go out of the gate”.
4. Only exercise is playing with kids:
- “I had no time to exercise during lockdown and playing with my kids was the only physical activity I engaged in”,
 - “Does running after kids count as exercise?”,
 - “I tried to move more around and keep busy with my toddler”,
 - “We play and jump on a trampoline a lot - 5 days per week which I consider exercise”,
 - “I didn't really exercise but I made sure I played with my son some tennis every other day”.

4.2.5.9 The effect of leisure time and activities on the wellbeing of parents

To determine if leisure activities, during crisis times such as a health COVID-19 crisis, aided as an activity to assist parents to forget about their various responsibilities, demands and challenges, while contributing overall to their wellbeing, parents were asked 3 closed-ended questions as well as an open-ended question as displayed, respectively in Table 4.53, Table 4.54, Table 4.55 and Table 4.56.

Parents were requested to self-identify their overall health on a 6-point Likert scale, as displayed in Table 4.53. A person's overall health includes many life domains, such as parents' physical health, mental health, stress levels and coping strategies since they have experienced the ongoing COVID-19 crisis for the past 18 months.

Table 4.53: Parents' self-identification of their overall health (mental, physical, stress levels, coping strategies)

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---------------|-----------|---------|---------------|--------------------|
| Valid | Bad | 7 | 5.0 | 5.0 | 5.0 |
| | Good | 43 | 30.7 | 30.7 | 35.7 |
| | Somewhat Bad | 25 | 17.9 | 17.9 | 53.6 |
| | Somewhat good | 48 | 34.3 | 34.3 | 87.9 |
| | Very Bad | 5 | 3.6 | 3.6 | 91.4 |
| | Very good | 12 | 8.6 | 8.6 | 100.0 |
| | Total | 140 | 100.0 | 100.0 | |

Source: Researcher's own construct from Phase 1 of the research data 2021

Those who negatively identified their health as 'somewhat bad', 'bad' and 'very bad' and those who positively identified their health as 'somewhat good', 'good' and 'very good' were grouped together. From the results displayed in Table 4.50, it becomes apparent that most parents (73.5%) rated their overall health as positive, while the remaining 26.5% rated their overall health negatively. A possible reason for this phenomenon could be that it was the last question of the questionnaire and that throughout the journey of completing the survey instrument, parents reflected on the past 18 months. Two parents commented in the general comments section that "this questionnaire reminded me that I went through a lot with my family, and we survived :)" and "I enjoyed answering these questions because it made me realise a lot of things at once". The phenomenon was however delved in deeper in the semi-structured interview (see Chapter 5).

Many parents (50.7%) indicated in Table 3.54, that they did not forget about their responsibilities, demands and challenges while they engaged in their leisure activities. 14.3% were undecided and 35% indicated that their leisure activities assisted them to forget about their troubles for the time they engaged in their selected leisure activities.

Table 4.54: Leisure activities during the COVID-19 crisis did not aid parents to forget about their life demands, challenges and responsibilities

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-----------|-----------|---------|---------------|--------------------|
| Valid | No | 71 | 50.7 | 50.7 | 50.7 |
| | Undecided | 20 | 14.3 | 14.3 | 65.0 |
| | Yes | 49 | 35.0 | 35.0 | 100.0 |
| | Total | 140 | 100.0 | 100.0 | |

Source: Researcher's own construct from Phase 1 of the research data 2021

However, parents were asked directly if the activities they engaged in during their leisure time, since the start of the COVID-19 crisis, contributed to their overall wellbeing. The results are displayed in Table 4.55.

Table 4.55: The contribution of leisure time and activities during the COVID-19 crisis to parents' overall wellbeing

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-----------|-----------|---------|---------------|--------------------|
| Valid | No | 12 | 8.6 | 8.6 | 8.6 |
| | Undecided | 49 | 35.0 | 35.0 | 43.6 |
| | Yes | 79 | 56.4 | 56.4 | 100.0 |
| | Total | 140 | 100.0 | 100.0 | |

Source: Researcher's own construct from Phase 1 of the research data 2021

Most parents (56.4%) said 'yes', while 35% were 'undecided' and 8.6% of parents indicated that it did not contribute to their wellbeing. In an open-ended question (see Table 4.56) parents were requested to elaborate on their answers.

Table 4.56: Classification of comments on how leisure activities during the COVID-19 crisis contributed to parents' overall wellbeing

| F13 | Frequency | Percent |
|---------------------------------------------------------------------------------|-----------|---------|
| Relieved stress and anxiety (9.67%) | 9 | 6.04% |
| Wellbeing improved while spending quality time with family and toddlers (23.65) | 22 | 14.77% |
| Time to reflect and clear my mind (9.67%) | 9 | 6.04% |
| Nature-time improves my wellbeing (2.15%) | 2 | 1.34% |
| Upskilled professionally, personally and parentally (5.38%) | 5 | 3.36% |
| Wellbeing improved while engaging in activities I enjoy (9.67%) | 9 | 6.04% |
| Renewed, positive view on life (5.38%) | 5 | 3.36% |
| Spiritual engagement improved (2.15%) | 2 | 1.34% |
| Overall wellbeing improved (6.45%) | 6 | 4.03% |
| Mentally challenging: unhealthy, overwhelming stress levels remain | 3 | 2.01% |
| Negative emotions remain: irritable, bored, impatient | 2 | 1.34% |
| Positive wellbeing is lacking | 3 | 2.01% |
| No time to focus on my wellbeing | 8 | 5.37% |
| All other | 8 | 5.37% |
| No comment | 56 | 37.58% |
| | 149 | 100% |

Source: Researcher's own construct from Phase 1 of the research data 2021

Most parents (74.19%) who elaborated on the question, indicated that their wellbeing improved while engaging in leisure time and activities, especially while spending quality time with their family and toddlers (23.76%). Comments include the following:

1. Wellbeing improved while spending quality time with family and toddlers (23.65%):
 - “To spend time with your children and see them smile always makes you feel better”,
 - “Spending time with my family always makes me feel good and positive”,
 - “The time with my family was much needed”,
 - “Having more time together as a family was bonding, might not have been all we were hoping for but good”,
 - “I made more time with my son and late husband”.
2. Relieved stress and anxiety (9.67%):
 - “It took my mind off the problems and issues we are facing for a little bit”,
 - “The activities I partook in helped me work through my anxiety and relaxed me a bit even when stressed”,
 - “It took my mind off what was happening (people losing lives and jobs)”,
 - “It helped me to reduce my stress levels”,
 - “It helped with my sanity, also was a good stress reliever”,
3. Time to reflect and clear my mind (9.67%):
 - “I had more time to think about the future and what i wanted to do next”,
 - “I could take stock of what is important in my life”,
 - “It helped me re-apply myself daily to do things to the best of my abilities”,
 - “The way I view the world and priorities has changed”,
 - “Self-reflection and rest is very important”.
4. Wellbeing improved while engaging in activities I enjoy (9.67%):
 - “Especially with the COVID-19 crisis pressure, spending time relaxing was a source of light”,
 - “When I did have time for myself I did things that relaxed me, it gave me the ability to get back and face another day”,
 - “Doing what I like makes me happy...seeing my kids happy makes me happy = improved overall wellbeing”.
5. Overall wellbeing improved (6.45%):
 - “I have better peace of mind”,

- “It gave me more time with things I had to do where I always stressed for not having time for everything”,
 - “I have better peace of mind”.
6. Renewed, positive view on life (5.38%):
- “It made me realise what is important in life”,
 - “I am more aware of what I am”,
 - “It has highlighted the most important things in life”.
7. Upskilled professionally, personally and parentally (5.38%):
- “I am seeing more of who I am as a person and as a single parent”,
 - “Upskilled myself and with this became partner in a stable business”,
 - “During lockdown I spent more time reading, so doing I have gain more knowledge that can help me develop in various industries”.
8. Nature-time improved my wellbeing (2.15%):
- “More walks, nature, quality time”,
 - “Going for a walk in nature with my toddler or a massage increases my wellbeing”.
9. Spiritual engagement improved (2.15%):
- “More spiritually engaged”,
 - “Jesus is life!”.

The minority of parents (8.09%) commented on the unhealthy and mentally challenging stress levels that remained despite engaging in leisure activities (2.01%), that positive wellbeing during the crisis is lacking (2.01%) and that negative emotions such as being irritable, bored and impatient remained (1.34%). The inference can be made that these parents were also among the parents who indicated ‘no’ or have been undecided in Table 4.54.

Based on the above, the inference can be made that parents who actively engaged in leisure activities may or may not have forgotten about their responsibilities, demands and challenges, but the benefits of engaging in the activities resulted in a positive change in their overall wellbeing.

From the descriptive statistics, it becomes apparent that key variables related to WLB, personal leisure and wellbeing stood out for the respondents. In particular, considering the foregoing, relevant inferential statistics were performed to determine relationships between the variables apparent in subsections of the survey, namely Section C, Section D, Section E and Section F. Not only was this done to address the relevant research objectives of this study, it also provided

insight to the interpretation of the qualitative data (see Chapter 5), aided with methodological triangulation and provide possible avenues for further research.

4.3 SECTION B: Inferential statistics

According to Muijs (2012) and Dladla and Mutambara (2018), inferential statistics are defined as approaches that are used to draw inferences, correlations or conclusions about certain characteristics of a population based on sample data. Pearson Correlations were used to determine if statistical relationships existed between 2 variables. The correlations were limited to sections of the survey where rating scales were used and did not include multiple-choice and open-ended questions' codes. Simultaneously, it also excluded correlations across questionnaire sections (which amounted to conducting 5329 correlations for Sections C, E and F and did not fall within the scope of this study). Table 4.57 provides a summary of all the Pearson correlations per questionnaire section. Statistically significant correlations, with confidence intervals of 95% and 99% respectively, amounted to 1398. The latter includes all correlations despite the strength of the relationship.

Table 4.57: Summary of all Pearson Correlations per questionnaire Section and statistically significant (95% and 99% confidence intervals) correlations despite relationship strength

| Questionnaire Section | Total correlations | Statistically significant |
|-------------------------------------------------------|--------------------|---------------------------|
| Section C (N = 140) Wellbeing (feelings and emotions) | 140 | 72 |
| Section D (N = 88) Parents who worked from home | 756 | 268 |
| Section E (N = 140) WLB | 992 | 516 |
| Section F (N = 140) Leisure | 1722 | 542 |
| TOTAL | 3610 | 1398 |

Source: Researcher's own construct from Phase 1 of the research data 2021

Due to the magnitude of statistically significant correlations with 95% and 99% confidence intervals for Sub-sections 4.3.1, 4.3.2 and 4.3.3, it was decided to mostly report on correlations with moderate to very strong relationships between variables, per section (both positive and negative relationships) and not across sections of the questionnaire. Therefore, very weak (0.00 – 0.199) and weak (0.20 – 0.399) correlations were excluded from these three sections (an overall summary will, however, be provided) while moderate (0.40 – 0.599), strong (0.60 – 0.799) and very strong (0.80 – 1.00) relationships and their interpretations were included. For sub-sections 4.3.4, 4.3.5, 4.3.6 and 4.3.7 no moderate to very strong correlations appeared and overviews were provided of the very weak and weak correlations. As a result, the content of Section B of this chapter is demarcated under the following sub-headings:

- Relationships between emotions experienced by parents since the start of the COVID-19 crisis
- Relationships between the effect of the COVID-19 crisis and related lockdown levels on WLB changes and feelings of successfully managing overall life demands (n = 140)
- Relationships between the intensity parents experienced while working from home during the COVID-19 crisis with home-schooling demands, toddler care demands and work and life demands (n = 88)
- Relationships between the change in how much time was spent on general activities and family leisure activities pre-COVID-19 and during the COVID-19 crisis (n = 140)
- Relationships between parents' personal exercise routines and WLB variables (n = 140)
- Relationships between the type of leisure activities working parents engaged in since the start of the COVID-19 crisis and WLB variables (n = 140)
- Relationships between parents who received support and the effect on their wellbeing, WLB and exercise routines (n = 140)

4.3.1 Relationships between emotions experienced by parents since the start of the COVID-19 crisis

All correlations pertaining to a range of emotions experienced by parents, at times, since the start of the COVID-19 crisis are displayed in Table 4.58, followed by a summary of all the correlations in Table 4.59 and an interpretation of the moderate to strong relationships in Table 4.60.

Table 4.58 Pearson Correlations for emotions experienced by parents since the start of the COVID-19 crisis

| | | Feeling full of life and energised | Feeling positive, hopeful, calm and peaceful | Feeling tired | Feeling downhearted, sad and hopeless | Feeling nervous, uncertain and anxious | Feeling in control and coping well | Feeling disorganised and confused | Feeling overwhelmed and panicking | Feeling sick and unwell |
|--------------------------------------------------------------|---------------------|------------------------------------|----------------------------------------------|----------------|---------------------------------------|----------------------------------------|------------------------------------|-----------------------------------|-----------------------------------|-------------------------|
| Feeling full of life and energised | Pearson Correlation | 1.000 | .610** | -.198* | -.225** | -0.123 | .557** | -.270** | -.200* | -.243** |
| | Sig. (2-tailed) | | 0.000 | 0.019 | 0.008 | 0.148 | 0.000 | 0.001 | 0.018 | 0.004 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| Feeling positive, hopeful, calm and peaceful | Pearson Correlation | .610** | 1.000 | -0.162 | -.238** | -0.163 | .547** | -.345** | -.244** | -0.069 |
| | Sig. (2-tailed) | 0.000 | | 0.056 | 0.005 | 0.055 | 0.000 | 0.000 | 0.004 | 0.417 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| Feeling tired | Pearson Correlation | -.198* | -0.162 | 1.000 | .416** | .342** | -.284** | .406** | .427** | .292** |
| | Sig. (2-tailed) | 0.019 | 0.056 | | 0.000 | 0.000 | 0.001 | 0.000 | 0.000 | 0.000 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| Feeling downhearted, sad and hopeless | Pearson Correlation | -.225** | -.238** | .416** | 1.000 | .594** | -.368** | .594** | .603** | .429** |
| | Sig. (2-tailed) | 0.008 | 0.005 | 0.000 | | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| Feeling nervous, uncertain and anxious | Pearson Correlation | -0.123 | -0.163 | .342** | .594** | 1.000 | -.275** | .461** | .649** | .366** |
| | Sig. (2-tailed) | 0.148 | 0.055 | 0.000 | 0.000 | | 0.001 | 0.000 | 0.000 | 0.000 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| Feeling in control and coping well | Pearson Correlation | .557** | .547** | -.284** | -.368** | -.275** | 1.000 | -.396** | -.357** | -.253** |
| | Sig. (2-tailed) | 0.000 | 0.000 | 0.001 | 0.000 | 0.001 | | 0.000 | 0.000 | 0.003 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| Feeling disorganised and confused | Pearson Correlation | -.270** | -.345** | .406** | .594** | .461** | -.396** | 1.000 | .462** | .474** |
| | Sig. (2-tailed) | 0.001 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | | 0.000 | 0.000 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| Feeling overwhelmed and panicking | Pearson Correlation | -.200* | -.244** | .427** | .603** | .649** | -.357** | .462** | 1.000 | .498** |
| | Sig. (2-tailed) | 0.018 | 0.004 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | | 0.000 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| Feeling sick and unwell | Pearson Correlation | -.243** | -0.069 | .292** | .429** | .366** | -.253** | .474** | .498** | 1.000 |
| | Sig. (2-tailed) | 0.004 | 0.417 | 0.000 | 0.000 | 0.000 | 0.003 | 0.000 | 0.000 | |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| *. Correlation is significant at the 0.05 level (2-tailed). | | | | | | | | | | |
| **. Correlation is significant at the 0.01 level (2-tailed). | | | | | | | | | | |

Source: Researcher's own construct from Phase 1 of the research data 2021

Table 4.59: A summary of all the correlations found in Table 4.58

| Totals | | Very weak 0.00 – 0.199 | Weak 0.20 – 0.399 | Moderate 0.40 – 0.599 | Strong 0.60 – 0.799 |
|----------------------|----|---------------------------|----------------------|--------------------------|------------------------|
| Tested relationships | 72 | | | 24 | 6 |
| Significant | 64 | 2 | 32 | 24 | 6 |
| Positive | 36 | | 6 | 24 | 6 |
| Negative | 28 | 2 | 26 | - | - |

Source: Researcher's own construct from Phase 1 of the research data 2021

The observations displayed in Table 4.60, indicate that the COVID-19 crisis and related lockdown measures created stressful situations for parents. The latter resulted in a ripple effect between emotions, which directly influences the wellbeing of working parents with toddlers.

Table 4.60: Interpretation of the moderate and strong relationships in emotions experienced by parents since the start of the COVID-19 crisis

| Significant correlation | Strength | Direction | Interpretation |
|-------------------------------------------------------------------------------------------------------------------|----------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 'Feeling full of life and energised' with 'feeling positive, hopeful, calm and peaceful' ($\beta = 0.610^{**}$) | Strong | Positive | If the amount of times parents felt full of life and energised, increased, it resulted in an increased amount of time they felt positive, hopeful, calm and peaceful. (<i>Vice versa</i>) |
| 'Feeling full of life and energised' with 'feeling in control and coping well' ($\beta = 0.557^{**}$) | Moderate | Positive | If the amount of times parents felt full of life and energised, increased, it resulted in an increased amount of time they felt in control and coping well. (<i>Vice versa</i>) |
| 'Feeling positive, hopeful, calm and peaceful' with feeling in control and coping well' ($\beta = 0.547^{**}$) | Moderate | Positive | If the amount of times parents felt positive, hopeful, calm and peaceful, increased, it resulted in an increased amount of time they felt in control and coping well. (<i>Vice versa</i>) |
| 'Feeling tired' with 'feeling downhearted, sad and hopeless' ($\beta = 0.416^{**}$) | Moderate | Positive | If the amount of times parents felt tired increased, it resulted in an increased amount of time they felt downhearted, sad and hopeless. (<i>Vice versa</i>) |
| 'Feeling tired' with 'feeling disorganised and confused' ($\beta = 0.406^{**}$) | Moderate | Positive | If the amount of times parents felt tired increased, it resulted in an increased amount of time they felt disorganised and confused. (<i>Vice versa</i>) |
| 'Feeling tired' with 'feeling overwhelmed and panicking' ($\beta = 0.427^{**}$) | Moderate | Positive | If the amount of times parents felt tired increased, it resulted in an increased amount of time they felt overwhelmed and panicking. (<i>Vice versa</i>) |
| 'Feeling downhearted, sad and hopeless' with 'feeling nervous, uncertain and anxious' ($\beta = 0.594^{**}$) | Moderate | Positive | If the amount of times parents felt downhearted, sad and hopeless increased, it resulted in an increased amount of time they felt uncertain and anxious. (<i>Vice versa</i>) |

| | | | |
|------------------------------------------------------------------------------------------------------------|----------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 'Feeling downhearted, sad and hopeless' with 'feeling disorganised and confused' ($\beta = 0.594^{**}$) | Moderate | Positive | If the amount of times parents felt downhearted, sad and hopeless increased, it resulted in an increased amount of time they felt disorganized and confused. (<i>Vice versa</i>) |
| 'Feeling downhearted, sad and hopeless' with 'feeling overwhelmed and panicking' ($\beta = 0.603^{**}$) | Strong | Positive | If the amount of times parents felt downhearted, sad and hopeless increased, it resulted in an increased amount of time they felt overwhelmed and panicking. (<i>Vice versa</i>) |
| 'Feeling downhearted, sad and hopeless' with 'feeling sick and unwell' ($\beta = 0.429^{**}$) | Moderate | Positive | If the amount of times parents felt downhearted, sad and hopeless increased, it resulted in an increased amount of time they felt sick and unwell. (<i>Vice versa</i>) |
| 'Feeling nervous, uncertain and anxious' with 'feeling disorganised and confused' ($\beta = 0.461^{**}$) | Moderate | Positive | If the amount of times parents felt nervous, uncertain and anxious increased, it resulted in an increased amount of time they felt disorganized and confused. (<i>Vice versa</i>) |
| 'Feeling nervous, uncertain and anxious' with 'feeling overwhelmed and panicking' ($\beta = 0.649^{**}$) | Strong | Positive | If the amount of times parents felt nervous, uncertain and anxious increased, it resulted in an increased amount of time they felt overwhelmed and panicking. (<i>Vice versa</i>) |
| 'Feeling disorganised and confused' with 'feeling overwhelmed and panicking' ($\beta = 0.462^{**}$) | Moderate | Positive | If the amount of times parents felt disorganized and confused increased, it resulted in an increased amount of time they felt overwhelmed and panicking. (<i>Vice versa</i>) |
| 'Feeling disorganised and confused' with 'feeling sick and unwell' ($\beta = 0.474^{**}$) | Moderate | Positive | If the amount of times parents felt disorganized and confused increased, it resulted in an increased amount of time they felt sick and unwell. (<i>Vice versa</i>) |
| 'Feeling overwhelmed and panicking' with 'feeling sick and unwell' ($\beta = 0.498^{**}$) | Moderate | Positive | If the amount of times parents felt overwhelmed and panicking increased, it resulted in an increased amount of time they felt sick and unwell. (<i>Vice versa</i>) |

Source: Researcher's own construct from Phase 1 of the research data 2021

The relationships evident in Table 4.60 further indicate that moderate to strong relationships exist when parents experienced an increase in positive emotions (i.e. feeling full of life, energised, hopeful, calm and peaceful). It resulted in an increase in more positive emotions (i.e. feeling positive, hopeful, calm, peaceful, in control and coping well). Similarly, when parents experienced negative emotions (i.e. feeling downhearted, sad, hopeless, nervous, uncertain, anxious, disorganised, confused, overwhelmed and panicking) it resulted in increased levels of related negative emotions (i.e. feeling sick and unwell).

From the relationships displayed in Table 4.16 it becomes obvious that since the start of the COVID-19 crisis, parents went through almost all emotions “sometimes”, it reflects the subjective nature of emotions that vary per person, per personality and is based on a range of influential, constantly fluctuating factors. However, one emotion which the majority of working parents (52.2%) with toddlers experienced “most of the time” or “all of the time” since the start of the COVID-19 crisis, was feeling tired. From the relationships in Table 4.60, it becomes apparent that an increase in feeling tired most of the time, results in an increase in emotions of feeling downhearted, sad and hopeless, feeling disorganised and confused and feeling overwhelmed and panicking. Based on the latter, the inference can be made that these negative feelings which were experienced by most parents, directly influenced other areas of their lives, such as their WLB and leisure time and pursuits since the start of the COVID-19 crisis. The WLB correlations, both for parents who worked from home (n = 88) and all parents (n = 140) are discussed in the sections below.

4.3.2 Relationships between the effect of the COVID-19 crisis and related lockdown levels on WLB changes and feelings of successfully managing overall life demands (n = 140)

All correlations between the effect of the COVID-19 crisis on WLB changes and feelings of successfully managing overall life demands since the start of the COVID-19 crisis are displayed in Table 4.61, followed by a summary of all the correlations in Table 4.62 and an interpretation of the moderate to strong relationships in Table 4.63.

Table 4.61: Relationships between the effect of the COVID-19 crisis and related lockdown levels on WLB changes and feelings of successfully managing overall life demands (n = 140)

| | | I successfully manage my work demands | I successfully manage my family demands | I successfully manage the demands of society | I successfully manage child care demands | I successfully manage household demands | I successfully manage my partner/marital demands |
|---------------------------------------------------------------------------------|---------------------|---------------------------------------|-----------------------------------------|----------------------------------------------|------------------------------------------|-----------------------------------------|--------------------------------------------------|
| My work life worsened | Pearson Correlation | -.372** | -.251** | -.228** | -0.117 | -0.114 | -.352** |
| | Sig. (2-tailed) | 0.000 | 0.003 | 0.007 | 0.167 | 0.179 | 0.000 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| My work life improved | Pearson Correlation | .386** | .278** | 0.123 | .186* | 0.148 | .166* |
| | Sig. (2-tailed) | 0.000 | 0.001 | 0.148 | 0.028 | 0.082 | 0.049 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| My private life worsened | Pearson Correlation | -.359** | -.381** | -.181* | -.317** | -.237** | -.376** |
| | Sig. (2-tailed) | 0.000 | 0.000 | 0.033 | 0.000 | 0.005 | 0.000 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| My private life improved | Pearson Correlation | .308** | .242** | 0.063 | .258** | .190* | .188* |
| | Sig. (2-tailed) | 0.000 | 0.004 | 0.461 | 0.002 | 0.025 | 0.026 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I often neglect my personal needs due to the stress of my work | Pearson Correlation | -.356** | -.514** | -.288** | -.352** | -.415** | -.345** |
| | Sig. (2-tailed) | 0.000 | 0.000 | 0.001 | 0.000 | 0.000 | 0.000 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| My work suffers because of everything going on in my personal life | Pearson Correlation | -.479** | -.495** | -.179* | -.460** | -.444** | -.233** |
| | Sig. (2-tailed) | 0.000 | 0.000 | 0.034 | 0.000 | 0.000 | 0.006 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I often need to make difficult choices between my work and my personal life | Pearson Correlation | -.404** | -.510** | -.306** | -.309** | -.365** | -.340** |
| | Sig. (2-tailed) | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| Once I finish my work I am too tired to try to do things I wish to do | Pearson Correlation | -.324** | -.421** | -.259** | -.341** | -.417** | -.278** |
| | Sig. (2-tailed) | 0.000 | 0.000 | 0.002 | 0.000 | 0.000 | 0.001 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| My job makes it difficult to take care of the type of private life I might like | Pearson Correlation | -.420** | -.553** | -.369** | -.457** | -.456** | -.342** |
| | Sig. (2-tailed) | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| **. Correlation is significant at the 0.01 level (2-tailed). | | | | | | | |
| *. Correlation is significant at the 0.05 level (2-tailed). | | | | | | | |

Source: Researcher's own construct from Phase 1 of the research data 2021

Table 4.62: A summary of all the correlations found in Table 4.61

| Totals | | Very weak 0.00 – 0.199 | Weak 0.20 – 0.399 | Moderate 0.40 – 0.599 | Strong 0.60 – 0.799 |
|----------------------|----|---------------------------|----------------------|--------------------------|------------------------|
| Tested relationships | 54 | | | | |
| Significant | 49 | | | | |
| Positive | 9 | 4 | 5 | - | - |
| Negative | 40 | 2 | 24 | 14 | - |

Source: Researcher's own construct from Phase 1 of the research data 2021

Given the conceptualisation of the WLB concept (see Chapter 2, Section 2.3), it is critical for working parents with toddlers to create a balance between a range of life dimensions and personal roles, which include a range of demands such as work, family, society, childcare, household and partner/marital demands. In Table 4.27 of the descriptive statistics, most parents (60.7%) indicated that their private life worsened, while the majority of parents (71.4%) did not allow their work to suffer as a result of everything that was going on in their private life. Equally, in Table 4.33, of the descriptive statistics, the majority of parents agreed that they successfully managed their work demands (71.4%), family demands (68.4%), childcare demands (80.7%) and household demands (69.3%). However, based on the relationships displayed in Table 4.63, it becomes apparent that when parents indicated an increase in feelings of neglecting their personal needs due to the stress of their work, a decrease was experienced in feelings of successfully balancing their family ($\beta = -0.514$) and household ($\beta = -0.415$) demands. In layman's terms, it means that when parents neglected their own needs because of work stress, they felt unsuccessful in managing the demands of their family and households. In essence, it can be seen as a work-life imbalance (See Chapter 5).

Table 4.63: Interpretation of the moderate relationships found between the effect of the COVID-19 crisis and related lockdown levels on WLB changes and feelings of successfully managing overall life demands (n = 140)

| Significant correlation | Strength | Direction | Interpretation |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 'I often neglect my personal needs due to the stress of my work' with 'I successfully manage my family demands' ($\beta = -0.514^{**}$) | Moderate | Negative | If the COVID-19 crisis and related lockdown levels caused an increase in parents feeling that they often neglect their personal needs due to the stress of their work, it resulted in a decrease in parents feeling that they successfully manage their family demands. |
| 'I often neglect my personal needs due to the stress of my work' with 'I successfully manage my household demands' ($\beta = -0.415^{**}$) | Moderate | Negative | If the COVID-19 crisis and related lockdown levels caused an increase in parents feeling that they often neglect their personal needs due to the stress of their work, it resulted in a decrease in parents feeling that |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | they successfully manage their household demands. |
| 'My work suffers because of everything going on in my personal life' with 'I successfully manage my work demands' ($\beta = -0.479^{**}$) | Moderate | Negative | If the COVID-19 crisis and related lockdown levels caused an increase in parents feeling that their work suffers because of everything going on in their personal lives, it resulted in a decrease in parents feeling that they successfully manage their work demands. |
| 'My work suffers because of everything going on in my personal life' with 'I successfully manage my family demands' ($\beta = -0.495^{**}$) | Moderate | Negative | If the COVID-19 crisis and related lockdown levels caused an increase in parents feeling that their work suffers because of everything going on in their personal lives, it resulted in a decrease in parents feeling that they successfully manage their family demands. |
| 'My work suffers because of everything going on in my personal life' with 'I successfully manage child care demands' ($\beta = -0.460^{**}$) | Moderate | Negative | If the COVID-19 crisis and related lockdown levels caused an increase in parents feeling that their work suffers because of everything going on in their personal lives, it resulted in a decrease in parents feeling that they successfully manage their child care demands. |
| 'My work suffers because of everything going on in my personal life' with 'I successfully manage household demands' ($\beta = -0.444^{**}$) | Moderate | Negative | If the COVID-19 crisis and related lockdown levels caused an increase in parents feeling that their work suffers because of everything going on in their personal lives, it resulted in a decrease in parents feeling that they successfully manage their household demands. |
| 'I often need to make difficult choices between my work and personal life' with 'I successfully balance my work demands' ($\beta = -0.404^{**}$) | Moderate | Negative | If the COVID-19 crisis and related lockdown levels caused an increase in parents feeling that they often need to make difficult choices between their work and personal life, it resulted in a decrease in parent feeling that they successfully manage their work demands. |
| 'I often need to make difficult choices between my work and personal life' with 'I successfully manage my family demands' ($\beta = -0.510^{**}$) | Moderate | Negative | If the COVID-19 crisis and related lockdown levels caused an increase in parents feeling that they often need to make difficult choices between their work and personal life, it resulted in a decrease in parent feeling that they successfully manage their family demands. |
| 'Once I finish my work I am too tired to try to do things I wish to do' with 'I successfully manage my family demands' ($\beta = -0.421^{**}$) | Moderate | Negative | If the COVID-19 crisis and related lockdown levels caused an increase in parents feeling that once they finished their work they are too tired to try and do the things they wish to do, it resulted in a decrease in parents feeling that they successfully balance their family demands. |
| 'Once I finish my work I am too tired to try to do things I wish to do' with 'I successfully manage my household demands' ($\beta = -0.417^{**}$) | Moderate | Negative | If the COVID-19 crisis and related lockdown levels caused an increase in parents feeling that once they finished their work they are too tired |

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | to try and do the things they wish to do, it resulted in a decrease in parents feeling that they successfully balance their household demands. |
| 'My job makes it difficult to take care of the type of private life I might like' with 'I successfully balance my work demands' ($\beta = -0.420^{**}$) | Moderate | Negative | If the COVID-19 crisis and related lockdown levels caused an increase in parents feeling that their job makes it difficult for them to take care of the type of private life they might like, it resulted in a decrease in parents feeling that they successfully balanced their work demands. |
| 'My job makes it difficult to take care of the type of private life I might like' with 'I successfully manage my family demands' ($\beta = -0.553^{**}$) | Moderate | Negative | If the COVID-19 crisis and related lockdown levels caused an increase in parents feeling that their job makes it difficult for them to take care of the type of private life they might like, it resulted in a decrease in parents feeling that they successfully balanced their family demands. |
| 'My job makes it difficult to take care of the type of private life I might like' with 'I successfully manage my child care demands' ($\beta = -0.457^{**}$) | Moderate | Negative | If the COVID-19 crisis and related lockdown levels caused an increase in parents feeling that their job makes it difficult for them to take care of the type of private life they might like, it resulted in a decrease in parents feeling that they successfully balanced their child care demands. |
| 'My job makes it difficult to take care of the type of private life I might like' with 'I successfully manage my household demands' ($\beta = -0.456^{**}$) | Moderate | Negative | If the COVID-19 crisis and related lockdown levels caused an increase in parents feeling that their job makes it difficult for them to take care of the type of private life they might like, it resulted in a decrease in parents feeling that they successfully balanced their household demands. |

Source: Researcher's own construct from Phase 1 of the research data 2021

When COVID-19 and the related lockdown levels caused increased feelings that parents' work is suffering because of everything going on in their personal lives, a decrease was experienced in parents feeling that they are successfully managing their work demands ($\beta = -0.479$), family demands ($\beta = -0.495$), childcare demands ($\beta = -0.460$), household demands ($\beta = -0.444$). In essence, when parents were not coping in their personal lives because of the COVID-19 crisis and related lockdown levels (no matter if they were working from home or regarded as essential staff), it led to feelings of neglecting their work. Once parents felt that they were neglecting their work, they also felt that they were unsuccessful in managing their work, family, childcare and household demands. These feelings can be correlated with the number of times a range of feelings were experienced during the COVID-19 crisis as per Section 4.8. However,

it is not part of the objectives of the current research project and can lead to future research avenues.

When parents were faced with increased difficulty to make choices between their work and personal lives, it resulted in negative feelings of unsuccessfully balancing their work ($\beta = -0.404$) and family ($\beta = -0.510$) demands. Similarly, when parents experienced an increase in being too tired after finishing their work demands that they did not have time to do the things that they wanted to do, which could include their personal leisure time and activities, it resulted in negative feelings of unsuccessfully managing their family ($\beta = -0.421$) and household ($\beta = -0.417$) demands. Furthermore, when an increase was experienced in feelings that parents' jobs made it difficult for them to take care of the type of private life they might like, it resulted in negative feelings of unsuccessfully balancing their work ($\beta = -0.420$), family ($\beta = -0.553$), childcare ($\beta = -0.457$) and household ($\beta = -0.456$) demands.

From all the moderate relationships, it becomes apparent that the COVID-19 crisis and related lockdown levels, had an overall negative effect on working parents with toddlers, as they struggled to successfully balance all the demands of numerous areas of their lives with their work demands during the crisis. While the latter applies to the overall population of the research study ($n = 140$), it is similarly important to see if correlations exist between the WLB of most parents ($n = 88$) who were forced to work from home at any stage during 2020 and 2021. These parents were faced with home-schooling and toddler supervision while attending to work demands and are discussed next.

4.3.3 Relationships between the intensity parents experienced while working from home during the COVID-19 crisis with home-schooling demands, toddler care demands and work and life demands ($n = 88$)

All correlations between the intensity parents experienced while working from home because of the COVID-19 crisis and related lockdown levels are shown in the following figures below. Table 4.64 displays the relationships between the intensity of WFH with home-schooling demands.

Table 4.64: Relationships between the intensity parents experienced while working from home during the COVID-19 crisis with home-schooling demands (n = 88)

| | | I felt worried about the duration of ECD closures | My toddler had sufficient resources at home to continue with playful learning and development | I had sufficient time to attend to the developmental needs of my toddlers while continuing with my work responsibilities | I enjoyed home schooling my toddlers during ECD closures | I missed the daily routines we were accustomed to prior to Covid-19 | I received learning material and sources from the ECD centre to assist me in home schooling my toddler(s) |
|---------------------------------------------------------------------------|---------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| The demands of my job | Pearson Correlation | 0.060 | -0.067 | -0.114 | 0.054 | -0.109 | 0.048 |
| | Sig. (2-tailed) | 0.580 | 0.532 | 0.292 | 0.619 | 0.314 | 0.657 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 |
| My household demands | Pearson Correlation | 0.117 | -0.064 | -0.121 | -0.134 | -0.062 | -.274** |
| | Sig. (2-tailed) | 0.279 | 0.554 | 0.261 | 0.213 | 0.568 | 0.010 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 |
| The demands of my toddler(s) | Pearson Correlation | 0.126 | -.236* | -.242* | -.332** | 0.097 | -0.149 |
| | Sig. (2-tailed) | 0.243 | 0.027 | 0.023 | 0.002 | 0.367 | 0.167 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 |
| The demands of my relationship with my partner | Pearson Correlation | -0.058 | 0.013 | -0.145 | -0.171 | 0.184 | -0.147 |
| | Sig. (2-tailed) | 0.593 | 0.906 | 0.178 | 0.110 | 0.086 | 0.171 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 |
| Healthcare demands (taking care of the health of members in my household) | Pearson Correlation | 0.024 | -0.103 | -0.172 | -0.057 | -0.032 | -.222* |
| | Sig. (2-tailed) | 0.822 | 0.340 | 0.110 | 0.596 | 0.767 | 0.038 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 |
| Personal health demands (staying physically and mentally healthy) | Pearson Correlation | 0.068 | -0.099 | -0.076 | -0.068 | -0.044 | -0.141 |
| | Sig. (2-tailed) | 0.529 | 0.361 | 0.479 | 0.529 | 0.687 | 0.191 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 |
| Fluctuating lockdown levels | Pearson Correlation | 0.077 | -.226* | -0.151 | -0.164 | 0.196 | 0.037 |
| | Sig. (2-tailed) | 0.474 | 0.035 | 0.160 | 0.127 | 0.067 | 0.729 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 |
| Lack of personal interactions with friends and/or family | Pearson Correlation | 0.134 | -.261* | -0.147 | -.300** | .316** | -0.094 |
| | Sig. (2-tailed) | 0.213 | 0.014 | 0.173 | 0.004 | 0.003 | 0.384 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 |
| *. Correlation is significant at the 0.05 level (2-tailed). | | | | | | | |
| **. Correlation is significant at the 0.01 level (2-tailed). | | | | | | | |

Source: Researcher's own construct from Phase 1 of the research data 2021

Table 4.65 displays the relationships between the intensity of WFH with toddler care demands.

Table 4.65: Relationships between the intensity parents experienced while working from home during the COVID-19 crisis with toddler care demands (n = 88)

| | | I was worried about my own ability to effectively home school my toddler(s) | My toddler(s) missed the interaction with their friends and educators while being at home | I enjoyed the additional time I had to spend with my toddler(s) | I sensed feelings of uncertainty, fear and isolation from my toddler(s) while being at home | At times I was irritable with my toddler(s) due to a lack of time to balance work and home responsibilities | My work responsibilities prevented me to spend quality time with my toddler(s) | My toddler(s) prevented me to spend quality time on my work |
|---------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------|
| The demands of my job | Pearson Correlation | 0.145 | 0.000 | 0.148 | 0.127 | .378** | .513** | .275** |
| | Sig. (2-tailed) | 0.179 | 0.997 | 0.169 | 0.239 | 0.000 | 0.000 | 0.010 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| My household demands | Pearson Correlation | 0.174 | 0.013 | -0.116 | 0.054 | .374** | .301** | .247* |
| | Sig. (2-tailed) | 0.105 | 0.901 | 0.281 | 0.619 | 0.000 | 0.004 | 0.020 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| The demands of my toddler(s) | Pearson Correlation | .279** | 0.121 | -0.152 | 0.182 | .351** | .238* | 0.171 |
| | Sig. (2-tailed) | 0.009 | 0.260 | 0.157 | 0.090 | 0.001 | 0.026 | 0.111 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| The demands of my relationship with my partner | Pearson Correlation | 0.043 | 0.080 | -0.079 | 0.055 | .344** | .254* | .289** |
| | Sig. (2-tailed) | 0.688 | 0.460 | 0.465 | 0.608 | 0.001 | 0.017 | 0.006 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| Healthcare demands (taking care of the health of members in my household) | Pearson Correlation | 0.057 | 0.010 | -0.053 | -0.116 | 0.039 | 0.022 | 0.191 |
| | Sig. (2-tailed) | 0.596 | 0.929 | 0.621 | 0.282 | 0.716 | 0.841 | 0.074 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| Personal health demands (staying physically and mentally healthy) | Pearson Correlation | 0.088 | 0.048 | -0.043 | 0.023 | .237* | .227* | 0.151 |
| | Sig. (2-tailed) | 0.413 | 0.657 | 0.688 | 0.835 | 0.026 | 0.034 | 0.159 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| Fluctuating lockdown levels | Pearson Correlation | 0.181 | .228* | 0.084 | 0.180 | 0.186 | 0.205 | 0.048 |
| | Sig. (2-tailed) | 0.092 | 0.033 | 0.436 | 0.094 | 0.084 | 0.056 | 0.657 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| Lack of personal interactions with friends and/or family | Pearson Correlation | .267* | .272* | -0.009 | 0.192 | .286** | .290** | 0.111 |
| | Sig. (2-tailed) | 0.012 | 0.010 | 0.937 | 0.073 | 0.007 | 0.006 | 0.303 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| *. Correlation is significant at the 0.05 level (2-tailed). | | | | | | | | |
| **. Correlation is significant at the 0.01 level (2-tailed). | | | | | | | | |

Source: Researcher's own construct from Phase 1 of the research data 2021

Table 4.66 displays the intensity of WFH with work demands.

Table 4.66: Relationships between the intensity parents experienced while working from home during the COVID-19 crisis with work demands (n = 88)

| | | I successfully balanced work responsibilities, home school responsibilities and household responsibilities | I had to take leave from work to take care of my toddler(s) | I shared the responsibilities to look after my toddler(s) with my partner | I had to reduce my work hours during the day to care for my toddler(s) | I worked more at night once my toddler(s) were asleep | Adhering to work deadlines were difficult while having to look after my toddler(s) too | I easily set boundaries for my toddler(s) when I had to work |
|---------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------|
| The demands of my job | Pearson Correlation | -.258* | 0.206 | 0.038 | 0.180 | .267* | .445** | -0.061 |
| | Sig. (2-tailed) | 0.015 | 0.055 | 0.727 | 0.094 | 0.012 | 0.000 | 0.570 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| My household demands | Pearson Correlation | -.436** | 0.052 | 0.127 | 0.018 | .215* | 0.157 | -.213* |
| | Sig. (2-tailed) | 2E-05 | 6E-01 | 2E-01 | 9E-01 | 4E-02 | 1E-01 | 5E-02 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| The demands of my toddler(s) | Pearson Correlation | -.590** | 0.099 | 0.029 | 0.012 | 0.163 | 0.157 | -.307** |
| | Sig. (2-tailed) | 1E-09 | 4E-01 | 8E-01 | 9E-01 | 1E-01 | 1E-01 | 4E-03 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| The demands of my relationship with my partner | Pearson Correlation | -0.154 | 0.030 | .559** | -0.031 | 0.022 | 0.118 | -0.093 |
| | Sig. (2-tailed) | 0.153 | 0.782 | 0.000 | 0.774 | 0.841 | 0.275 | 0.391 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| Healthcare demands (taking care of the health of members in my household) | Pearson Correlation | -0.201 | 0.195 | 0.081 | 0.148 | 0.020 | 0.058 | -0.153 |
| | Sig. (2-tailed) | 0.061 | 0.068 | 0.453 | 0.169 | 0.854 | 0.593 | 0.154 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| Personal health demands (staying physically and mentally healthy) | Pearson Correlation | -.251* | 0.076 | 0.116 | 0.080 | 0.031 | 0.089 | -0.077 |
| | Sig. (2-tailed) | 0.018 | 0.480 | 0.281 | 0.460 | 0.777 | 0.408 | 0.476 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| Fluctuating lockdown levels | Pearson Correlation | -.286** | 0.174 | 0.119 | 0.176 | 0.128 | 0.069 | -0.146 |
| | Sig. (2-tailed) | 0.007 | 0.105 | 0.270 | 0.100 | 0.234 | 0.523 | 0.174 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| Lack of personal interactions with friends and/or family | Pearson Correlation | -.220* | 0.150 | -0.001 | 0.008 | -0.039 | 0.111 | -0.066 |
| | Sig. (2-tailed) | 0.040 | 0.162 | 0.996 | 0.938 | 0.716 | 0.302 | 0.543 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| *. Correlation is significant at the 0.05 level (2-tailed). | | | | | | | | |
| **. Correlation is significant at the 0.01 level (2-tailed). | | | | | | | | |

Source: Researcher's own construct from Phase 1 of the research data 2021

Table 4.67 displays the intensity of WFH with general work and life demands.

Table 4.67: Relationships between the intensity parents experienced while working from home during the COVID-19 crisis with work and life demands (n = 88)

| | | The demands of my job | My household demands | The demands of my toddler(s) | The demands of my relationship with my partner | Healthcare demands (taking care of the health of members in my household) | Personal health demands (staying physically and mentally healthy) | Fluctuating lockdown levels | Lack of personal interactions with friends and/or family |
|---------------------------------------------------------------------------|---------------------|-----------------------|----------------------|------------------------------|------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------|----------------------------------------------------------|
| The demands of my job | Pearson Correlation | 1 | .421** | .260* | 0.034 | 0.105 | 0.165 | 0.162 | 0.192 |
| | Sig. (2-tailed) | | 4E-05 | 1E-02 | 8E-01 | 3E-01 | 1E-01 | 1E-01 | 7E-02 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| My household demands | Pearson Correlation | .421** | 1 | .636** | .356** | .436** | .498** | .292** | .324** |
| | Sig. (2-tailed) | 4E-05 | | 2E-11 | 7E-04 | 2E-05 | 8E-07 | 6E-03 | 2E-03 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| The demands of my toddler(s) | Pearson Correlation | .260* | .636** | 1 | .305** | .349** | .429** | .445** | .368** |
| | Sig. (2-tailed) | 0.015 | 0.000 | | 0.004 | 0.001 | 0.000 | 0.000 | 0.000 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| The demands of my relationship with my partner | Pearson Correlation | 0.034 | .356** | .305** | 1 | .376** | .265* | 0.195 | 0.198 |
| | Sig. (2-tailed) | 0.753 | 0.001 | 0.004 | | 0.000 | 0.013 | 0.069 | 0.064 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| Healthcare demands (taking care of the health of members in my household) | Pearson Correlation | 0.105 | .436** | .349** | .376** | 1 | .429** | 0.204 | .268* |
| | Sig. (2-tailed) | 0.329 | 0.000 | 0.001 | 0.000 | | 0.000 | 0.056 | 0.012 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| Personal health demands (staying physically and mentally healthy) | Pearson Correlation | 0.165 | .498** | .429** | .265* | .429** | 1 | .562** | .329** |
| | Sig. (2-tailed) | 0.125 | 0.000 | 0.000 | 0.013 | 0.000 | | 0.000 | 0.002 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| Fluctuating lockdown levels | Pearson Correlation | 0.162 | .292** | .445** | 0.195 | 0.204 | .562** | 1 | .558** |
| | Sig. (2-tailed) | 0.131 | 0.006 | 0.000 | 0.069 | 0.056 | 0.000 | | 0.000 |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| Lack of personal interactions with friends and/or family | Pearson Correlation | 0.192 | .324** | .368** | 0.198 | .268* | .329** | .558** | 1 |
| | Sig. (2-tailed) | 0.073 | 0.002 | 0.000 | 0.064 | 0.012 | 0.002 | 0.000 | |
| | N | 88 | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| *. Correlation is significant at the 0.05 level (2-tailed). | | | | | | | | | |
| **. Correlation is significant at the 0.01 level (2-tailed). | | | | | | | | | |

Source: Researcher's own construct from Phase 1 of the research data 2021

Table 4.68 provides a summary of all the correlations, followed by an interpretation of the moderate and strong relationships in Table 4.69.

Table 4.68: A summary of all the correlations found in Figure 4.5

| Totals | | Very weak 0.00 – 0.199 | Weak 0.20 – 0.399 | Moderate 0.40 – 0.599 | Strong 0.60 – 0.799 |
|----------------------|-----|---------------------------|----------------------|--------------------------|------------------------|
| Tested relationships | 216 | | | | |
| Significant | 80 | | | | |
| Positive | 64 | - | 43 | 19 | 2 |
| Negative | 16 | - | 14 | 2 | - |

Source: Researcher's own construct from Phase 1 of the research data 2021

Table 4.69: Interpretation of the moderate relationships found between the effect of the COVID-19 crisis and related lockdown levels on WLB changes and feelings of successfully managing overall life demands (n = 140)

| Significant correlation | Strength | Direction | Interpretation |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Relationships between the intensity parents experienced while WFH with home-schooling demands: no moderate to strong correlations were found | | | |
| Relationship between the intensity parents experienced while WFH with toddler care demands | | | |
| 'The demands of my job' with 'my work responsibilities prevented me to spend time with my toddler(s)' ($\beta = 0.513^{**}$) | Moderate | Positive | When the intensity of job demands increased, it resulted in increased intensity of feelings that work responsibilities prevented parents to spend time with their toddler(s). |
| Relationship between the intensity parents experienced while WFH with work demands | | | |
| 'The demands of my job' with 'adhering to work deadlines were difficult while having to look after my toddler(s) too' ($\beta = 0.445^{**}$) | Moderate | Positive | When the intensity of job demands increased, the intensity of adhering to work deadlines were difficult while having to look after toddler(s) too, increased. |
| 'My household demands' with 'I successfully balanced work responsibilities, home school responsibilities and household responsibilities' ($\beta = -0.436^{**}$) | Moderate | Negative | When the intensity of household demands increased, the intensity of feelings that parents successfully balanced work responsibilities, home school responsibilities and household responsibilities, decreased. |
| 'The demands of my toddler(s)' with 'I successfully balanced work responsibilities, home school responsibilities and household responsibilities' ($\beta = -.590^{**}$) | Moderate | Negative | When the intensity of toddler demands increased, the intensity of feelings that parents successfully balanced work responsibilities, home school responsibilities and household responsibilities, decreased. |
| 'The demands of my relationship with my partner' with 'I shared the responsibilities to look after my toddler(s) with my partner' ($\beta = .559^{**}$) | Moderate | Positive | When the intensity of the demands of relationships with partners increased, the intensity of sharing toddler(s) responsibilities with partners increased. |
| Relationship between the intensity parents experienced while WFH with overall life demands | | | |

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------|----------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 'The demands of my job' with 'my household demands' ($\beta = 0.421^{**}$) | Moderate | Positive | When the intensity of job demands increased, the intensity of household demands increased. (<i>vice versa</i>) |
| 'My household demands' with 'the demands of my toddler(s)' ($\beta = 0.638^{**}$) | Strong | Positive | When the intensity of household demands increased, the intensity of toddler demands increased. (<i>vice versa</i>) |
| 'My household demands' with 'healthcare demands (taking care of the health of members in my household)' ($\beta = 0.436^{**}$) | Moderate | Positive | When the intensity of household demands increased, the intensity of healthcare demands (taking care of the health of members in the household), increased. (<i>vice versa</i>) |
| 'My household demands' with 'Personal health demands (staying physically and mentally healthy)' ($\beta = 0.498^{**}$) | Moderate | Positive | When the intensity of household demands increased, the intensity of personal health demands (staying physically and mentally healthy), increased. (<i>vice versa</i>) |
| 'The demands of my toddler(s)' with 'Personal health demands (staying physically and mentally healthy)' ($\beta = .429^{**}$) | Moderate | Positive | When the intensity of toddler demands increased, the intensity of personal health demands (staying physically and mentally healthy), increased. (<i>vice versa</i>) |
| 'The demands of my toddler(s)' with 'Fluctuating lockdown levels' ($\beta = .445^{**}$) | Moderate | Positive | When the intensity of toddler demands increased, the intensity of the fluctuating lockdown levels increased. (<i>vice versa</i>) |
| 'Personal health demands (staying physically and mentally healthy)' with 'Fluctuating lockdown levels' ($\beta = .562^{**}$) | Moderate | Positive | When the intensity of personal health demands (staying physically and mentally healthy) increased, the intensity of the fluctuating lockdown levels increased. (<i>vice versa</i>) |
| 'Lack of personal interactions with friends and/or family' with 'Fluctuating lockdown levels' ($\beta = .558^{**}$) | Moderate | Positive | When the lack of personal interactions with friends and/or family increased, it resulted in an increase in the intensity of fluctuating lockdown levels. (<i>vice versa</i>) |

Source: Researcher's own construct from Phase 1 of the research data 2021

In Chapter 2 (see Section 2.2.1.4), studies by Fontanesi et al. (2020) and Romero et al. (2020) address the stressful situations caused by the COVID-19 crisis and touches on the anxieties faced by parents such as the duration of school/ECD closures, children's isolation from their friends and educators and their own abilities to provide home-schooling and sufficient developmental support to their children. In Table 4.19 of the descriptive statistics, most parents (70.5%) indicated that sufficient time is lacking to attend to the developmental needs of their toddlers, while (51.2%) did not enjoy home-schooling their toddlers. Despite no moderate or strong correlations appearing from Table 4.64, it is worth noting that weak, negative relationships existed when the intensity of toddler demands increased, with the following variables: 1) toddlers had sufficient resources at home to continue with playful learning and development ($\beta = -0.236$); 2) parents felt that they had sufficient time to attend to the developmental needs of their toddlers while continuing with their work responsibilities ($\beta = -0.242$); 3) parents enjoyed home-schooling their toddlers during ECD closures ($\beta = -0.332$). In

essence, it means that when parents experienced their toddlers as intense, they doubted if their toddlers had sufficient resources at home to continue with playful learning and development, they felt that they had insufficient time to attend to the developmental needs of their toddlers in between attending to their work demands and therefore (among many other reasons) did not enjoy home-schooling their toddlers.

While Table 4.20 in the descriptive statistics indicated that most parents (96.5%) enjoyed the additional time they had to spend with their toddlers while WFH, a moderate, positive relationship ($\beta = 0.513$) is displayed in Table 4.69 indicating that when an increase happened in the intensity of parents' job demands, an increase occurred in the intensity of feelings that their work responsibilities are preventing parents to spend time with their toddlers. In essence, increased work demands create emotions of parents neglecting their toddlers. The inference can be made that when these intense emotions are experienced, it can show relationships between the feelings displayed in Table 4.60 (i.e. sadness, hopelessness, feeling disorganised, overwhelmed and panicking) and have an effect on the wellbeing and WLB of parents. In Table 4.66 it becomes apparent that a positive, moderate relationship exists between the demands of parents' jobs and their abilities to adhere to work deadlines while attending to their toddlers, concurrently when an increase in the intensity of household demands and toddler demands is experienced, a decrease is occurring in the intensity of parents who feel that they are successfully balancing work, home school and household responsibilities. However, when an increase in the demands of parents' partners increased, it resulted in an increase in the intensity of sharing the responsibilities to look after their toddler(s) with their partners. The inference can be made that when both parents had to WFH, it was easier to share the responsibilities of looking after the toddler(s) with one another.

Table 4.67 indicates that when parents experienced an increase in the intensity of their job demands, it resulted in an increase in the intensity of their household demands. When parents experienced an increase in the intensity of their household demands, it resulted in a range of other intense demands, such as 1) toddler demands, 2) healthcare demands (taking care of the health of members in my household), and 3) personal health demands (staying physically and mentally healthy). Similarly, when an increase is experienced in the intensity of toddler demands, an increase in intensity is experienced in personal health demands (staying physically and mentally healthy). The fluctuating lockdown levels influenced parents who were WFH. When an increase was experienced in the intensity of the fluctuating lockdown levels, an increase was experienced in other areas of life, such as 1) toddler demands, 2) personal health demands (staying physically and mentally healthy), and 3) a lack of personal interactions with friends and/or family. The exclusion from socialisation and being confined to parents' homes with toddlers, posed challenges to parents' personal health while they missed

the social togetherness of spending time with friends and family. As a result, it could influence their exercise routines and leisure time too. The latter is discussed in the next section.

4.3.4 Relationships between changes in how much time was spent on general daily activities and family leisure activities pre-COVID-19 and during the COVID-19 crisis (n = 140)

In Table 4.28 and Table 4.30 of the descriptive statistics, most parents (75%) indicated that their work routines changed, and equally, the majority of parents (70.7%) indicated that their private life and leisure routines changed as a result of the COVID-19 crisis. Furthermore, in Table 4.44, most parents (59.3%) of parents indicated that their leisure activities were influenced by the fluctuating lockdown levels. Table 4.70 displays the relationships that exist between the changes in time spent prior to COVID-19 and during COVID-19 on general daily activities with the change in time spent on certain leisure activities. Although no moderate to strong relationships appear, a brief discussion follows on the positive and negative very weak and weak relationships displayed in Table 4.70.

Table 4.70: Relationships between changes in how much time was spent on general daily activities and family leisure activities pre-COVID-19 and during the COVID-19 crisis (n = 140)

| | | Visiting friends and relatives | Exercising | Going away for a weekend | Visited attractions, wine farms, beach and/or attended events | Visited restaurants | Play board games | Watch TV | Play X-box or online games | Doing arts, crafts, painting, scrapbooking | De-cluttering and renovating the home | Cooking, baking, gardening | Providing community service or volunteer at the needy | Online gambling and/or visit casinos | Visited arts, culture and heritage related institutions and performances | Reading | Spend time in nature | Meditating, journaling and reflective writing | Engaged in intellectual leisure experiences such as word searches, riddles |
|------------------------------------------|---------------------|--------------------------------|----------------|--------------------------|---------------------------------------------------------------|---------------------|------------------|----------|----------------------------|--------------------------------------------|---------------------------------------|----------------------------|-------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------|----------------|----------------------|-----------------------------------------------|----------------------------------------------------------------------------|
| Working time | Pearson Correlation | 0.023 | 0.144 | 0.137 | 0.027 | 0.000 | 0.077 | 0.058 | 0.023 | -0.001 | -0.161 | -0.028 | 0.007 | 0.147 | -0.103 | -0.079 | -0.058 | 0.019 | 0.024 |
| | Sig. (2-tailed) | 0.790 | 0.089 | 0.106 | 0.753 | 0.997 | 0.365 | 0.494 | 0.785 | 0.991 | 0.058 | 0.738 | 0.933 | 0.084 | 0.225 | 0.351 | 0.499 | 0.820 | 0.782 |
| | N | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 |
| Personal Leisure | Pearson Correlation | 0.064 | 0.000 | 0.044 | -0.148 | 0.042 | -0.034 | -0.059 | -0.027 | -0.055 | -.258** | 0.061 | 0.060 | -.279** | 0.053 | -.192* | 0.095 | -.205* | 0.060 |
| | Sig. (2-tailed) | 0.456 | 1.000 | 0.607 | 0.086 | 0.624 | 0.892 | 0.486 | 0.753 | 0.515 | 0.002 | 0.474 | 0.479 | 0.001 | 0.532 | 0.023 | 0.283 | 0.015 | 0.483 |
| | N | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 |
| Time spend on Caring duties | Pearson Correlation | 0.106 | -0.056 | -0.004 | -0.031 | -0.005 | 0.040 | -0.001 | 0.036 | -0.065 | 0.150 | 0.147 | -.175* | -.198* | 0.092 | 0.123 | 0.155 | 0.025 | 0.117 |
| | Sig. (2-tailed) | 0.212 | 0.513 | 0.960 | 0.719 | 0.949 | 0.643 | 0.990 | 0.672 | 0.445 | 0.076 | 0.083 | 0.039 | 0.019 | 0.278 | 0.146 | 0.068 | 0.771 | 0.169 |
| | N | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 |
| Time spend on household responsibilities | Pearson Correlation | -0.016 | 0.014 | -0.039 | -0.013 | 0.126 | 0.094 | 0.029 | -0.006 | 0.032 | 0.038 | 0.002 | 0.025 | -0.122 | 0.122 | -0.029 | 0.116 | -0.064 | -0.038 |
| | Sig. (2-tailed) | 0.854 | 0.867 | 0.649 | 0.876 | 0.137 | 0.269 | 0.734 | 0.940 | 0.705 | 0.652 | 0.982 | 0.767 | 0.151 | 0.150 | 0.733 | 0.171 | 0.453 | 0.655 |
| | N | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 |
| Family time | Pearson Correlation | -0.052 | -.226** | 0.102 | -0.086 | -.314** | -0.016 | -0.117 | 0.142 | 0.051 | -.170* | 0.135 | -.188* | -.202* | -.194* | -.194* | -.232** | -0.082 | -.171* |
| | Sig. (2-tailed) | 0.542 | 0.007 | 0.232 | 0.312 | 0.000 | 0.847 | 0.167 | 0.094 | 0.591 | 0.044 | 0.112 | 0.026 | 0.016 | 0.021 | 0.022 | 0.008 | 0.335 | 0.043 |
| | N | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 |
| Quality time alone | Pearson Correlation | 0.054 | 0.131 | 0.091 | -0.082 | 0.125 | -0.097 | -0.060 | 0.096 | -0.034 | 0.155 | 0.044 | 0.013 | -.191* | 0.124 | 0.073 | 0.125 | -0.106 | 0.126 |
| | Sig. (2-tailed) | 0.526 | 0.123 | 0.287 | 0.337 | 0.141 | 0.255 | 0.481 | 0.261 | 0.690 | 0.067 | 0.606 | 0.882 | 0.024 | 0.144 | 0.394 | 0.141 | 0.212 | 0.139 |
| | N | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 |
| Time with friends | Pearson Correlation | -0.034 | 0.036 | 0.044 | -0.018 | 0.112 | -0.154 | -0.088 | -0.043 | -0.050 | -.219** | -0.102 | 0.007 | -0.007 | 0.090 | -.172* | 0.013 | -0.038 | -0.021 |
| | Sig. (2-tailed) | 0.689 | 0.670 | 0.609 | 0.830 | 0.186 | 0.070 | 0.300 | 0.616 | 0.560 | 0.009 | 0.232 | 0.934 | 0.933 | 0.291 | 0.042 | 0.877 | 0.654 | 0.806 |
| | N | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 |
| Time with social groups | Pearson Correlation | -0.027 | 0.036 | 0.050 | -0.026 | 0.108 | -0.138 | -0.033 | -0.027 | -0.039 | -.237** | -0.061 | 0.074 | 0.001 | 0.094 | -.226** | 0.050 | 0.018 | -0.007 |
| | Sig. (2-tailed) | 0.750 | 0.673 | 0.558 | 0.758 | 0.205 | 0.103 | 0.698 | 0.750 | 0.643 | 0.005 | 0.474 | 0.383 | 0.986 | 0.270 | 0.007 | 0.560 | 0.823 | 0.933 |
| | N | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 | 140 |

** Correlation is significant at the 0.01 level
* Correlation is significant at the 0.05 level

Source: Researcher's own construct from Phase 1 of the research data 2021

From Table 4.70 it becomes apparent that positive relationships exist between a change in personal (leisure) time and decluttering and renovating the home ($\beta = 0.258$) and reading ($\beta = 0.192$). Therefore, when a change occurred (a decrease or increase) in personal leisure (free) time of parents, because of the COVID-19 crisis and related lockdown levels, a similar decrease or increase in time spent, occurred in de-cluttering and renovating the house and parents who spent their time reading. However, negative relationships appear between a change in personal leisure (free) time and online gambling and/or visiting casinos ($\beta = -0.279$)

and time spent on meditating, journaling and reflective writing ($\beta = -0.205$). The latter means that when parents had, as an example, more personal free time, they did not spend it on online gambling and/or visiting casinos or by meditating, journaling and reflective writing. Online gambling and/or visiting casinos had negative relationships with the following variables too: 1) a change in time spent on caring duties ($\beta = -0.198$), 2) a change in family time ($\beta = -0.202$), 3) a change in quality time alone with my partner/spouse ($\beta = -0.191$). Table 4.40 of the descriptive statistics confirms that most parents (69.3%) indicated that online gambling and/or visiting casinos is not a leisure activity that families engaged in prior to the COVID-19 crisis.

Table 4.70 indicates that when a change in time was experienced in the time spent on caring duties, it resulted in a positive change in time spent on providing community service or volunteering at the needy ($\beta = 0.175$). Table 4.32 of the descriptive statistics confirms that the time spent on caring duties remained mostly the same (38.6%) or increased (34.3%). The inference can thus be made that when parents were involved with community projects or volunteering services, they tried, despite the COVID-19 crisis and lockdown levels, to continue to care for those who were possibly worse hit by the crisis than themselves.

From Table 4.32 of the descriptive statistics, it becomes apparent that family time increased because of the COVID-19 crisis. Table 4.70 indicates that when a change in family time was experienced, positive relationships exist with the following leisure activities: 1) a change in exercising ($\beta = 0.226$), 2) a change in visiting restaurants ($\beta = 0.314$), 3) a change in decluttering and renovating the home ($\beta = -.170$), 4) a change in providing community service or volunteer at the needy ($\beta = 0.188$), 5) a change in visiting art, culture and heritage related institutions and performances ($\beta = 0.194$), 6) a change in reading ($\beta = 0.194$), 7) a change in spending time in nature ($\beta = 0.232$), and 8) a change in engaging in intellectual leisure experiences such as word searches, riddles ($\beta = 0.171$).

Finally, in the absence of social engagements such as spending time with friends and taking part in social groups, which were all at some lockdown levels against the law, it appears that parents (See Table 4.32) also spent less time on decluttering and renovating their homes and reading. Table 4.70 indicates that a change in spending time with friends resulted in a positive change in decluttering and renovating the home ($\beta = 0.219$) and reading ($\beta = 0.172$). Similarly, a change in time with social groups, resulted in a change in time decluttering and renovating the home ($\beta = 0.237$) and reading ($\beta = 0.172$). The latter could result from several variables, such as missing the social interaction and connectedness of friends or as a result of being tired constantly or due to an increase in work. The next section specifically looks at the exercise routines of working parents with toddlers and WLB variables.

4.3.5 Relationships between parents' personal exercise routines and WLB variables.

Chapter 2 highlighted the importance of leisure, and specifically exercise, as beneficial to a person's health and overall wellbeing. To be able to exercise, especially during the COVID-19 crisis when leisure areas and gyms were closed at times, it is necessary to see if relationships exist between WLB variables and the exercise routines of working parents with toddlers. In Table 4.51 of the descriptive statistics, most parents (66.4%) indicated that their exercise routines changed as a result of the COVID-19 crisis. Although no moderate to strong relationships appear, a brief discussion follows on the positive and negative, very weak and weak relationships displayed in Table 4.71.

Table 4.71: Relationships between parents' personal exercise routines and WLB variables

| | | My work life worsened | My work life improved | My private life worsened | My private life improved | I often neglect my personal needs due to the stress of my work | My work suffers because of everything going on in my personal life | I often need to make difficult choices between my work and my personal life | Once I finish my work I am too tired to try to do things I wish to do | My job makes it difficult to take care of the type of private life I might like |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|-----------------------|--------------------------|--------------------------|----------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|
| My exercise route stayed the same since lockdown started | Pearson Correlation | -0.083 | 0.031 | -0.124 | 0.070 | -0.153 | -0.109 | -0.145 | -0.073 | -.174* |
| | Sig. (2-tailed) | 0.328 | 0.714 | 0.145 | 0.409 | 0.071 | 0.200 | 0.088 | 0.389 | 0.040 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I exercise at least once a day | Pearson Correlation | -0.092 | 0.131 | -0.134 | 0.095 | -0.159 | -0.012 | -0.126 | -0.025 | -0.114 |
| | Sig. (2-tailed) | 0.282 | 0.123 | 0.113 | 0.264 | 0.061 | 0.890 | 0.136 | 0.769 | 0.178 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I exercised 2 to 3 times a week | Pearson Correlation | -0.090 | 0.110 | -0.160 | -0.014 | 0.027 | -0.069 | -0.024 | 0.070 | -0.048 |
| | Sig. (2-tailed) | 0.292 | 0.196 | 0.059 | 0.868 | 0.749 | 0.416 | 0.781 | 0.414 | 0.571 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I know the importance of exercise but did not have the energy or time to focus on an exercise routine since the start of Covid-19 | Pearson Correlation | -0.141 | .297** | -0.100 | .173* | 0.009 | -0.062 | 0.036 | -0.088 | -0.061 |
| | Sig. (2-tailed) | 0.096 | 0.000 | 0.239 | 0.040 | 0.911 | 0.464 | 0.672 | 0.299 | 0.475 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I played physical activities with my toddlers for exercise | Pearson Correlation | 0.093 | -.177* | .211* | -.303** | 0.070 | 0.165 | .170* | .259** | .197* |
| | Sig. (2-tailed) | 0.274 | 0.036 | 0.013 | 0.000 | 0.413 | 0.051 | 0.045 | 0.002 | 0.020 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| **. Correlation is significant at the 0.01 level | | | | | | | | | | |
| *. Correlation is significant at the 0.05 level | | | | | | | | | | |

Source: Researcher's own construct from Phase 1 of the research data 2021

From Table 4.71 it becomes apparent that a very weak, negative relationship exists between parents who indicated that their exercise routine stayed the same since lockdown started and the statement that their job makes it difficult to take care of the type of private life I might like ($\beta = -0.174$). It appears that working parents with toddlers who are determined to exercise will continue with their exercise routines by not looking for any excuses, such as the closure of gym and leisure spaces. In Table 4.49 of the descriptive statistics, parents indicated that they

switched to home-based exercises such as running, skipping and weight training. However, only a small percentage of parents (22.8%) continued to exercise once a day, while 34.2% continued with their pre-COVID-19 exercises 2 to 3 times per week.

Most parents (69.3%) indicated that they know the importance of exercise but since the start of the COVID-19 crisis just did not have the energy or time to focus on exercising. In Table 4.71 positive relationships exist between the latter and an indication that their work life improved ($\beta = 0.297$) and their private life improved ($\beta = 0.173$). The inference can be made that parents who acknowledged the importance of exercise, who acknowledged their lack of time and energy, without blaming themselves for not exercising because of a lack of time and energy during the COVID-19 crisis (in fact those who made peace with their lack of exercise) had their work and private lives improved.

Several relationships (both positive and negative) exist when parents indicated that they played physical activities with their toddlers for exercise. The negative relationships include 1) my work life improved ($\beta = -0.177$) and 2) my private life improved ($\beta = -0.303$). In essence, when parents played physical activities with their toddlers for exercise, it negatively affected their work and private lives. The inference can be made that working parents with toddlers were faced with a range of responsibilities and feelings and challenges during the COVID-19 crisis, but they had to spend time with their toddlers to limit feeling guilty about neglecting their toddlers in between everything they had to juggle. Almost like a tick box exercise and due to a lack of social interaction with their peers (friends and family of the same age). It could be confirmed by the positive relationship that exists between playing physical activities with my toddlers as exercise and my private life worsened ($\beta = 0.211$). Other positive relationships, include: 1) I often need to make difficult choices between my work and personal life ($\beta = 0.170$), 2) once I finish my work I am too tired to try to do things I wish to do ($\beta = 0.259$), and 3) my job makes it difficult to take care of the type of private life a might like ($\beta = 0.197$). The next section explores if relationships exist between the type of leisure activities working parents engaged in since the start of the COVID-19 crisis and WLB variables.

4.3.6 Relationships between the type of leisure activities working parents engaged in since the start of the COVID-19 crisis and WLB variables

Parents were asked if the leisure activities they engaged in since the start of the COVID-19 crisis contributed positively to their overall wellbeing, and the majority (56.4%) of parents (see Table 4.55) agreed in the descriptive statistics, that it did. However, in Table 4.54, only 35% of parents indicated that their COVID-19 leisure activities assisted them in completely relaxing, enjoying the leisure activity and forgetting about their troubles, demands, responsibilities and challenges. As a result, it is necessary to see if relationships exist between the type of leisure activities working parents engaged in since the start of the COVID-19 crisis and a range of

WLB variables. It also connects all three constructs, namely: Leisure, Wellbeing and WLB during the COVID-19 for working parents with toddlers. Although no moderate to strong relationships appear, a brief discussion follows on the positive and negative, very weak and weak relationships displayed in Table 4.72.

Table 4.72: Relationships between the types of leisure activities working parents engaged in since the start of the COVID-19 crisis and WLB variables (n = 140)

| | | My work life worsened | My work life improved | My private life worsened | My private life improved | I often neglect my personal needs due to the stress of my work | My work suffers because of everything going on in my personal life | I often need to make difficult choices between my work and my personal life | Once I finish my work I am too tired to try to do things I wish to do | My job makes it difficult to take care of the type of private life I might like |
|------------------------------------------------------------------------------------------------|---------------------|--------------------------|--------------------------|--------------------------|---------------------------|----------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|
| I enjoyed spending my free time with my toddlers | Pearson Correlation | -0.031 | 0.098 | -0.109 | 0.137 | -0.007 | -0.035 | -0.132 | 0.034 | -0.050 |
| | Sig. (2-tailed) | 0.713 | 0.247 | 0.201 | 0.106 | 0.935 | 0.683 | 0.120 | 0.687 | 0.558 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| The type of leisure activities I engaged in was limited by my personal freedom due to lockdown | Pearson Correlation | .254^{**} | -.178[*] | .169[*] | -0.107 | 0.089 | -0.047 | 0.144 | 0.143 | 0.133 |
| | Sig. (2-tailed) | 0.002 | 0.036 | 0.046 | 0.207 | 0.293 | 0.582 | 0.091 | 0.091 | 0.118 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I engaged in more passive leisure pursuits | Pearson Correlation | 0.075 | 0.113 | .177[*] | -0.074 | 0.029 | -0.053 | 0.039 | 0.030 | 0.088 |
| | Sig. (2-tailed) | 0.377 | 0.184 | 0.036 | 0.383 | 0.736 | 0.537 | 0.645 | 0.726 | 0.302 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| During my free time I engaged in activities which my toddlers enjoyed | Pearson Correlation | 0.151 | -0.114 | -0.102 | 0.087 | -0.053 | -0.015 | 0.072 | 0.026 | -0.057 |
| | Sig. (2-tailed) | 0.074 | 0.179 | 0.230 | 0.309 | 0.538 | 0.864 | 0.399 | 0.763 | 0.502 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| During my free time I spend time on my own hobbies | Pearson Correlation | 0.094 | 0.025 | -0.161 | 0.102 | -.231^{**} | 0.060 | -0.091 | -0.108 | -.173[*] |
| | Sig. (2-tailed) | 0.271 | 0.767 | 0.058 | 0.231 | 0.006 | 0.484 | 0.287 | 0.202 | 0.041 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| Spending my free time on activities I enjoyed made me happy | Pearson Correlation | 0.053 | 0.053 | -0.035 | 0.106 | 0.045 | 0.071 | 0.051 | 0.105 | 0.053 |
| | Sig. (2-tailed) | 0.536 | 0.537 | 0.682 | 0.212 | 0.594 | 0.404 | 0.548 | 0.218 | 0.536 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I value my leisure experiences during lockdown | Pearson Correlation | -0.093 | 0.126 | -0.109 | 0.105 | -0.076 | 0.101 | -0.083 | 0.010 | -0.143 |
| | Sig. (2-tailed) | 0.273 | 0.139 | 0.198 | 0.216 | 0.371 | 0.236 | 0.329 | 0.904 | 0.092 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I hardly had free time available to relax and spend on activities of my choice | Pearson Correlation | .195[*] | -0.145 | .315^{**} | -.387^{**} | .279^{**} | 0.149 | .273^{**} | .314^{**} | .325^{**} |
| | Sig. (2-tailed) | 0.021 | 0.088 | 0.000 | 0.000 | 0.001 | 0.078 | 0.001 | 0.000 | 0.000 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I spend time on introspective and restful leisure activities | Pearson Correlation | -.169[*] | 0.151 | -0.138 | 0.133 | -.192[*] | -0.003 | -0.136 | -0.072 | -.263^{**} |
| | Sig. (2-tailed) | 0.046 | 0.075 | 0.104 | 0.118 | 0.023 | 0.969 | 0.110 | 0.401 | 0.002 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I spend time on social and stimulating leisure activities | Pearson Correlation | -0.089 | 0.138 | -0.074 | 0.118 | -0.071 | -0.023 | -0.045 | -0.020 | -0.096 |
| | Sig. (2-tailed) | 0.283 | 0.103 | 0.385 | 0.166 | 0.406 | 0.791 | 0.600 | 0.811 | 0.257 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| ** . Correlation is significant at the 0.01 level | | | | | | | | | | |
| * . Correlation is significant at the 0.05 level | | | | | | | | | | |

| | | My work life worsened | My work life improved | My private life worsened | My private life improved | I often neglect my personal needs due to the stress of my work | My work suffers because of everything going on in my personal life | I often need to make difficult choices between my work and my personal life | Once I finish my work I am too tired to try to do things I wish to do | My job makes it difficult to take care of the type of private life I might like |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------|-----------------------|--------------------------|--------------------------|----------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|
| I spend time on constructive and meaningful leisure activities | Pearson Correlation | -0.132 | 0.099 | -0.199 | 0.133 | -.211* | -0.046 | -0.165 | -0.080 | -.218** |
| | Sig. (2-tailed) | 0.121 | 0.242 | 0.061 | 0.118 | 0.012 | 0.586 | 0.067 | 0.346 | 0.010 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I often reminisced about the leisure activities I engage in | Pearson Correlation | 0.155 | -0.111 | .187* | -0.105 | 0.159 | .213* | 0.109 | .217** | 0.155 |
| | Sig. (2-tailed) | 0.067 | 0.190 | 0.027 | 0.215 | 0.060 | 0.011 | 0.200 | 0.010 | 0.067 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I engage in leisure activities that reflect my personal interest, strengths and aptitudes | Pearson Correlation | 0.047 | 0.000 | -0.080 | .195* | -0.104 | -0.086 | -.183* | -0.042 | -0.124 |
| | Sig. (2-tailed) | 0.580 | 1.000 | 0.349 | 0.021 | 0.222 | 0.310 | 0.046 | 0.621 | 0.143 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I engaged in leisure experiences that developed my capacities and skills and it produced feelings of satisfaction | Pearson Correlation | -0.083 | 0.031 | -0.124 | 0.070 | -0.163 | -0.109 | -0.146 | -0.073 | -.174* |
| | Sig. (2-tailed) | 0.328 | 0.714 | 0.146 | 0.409 | 0.071 | 0.200 | 0.088 | 0.389 | 0.040 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I engaged in mindful, meditating leisure experiences that decluttered my mind | Pearson Correlation | -0.092 | 0.131 | -0.134 | 0.095 | -0.159 | -0.012 | -0.128 | -0.025 | -0.114 |
| | Sig. (2-tailed) | 0.282 | 0.123 | 0.113 | 0.264 | 0.061 | 0.890 | 0.136 | 0.769 | 0.178 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I spend my leisure time to reach out to friends in need, checking on neighbours and providing random acts of kindness that give me a feeling of purpose | Pearson Correlation | -0.090 | 0.110 | -0.180 | -0.014 | 0.027 | -0.069 | -0.024 | 0.070 | -0.048 |
| | Sig. (2-tailed) | 0.292 | 0.196 | 0.059 | 0.868 | 0.749 | 0.416 | 0.781 | 0.414 | 0.571 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I enjoyed the home-based lockdown leisure activities I engaged in | Pearson Correlation | -0.141 | .297** | -0.100 | .173* | 0.009 | -0.062 | 0.036 | -0.088 | -0.061 |
| | Sig. (2-tailed) | 0.096 | 0.000 | 0.239 | 0.040 | 0.911 | 0.464 | 0.672 | 0.299 | 0.475 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I miss the social experiences of going out with friends and relatives during strict lockdown levels | Pearson Correlation | 0.093 | -.177* | .211* | -.303** | 0.070 | 0.165 | .170* | .259** | -.197* |
| | Sig. (2-tailed) | 0.274 | 0.036 | 0.013 | 0.000 | 0.413 | 0.051 | 0.045 | 0.002 | 0.020 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| My leisure time became a time of self-reflection | Pearson Correlation | -0.031 | 0.098 | -0.109 | 0.137 | -0.007 | -0.035 | -0.132 | 0.034 | -0.050 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| ** | Correlation is significant at the 0.01 level | | | | | | | | | |
| * | Correlation is significant at the 0.05 level | | | | | | | | | |

Source: Researcher's own construct from Phase 1 of the research data 2021

The negative effect of the COVID-19 crisis and related lockdown levels on working parents with toddlers becomes apparent in the positive and negative relationships that are explained next. When parents indicated that the type of leisure activities they engaged in was limited by their personal freedom due to lockdown, it had a negative relationship with the improvement of their work life ($\beta = -0.178$). It also had positive relationships with 1) my work life worsened ($\beta = 0.254$) and 2) my private life worsened ($\beta = 0.169$). Personal freedom and autonomy (freedom of choice) are critical in the wellbeing of working parents of toddlers (as with most human beings). When it is restricted and/or taken away it affects most to all areas of a person's life. While people had to adapt their leisure activities to home-based activities, it led to a positive relationship between 'I engaged in more passive leisure pursuits' and 'my private life worsened'

($\beta = 0.177$). As a result, the inference can be made that parents did not enjoy their passive leisure pursuits which they had to adapt too.

Interestingly, almost 100% of parents indicated in the descriptive statistics in Table 4.50 that they enjoyed spending their free time with their toddlers (96.5%), however, no statistical relevance is found that it is improving parents' private life. The inference can be made that while parents possibly enjoyed the time they spent with their toddlers (it is after all the 'correct' answer), for parents to feel that their private life improved during the COVID-19 crisis, they had to have time available for themselves too (including many other possibilities). From the following relationships it appears as if personal time to focus on parents' own hobbies was lacking. Parents indicated negative relationships when asked if they spend their free time on their own hobbies. The statement had negative relationships with the following statements: 1) I often neglect my personal needs due to the stress of my work ($\beta = -0.231$) and 2) my job makes it difficult to take care of the types of private life I might like ($\beta = -0.173$).

During the COVID-19 crisis, parents with toddlers, took increased strain and sufficient time to rest, relax and spend leisure time on activities of their choice was lacking. When parents indicated that they hardly had free time available to relax, and spend on activities of their choice, it had a (close to moderate) negative relationship with the improvement of their private lives ($\beta = -0.387$). It had positive relationships with the following: 1) my work life worsened ($\beta = 0.195$), 2) my private life worsened ($\beta = 0.315$), 3) I often neglect my personal needs due to the stress of my work ($\beta = 0.279$), 4) I often need to make difficult choices between my work and my personal life ($\beta = 0.273$), 5) once I finish my work, I am too tired to try to do things I wish to do ($\beta = 0.314$), and 6) my job makes it difficult to take care of the type of private life I might like ($\beta = 0.325$).

When parents indicated that they spent time on introspective and restful leisure activities, it had negative relationships with the following: 1) my work life worsened ($\beta = -0.169$), 2) I often neglect my personal needs due to the stress of my work ($\beta = -0.192$), and 3) my job makes it difficult to take care of the type of private life I might like ($\beta = -0.263$). While introspection can be a valuable activity, when this personal observation leads to negative realisations and feelings of neglect and the desire for a better life during the COVID-19 crisis, it can have a negative effect on parents' wellbeing.

The stress of work demands prevented parents from spending time on constructive and meaningful leisure activities, despite 62.8% of parents indicating in Table 4.50 that they did spend time on constructive and meaningful leisure during the COVID-19 crisis. Negative relationships occur with 1) I often neglect my personal needs due to the stress of my work ($\beta = -0.211$) and 2) my job makes it difficult to take care of the type of private life I might like ($\beta = -0.218$). It possibly explains why many parents (50.7%) in Table 4.43 indicated that their leisure

activities during the COVID-19 crisis did not aid them to forget about their life demands, challenges and responsibilities. Parents who indicated that they often reminisced about the leisure activities they engaged in pre-COVID-19, had positive relationships with the following: 1) my private life worsened ($\beta = 0.187$), 2) my work suffers because of everything going on in my personal life ($\beta = 0.213$), and 3) once I finish my work I am too tired to try to do things I wish to do ($\beta = 0.217$).

When parents engaged in leisure activities that reflect their personal interest, strengths and aptitudes, it had a positive relationship with the improvement of their private lives ($\beta = 0.195$) and a negative relationship with often needing to make difficult choices between their work and personal life ($\beta = -0.169$). In essence, parents who engaged in leisure activities of their choice and interest, despite being restricted, experienced more positive emotions and as a result possibly better overall wellbeing. It is substantiated by the positive relationships of parents who indicated that they enjoyed the home-based lockdown leisure activities they engaged in, with 1) my work life improved ($\beta = 0.297$) and 2) my private life improved ($\beta = 0.173$).

A negative relationship exists between parents who indicated that they engaged in leisure experiences that developed their capacities and skills and it produced feelings of satisfaction. My job makes it difficult to take care of the type of private life I might like ($\beta = -0.174$).

The lack of social experiences and interactions during leisure activities becomes apparent. Parents who indicated that they missed the social experiences of going out with friends and relatives during strict lockdown levels, had negative relationships with the following: 1) my work life improved ($\beta = -0.177$) and 2) my private life improved ($\beta = -0.303$). Positive relationships (as a result of the missing social element) were found with the following: 1) I often need to make difficult choices between my work and my personal life ($\beta = 0.170$), 2) once I finish my work I am too tired to try and do things I wish to do ($\beta = 0.259$), and 3) my job makes it difficult to take care of the type of private life I might like ($\beta = 0.197$). While social isolation was forced upon working parents with toddlers during the COVID-19 crisis, it resulted in worsened work and life situations. As explained in Chapter 2, when parents experience worsened work and life situations, it automatically has a ripple effect on aspects such as the wellbeing of (not only parents), children, families, households, communities and society. As a result, it is necessary to determine if relationships exist between working parents with toddlers who received support and if the support they received had relationships with their wellbeing, WLB and leisure activities. It is discussed next.

4.3.7 Relationships between parents who received support and the effect on their Wellbeing, WLB and exercise routines

From the descriptive statistics in Table 4.34, it became apparent that most parents received some form of support, mostly from family members such as brothers and sisters. However,

many parents also disagreed that they received support on various levels. The section focuses on the relationships that appear when parents received support and how it affected, respectively, parents' wellbeing, WLB and exercise routines. It may guide role-players in the lives of working parents (i.e. ECD centre management, employers, family members, friends) to possibly better support working parents with toddler(s) in future crises situations.

4.3.7.1 Relationships between parents who received support and the effect on their wellbeing

Although only one moderate relationship appears, a brief discussion follows on the positive and negative, very weak and weak relationships displayed in Table 4.73.

Table 4.73: Relationships between parents who received support and their wellbeing

| | | Feeling full of life and energised | Feeling positive, hopeful, calm and peaceful | Feeling tired | Feeling downhearted, sad and hopeless | Feeling nervous, uncertain and anxious | Feeling in control and coping well | Feeling disorganised and confused | Feeling overwhelmed and panicking | Feeling sick and unwell |
|---------------------------------------------------------|---------------------|------------------------------------|----------------------------------------------|---------------|---------------------------------------|----------------------------------------|------------------------------------|-----------------------------------|-----------------------------------|-------------------------|
| My employer provided support and understanding | Pearson Correlation | .203* | .197* | -0.038 | -0.126 | -0.048 | .266** | -.181* | -0.072 | -0.126 |
| | Sig. (2-tailed) | 0.016 | 0.020 | 0.655 | 0.137 | 0.571 | 0.002 | 0.033 | 0.400 | 0.138 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| My work arrangements are flexible | Pearson Correlation | .214* | .252** | -0.061 | -0.129 | -0.013 | .400** | -0.152 | -.199* | -.170* |
| | Sig. (2-tailed) | 0.011 | 0.003 | 0.477 | 0.129 | 0.875 | 0.000 | 0.073 | 0.019 | 0.044 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I received support from my co-workers | Pearson Correlation | 0.066 | 0.071 | -0.099 | -0.117 | -0.060 | .190* | -.249** | -0.060 | -0.079 |
| | Sig. (2-tailed) | 0.440 | 0.405 | 0.244 | 0.170 | 0.478 | 0.024 | 0.003 | 0.483 | 0.354 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I received support from my partner/spouse | Pearson Correlation | .285** | .212* | -0.049 | -.237** | -0.157 | .251** | -.191* | -0.101 | -0.093 |
| | Sig. (2-tailed) | 0.001 | 0.012 | 0.568 | 0.005 | 0.065 | 0.003 | 0.023 | 0.236 | 0.276 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I received support from my family | Pearson Correlation | .176* | 0.128 | 0.038 | -0.128 | -0.037 | .213* | -0.106 | -0.099 | -0.141 |
| | Sig. (2-tailed) | 0.037 | 0.132 | 0.653 | 0.131 | 0.665 | 0.012 | 0.212 | 0.244 | 0.097 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I received support from my friends | Pearson Correlation | 0.081 | 0.091 | 0.010 | -0.033 | -0.003 | 0.115 | -0.114 | -0.029 | -0.056 |
| | Sig. (2-tailed) | 0.339 | 0.287 | 0.902 | 0.699 | 0.976 | 0.177 | 0.179 | 0.731 | 0.512 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I received support from social groups that I am part of | Pearson Correlation | 0.133 | 0.148 | -0.121 | -0.073 | -0.098 | 0.163 | -.249** | -0.052 | -0.077 |
| | Sig. (2-tailed) | 0.117 | 0.081 | 0.153 | 0.392 | 0.249 | 0.054 | 0.003 | 0.544 | 0.368 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I received support with child care activities | Pearson Correlation | 0.097 | .173* | -0.087 | -.242** | -0.132 | .272** | -.233** | -0.063 | 0.011 |
| | Sig. (2-tailed) | 0.255 | 0.041 | 0.308 | 0.004 | 0.121 | 0.001 | 0.006 | 0.463 | 0.899 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I received support with dependent care concerns | Pearson Correlation | 0.011 | 0.003 | 0.002 | -0.104 | -0.021 | 0.005 | -0.081 | -0.069 | -0.048 |
| | Sig. (2-tailed) | 0.901 | 0.976 | 0.980 | 0.221 | 0.802 | 0.956 | 0.341 | 0.415 | 0.573 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| **. Correlation is significant at the 0.01 level | | | | | | | | | | |
| *. Correlation is significant at the 0.05 level | | | | | | | | | | |

Source: Researcher's own construct from Phase 1 of the research data 2021

When parents experienced their work arrangements as flexible, it had a moderately positive relationship with feeling in control and coping well ($\beta = 0.400$). It had positive relationships with 1) feeling full of life and energised ($\beta = 0.203$), and 2) feeling positive, hopeful, calm and peaceful ($\beta = 0.197$) and negative relationships with 1) feeling overwhelmed and panicking ($\beta = -0.199$), and 2) feeling sick and unwell ($\beta = -0.170$).

When parents received support and understanding from their employers, it had a negative relationship with feeling disorganised and confused ($\beta = -0.181$) and positive relationships: 1) feeling full of life and energised ($\beta = 0.203$), 2) feeling positive, hopeful, calm and peaceful ($\beta = 0.197$), and 3) feeling in control and coping well ($\beta = 0.266$). When parents received support from their co-workers it had a negative relationship with feeling disorganised and confused ($\beta = -0.249$) and a positive relationship with feeling in control and coping well ($\beta = 0.190$). When parents received support from their partner/spouse it had positive relationships with 1) feeling full of life and energised ($\beta = 0.285$), 2) feeling positive, hopeful, calm and peaceful ($\beta = 0.212$), and 3) feeling in control and coping well ($\beta = 0.251$). It also had negative relationships with 1) feeling downhearted, sad and hopeless ($\beta = -0.237$) and 2) feeling disorganised and confused ($\beta = -0.191$). When parents received support from their family it had positive relationships with 1) feeling full of life and energised ($\beta = 0.176$) and 2) feeling in control and coping well ($\beta = 0.213$). When parents received support from social groups that they are part of, it had a negative relationship with feeling disorganised and confused ($\beta = -0.249$). Finally, when parents received support with childcare activities, it had negative relationships with 1) feeling downhearted, sad and hopeless ($\beta = -0.242$) and 2) feeling disorganised and confused ($\beta = -0.233$). It also had positive relationships with 1) feeling positive, hopeful, calm and peaceful ($\beta = 0.173$) and 2) feeling in control and coping well ($\beta = 0.272$).

From the above, it becomes apparent that when parents were receiving some form of support, it resulted in positive emotions and the elimination of negative emotions which had a positive effect on their overall wellbeing.

4.3.7.2 Relationship between parents who received support and the effect on their WLB

Although no moderate to strong relationship appears, a brief discussion follows on the positive and negative, very weak and weak relationships displayed in Table 4.74.

Table 4.74: Relationships between the parents who received support and the effect on their WLB

| | | My work life worsened | My work life improved | My private life worsened | My private life improved | I often neglect my personal needs due to the stress of my work | My work suffers because of everything going on in my personal life | I often need to make difficult choices between my work and my personal life | Once I finish my work I am too tired to try to do things I wish to do | My job makes it difficult to take care of the type of private life I might like |
|---------------------------------------------------------|---------------------|-----------------------|-----------------------|--------------------------|--------------------------|----------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|
| My employer provided support and understanding | Pearson Correlation | -.339** | .243** | -.261** | 0.129 | -0.125 | -.183* | -0.116 | 0.010 | -.213* |
| | Sig. (2-tailed) | 0.000 | 0.004 | 0.002 | 0.130 | 0.141 | 0.031 | 0.172 | 0.905 | 0.011 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| My work arrangements are flexible | Pearson Correlation | -.295** | .244** | -.270** | .173* | -.252** | -0.137 | -.307** | -.194* | -.258** |
| | Sig. (2-tailed) | 0.000 | 0.004 | 0.001 | 0.041 | 0.003 | 0.107 | 0.000 | 0.021 | 0.002 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I received support from my co-workers | Pearson Correlation | -.198* | .255** | -0.089 | 0.072 | -0.129 | -0.081 | -.204* | 0.027 | -0.130 |
| | Sig. (2-tailed) | 0.019 | 0.002 | 0.295 | 0.397 | 0.130 | 0.340 | 0.015 | 0.753 | 0.127 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I received support from my partner/spouse | Pearson Correlation | -.349** | 0.145 | -.323** | .191* | -0.047 | -0.107 | -0.116 | -0.086 | -0.159 |
| | Sig. (2-tailed) | 0.000 | 0.068 | 0.000 | 0.024 | 0.581 | 0.210 | 0.173 | 0.315 | 0.060 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I received support from my family | Pearson Correlation | -0.125 | .214* | -.222** | .238** | -.243** | -0.134 | -0.164 | -0.112 | -.224** |
| | Sig. (2-tailed) | 0.140 | 0.011 | 0.008 | 0.005 | 0.004 | 0.116 | 0.052 | 0.186 | 0.008 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I received support from my friends | Pearson Correlation | -0.114 | 0.162 | -0.062 | 0.127 | -0.105 | -.228** | -0.149 | -0.042 | -.205* |
| | Sig. (2-tailed) | 0.179 | 0.056 | 0.467 | 0.136 | 0.218 | 0.007 | 0.078 | 0.619 | 0.015 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I received support from social groups that I am part of | Pearson Correlation | -0.143 | .211* | -0.148 | 0.149 | -.173* | -0.084 | -0.132 | -0.024 | -.263** |
| | Sig. (2-tailed) | 0.091 | 0.012 | 0.080 | 0.079 | 0.041 | 0.323 | 0.120 | 0.774 | 0.002 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I received support with child care activities | Pearson Correlation | -.281** | .393** | -.196* | .214* | -0.139 | -.329** | -0.138 | -0.120 | -.224** |
| | Sig. (2-tailed) | 0.001 | 0.000 | 0.020 | 0.011 | 0.101 | 0.000 | 0.103 | 0.158 | 0.008 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I received support with dependent care concerns | Pearson Correlation | -0.086 | 0.113 | -0.092 | 0.157 | 0.015 | -0.095 | -0.033 | -0.031 | -0.016 |
| | Sig. (2-tailed) | 0.313 | 0.184 | 0.278 | 0.063 | 0.860 | 0.265 | 0.702 | 0.712 | 0.848 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| **. Correlation is significant at the 0.01 level | | | | | | | | | | |
| *. Correlation is significant at the 0.05 level | | | | | | | | | | |

Source: Researcher's own construct from Phase 1 of the research data 2021

Table 4.74 displays that when parents received support and understanding from their employers, it resulted in negative relationships with 1) my work life worsened ($\beta = -0.339$), 2), my private life worsened ($\beta = -0.261$), 3) my work suffers because of everything going on in my personal life ($\beta = -0.183$), and 4) my job makes it difficult to take care of the type of private life I might like ($\beta = -0.213$). It resulted in a positive relationship with my work life improved ($\beta = 0.243$). Similarly, when parents perceived their work arrangements as flexible, it resulted in positive relationships with 1) my work life improved ($\beta = 0.244$) and 2) my private life improved ($\beta = 0.173$). Simultaneously, it resulted in negative relationships with 1) my work life worsened

($\beta = -0.295$), 2) my private life worsened ($\beta = -0.270$), 3) I often neglect my personal needs due to the stress of my work ($\beta = -0.252$), 4) I often need to make difficult choices between my work and my personal life ($\beta = -0.307$), 5) Once I finish my work I am too tired to try to do things I wish to do ($\beta = -0.194$), and 6) my job makes it difficult to take care of the type of private life I might like ($\beta = -0.258$). When parents received support from co-workers, it resulted in a positive relationship with my work life improved ($\beta = 0.255$) and negative relationships with 1) my work life worsened ($\beta = -0.198$) and 2) I often need to make difficult choices between my work and personal life ($\beta = -0.204$).

When parents received support from their partner/spouse, it resulted in a positive relationship with my private life improved ($\beta = 0.191$) and negative relationships with 1) my work life worsened ($\beta = -0.349$) and 2) my private life worsened ($\beta = -0.323$). When parents received support from their family, it resulted in positive relationships with 1) my work life improved ($\beta = 0.214$) and 2) my private life improved ($\beta = 0.238$). It resulted in negative relationships with 1) my private life worsened ($\beta = -0.222$), 2) I often neglect my personal needs due to the stress of my work ($\beta = -0.243$), and 3) my job makes it difficult to take care of the type of private life I might like ($\beta = -0.224$).

When parents received support from their friends it resulted in negative relationships with 1) my work suffers because of everything going on in my personal life ($\beta = -0.228$), and 2) my job makes it difficult to take care of the type of private life I might like ($\beta = -0.205$). When parents received support from social groups which they are part of, it resulted in a positive relationship with their work life improving ($\beta = 0.211$), and negative relationships with 1) I often neglect my personal needs due to the stress of my work ($\beta = -0.183$) and 2) my job makes it difficult to take care of the type of private life I might like ($\beta = -0.263$).

When parents received support with childcare activities, it resulted in positive relationships with 1) my work life improved ($\beta = 0.393$) and 2) my private life improved ($\beta = 0.214$). Simultaneously, it resulted in negative relationships with 1) my work life worsened ($\beta = -0.281$), 2) my private life worsened ($\beta = -0.196$), 3) my work suffers because of everything going on in my personal life ($\beta = -0.329$), and 4) my job makes it difficult to take care of the type of private life I might like ($\beta = -0.224$).

From the above, the value of receiving support during a crisis becomes apparent. When parents with toddlers receive support, they can balance their work and private lives better. It appears that the COVID-19 crisis possibly limited many support structures, which resulted in parents being unable to balance all their responsibilities.

4.3.7.3 Relationship between parents who received support and their exercise routines

Table 4.51 of the descriptive statistics indicated that the exercise routines of most parents (66.4%) changed as a result of the COVID-19 crisis. As a result, it is necessary to see if relationships exist between parents who received support and their exercise routines. Although no moderate to strong relationship appears, a brief discussion follows on the positive and negative, very weak and weak relationships displayed in Table 4.75.

Table 4.75: Relationship between parents who received support and their exercise routines

| | | My exercise route stayed the same since lockdown started | I exercise at least once a day | I exercised 2 to 3 times a week | I know the importance of exercise but did not have the energy or time to focus on an exercise routine since the start of Covid-19 | I played physical activities with my toddlers for exercise |
|---------------------------------------------------------|---------------------|----------------------------------------------------------|--------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| My employer provided support and understanding | Pearson Correlation | 0.086 | 0.122 | .233** | 0.056 | 0.044 |
| | Sig. (2-tailed) | 0.314 | 0.149 | 0.006 | 0.514 | 0.605 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| My work arrangements are flexible | Pearson Correlation | 0.085 | 0.108 | 0.081 | .181* | -0.038 |
| | Sig. (2-tailed) | 0.316 | 0.204 | 0.340 | 0.032 | 0.660 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I received support from my co-workers | Pearson Correlation | .179* | 0.153 | .250** | .196* | -0.065 |
| | Sig. (2-tailed) | 0.034 | 0.070 | 0.003 | 0.020 | 0.444 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I received support from my partner/spouse | Pearson Correlation | 0.099 | -0.019 | 0.059 | -0.004 | -0.036 |
| | Sig. (2-tailed) | 0.245 | 0.822 | 0.491 | 0.962 | 0.675 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I received support from my family | Pearson Correlation | 0.002 | -0.057 | .167* | 0.013 | 0.005 |
| | Sig. (2-tailed) | 0.977 | 0.503 | 0.048 | 0.874 | 0.956 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I received support from my friends | Pearson Correlation | 0.092 | 0.108 | .350** | 0.010 | 0.110 |
| | Sig. (2-tailed) | 0.281 | 0.203 | 0.000 | 0.911 | 0.196 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I received support from social groups that I am part of | Pearson Correlation | 0.044 | .190* | .330** | -0.027 | 0.000 |
| | Sig. (2-tailed) | 0.606 | 0.024 | 0.000 | 0.748 | 0.996 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I received support with child care activities | Pearson Correlation | 0.029 | 0.097 | .264** | 0.104 | -0.006 |
| | Sig. (2-tailed) | 0.735 | 0.252 | 0.002 | 0.222 | 0.943 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| I received support with dependent care concerns | Pearson Correlation | 0.072 | 0.064 | 0.089 | 0.080 | -0.163 |
| | Sig. (2-tailed) | 0.397 | 0.449 | 0.294 | 0.348 | 0.055 |
| | N | 140.000 | 140.000 | 140.000 | 140.000 | 140.000 |
| **. Correlation is significant at the 0.01 level | | | | | | |
| *. Correlation is significant at the 0.05 level | | | | | | |

Source: Researcher's own construct from Phase 1 of the research data 2021

When parents received support and understanding from their employer, it resulted in a positive relationship in exercising 2 to 3 times per week ($\beta = 0.233$). When parents felt that their work arrangements were flexible, it resulted in a positive relationship with knowing the importance of exercising but not having the energy or time to focus on an exercise routine since the start of the COVID-19 crisis ($\beta = 0.181$). When parents received support from their co-workers, it resulted in positive relationships with 1) my exercise routine stayed the same since lockdown started ($\beta = 0.179$), 2) I exercise 2 to 3 times per week ($\beta = 0.250$), and 3) I know the importance of exercise but did not have the energy or time to focus on an exercise routine since the start of the COVID-19 crisis ($\beta = 0.196$). When parents received support from their family, it resulted in a positive relationship with exercising 2 to 3 times per week ($\beta = 0.167$). When parents received support from friends, it resulted in a positive relationship between exercising 2 to 3 times per week ($\beta = 0.350$) and when parents received support with childcare activities, it resulted in a positive relationship with exercising 2 to 3 times per week ($\beta = 0.264$). Similarly, when parents received support from social groups they were part of, it resulted in positive relationships with 1) exercising at least once a day and 2) exercising 2 to 3 times per week. However, from Table 4.34, most parents (52.9%) indicated that they did not receive support from the social groups they were part of.

From the relationships displayed in Table 4.75, it appears that when parents had sufficient support, they were mostly able to either maintain their pre-COVID-19 exercise routine, exercise once a day, or at least exercise between 2 to 3 times per week. The inference can be made that when sufficient support was received by working parents with toddlers during the COVID-19 crisis, exercise routines and as a result better health and wellbeing could have been achieved. It is critical to have sufficient support systems in place when faced with a crisis.

4.4 Summary

This chapter presented the findings of Part 1 of the research study (survey) conducted with parents of toddlers who had children enrolled at three respective ECD branches of the case study under investigation. Section A presented and analysed the descriptive statistics while Section B provided insight into relevant positive and negative relationships of the three constructs of the study, namely WLB, Leisure and Wellbeing. Clear interpretations of the descriptive and inferential statistics were given as a predecessor for Chapter 5 (semi-structured interviews) while building towards the methodological triangulation in Chapter 6. The next chapter presents the interpretation, analysis and narration of the semi-structured interviews (Phase 2).

CHAPTER 5: INTERPRETATION, ANALYSIS AND NARRATION OF SEMI-STRUCTURED INTERVIEWS

SECTION A: QUALITATIVE DATA

5.1 Introduction

This chapter describes the qualitative data analysis of the semi-structured interviews. It explains how the researcher analysed the data according to the qualitative data analysis spiral. The data was sorted into general themes, deriving from the three coding levels processes. A visual representation of the themes and related sub-themes is displayed, analysed and discussed. The purpose of the chapter is to provide further insight into the findings, analysis and discussion of Chapter 4. This chapter starts with a description of the participants who agreed to the second phase of the research by means of semi-structured interviews. A visual display guides the chapter by indicating the four main themes (The Covid-19 crisis, Work-Life Imbalances, parental wellbeing and leisure discourse) and all related sub-themes. This chapter provides a building to the next chapter comprising methodological triangulation.

5.2 Description of interviewed participants

To provide context to the findings of the themes, the characteristics of the sample are displayed in Table 5.1. Pseudonyms were assigned to the parents to protect their real identities and ensure anonymity (Saunders et al., 2015) The researcher randomly used Google to select Female and Male names and assigned them to the respondents in Table 5.1.

Table 5.1: Description of the parents who participated in the interviews

| Parent | Age | Marital status | Age(s) of child(ren) | Forced to work from home | Essential staff | Nature of job |
|---------|-----|----------------|----------------------|---------------------------------------|-----------------|---------------------------------------------------------|
| Rose | 31 | Married | 7 years 3 years | Yes | No | Grade 2 Teacher |
| Amelia | 33 | Married | 13 months | Yes | No | Grade R Teacher |
| Violet | 33 | Married | 9 years 6 years | Yes | No | ECD Teacher promoted to Personal Assistant of the owner |
| Madison | 34 | Married | 4 years 2 years | No forced to take annual leave during | No | Pharmaceutical representative |

| | | | | hard lockdown | | |
|---------|----|----------------------|--------------------------------|---------------|-----|------------------------------------------------------------------------------------------------|
| Lily | 34 | Married | 5 years | Yes | No | Communication and Marketing Specialist (Disability: Hearing impaired) |
| Sarah | 36 | Married | 4 year old twins | No | Yes | Medical Doctor practicing in Antiretroviral (ARV) (infectious diseases) at a Government Clinic |
| Grace | 39 | Married | 14 years 9 years 4 years | No | Yes | Health Inspector |
| Faith | 40 | Single | 20 years 6 years | No | Yes | Nurse and Unit manager of orthopaedic theatre at a Government hospital |
| Olivia | 41 | Married | 4 years 2 years | Yes | No | Auditing and product development |
| Emanuel | 42 | Domestic Partnership | 7 years 4 years | No | Yes | Retail manager |

Source: Researcher's own construct from Phase 2 of the research data 2021

As displayed in Table 5.1, nine of the parents were female except for one male. Most parents were married except for one single (divorced) parent and one in a domestic partnership. The ages of parents ranged between 31 and 42 years of age while the ages of their toddlers ranged between 13 months and 6 years. It is however noted that five of the parents had older children too, which did not form part of this research study but who require difference forms of attention from parents. Apart from two households, the majority had more than one child in their family structure. While the average age of parents who completed the survey (phase 1) was 34 years, the average age of the respondents of phase 2 was 36 years. During phase 1, 62.8% of parents were forced to work from home while 50% of parents in phase 2 had to work from home. One parent was forced to take annual leave during the initial hard lockdown while four parents were regarded as essential staff (health and retail industries) and had to continue with their work duties during all lockdown levels.

The final themes, sub-themes and categories that arose from Phase 2 are displayed in Figure 5.1.

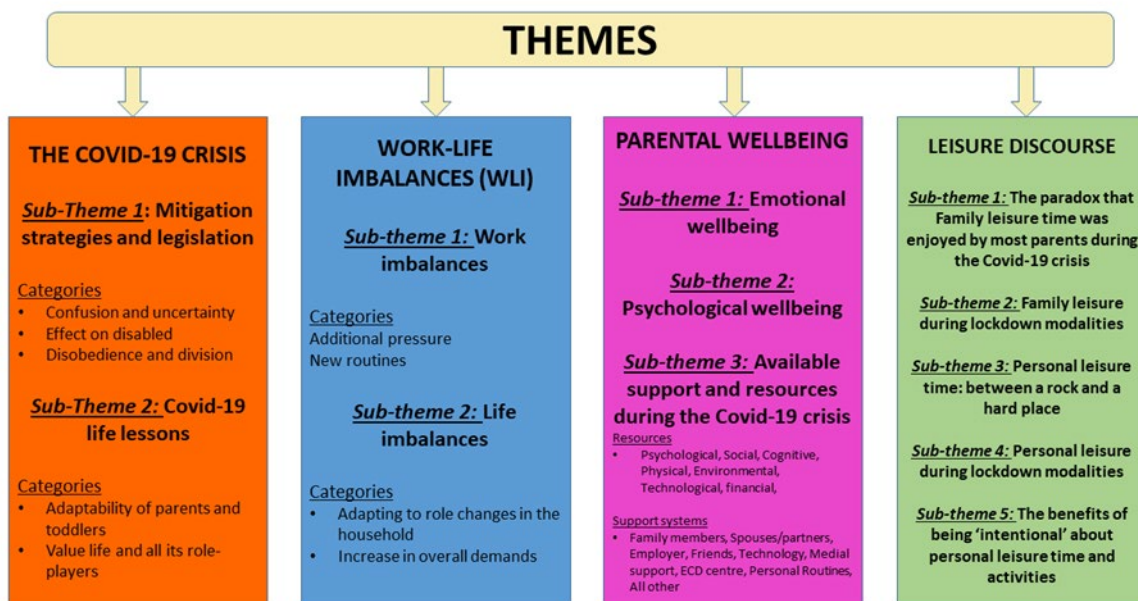


Figure 5.1: Visual display of the final themes (Phase 2)

Source: Researcher's own construct

An analysis and discussion of all the themes follows.

5.3 THEME 1: The COVID-19 crisis

The first theme, namely the COVID-19 crisis, provides context to the constructs that were explored, namely WLB, leisure and wellbeing. Two sub-themes emerged, 1) mitigation strategies and legislation, and 2) reflections on life lessons because of the COVID-19 crisis. Both sub-themes included related categories which are discussed below.

5.3.1 Sub-theme 1: Mitigation strategies and legislation

The perceptions and experiences of parents regarding the COVID-19 mitigation strategies and related legislation varied. The following categories are explained: 1) Confusion and uncertainty, 2) the effect on people with disabilities, and 3) disobedience and division

5.3.1.1 Category 1: Confusion and uncertainty

Fluctuating lockdown levels caused feelings of confusion and uncertainty among parents, and toddlers. These feelings ranged between Emanuel, Faith, Grace, Madison and Amelia. Madison noted the uncertainty when “there’s another wave coming” because “you keep wondering, will we ever go back into a hard lockdown”. Similarly, Faith explains the confusion experienced in hospitals because “with the [new] level comes different rules and regulations”, “even for theatres, even forwards”. As a teacher, Amelia “had a child where the parent tested

positive and the class needed to isolate”. While it created confusion and uncertainty among the parents, one should keep in mind that toddlers were also affected. Grace explained the confusion experienced by her toddler when she could not “hug [her] child immediately” when returning from work. She sensed the confusion because “the kids are excited to see you, especially the younger one, the four-year-old...they want to come and hug you...and you still want to take stuff off” because “the code says that [you have to do] whatever before the hug”. By seeing the confusion on her toddler’s face, she felt “emotional...[as] it looked like something small, but it was hard”.

Emanuel experienced the confusion and uncertainty in the amount of “bulk buying” that took place during the first hard lockdown. He explained that the retail store where he is employed did their “first R18 million for the month in the first week of lockdown” (March 2020) while they “were so busy, [they have] never been able to carry those figures again”. Interestingly, “toilet paper was a big thing...then the meat [and] dried food”. Emanuel believes that most people “spent all their savings, retirement savings, severance packages and whatever else they had” because of the uncertainty which was “completely unnecessary” because their shop was “open the whole time and [they] did not close once for lockdown”.

5.3.1.2 Category 2: Effect on the disabled

Despite Lily being the only disabled parent who participated in the research study, her experience is worth noting. She explains her disability, her first encounter with masks and the effect it had on her daily operations:

I am hearing impaired. I can't hear in my right ear. I can hear a little bit in my left ear. So, I make a lot of use of lip reading, which masks aren't amazing for. I flew to Ethiopia just before lockdown for work. And it was so weird because Ethiopia is a sort of a gateway between China and Africa. So, there is a lot of air traffic between the two continents via Ethiopia, even though it wasn't an issue in South Africa. We were flying without masks or any real care when we landed in Ethiopia. The aeroplane's gate opened and there were just lines of people in hazmat suits. They were policing the traffic in the airport. And it was like we flew directly into a very dystopian future which was very disturbing. And at the passport checking counter, I could not hear what this man was trying to say to me because he was wearing a mask. And then already I realised (this was in February last year [2020]), that this mask thing is going to be difficult. So, I told him and I repeated that refrain so often: 'Please Sir, I am hearing impaired, you can yell. Our communication now does not have to be eloquent, it just has to be effective'. Mostly people are very understanding and accepting of that. And they do yell and I do not take offense. We somehow get the messages across and then we go about our days, but it is tiring. It's emotionally draining. So, I do appreciate the fact that I'm not hearing impaired in a person who needs to work in the service industry or in health care. I think hearing impaired people in those roles are really struggling a lot."

The effect of legislation and mitigation strategies on people with disabilities, such as Lily, should be noted. Due to her disability and the mandating of masks, she experienced feelings of exhaustion and heightened emotional stress.

5.3.1.3 Category 3: Disobedience and division

This category bears relevance, as parents admitted to their personal disobedience, others noted general disobedience of South African citizens which led to frustration and feelings of hopelessness to overcome the COVID-19 crisis. Simultaneously, parents in the frontline witnessed the negative socio-economic disposition of the legislation on lower income groups which found it impossible to comply.

The narratives of Rose, Emanuel and Faith explain their disobedience. They experienced the legislation as “more negative” because “what happens to a child when you tell [them] ‘no’...they will throw a [big] tantrum”. It is equally the case if you tell adult people “I’m taking this away, that away, and that away and you must stay home”. Emanuel started smoking after the cigarette ban was enforced, as South Africa was “the only country that banned cigarettes”. If he would have started smoking without the ban on cigarettes is unclear, however, if “you take people’s freedom away, you take away their freedom of choice that creates [them]”. Rose also admitted to disobeying the legislation and “did what [she] wanted to do, when [she] wanted to do it”. While referring to the ban on alcohol and cigarettes, Rose got “what [she] wanted”. She also disobeyed the restrictions to stay at home (“if I wanted to go to my mom for a day or two, then we went”), the social isolation restrictions (“if you wanted to braai, then we braai), as well as the mask mandates (“we didn’t wear a mask...it does not bother me to wear a mask”). Emanuel admitted that he and his life companion “indulged a lot” while emphasising “how easy it was to get hold of black-market drugs and alcohol at the time”. He explained that “the guy would drive straight to your house and you didn’t even need to leave your house” and it provided an “income [during] three weeks of leave”.

Faith’s disobedience almost got her arrested on the N1 highway on her way to Sea Point as she “took a chance once with [her] son to go for a walk”. She explains that the frustration of being confined to home added to her disobedience. After the experience, she got a fright and did not attempt to do it again. She, however, chuckled guiltily, stating “imagine in the headlines ‘a frontline worker disobeying the Covid-19 rules’...even better, how about ‘police officer’s ex-wife and front-line worker’”.

COVID-19 brought along many divisions in society, as the disobedience of people led to obedient citizens’ frustration and fear. Amelia and Violet noted their feelings. Violet drove past people walking next to the road while “no one was wearing a mask...walking around like nothing is going on”, she thought “you are the kind of people, that’s why we’re getting Covid[-19]”. Amelia was also aware of “a lot of parents that came into contact with somebody that’s positive and they didn’t inform the school, because they did not show any symptoms”. She feared that “they can carry [the COVID-19 virus] and can infect us”. The division was further enhanced by the enormous divide between people of different social and economic conditions.

Witnessing the division while trying to enforce the legislation created emotional spells for frontline staff which seems to blur the definite lines between the WLB of frontline staff members. Faith reflects on her ex-husband's increased work responsibilities as a police officer as "all these people that were breaking the COVID-19 laws, he was working with those kinds of cases...working in the Delft area, people [were] breaking rules all the time" and "churches were still open in those areas". It relates to Grace's experience. She noted the disobedience and division among income groups where she had to ensure that regulations were enforced. As a mother, it became extremely difficult and intense to enforce legislation while not being able to provide safe alternatives and provisions to assist with the socio-economic divide. She reflects as follows:

It was a high level of stress, children were just displaced, going up and down. Didn't know what to do. You know, it's because crèches had to close at the end of the day which didn't help. It didn't help whether you close the crèche, even though we had to or not, because you send them out there where there is no control. Because some of the parents had to work, leave the children to look after themselves or siblings to look after each other. They didn't have that control of really making sure children are washing hands making sure children are eating. So, I mean, the rules of lockdown in informal settlements were not helping. I think to make matters worse are the rules that could work in other places, where you know, people have resources. But in places like that, I think sometimes when you are coming up with things, you must think it right down to the tee. Whereby is it going to work for this person, because the person who stays in Durbanville with a big yard. It's better off than a person who's stuck with eight people in a shack. Like you're making matters worse, because there is not going to be any social distancing or ventilation. And children are just going to be without food for the whole day. Because I mean, children are getting food from schools and crèches, but not now that was taken away. It was, it was like, you just had to tell them, they need to close. Give them like three days, you know, but then you would extend it further to like a week to go back just to like, try to give the person time because you know that things are really hectic there. People also don't have people to look after the kids because they have to go to work, otherwise they're going to lose their jobs. They're trying to hold on too, you know...(Sigh). Yeah, there was lockdown, but it was not really possible for you to enforce it.

The disobedience and divide of parents may be enhanced by their see-sawing positive and negative sentiments on the imposed legislation and related mitigation strategies. Madison and Faith experienced the legislation as positive attempts to end the COVID-19 crisis. Faith agreed with the requests from the Government to stay home "because [she saw] what this virus does" and how rapidly it spreads. As a frontline worker, "after seeing when you go out of work, is a body passing, going in...coming in the morning, there's a dead body passing". She saw "people in white coats" walking with trolleys "with the [dead] body" in the hospital. Simultaneously, Madison agrees that "most of the decisions that were made during the whole pandemic, [she] could understand, even if it didn't make sense at the moment". People attempted to "understand the logic behind it and that made it okay". Lily also agreed with the legislation due to her "frame of reference for the severity and the scale of this crisis", but added that the "commerce limitations made zero sense to [her]". The nonsensicalness of some legislation left her speechless as "it's a ridiculous thought to [her] that at some stage it was illegal to buy flip flops" for her child.

On the flip side, evident to the divide, parents were frustrated with the confinement to homes (“let [people] out in the open air [as] there’s a lot more defence there”), the inability to choose for themselves (“I couldn’t go to the beach, I understand why [but] it felt unfair”), cigarette ban (“the [ban on] cigarettes was completely stupid, and it crippled the economy”), vaccine mandates and the closure of leisure spaces (“I couldn’t even go over the road to go and play on the seesaw”).

Specifically, Emanuel, Amelia and Olivia raised their concerns of being controlled by the imposed legislation, noting that the Government is “controlling us by fear”, while “the numbers are inflated” so they assume that they are “a little bit controlled in terms of what we see in the numbers, how they lasted when they lasted, that kind of thing”. Amelia felt frustrated as “you may not choose anything; you may not choose to go outside at 12 when you want to; you might not go to a friend’s birthday party; if [the Government] decides that you may not drink, then you cannot drink because you can’t buy alcohol”. Moreover, sentiments of “people get[ting] paid for the number of [COVID-19] cases through the government” did not assist in building trust and adherence to the imposed legislation. The latter might have had a negative effect on the vaccine uptake and hesitancy in South Africa.

Lily and Sarah felt relieved and protected by taking the vaccine, explaining that “if there is a certain perceived infringement of freedom of choice” it is understandable, however “that comes at a cost...and currently the costs are lived”. Emanuel willingly took the vaccine as he “is going to leave the country to do contract work outside of South Africa” and he “can’t do that unless [he is] vaccinated”. Amelia is completely against vaccines, stating that she “never wants to take the vaccine”. She bases her strong resistance on “different variants” of COVID-19 which might not be resolved by one series of vaccines as “you take the vaccine, but now this vaccine does not count because you need to get the new one and you need to get a booster shot”. Her resistance is further enhanced by the question “why do you want to give this stuff for free...a free Coke at Burger King, you can get R100 discount by Spar if you’re vaccinated, you can go to Justin Bieber if you’re vaccinated” while parents with a child with cancer “need to sell [their] house and car and everything...as she needs to get treatment”. From a medical perspective, Sarah agrees that everybody should “get vaccinated” but she has her doubts about “making or labelling something mandatory”. Her explanation follows:

[It] is also going [to] push certain people further away from trust, and I feel like we need trust in our government and in medicine again, because this whole, you know, this media uproar, it's actually caused a lot of mistrust. And, we need that, to build a healthy society. Because if people stop trusting us [as medical experts], we started with the vaccines, but pretty soon it's going to be: 'Why are you giving me this medication?' Yes. 'And what is in that medication?', 'I'm going to stop taking my chronic medication because I don't know what's in this medication'

The researcher noted how the parents spoke about their vaccine perceptions with passion. The divide broadens as each parent substantiates their conflicting views and opinions as true and not negotiable. Violet explains the division amidst families, where a child who is not vaccinated “is not welcome in her parents' house without the vaccine...she must visit outside as she's not allowed to go into the main house”. While Violet is fully vaccinated, her husband is opposed to vaccination. She respects his freedom to choose as “at the end of the day, as a family, it is his choice”.

5.3.2 Sub-theme 2: Reflections on life lessons because of the COVID-19 crisis

The COVID-19 crisis is seldom related to positive feelings. However, parents of toddlers learned valuable lessons during the past 18 months. Complementing the results of Chapter 4 (Table 4.50) which indicated that parents engaged in more passive, reflective leisure activities, sometimes maybe subconsciously, the two main lessons are discussed next.

5.3.2.1 Category 1: Adaptability of parents and toddlers

Throughout the COVID-19 crisis, parents had to adapt to a range of unknown aspects which they have never experienced before. They had to learn about an unknown virus while comforting their toddlers and answering their questions. Parents attempted to smooth the transition between going out and being social to being confined to their houses, especially for their toddlers. Nicknames for COVID-19 were assigned by Madison and Violet explaining it as “Aunty Corona” and “Jerry Germs”. When toddlers asked questions such as “why are we wearing masks?”, “why can't we go out?” and “why can't we do this?”. Madison replied that it is the fault of “Jerry Germs and the policeman said so”. Violet had a different approach as she had a toddler and an older child. She informed them “it's a virus and this virus can actually kill them...so [you are] not allowed to go out because [you] can be infected”. While they still hear about “Auntie Corona” they are “not even eager to go to the park”.

Madison, Violet, Lily, Sarah, Emanuel and Grace noted the “new adjustments with the Covid[-19 crisis]” when it initially erupted. However, as time passed, they have “learned to cope with it” and to “just adapt...because [you] don't have a different choice”. After having 18 months to adapt to the crisis, Madison states that things are “back to normal”. Grace is more hopeful about the future because “we've been through it over and over...it's not like we're expecting something we don't know, it's something we dealt with”. COVID-19 is no longer an unknown phenomenon “like that time when you didn't even know what to do [and] all you could do [was to] sit at home, look[ed] at each's distress”. Violet reminisced about the “first day of that hard lockdown [as she] was driving to work, because it was so weird driving on empty roads” and then “as time went [on], we kind of got used to empty streets”. Similarly, Sarah reflects on her first shift in the hospital and described it as “complete chaos” but afterward she sort of got “used to the rolling of the waves like, literally, [how] the ocean works...high tide and low tide,

and then you get used to that kind of motion...so, you already know, shifting into 5th gear will be going around to second gear”.

Lily experienced the adaptability of researchers in her work context. She attended a conference in Ethiopia in February 2020, on “public health” with medical academics “from across Africa and from the UK who specialise in knowledge transfer with regards to TB” and HIV. In February 2020, COVID-19 was not perceived “as important” yet, as the focus of the conference was on TB and HIV. However, “following the declaration of WHO that spread across the world...every team in that research grouping that was in Ethiopia have pivoted their research to focus on [and include] COVID-19” and “how it affects their current research”. Her colleagues “who were researching the efficacy of TB drugs, then combined [and] rewrote ethical clearance and stuff to see if the efficacy of the TB drugs will also be tested for efficacy on Covid[-19] symptoms”.

The journey in adapting to change may be complemented by learning “to make choices that make [you] happy in that situation” as “you can’t say the world is changing, and you expect to work the same way”. Emanuel shares that “we are where we are because we have to be here...everything upfront brought us here” and he is grateful as COVID-19 taught him “how to think outside the box and start evolving and changing who you are”.

5.3.2.2 Category 2: Value life and all its role-players

As displayed in Table 5.2, COVID-19 allowed parents to reflect on what and who matters in life.

Table 5.2: Value life and its role-players

| Parent | Quotation |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Grace | “I realised that as human beings, we need each other no matter whether we cut on each other. You know, but we need each other just being together doing the same thing. Then even [when you] get stuck in traffic. Because once it’s not there, it’s like somebody died” |
| Grace | “And all I can say is that sometimes that mom guilt never goes away? Because I think you know what, the time when they were at home, I just still don’t know how my kids got there. And then now in the back, and then I think it stems you see how your child got, like a bit behind because you were not there. So that guilt just never goes away. You know? We are trying. It’s that thing of learning not to be hard on yourself. Sometimes. It’s like the pandemic, we also go through it and talk to other parents, I would like to talk to other parents who would like to understand. They know it’s not the child’s fault and still be patient with them. Still have them, still go through it with them because they also went through something that was not normal as well. You know, so yeah, understanding them as young as they are also important because they also went through it even though they cannot really communicate with us as adults. They went through it. Yeah, as a mum. It taught me to love my kids more to be there for people even if it’s not my own biological children. To be there for others, you know, there’s been so much loss of different things, and it has taught me to be more compassionate. My understanding, put yourself in other people’s shoes because before you can just expect them to do 123, whoever is ordering you to do or whatever. Try to put yourself in other people’s shoes because people are going through things, even when it’s not written on their forehead, people are going through things”. |

| | |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Grace | “I think again that family comes first. Because when you learn that, when it's all done in whatever, it could be things material things or whatever. They can help. At some point, you will rely on your family, you can choose whatever the career and whatever, but then there could be something like a pandemic that will just make you see that. It's not that important. Family. It's something that is really important and that should be a priority even when circumstances are normal. You know, that's where I can draw my sanity. That's where, like, you know, [I am] familiar. It's important. Never take it for granted. I mean, don't wait for things to be abnormal or to lose people to appreciate them. Appreciate the time you have with them and just that time of being close to playing games, we could learn about each other...tell us about your highlights. You know, like, we learn more about each other when we were on lockdown. And what I can say is that family is important man, it's people who will be there for you no matter what. So even when things are good, put them first”. |
| Grace | “And then again, I think we're so used to, you know, being in contact with psychologists and people. You don't have to wait for things to crash. Sometimes, even when things are all well you will still need to talk to somebody you need that. Because you're constantly pouring out into family into people, whatever. Automatically, mothers we are like that. But sometimes we just need the hat, you know, somebody who will help you to see things in a different way because I mean, the other advice that I bought from the article was that, you know, even end of the month, just take your time out if you go for nails, I mean, if you go for whatever. And I mean, it was just a small thing. But really, it makes a difference. When I go for my own thing. Nails as well. It's like an added bonus to me. [It gives me] me-time [for] myself, my self -care, when I go for the small things, like just my nails and my toes, because I feel good afterwards. Like it brings that woman kind of thing to me as well”. |
| Madison | “So, through all the bad we learned, we learned a lot of stuff, like what relationships are all about. Relationships just got better. And My husband and I got closer to each other...We had the opportunity to spend time with my son, while he was so small, while he was learning to crawl and sit up on his own. That we would have missed if he was in school, he would have done that at school. And it did, myself and my mother-in-law's relationship wonders”. |
| Madison | “Don't take things for granted. Because we did. We took a lot for granted. We took our freedom for granted. We took money and finances for granted. We took the wine farm for granted because we could always get it. So that falls under your freedom. And we took our family and our kids for granted. But it took a pandemic for us to actually realize what is important. That is our family my “huisgesin” [sic]. Me, my husband and our kids. My perspective on family also changed over the past years. But it took this thing for us to take a step back and basically re-evaluate what we need in life. Because we also saw that we can get away, we can cope with the layoffs. We can cope with less luxuries”. |
| Faith | “I think the highlight for me. I had a lot of highlights. My parents were here. And because the children are with them, it brought us as siblings, the four of us with their husbands and wives. It brought us closer together. Because now we would have to be forced to meet at my brother's house where my parents are living. So, we would all have supper. Which we never had because we all have different lives. Because we all have our own families and it brought us together as a family to the point now where we still want to do things together” |
| Violet | “But at the end of the day, I feel for him because he goes out 03h30 in the morning to start work at 04h00. He also works till two o'clock. So, there are a few days that I can come home. Then the cooking is done but then he is laying on the couch sleeping. Then I tell them that your daddy is sleeping. Because I realized he is overworked”. |

Source: Researcher's own construct from Phase 2 of the research data 2021

The importance of partners, households and families is evident in the excerpts of Violet, Grace, Faith and Madison. The COVID-19 crisis taught parents to 1) have compassion, 2) value their

partners, households and families, 3) love and appreciate their children, and 4) not take anything for granted (freedom, finances, wine farms, partners, relationships, psychologists, friends and even traffic congestions). While it is acknowledged that “*mom guilt never goes away*”, it is critical for mothers to avail time for themselves (me-time) to spend on activities that they enjoy. It might be something as small as doing your nails and toes, but it offers the opportunity to “feel good afterward”, the proverbial “filling of your own cup” as mothers are “constantly pouring out into family, into people”.

5.4 THEME 2: Work-life imbalances (WLI)

The second theme emerged because of gaining deeper insight into the results of Chapter 4 and it appears that crisis times, as in the case of COVID-19 result in Work-life Imbalances (WLI) for working parents with toddlers. These imbalances occurred in both work and life domains due to a lack of predefined experiences in how to deal with the crisis at hand. Despite the nature of parents’ professions (frontline staff or forced to work from home staff) the majority of parents experienced work imbalances (Sub-theme 1) and life imbalances (Sub-theme 2). The related categories of the sub-themes are discussed below.

5.4.1 Sub-theme 1: Work imbalances

5.4.1.1 Category 1: Additional work pressure and new routines

All parents, except for Lily, experienced additional work pressure because of the COVID-19 crisis. Excerpts are displayed in Table 5.3.

Table 5.3: Additional work pressure

| Parent | Quotation |
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| Faith | “And in some ways, you think about your own parents. You've got to work under stress at work. People are dying around you all the time. Colleagues that you are losing, you're losing people that you know that were working around you”. |
| Grace | “At some point, we just had to go to make sure because remember that it had to close. It was just that we had to check. Are you really closed? That was a struggle especially in, in places like the location where children basically don't have anywhere to go and like there are no safe places for them. So, it was so hard because at the same time you go in as the as the health inspector, and then you see that they play a game around the street and that they're all over the place. And it's not like you can see people can enforce lockdown because it's a shack where there's like eight people staying in one place. Usually you get ventilation, they are good, whatever. There's no food, there's nothing so it puts you in a place where you feel so helpless”. |
| Faith | “Death is not something you get used to. So, you feel for that person's family. And you like there goes another breadwinner. Somebody that people are dependent on? You know and goes through your mind”. |

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| Sarah | <p>“Things that we normally did like having lunch together, we couldn't have lunch together. We didn't have meetings anymore. I feel like that was so important for us you know, some housekeeping like here. So, it's important to connect with your colleagues. We didn't have that because we couldn't have meetings. So social distancing at work. And then I think, even like distance from my patients, because, all of a sudden, we had screens, so I had to take down my screen now. But we had screens go up. And the mask even just like physically also distance from them, you know, and patients coming in. You have to suspect that everyone has Covid. So, your kind of like want to examine them, but then what if they are coughing and its TB. It was just different. So, yeah, the quickness of previously seeing a patient was gone. Because now you know, distance, PPE, you lose that connection with patients”.</p> |
| Sarah | <p>“I feel like it's a lot more. And I think the pressure, like I told my husband, I'm spinning, like I'm spinning because this just started doing this doing that. And so, you know, before, just a normal like 2020 February, you'd see your patients, and you'll have lunch and go to the loo. But when there's pressure and you're spinning, it's like you compressing it's like the amount of work in a day is so much more. So, I won't say an extra hour, but definitely the pressure. But you have to get through things and get through seeing patients and telephone meds and prep for the next day. Write up scripts. And then at the end of it also go and see patients”.</p> |
| Sarah | <p>“I was not too worried because I thought it's far away. They're going to get it under control. Things are going to be fine. Then it was like corridor conversation started happening, you guys hear? Then it was a slow like infiltration of everyone wearing masks, you know? So, it's like, okay, we should be wearing masks, but not all of us were wearing masks all the time because of TB. So, it was kind of some of us wore masks when we are working in the ECU in certain areas or with certain patients, but not always. And then it was okay now we have to wear masks all the time. Okay, yes. Because this thing is coming. Okay, this thing is actually in Africa. And yeah, so it was I remember I think the first time it actually like hit me that this is actually going to happen. We called an emergency meeting with all the heads of department. How are we going to de-escalate services? What's going to happen? And one of the questions that came up in that meeting was, what are we going to do with the bodies? I'm sorry, I just said it. Yes. But that was the logistics, we had to work it out. We had a room that like, you know, could have like two or three people at a time, viewing room for two or three people. But I mean, in the middle of this thing, when things get a bit crazy, is a capacity to [provide] for more. So that, I think, in that meeting, it really hit me that this is going to happen”.</p> |
| Faith | <p>“...but you had staff that was taken out. So, it means now less staff. So, the more experienced staff was left in the theatre. So, I'm a trained theatre sister. Yes, operating nursing science. So, we were left here so that we can do anything and everything that comes in. So, we were pushed to whatever side. Today I am here, tomorrow I am there”.</p> |
| Sarah | <p>“It's such a blur. A bad experience was also I think just I think my lowest low was my calls. At work you're involved with...one specific call. It was just a lot of things happening at one time. And when you're like the most senior, all the things kind of fall on you. So literally spinning on call in trauma? And yeah, so think just I remember sitting on the floor crying because I just couldn't deal with any more questions. I don't want to solve any more problems. But it's probably a low is, death”.</p> |
| Sarah | <p>“I feel like patients need connection as part of their healing. Just hearing somebody say that I'm ill and acknowledging that I'm ill. They don't need an antibiotic. They'll be fine. They just need acknowledgement. So, I feel like it definitely the loss of 'connection' had a negative effect on healing”.</p> |
| Faith | <p>Oh, gosh. I just, I was low down, especially on the first, I had lots of headaches in the first month. And then they didn't want to take anybody from Tygerberg for doctor's appointments. So, if you were, from Tygerberg, because in the news all over Tygerberg was the hotspot. And of course, we had the most patients and they said, it's also a place where you can contract the virus. So, doctors didn't even want to accept us if we were sick. We had to go to our own occupational health. And they will first send us for Covid[-19] testing and then you could come. And then because I would phone maybe from work, and they say from Tygerberg hospital, we're not taking anybody”.</p> |

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| Sarah | “So, arrange for like mass death”. |
| Sarah | “So, plan for what's going to happen. If this and this and this, where are the patients going to sit? When there's too many patients in this area, it's going to spill over into this area, it's going to spill over into that area? Like move the eye clinic. We had to move our eye clinic out into our boardroom, so that there's space. So, I was just saying, like sitting in that meeting, it became real that this is going to happen. Yeah, like crisis management”. |
| Faith | “It's still going on until today. We are pushing, pushing, pushing. So, because we never know what's going to happen in the next level, or after the next speech. So, we trying to do everything before we hear that we're going back to level four or going back to level three. So, when that happens clinics close, theatre close and only certain theatres are running. And so, we try to push so that we let more people in”. |
| Grace | “Always just outside stressed trying to also do what we were doing in the office share with each other what they are going through”. |
| Violet | “And then we had a WhatsApp group. And that WhatsApp group were also going like crazy. Because obviously the parents don't understand [the work handed out]”. |
| Violet | “I have every day a Zoom meeting to say, Okay, this is what we are doing tomorrow and this, do we plan this activity, you are planning that activity? I need to do this activity, then they need to send it to me, I must make sure it's right. And then the next morning, before 7am I must send it out. It was a back and forth the whole time. And it was difficult. It was difficult because that was so time consuming”. |
| Sarah | “I also think that there's a perception that we, we are experts at controlling our emotions or something, but we're quite human. So, so yeah, I feel like I, I could never have been prepared for what was going to happen. Like personally, even just dealing with the daily loss. And the daily [demands] because it also has repercussions besides a person dying. You must deal with a lot of families, speaking to families, you know, telling them because they couldn't come into hospital, no visiting hours. So, it's like dealing with people's emotions, that I never, I've never experienced that level of needing to deal and manage people's emotions, than I did in Covid. So that managing people and managing staff also, because I think there's a lot of fear around Covid. Especially the first wave, there was a lot of fear”. |
| Amelia | “In the class when the children come in, you so scared that you do something wrong. So, the children need to be scanned, and they need to be sanitised. And every half an hour, they need to wash their hands”. |
| Faith | “It's a real people don't think I was shouting out on Facebook, people this is real. Yeah, this is real. I will post pictures of me in my Covid[-19] clothing. That's before I go. That is just the first layer. I would take a picture because then I would have to put on the sterile layer. So, it's a Covid[-19] clothing. And then it's a standard clothing”. |
| Faith | “I think it was my first experience going into the Covid theatre. So, you know the patient is incubated exposed to the mouth that is open wounds that are open to the body fluids. And now you have the theatre clothes on plus the clothes you wear on top of each other. Which was those very hot disposable gowns”. |
| Amelia | “Then they may not sit by this one now. Now they need to sit here, they need to have their masks on, they need to have their shield on. They may not use that one's crayon ”. |
| Amelia | “... we had to make videos and we had to plan lessons for the children that present via WhatsApp or email” |
| Rose | “But the thing is at my school our hours changed. I worked until three o'clock so that made that I had to work faster to leave faster” |
| Emanuel | “I was working most of the time”. |
| Madison | “A lot of stress, a lot of stress, financial stress. And I also work for commission and because of the lockdowns and people losing their jobs, retrenchments, sales went, it went into the gutters. And so, we didn't reach targets”. |

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| Olivia | "I've never done the actual work from home because like even before I had kids, I enjoyed going to the office sitting you know having your space. Having the printer, not trying at home where's my pin? Where's the scissors? Where's the glue type of scenario? I never worked from home even before my kids. I would if I must. I will work at night if I must. I would work over weekends, but my general rule was always office hours' type thing and I would go in and work and go home. Don't tell me to stay at home and work from home because I don't like it. No, I wasn't set up at all. So that also frustrated me on the dining room table with all your work and then you must pack away and then pack out and then back away. So that irritated me like crazy". |
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Source: Researcher's own construct from Phase 2 of the research data 2021

From the above it becomes apparent that work imbalances occurred because of numerous additional pressure such as emotional pressure, not being properly equipped to work from home, adapting to new teaching and learning routines, new routines, struggles to enforce the legislation, financial pressure, dealing with death and adhering to new implementations in terms of medical procedures (even theatre dress codes). Additional pressure was also experienced by frontline staff who interacted with COVID-19-positive patients and death, they feared contracting COVID-19 and passing it on to their loved ones. Management and decision makers experienced heightened pressure, having to answer questions and provide answers while people "feared the unknown" because they have "never been through something like that" and as a result, nobody knew "what to expect".

5.4.1.2 Category 2: New work routines

A crisis such as COVID-19 forced all parents to review and restructure their pre-COVID-19 routines. Parents had to adapt to new work routines as displayed in Table 5.4.

Table 5.4: Adapting to new routines

| Parent | Quotation |
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| Emanuel | "Operation wise my hours changed from 07h30 until 18h00. Then with a second hard lockdown we had to go into alternate shifts. The teams worked one day on, one day off". |
| Grace | "...it was quite emotional I must say. Before Covid[-19] my work was my work. Five o' clock. I go home and everything is there. But you literally kind of like take it home all the emotions". |
| Faith | "Double work with no lunches, no tea breaks for 12 hours. But twelve hours straight on your feet. It's immediate quick tea, a sip of water because you can't even drink too much because you can't afford to go to the toilet". |
| Violet | "I would rather go sleep late and make sure whatever I need to do is done. Or when my husband goes to work, I will get up and go do the work, which I'm talking about half past three in the morning". |
| Violet | "But when I went back to work, I didn't come home half past two no more. So, after three we still had to sanitise and follow protocols at work. So, we got home about half past three, quarter to four". |

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| Faith | "We had to wear these funny dark-shaped masks and we are just uncomfortable to breathe in. We were showed how to wear it properly, eyes covered. But our necks were never covered, and I think what if we get a splash on the neck and all the things and then we had that eventually offered to us. But I feel like I could die in it". |
| Rose | "Because you have to wash your hands every hour on the hour but as close as possible. So now the learners are busy writing a test so they're busy with work and they like in it now they're all quiet and they're actually doing their work. And then suddenly, okay, now it's time to go to the toilet again. Oh, now it's time to wash your hands". |
| Amelia | "I felt like a robot because I need to tell them, I need to "skel" [sic] basically. I felt like (shouting) "skelling"[sic] the whole time because you need to tell them the whole time. You can't stand so close you need to back off. Remember social distancing? Put on your mask, you may not use that one's pencil. You're like a drill sergeant". |
| Faith | "So especially with Covid[-19] because your phone and nothing can be in theatre to expose to the virus. So, I would like to change them in the first layer it comes on I will take and then the second layer comes in". |
| Grace | "But then the human connection, connecting with people because we work with people from all walks of life, even informal settlements. You know, so we had to cut off more on that communication, close communication, you know, and it was so, how can I put it? It didn't have any person attached to it. And we were struggling to even find a way to work around Covid[-19]. Especially in the informal settlements where we need to communicate with people, and we need to do projects especially doing education on COVID as well. How do you do it without like, calling people together like we always did. Normally we call people to a point where we'll have like a meeting or do a door-to-door. That is one of my education and give pamphlets and all that. We had to stop giving pamphlets at all. We had to stop some of our projects that we were doing informal settlements, and even a way of doing inspections". |
| Olivia | "That was, it was quite difficult for me. Because I got up at five in the morning and worked until eight when the kids woke up. And then I obviously had kids full time until 12 o'clock when they went to bed. Then I worked for another two hours. And then I had the kids' whole day until seven o'clock when they go to bed. And then I work until 12. That was a difficult part. For me. The most difficult part is because you are sitting at the table at 12 o'clock and to work because you just can't get any work done when they awake. So, I just decided I'm not even trying. I'll spend the time with them. When they're asleep, I would catch up with the work. Yes, so that's how we operated". |
| Violet | "Then my husband goes to work at half past three in the morning because obviously he needs to be four o'clock at work. Then I'll get up and I will start preparing my work for the following day. So, when my kids get up, then I can sit within them for an hour or so". |
| Violet | "When they arrived at school, we take that temperature. If it was more than 37,5, we send them home. If there's a child that needs to go home, we take the children out of the class and sanitize the class and make sure it's clean". |
| Violet | "11 o'clock we take temperature and when they go home, we took temperature again. We have a spreadsheet where they literally have to wash hands every hour with water". |
| Violet | "After every activity, everything must be sanitised, the toys must be sanitised. And they don't go on the jungle gyms because of missing classes. When they go to the bathroom after using the toilet. There is cheap formula that the toilet needs to be washed off before the next child can use it". |
| Faith | "You shift between patients. Yeah, so it's a constant changing. So, if you have to go back to your normal theatre, so you just had one patient that was Covid[-19] to do all that dressing up, shower after that redressing and there you go on. After every case, you must go in shower and start afresh". |
| Olivia | "I tried from my side to put in my eight hours doesn't matter what time of the day I then did it. I would like at five o'clock or something when they've acquired or busy with something eating, I would quickly read or just do something. But I just I fitted it in. And as soon as I realised that works for me". |

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| Rose | “So then in the morning, when he wakes up, I wake up to record my online lessons. So, I'll make videos of myself and then explaining the work and stuff”. |
| Olivia | “I think it's because I'm lucky in terms of what I do. But that also allowed me to be able to work at those times. Because when it just started, I was so flabbergasted that I have to get this job done. And I must do it before a certain time. And but I just saw this no way that I'm going to handle it during the times that they are awake. So, I think there might have been one or two days, where my husband would take them, and I would work a little bit extra during the day. But the sooner I accepted that you're not going to get anything done”. |
| Olivia | “So that also frustrated me on the dining room table with all your work and then you must pack away and then pack out and then back away. So that that irritated me like crazy”. |
| Lily | “But looking back, I can see I was frustrated and not necessarily focusing on every task mindfully, just and that's completely fine. I mean, we really were in it. But you're just getting a box ticked getting it done. Making sure my kid doesn't watch too much TV tick. Making sure my boss is happy tick. Just making sure nothing gets spilled over. Like, you know, the boss is getting fuller and fuller and fuller. But as long as it doesn't spill over. You're still okay”. |
| Sarah | “So, I was the one working all the time. And it was longer hours, it was my role at work, it also shifted, because I'm in the clinic, the things that we do in the clinic, to make things quicker and work more efficiently. And then having to go after, after our clinics are done to go and help in our trauma. So, like I was working harder during lockdown” |

Source: Researcher's own construct from Phase 2 of the research data 2021

From the above, it becomes apparent that no single parent's work routine was unaffected by the COVID-19 crisis. As a result, everything that was known and familiar to parents before the COVID-19 crisis was wiped out. New routines had to be established, resulting in feelings of frustration, fear, unknown situations and a range of emotions that are discussed in Theme 3. Parents indicated that they worked constantly and that they figured it out as they were going along while working longer and inconsistent hours in abnormal situations. Workspaces changed as some parents had to work from home while not being fully equipped. New routines also included ensuring that social distancing, mask-wearing, hygiene and sanitising measures were strictly followed. It added pressure to already stressful working conditions. Adapting to new routines happened over time for parents like Lily. However, other parents indicated that they were still struggling to adapt as they “wear different hats that's in the air constantly...it's work...it's house duties and it's constantly blurred”.

5.4.1.3 Sub-theme 2: Life imbalances

While a work imbalance was established in Sub-theme 1, the interconnected nature of work and life directly affect each other. Despite work imbalances, parents also experienced life imbalances such as 1) adapting to role changes in the household, 2) increased tension and frustration in relationships, 3) relocating, 4) financial difficulty and 5) an increase in overall demands.

5.4.1.3.1 Category 1: Adapting to role changes in the household

The nature of parents' professions resulted in a forced change of roles in households. Role changes were specifically noted by Sarah, Grace, Faith and Olivia and appear to be more significant where parents were part of frontline services (doctors, nurses, health inspectors and police officers). These changes increased frustration and marital conflict. Frontline workers were not confined to their homes and left their partners to stay at home with the kids while caring, supervising and working from home. In the cases of Sarah, Grace and Olivia, their husbands had to adapt to working from home and/or staying at home while caring for their toddler(s) when their spouses went to work.

Upon their return, Sarah explained her frustration of "coming home, and then you know...that thing of being home the whole day", hinting that she expected all household chores and responsibilities to be done by her partner who stayed behind. She did not want to "come home and still have to cook and do this" and explains that it resulted in a "shift in [their] relationship as well", specifically in her role as a "wife". As a doctor in infectious diseases at a government hospital, Sarah felt "frazzled and stressed out and [did not] know whether she was coming or going on most days" and "then you step into your house...and it's just a whole other role that you have to just shift into". The shifting of roles in relationship and other life domains "takes a lot out of [parents]", in these instances – mothers. Before "seeing [her] children" and "being [a] wife", Sarah requested 30 minutes for herself upon her return, "just to shower" and spend a small amount of time "in the foetal position" to adapt to the "whole role change". Eventually "through a lot of fighting...laughing...we establish[ed] that our roles are not the same" anymore.

Grace's situation was somewhat different as her husband did not work during the lockdown and reverted to "being at home with [the] children [and] being a teacher". She acknowledged that their "stresses [were] different" as her husband equally experienced "no balance because he was literally at home...burning out and tired of being in the space" while she came from "out of there" with work stress and emotions. She expresses her uncertainty about "where [were] you better?". Which parent had less or more pressure as being in the frontline versus being at home with the toddlers were "two different things". As a marital unit, it took time to "find common ground" and understand each other's situations and frustrations. They resorted to communication which "helped a bit even though it was kind of hard". Grace values the importance of communication in a marriage/relationship. She explained, it is critical to communicate "your feelings" and explain what it is like being "out there", while her husband could tell her how he experienced "being at home with the children". They managed to "meet each other halfway" and noted that the communication and frustrations "got better as time went by". By communicating, they created a "safe space" where they could "take in [the] emotions" even if "sometimes you cry because of what you saw". This safe space eliminated Grace and

her husband to “just going off with the person and they don’t even know why and what happened”.

Both Olivia and her husband were confined to home during the initial hard lockdown which brought their own challenges. Both had to work from home while attending to the toddlers and household chores. As a mother, Olivia experienced their time at home as “horrible”, she had “all the housework [while] trying to keep [her toddler] busy”. She fought with her husband because “he’s not vacuuming, and [she] must vacuum”. All the demands from work, household responsibilities and toddler care created frustration which seemed to ease out upon their return to work “after one month”.

As a single mother, Faith experienced the role change somewhat differently. She had to provide care and supervision to her child while working “12-hour shifts” in a hospital. Normally her toddler would frequently visit her dad, which provided Faith with some free time during her off days. However, “during lockdown, there was no break for her dad because he’s also in the front line”. As a police officer, and related frontline staff, work permits were only active while you are “in uniform on the way to [and from] work”. Once “outside of [their] uniforms, [they became] normal citizen(s) [and had] to be indoors”. As a result, “he couldn’t visit” her as he was not allowed to leave the area where he stayed.

5.4.1.3.2 Category 2: An increase in overall demands

An overall increase in general life demands was noted by all the parents. Financially, all parents except Olivia and Lily were impacted, which resulted in more strain on general life demands. As a result of financial implications, parents were stressed about their “work and their money” and how to provide for their households. Olivia, Amelia and Rose applied for Temporary Employee/Employer Relief Scheme (TERS) money which was not paid out during “the first month”. Parents were unsure of “what is going to happen further” and “how long [their] salary [had] to carry [them]”. Rose reminisced about how “alone” she felt, being stuck at home with the toddlers while only “having a little bit of money”. Emanuel also remembered a time before the COVID-19 crisis when they “had money for takeaways and fun and [they] had money for spoils here and there”. However, since the crisis started, it “was just downhill...money started running out”. It resulted in stress, frustration and the need to make alternative plans to cover basic costs and to provide for their families. Parents made various financial arrangements to survive. Violet’s father passed away before the COVID-19 crisis, and she managed to arrange “an advance” on her inheritance. Maddison describes the “devastation” and shock accompanied by the need to “immediately start making plans”. She arranged for “reduced school fees”, while “putting the mortgage on hold, putting the car financing on hold, and cancelling policies that you don’t really need”. Rose also cancelled their “medical aid” while Sarah’s household was financially affected by the nature of her husband’s

profession as his “income is dependent on him being out in the field”. Amelia’s husband had to help “with his credit card” and as a result “his credit card was maxed out”.

Apart from financial worries, Olivia summarises the overall feeling of probably most parents, by reflecting on her initial reaction when lockdown was announced, she knew that her work had to continue so asked: “what do we now do with the kids and running [of] the household?”. Upon her return to work, she had to “organise the nanny”, while collecting her and dropping her off in Stellenbosch to not expose the nanny and her household to other people in a taxi. Emanuel noted the additional demands when the schools opened “one day on and one day off” while all the demands of life and her diagnoses with depression “frustrated” Faith. Due to a lack of energy because of newly diagnosed depression, Faith fed her children “bread and noodles” and then “felt guilty because she [wasn’t] giving them nutritious meals”.

As a social person, Grace felt “stuck” at home and even though she performed her work duties “because [she] was pushed to do [it]”, she experienced that her “personal life was down”. She struggled to meet life's demands because she lacked “going to the gym” and getting “physical” exercise like going for “walks or jog[s] in the morning”. She was imbalanced, “tired emotionally [and] tired physically” while not having much to offer her “husband or [her] children”. Lily and her husband played “tag team when [her child] would need parental attention” and even though she does not consider herself a “super neat” person, untidiness aggravated feelings of “aggression and frustration [and] anxiety until the home is sort of sorted again”. Additional demands arose while “doing work from home and parenting from home at the same time, it was almost too cluttered”. She realised that she did not have time to focus on “every task mindfully” as there were just too many. While witnessing her child playing “hide and seek with himself” after almost three months into lockdown, Lily realised that as an only child, he missed the social structure of the school which they were not able to provide as working parents being stuck at home. She felt heartbroken and they tried to spend more time with him. On a positive note, she purposely tried to make time to experience his growth and increased creativity as he was just “blazing his way through life”. She felt privileged to “have a front seat [in] that”.

Olivia, Violet and Rose noted how balancing the duties of a household (chores, partner, toddlers) accompanied longer, irregular hours to ensure that all demands are met. All of them stood up very early in the morning and went to bed very late to finish certain tasks before they had to supervise their toddlers. It helped them to “spend time with them” while they were awake. Olivia refused to excessively follow school activities and only collected one set of schoolwork. As a mother it is difficult to be a teacher too, therefore she believed that it would have further “aggregate[d] us both” While the kids were awake, Olivia, Violet and Rose played with them and kept them busy. While the kids were busy, they would “do the vacuuming and the dishes and the laundry and all that kind of stuff that we have to do”.

Sarah and Violet both noted that the “kids staying at home [did] affect us a lot”. The researcher did not get a sense that parents blamed their toddlers for the added demands, however, having toddlers at home increased overall household demands. Activities became “monotonous for them as well”. All activities to keep them entertained only lasted “for a short period of time” and to “keep them engaged and doing something the whole time” was difficult. Violet hinted that women might have neglected their womanly duties because at the end of the day her husbands “want to have his wife” too. She felt that “there [was] not enough time even in the new normal day to complete your work, and to help your children” and then attend to other duties too.

5.5 THEME 3: Parental wellbeing

The wellbeing of parents relates to many facets of life (as discussed in Chapter 2). Evident in Theme 1 is the negative effect of the COVID-19 crisis on the wellbeing of parents. The latter is a result of being prohibited from any social activities while being confined to their homes. Theme 2 touches on the negative mental wellbeing of parents while describing the negative economic wellbeing due to financial worries and constraints. Theme 3 focuses on the emotional wellbeing and psychological wellbeing of the parents while analysing the support and resource structures that were available to assist parents during the first 18 months of the COVID-19 crisis.

5.5.1 Sub-theme 1: Emotional wellbeing

During the interview process, the interviewer made notes of emotions and words that emerged while focusing on the overall tone of the parents during the interview. Most parents experienced a range of emotions which could be referred to as the proverbial “rollercoaster ride” during the past 18 months. Table 5.5. provides a summary of the range of emotions of parents, both positive and negative.

Table 5.5: Rollercoaster of emotions parents experienced during the first 18 months of the COVID-19 crisis

| Positive emotions | Negative emotions | | |
|-------------------|-------------------|------------------------|---------------|
| Adapted | Aggravated | Flabbergasted | Pressured |
| Coping | Angry | Forced | Scared |
| Easier | Anxiety | Freaked out | Screaming |
| Enjoyed | Bad | Frustrated | Shocked |
| Excited | Busy | ‘Gatvol’ [sic] | Sorry |
| Fortunate | Challenging | Horrible | Stressful |
| Glad | Confused | Irritated | Stressed |
| Happy | Cry | Mad | Stuck |
| Learned | Depressed | Nervousness | Survival mode |
| Lucky | Devastating | “Oh my word”/Disbelief | Terrible |

| | | | |
|--------------|---------------|--------------|-----------|
| Not that bad | Difficult | Overthinking | Tired |
| Relaxing | Emotional | Pain | Uncertain |
| | Fear of death | Panicking | Yelling |
| | Fighting | Paranoid | |

Source: Researcher's own construct from Phase 2 of the research data 2021

The researcher attempted to delve deeper into the emotions experienced in Chapter 4, however, emotions are such a wide-ranging and all-encompassing phenomenon, dependable on such a range of variables that it was barely possible to delve deeper. It was however possible to distinguish between a range of positive and negative emotions. The shock when the COVID-19 crisis was announced and as time passed, brought about countless feelings of “uncertainty” (mentioned by Amelia, Emanuel, Madison, Lily, Grace and Faith), “panic” (mentioned by Madison and Emanuel), “fear” (mentioned by Emanuel, Madison, Violet, Lily, Grace and Sarah), “anxiety” (mentioned by Emanuel, Madison, Lily, Faith and Sarah) and “oh my word/disbelief” (mentioned by Rose) moments. These emotions fluctuated during the 18 months and more positive emotions emerged, indicating that parents “adapted” (Emanuel, Madison and Faith), were “learning to cope” (Madison, Violet, Grace, Faith and Sarah) even experiencing moments of “feeling fortunate” (Olivia and Lily).

5.5.2 Sub-theme 2: Psychological wellbeing

Despite the mixed emotions associated with the COVID-19 crisis, the negative psychological wellbeing of parents such as Faith, Rose, Madison, Sarah and Emanuel spiralled to an all-time low. Rose, undiagnosed, noted that she started “getting depressed” while Madison’s and Faith’s anxiety increased “every time there’s another...talk about another wave”. Sarah explained her feelings as “the most senior” at work as “all the things kind of fall on you”. While working in the trauma unit “on call” she explained a “lot of things [are happening] at once” and after one trauma call, she remembered just “sitting on the floor, crying, because [she] just couldn’t deal with any more questions... [she didn’t] want to solve any more problems”. Faith was diagnosed with “depression” while Emanuel was diagnosed with “severe depression and anxiety” and “put on medication”. Faith explains her situation, before she was diagnosed, as follows:

I was feeling constantly exhausted. Not knowing what really is wrong with me. My son and I [were] arguing a lot in the house, especially that first few months, not understanding what's going on. And I look[ed] like a lazy mom. I felt like I was a lazy mother. Maybe I'm not doing well, as I wasn't, I felt like I wasn't doing good enough for my kids. Because I couldn't do the work. The school was sending us all that stuff. Because I'm too exhausted. And I just want to come home and sleep.

Faith also explained that she “had a stiff neck” and constant “headaches”. The researcher asked Faith’s opinion on possible triggers of her depression, which she explained as follows:

I think because firstly, you see all these things happening around you. You physically see it. You go into anxiety. You think of your families that are far. Then at the same time you have family, you're losing family as well. And most of my family was in East London, so we lost six family members in East London, and there was one in Cape Town. So I think it's a total of seven. 5 in East London. One in Johannesburg and one in Cape Town.

Faith elaborated, stating:

I think it's a typical mom thing. And sometimes you feel a need to be cared for. I'm an adult so I'm fine. I was a child and had a good childhood, I think, [I was] cared for. So now it's my time to care for them and then I forget about myself.

Violet echoed Faith's sentiments above and said, "as a mother [you] don't get me time" because "as a mother, you take it...as long as [your] children are safe and happy, and have a roof over their head, and food on the table, and you still [have] your job, you [are] good even for your family". During the tough financial times, Violet used the little money that she had "on [her] children, because that's what mothers do". Despite forgetting about their own wellbeing, Violet believes that "as long as your children are happy, you are happy...doesn't matter if you only slept three hours last night, doesn't matter [that] you've got a mountain full of work still to do". Mothers do not care about themselves, because "as long as your children are happy, you are happy". Ultimately, "that's what [us as] mothers are striving to". From a father's perspective, Emanuel explained children as "sponges", looking at their parents for guidance as they "follow [your] lead: when we get anxious about stuff, they get anxious". The pressure is therefore on parents of toddlers to "keep [things] as normal as possible" and to not "scare them [which] is going to make them paranoid" because then the toddlers "will be okay". However, Faith's experience indicated that the "unconditional love" of mothers might lead to their own downfall and psychological distress.

Faith noted that a simple question such as "how are you doing?" leads to mothers saying, "I'm surviving or I'm fine". She changed her answer to reveal some of her real feelings by saying: "I will tell people 'I'm partly cloudy'...I will put myself to the weather [and] I would say 'today, partly cloudy with scattered showers', giving them 'fine to mild' because I would try to make a joke out of it". However, she encourages people to speak about their "mental" health because when you speak, you allow others to relate and "open up". It helped her that she "could speak", she spoke to a "colleague, and [the colleague] opened up". She also spoke to her "sister-in-law, not knowing that she's going through the same issues because [her] brother lost his job". Faith could tell her sister-in-law that "if you're not feeling okay, it's okay not to feel okay...and it's okay to say a few words" and they started sharing "books" and "health programs together". While Faith felt comfortable to speak to people about her psychological wellbeing, she was not comfortable to inform her parents of her diagnoses. She explains that her "mother won't take it lightly...she will stress [about her] again". She elaborated below:

... in my family, I'm talking about mental health is a taboo. Right? Because 'Why? you are [a] Christian? Why are you suffering from mental health?' You know, and then we spoke

as siblings, sister-in-law, we decided that we're not going to hide anything. We grew up having to have anything enclosed. So, we came up [and] we decided, we not going to do that. If we're not happy about your weight, we talk about [it], we share. And if you're feeling that feeling, okay, we're not going to hide it because we were taught that you don't show emotion. And you don't speak about mental health. And I could tell my sister go and find help. And I could tell her I am on treatment. I could tell my sister- in -law. I could tell my sister. I could tell her and my sister-in-law where before then I was afraid for the stigmatisation.

Emanuel had a similar experience of being diagnosed with “severe depression and anxiety”. He described himself as “tightly wind, big ass [sic] man in a high[ly] paid situation”. He is also the father of two daughters, one toddler and one elder girl. Prior to lockdown, his partner indicated that he might be “suffering with depression”. His reaction was: “no chance, I’m fine”. However, after experiencing what Emanuel described as a “bit of a wobble”, he “went to go [and] see a psychiatrist” and received his official diagnosis. As a result, he was issued “Ottovan, Xenos, and sleeping medication”. He reflected on 2020 and 2021 and explained it as “a tough two years”, in which his medication dosage had to be “doubled”. He believes that the medication “takes [his] emotions away from [his] reactions, because he is “very quick to react” and “a very emotional person which tends to lead to [nonsense] once in a while”. Emanuel experienced 2021 as “really bad”. He explained it below:

Carol [and] myself grew apart because of me, not knowing how to deal with things and expecting things to be a certain way because that's how I was taught. I went to [being] very controlling [in my] relationship which is not who I am. I had a physical, emotional breakdown about a month and a half ago. The pain I felt about the thought of losing Carol was worse than [when] I actually physically lost my dad due to a heart attack. And that's when I realised that you pick the one most important and I've always said I don't know what I'm passionate about workwise, but that's not meant to be my passion. My passion is meant to be Carol. And the focus is meant to be on her like it was like in the beginning, which we've been [now] doing [again] in the last month and a half. And the difference it's made is just you need to evolve you can't expect the new world, the new this, new that...it's all [nonsense], we are evolving. We are changing and we are either adapting or we're going to die. And that's what we're going to do.

Both Faith and Emanuel reflected on how they have been “raised” and what they were “taught” by their parents while growing up. Faith was taught not to show emotions, while Emanuel was taught that “you find a partner and the two of you fulfil each other and you make each other happy”. However, Emanuel disagreed, explaining that “it doesn’t work that way...you need to be a happy person by yourself” as “you cannot expect one person to be your everything...you, as a person, need to be happy”. In his process of discovery, he acknowledged what he experienced as his mistakes:

I've always loved being alone and be [in] my own space and stuff. But I put too much pressure on Carol to be my everything and everything I need. It doesn't work that way. She's a social person. She needs her friends. I don't. I have my work and my family. I'm fine with that. So, in that regard, we changed as a couple. And I acknowledge that, and I think I've made a few mistakes. And ja [sic] it was about us and our own personal journeys as well.

Towards the end of 2021 he experienced “an awakening” where he “changed [his] perception”. He reflected on it below:

My ideal of what a man should be has changed. I mean, you can't expect that. I mean with women's rights and all that stuff. You can't expect to live on your dad's rules but woman...The one thing I took away from my dad always is to have respect for women. And the last year was very hard at home because you let everything else cloud your judgement and you react to stuff instead of talking about stuff. The last month was amazing. I've reconnected with Carol in a way.

Emanuel admitted that “communication helped [him]”, and similarly, Faith emphasised the importance of speaking and communicating. It appears that communication and “connection” is critical to the survival of people. It is explained by Sarah who is a medical doctor in infectious diseases, by profession below:

I feel like patients need connection as part of their healing. Just hearing somebody say that I'm ill and acknowledging that I'm ill. They don't need an antibiotic. They'll be fine. They just need acknowledgement. So, I feel like it yeah, definitely the connection was [missing since the start of the COVID-19 crisis].

5.5.3 Sub-theme 3: Available support and resources during the COVID-19 crisis

According to the theoretical framework (see Chapter 2, Figure 2.6), the wellbeing of parents with toddlers depends on how effectively they balance the intensity of their demands and challenges, with related support structures, resources and a feeling of autonomy. The latter is applicable, especially during a crisis such as COVID-19 as the type of support, predominant supporting structures and available resources varied per household. Specifically, during the interviews with Lily and Olivia, the researcher sensed their overall positive wellbeing and asked them to elaborate on possible reasons for being so content. Their explanations follow.

Olivia was used to not having support and explained:

So, we moved. Where are we now? In 2017? I think we moved down to Cape Town. So, like, after I did the questionnaire, I discussed it with my husband, and I said, It I don't think it affected us as much because we are not social butterflies. And we don't have a lot of friends here. And it's not like we missed out on things or felt like, I must see people because we had three years to get used to not seeing people and not having support.

On the other hand, Lily had support on all levels to balance her wellbeing, and explains:

I think my reasons [for being content] are that like what you just mentioned, I had a very, an amazing support system, I had means to care for my family. And I had all those fears, these basic needs met in terms of security and housing and food. And I had access to, and I still have to speak in the past tense...but that's still the case, access to means of entertainment of, you know, being able and having the time and the resources to do gardening to do so. And, in addition to that, being almost forced to live slower lives. I think that fed into my wellbeing a lot because I am an introvert, I'm not crazy about going to office every day. So being able to police and set up boundaries, which I do hope I can sustain. In the long run. That's all been amazingly beneficial to my health overall. And my mental health was, you know, the foundation of my physical health. And having figured out how to be mentally stronger, less anxious, I was able to make room for exercise. I'm not a gym mommy. I'm not an athlete at all. But I do now find joy in having a workout. And that's all

just because of that foundation of basic resources needs and having an incredible support system. Those are my reasons. My house is actually when you really take it in the grand scheme of things. I am in an excellent position. I'm very lucky and I'm very aware of that.

While Lily had support on all levels, other parents were not as fortunate and had to rely on the (sometimes limited) support that was available to them. Table 5.5 to Table 5.12 explains the vast range of support systems some parents had available while also explaining the type of support the parents of toddlers received and how the support was converted to act as a resource during the COVID-19 crisis. As explained in Chapter 2 (Figure 2.5) resources vary and should be explained within the context of the COVID-19 crisis to understand the related tables below. The researcher acknowledges that the LWM of Carruthers and Hood (2007) is mostly aimed at Therapeutic Recreational Practices. However, the essence of the model is based on human psychology and behaviour and therefore allows for change and interpretation as part of solving the resource complexities of parents during the COVID-19 crisis (Bornstein & Davidson, 2003; Frisch, 2006; Seligman, 2006). As a result, the resources section of the LWM of Carruthers and Hood (2007) is adapted to include the following aspects listed in square brackets [] below:

1. Psychological resources

- Emotion regulation
- Self-awareness and/or self-acceptance and/or self-congruence
- Autonomy and/or self-determination and/or goal directedness
- Competence
- Optimism and/or hope and/or positive illusions
- Sense of meaning
- [Wellness programmes]
- [Medical assistance i.e. psychologists, psychiatrists]

2. Social resources

- Communication skills
- Interpersonal skills
- Reciprocal and/or relationship skills
- Social Confidence

3. Cognitive resources

- Ability to attend
- Concentration
- Following directions
- Problem solving

- Memory
- Goal setting
- [evolving as a person]
- [religious relationship]
- [development of daily routines]

4. Physical resources

- Physical Health
- Physical Fitness
- Mobility
- Energy
- [assistance with daily demands and chores i.e. nanny, partner and/or spouse, family]
- [ECD centre information packs and opening]
- [Sufficient workspace]

5. Environmental resources

- Social connectedness and/or social networks
- Community engagement and empowerment
- [Family and/or friend “bubbles”]
- [Relocation]

6. [Technological resources]

- [Ease of access to information]
- [Ease of access to arrangements i.e. banks]
- [Mobile devices i.e. phone calls, WhatsApp and related platforms]
- [Social connectivity by means of technology]

7. [Financial resources]

- [Family i.e. parents, brothers and/or sisters]
- [Banks and financial institutions]
- [ECD centre]
- [Friends]
- [Employers]

Based on the above, the following tables (Table 5.6. to Table 5.14) summarise the type(s) of support and available resources per support structure. To expand on Table 4.35 (see Chapter 4), the four main support structures of Phase 1 are discussed first, namely: family members, spouses and/or partners, employers and friends.

Table 5.6: Family members as support structure providing various support and available resources to parents during the COVID-19 crisis

| Parent | Quotation | Support structure | Type of support | Available resources |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------|----------------------------------------------------|
| Amelia | “But I'm also lucky on that side because if my parents asked me if they can get baby? Then, they come and fetch her then they pick her up. common? Then she stays there for three, four or five days. And then they bring her back again”. | Parents | Emotional and physical | Psychological and physical |
| Amelia | “But my parents also helped me because I had stuff that I needed to pay which I didn't have”. | Parents | Financial | Financial |
| Emanuel | “Carol's mom has kind of stepped in and helped us out supporting my plans to go abroad. I'm very positive myself as we as you can with our expenses because we are under far under. So that was a very big support. My mom helped in the beginning as well with breakaways at Betty's Bay that type of stuff”. | Parents | Financial and emotional support by providing leisure breakaways | Psychological, social, financial and environmental |
| Faith | “We discovered how little we know about each other and what was happening to us. That in lockdown, we could actually talk about old times and things as kids and where we are now, where we come from. So, it's been good time laughing. So that also keeps me cheered up as well”. | Family | Social | Psychological and social |
| Faith | “Usually when I'm off, I still take my daughter to school. So, it's time for me to relax, to read, to watch a movie, to cook, to clean. But this time, I had to do it with her around me and being a busybody, which is not one of those easy children. One of those wants to do something all the time. So, it was quite hectic. Drove me crazy some days. And then I will take her to my mom. I also tried to keep her away my parents because she also keeps them very active”. | Parents | Emotional and physical | Psychological and physical |
| Faith | “...we had to call our parents in. Just before the total lockdown we said our parents listen things are not going well in Cape Town, can you please come? They arrived a day or two before total shutdown” | Parents | Physical | Physical |
| Grace | “My mom is not here. She stays down in the Free State. Calling her and just speaking to her. I was getting it from my mother, even financially”. | Mother | Emotional and financial | Social, financial and technology |

| | | | | |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------|-------------------------------------------|
| Madison | “It was just us and granny and the great grandmother. It was easier. It was less people it was a bit more relaxed. And then the support system came into play a lot because I had to go back on the road. And because that my mother-in-law wasn't working, she could look after the kids. Otherwise, I do not know what we would have done. Because My husband was working harder than ever, and he was working longer hours as well”. | Family | Physical | Physical |
| Madison | “And we had enough hands to help. We had enough hands to help with everyone. So, you didn't have to keep them busy with the phone”. | Family | Physical | Physical |
| Madison | “At first, it was very difficult. It's always difficult living at your in laws. For My husband, it was fine. He just went back home. It's different. Obviously, you go back home with a wife and kids. But I don't think we would have made it if it wasn't for them. Because I was sitting with a three-month-old baby, I was sitting with a toddler. And we stayed for longer than just the hard locked down. And when we went down to level 4, because My husband's brother and his family also moved in, and that was chaos”. | Family | Physical | Physical and environment (family bubble) |
| Madison | “I think the challenge is, even though you love your kids, they irritate you. If you with them for too long, you get irritated, because you don't always understand what they want. They don't always understand what you want or need. So, it was challenging, challenging, being confined to each other's space bubbles. But it helped that we had mother-in-law. That we had Ouma [sic] to take them for a while. And if she got gatvol [sic], we would take them and keep them busy for a while. And so that made it easy”. | Parents | Mental and emotional | Psychological, physical and environmental |
| Rose | “Then we actually set like, oh my word, what are we going to do? Because we don't have like some people, you know, like you can go stock up. You need to, we don't want to go to the shops, we don't have 4 or 5 grand to take out and say we need to go stock up on more. You know, the stuff that you don't have to go buy on a daily basis. But lucky my mom said she'll help us. So, she took me to the shop. And we did like | Mother | Financial | Financial |

| | | | | |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------|---------------|
| | three trolleys shopping, you know, for all of us”. | | | |
| Sarah | “I know what can't even say that I saw the JHB wave, and I was like, I'm just not ready for this wave stuff. You know, do I get my mother-in-law to come again. She was helpful in times when they were sick”. | Parents | Physical | Physical |
| Violet | “And like I said, if it wasn't for my father's money that we could get and advance on, I would not have made it”. | Deceased father | Financial | Financial |
| Violet | “I moved. Luckily, the people, the owners is from our family, and they said you know what, because its lockdown can move in earlier. And so, we moved in one day”. | Family | Physical and emotional | Environmental |

Source: Researcher's own construct from Phase 2 of the research data 2021

In Table 5.6, it can be seen that eight of the parents who were interviewed, received support from family members (i.e. mothers, fathers, brothers, sisters and in-laws). Emotional support (received by Amelia, Emanuel, Faith, Grace, Madison and Violet), financial support (Amelia, Emanuel, Grace, Rose and Violet) and physical support with various demands (Amelia, Faith, Madison, Sarah and Violet) were the main types of support received from respective family members. Other types of family support included social support (Faith), mental support (Madison) and leisure breakaway support (Emanuel).

However, in the case of Faith, the lack of family support from her ex-husband's family added to her frustration and feelings of isolation. She explained:

And so, for now we okay. We understand because as long as we communicate...Yeah... Because I had to do all the work by myself to go looking for paying for my parents to come up and stay here. And nothing was coming from his side this [is] because his parents are dead, his [other] family stays in the Overberg. So, from their side, there's absolutely no help...there's no support from his side.

The importance of family was sensed during all the interviews, as family members provided critical resources during the COVID-19 crisis. They represented the following resources to the parents:

- 1) Financial resources to Amelia, Emanuel, Grace, Rose and Violet;
- 2) Psychological resources to Amelia, Emanuel, Faith and Madison;
- 3) Physical resources to Amelia, Emanuel, Faith and Sarah;

- 4) Environmental resources to Emanuel, Madison and Violet; and
- 5) Social resources to Emanuel and Faith.

Grace explained how her mobile phone (technological resource) assisted her to receive emotional support from her mother:

She was very positive. You know, it was from my mom, even though it was over the phone, but then it was just awesome, the support system by my mother.

Table 5.7: Spouses and/or partners as support structure providing various support and available resources to parents during the COVID-19 crisis

| Parent | Quotation | Support structure | Type of support | Available resources |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------|---------------------|
| Amelia | "Oh! and my husband also helped a lot with his credit card, His credit card was maxed out". | Husband | Financial | Financial |
| Emanuel | "But Carol and myself keeping each other in balance helped with the kids in the beginning as well". | Partner | Mental | Psychological |
| Faith | "And I think also when I'm working early, so if I ever do I take her to school, I allow him to pick her up. Yes. So that he picks her up in normal time at five o'clock, so she'll be away the whole day. Yes. To the point now I feel now. Yes, I've done my chores. Yes, sometimes shopping". | Partner | Physical | Physical |
| Faith | "You know; the relationship did not go very well. But we on speaking terms. I was also fussy not understanding, forgetting that he also has a quite demanding job". | Partner | Emotional | Psychological |
| Grace | "I think again, communication helped a bit even though it was kind of hard, how do you do this? At the end of the day, like communicating your feelings, communicating how you feel like, my husband could tell me no being at home with children being a teacher, again, sort of whatever. And for me to also explain being out there and whatever, then at least we came to a place where we communication helped us a lot. Because we could tell each other about our days and then sort of tried to come to meet each other halfway". | Husband | Emotional | Psychological |
| Lily | "I mean, we made a great team, my husband was here as well. So, you know, we just tag team and work together and just sort of stumbled through last year, mostly, mostly intact, as well". | Husband | Physical | Physical |
| Olivia | "I did and it is mainly my husband because we don't really have other people here..." | Husband | Physical | Physical |
| Olivia | "I do get frustrated over weekends when my husband works every second weekend. So, I'm sort of like in momentum every second weekend, I look after them for a full weekend. And then when he's there, I just obviously get frustrated | Husband | Emotional | Psychological |

| | | | | |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------|---------------|
| | that he doesn't look after them more so that I can do whatever. But then I would just say, Well, you going to look after them, I'm out" | | | |
| Violet | "So, we know them very well and for the first two months, they just looked after them. I would drop them off in the morning and when my hubby got home, he actually walked the six houses down with them". | Husband | Physical | Physical |
| Violet | "Because like this morning, I said to my husband, you know what, the washing machine is getting full and when I got home tonight, he did some long laundry and I had supper". | Husband | Physical | Physical |
| Violet | "So, there is a few days that I can come home. Then the cooking is done but then he is laying on the couch sleeping". | Husband | Physical | Physical |
| Violet | "...it was difficult. But if it wasn't for my husband that was supportive, and I will tell him listen babe just do the cooking. I can ask him to cook, and he will do it. I can also ask him to put on the washing machine he will do that. If it wasn't for him then I would have had a meltdown". | Husband | Emotional | Psychological |

Source: Researcher's own construct from Phase 2 of the research data 2021

As evident in Table 5.7, seven parents received support from their husbands and/or partners. They predominantly received emotional support (Faith, Grace, Olivia and Violet) and physical support with daily responsibilities and chores (Faith, Lily, Olivia and Violet). However, Amelia indicated that she received financial support from her husband while Emanuel received mental support from his partner as they had to keep "each other in balance". It reflected a more mutual "give-and-take" approach which was followed by Madison too. She provided support to her husband who needed to socially interact when the lockdown restrictions were eased. She explained her rationale:

I allow him to do what he likes. The lockdown was really hard on him because he couldn't really see his friends. And he couldn't play sport and he lived for his sport. So once lockdown lifted, any opportunity I could give him to see his friends. I let him go. Whether he went to work or he goes on his own, and I allowed him to go and socialise because he needed it. I allowed him to play sport, his touch rugby, even though it takes him away one day a week, which is not bad. But it takes him away from the family one day a week. He needs it and I allow it so and I try and support him where I can.

As a resource, husbands and partners, acted predominantly as psychological resources (Emanuel, Faith, Grace, Olivia and Violet) and physical resources (Faith, Lily, Olivia and Violet) while only Amelia mentioned that her husband acted as a financial resource when she did not get paid and her salary was reduced. While referring to Table 5.6, it appears that parents received more support and a broader range of support and resources from their parents and/or family members than from their husbands and/or partners.

Table 5.8: Employers as support structure providing various support and available resources to parents during the COVID-19 crisis

| Parent | Quotation | Support structure | Type of support | Available resources |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------|---------------------|
| Amelia | "Well, we got TERS money from the work". | Employer | Financial | Financial |
| Grace | "By speaking finding help even from work with us or good organisation, there is a department that's called Wellness where you can just pick up the phone and call somebody. Speak to somebody who will really understand. You know, somebody who is trained to deal with whatever emotions you're coming with and who is not even going to judge you. It's such a small thing or whatever they like understand you and hey help you and they don't make you feel like you know, something small that you can they help you to kind of go through it. So that to consult with wellness really helped". | Employer | Mental | Psychological |
| Grace | "Even the manager that when you feel like this is too much. I glad that I have a manager who's got an open- door policy, you could just approach her and just explain, that no I cannot do this. We were also free to take leave when you feel like, now I need to take me time to recharge". | Employer | Emotional | Psychological |
| Lily | "...well, my previous job was with a research centre at [a Higher Education Institution] that does public mental health research. So, I'm very lucky in the sense that absolutely everybody in the manager positions in that centre was very, immediately very aware of the impact this could have on all of us. So, they enrolled us in a mindfulness workshop". | Employer | Mental | Psychological |
| Lily | "And being supported by my employers, the way I was being included in the initial rollout of the vaccines being given wellness days and wellness breaks and mindfulness workshops, that all just reinforce my belief that I'm working for a good institution with its faults, undoubtedly, yes. But that I was never irked by my employer's response to the pandemic. And I know I'm very lucky in feeling that way". | Employer | Mental | Psychological |
| Olivia | "Because I didn't, I didn't have work stress, you know, like, I think other people had major work stress and, and I'm not getting to my work and um, I got to my work I got it done when they asked me I could do it. It was you know I knew what I was doing. It wasn't like a funny environment that was confusing for me. I knew exactly what I have to do. And they know that I did it". | Employer | Emotional | Environmental |

Source: Researcher's own construct from Phase 2 of the research data 2021

Amelia, Grace, Lily and Olivia received support from their employers, as displayed in Table 5.8. The type of support ranged between mental and emotional support to financial support. As resources, employers provided environmental, psychological and financial support.

However, it was not the case with all parents as Emanuel noted that he received “nothing from the employers’ side” in terms of resources or support.

Table 5.9: Friends as support structure providing various support and available resources to parents during the COVID-19 crisis

| Parent | Quotation | Support structure | Type of support | Available resources |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------|-------------------------------|
| Amelia | “...emotional support you got from work, friends, and colleagues”. | Friends | Emotional | Environmental |
| Faith | “I think with social media, it's fine because we have regular meetings with my friends. Like we would like to say every Thursday, we will come together and just have a Zoom escape together. It's like five friends, sometimes three”. | Friends | Social | Environmental and technology |
| Lily | “We initially when all of this happened. We took our cue from the UK with the social bubble” ...” And our best friends, we were lucky in the sense as well. My best friend's husband is my husband's best friend. And our children. Our children are very close in age. And they're both single, single children. They also work from home. So, we just made a rule. Listen, we don't see anyone else saying when it gets too much, like once a month. Let's be sneaky. Yes. That was enough for all four of us. Not enough for the kids [but] we're happy with that amount of just interaction”. | Friends | Social | Environmental (social bubble) |
| Olivia | “But I did after hard lockdown, I did go to Joburg [sic.] and there I connected with my friends and I did all the emotional support stuff and, you know, cry on the shoulders”. | Friends | Emotional | Environmental |

Source: Researcher’s own construct from Phase 2 of the research data 2021

Amelia, Faith, Lily and Olivia received emotional and social support from their friends. It acted as an environmental resource due to the sense of belonging and togetherness, mostly accessed through technology (i.e. WhatsApp groups, Zoom calls) due to the social limitations imposed by the lockdown regulations.

Table 5.10: Technology as support structure providing various support and available resources to parents during the COVID-19 crisis

| Parent | Quotation | Support structure | Type of support | Available resources |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------|---------------------|
| Emanuel | “And we created some online video calling groups and we would play games online with friends and people we haven't spoken or seen since the first lockdown”. | Technology | Social | Technology |
| Faith | “We formed a family group which we never had with the family in East London, Johannesburg, and PE. So, when the death came in, we realised how little we communicate with each other. Yeah, so we formed more family groups, immediate family group. And then we formed a large family group”. | Technology | Social | Technology |
| Madison | “A lot of things you could do online and putting the mortgage on hold. We did over the phone. I had to just obviously sign forms to put the instalments on hold. And I did over the phone and online. So, in the banks made it easy. The banks made it not easy but easier”. | Technology | Financial | Technology |
| Sarah | “Okay, I think Mommy needs to just relax. And then I give over and watch the TV or watch the tablet. Yeah. So that was a lot more whereas before we would be out for the day. Or we would be visiting family”. | Technology | Emotional | Technology |
| Violet | “WhatsApp, that's what we lived on. That's what we all lived on”. | Technology | Social | Technology |

Source: Researcher's own construct from Phase 2 of the research data 2021

As evident in Table 5.10, Emanuel, Faith, Madison, Sarah and Violet experienced technology as a resource and support structure. Devices, such as phones and the television assisted to provide social, emotional and financial support. Despite Sarah using technology to just relax, as a doctor in infectious diseases, she equally noted the advantages and disadvantages of technology during the COVID-19 crisis:

The good thing is, it can be used as a very good tool for health promotion. I remember most of my patients when somebody on 7de Laan [sic] had HIV. It was all of a...sudden my patients were asking me, what's my viral load button, what medication am I taking, like there was an interest and they wanted to know more. And also, the stigma kind of died down in the community, they felt less stigma because people were talking about it. So, it can be used as a very positive tool. But then also it can be very negative because there's such an influence. It can have a negative influence on people's thoughts and behaviour.

Table 5.11: Medical support (doctors and psychologists) as support structure providing various support and available resources to parents during the COVID-19 crisis

| Parent | Quotation | Support structure | Type of support | Available resources |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------|---------------------|
| Emanuel | “I went to go see a psychiatrist... got diagnosed with severe depression and anxiety. I am in this thing today actually” ...” We have since increased my dosage by double. It’s been a tough two years” | Medical | Mental | Psychological |
| Faith | “I had to go for a gastroscopy to find out what’s wrong. They didn’t see anything wrong. Doctor says I just need to improve my stress. And that is when I knew I could go and see someone. And I told the doctor I cannot control that anxiety feeling in my stomach. I said I’ve tried lavenders I’ve tried burning incense, I’ve tried lotions, I tried to sleep pillow sprays. I’ve tried natural medications like Annique rooibos tea. Chamomile teas but not knowing that it’s a mental thing. All those things won’t help, and I told him that feeling doesn’t go away. It’s constantly it’s like butterflies in my tummy. And it’s making me feel sick”. | Medical | Mental and emotional | Psychological |
| Grace | “And then again, I think we’re so used to, you know, being in contact with psychologist and people only thing. You don’t have to wait for things to crash. Sometimes, even when things are all well you will still need to talk to somebody you need that. Because you’re constantly pouring out into family into people...”. | Medical | Mental | Psychological |

Source: Researcher’s own construct from Phase 2 of the research data 2021

As discussed in more detail under Sub-theme 2: Psychological wellbeing, Emanuel, Faith and Grace received medical support which provided them with mental and emotional support and acted as psychological resources during the COVID-19 crisis.

Table 5.12: ECD centre as support structure providing various support and available resources to parents during the COVID-19 crisis

| Parent | Quotation | Support structure | Type of support | Available resources |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------|---------------------|
| Lily | "When he went back to school, it was not influencing not necessarily routine, because by then we were pretty much getting up at the same time and going to bed at the same time again. So that sort of routine was then set. But in terms of my personal working day routine, yes, that improved immensely, because I could give attention to a task for a longer period of time, rather than just going to and fro the entire time. So not necessarily household wise, but definitely in terms of my work routine every day. That improved a lot". | ECD centre | Physical | Environmental |
| Madison | "And luckily the school also helped. We got reduced fees from the school". | ECD centre | Financial | Financial |
| Olivia | "Yes. I think I went to pick up one pack. And it was like colouring and stuff and I was like, you know what, I'm not spending time to try and aggravate us both. You must now colour in and you must now draw. I just said I'm not doing this excessively. So, most of the time we just played and kept ourselves busy". | ECD centre | Cognitive | Cognitive |

Source: Researcher's own construct from Phase 2 of the research data 2021

Lily, Madison and Olivia noted the support provided by the ECD centres, respectively providing physical, financial and cognitive support to the parents. When the ECD centres opened again, Lily managed to get more work done as her daily demands decreased while her toddler was cared for and looked after. However, during the closure of ECD centres, Olivia acknowledged the learning material provided but decided not to frustrate herself and her toddler by engaging excessively with it. As a result, the ECD centres provided environmental, financial and cognitive resources.

Table 5.13: All other support structures providing various support and available resources to parents during the COVID-19 crisis

| Parent | Quotation | Support structure | Type of support | Available resources |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------|--------------------------|
| Madison | "Oh, there wasn't much we can do. And it's Like putting the mortgage on hold, putting the car financing on hold, and cancelling policies that you don't really need". | Banks | Financial | Financial |
| Madison | "A lot of things you could do online and putting the mortgage on hold. We I did over the phone. I had to just obviously sign forms to put the instalments on hold. And I did over the phone and online. So, in the banks made it easy. The banks made it not easy but easier" | Banks | Financial | Financial and Technology |

| | | | | |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------|--------------------------------------------|
| Lily | “...there's a Durbanville for mommy black-market that is amazing. Yes, so we all the parents in Durbanville both just messaged each other. Listen, I have a five-year-old you have a four-year-old would you like to trade some winter clothes and then because my kid was cold, and he was like drowning in our clothes. You know, it was a real, it was a problem”. | Black-market community for mummies | Physical | Physical |
| Faith | “By the grace of God, I promise you. I listen to good music. I listen to I downloaded positive articles, listen to motivational speakers. I tried to listen to sermons gospel music because I'm a Christian. Anything that lifted my spirits, if that's what I did, when I fell down, I ate dark chocolate, a lot of that”. | Religion | Mental | Cognitive and Psychological |
| Sarah | “So, you know, I think before Covid It was church. Like just being a part of also another routine that was broken. And the kids must miss Sunday school and their teachers and stuff. Because, exactly, knowing that weekly, we will come together, and we will. I miss the singing. Just the sense of belonging. Yeah. So, I feel like that was our support that we lost during, during Covid. And even now, it's so bad, because I feel like we would, you know, going to church regularly and then Covid came and then we not going and now we sporadically go. So, it's still like, you know, as the routine isn't back. It's not re- established. And I think also in part because I fear that they're going take it away again soon”. | Religion | Social and emotional | Cognitive, Psychological and Environmental |
| Faith | “It's [was] only [at] Pick 'n Pay. They allowed essential workers to move to the front of the line. Because they know we are exposed. So, they want us to go in quick and get out quick. The time was given for how long we should be in the shop”. | Retailers | Physical | Environmental |
| Emanuel | “So yes, that is the positive I see in Covid[-19]. Yes, it's taught me how to think outside the box. Yes, it's taught me how to evolve without been the same mundane idiot. If it wasn't Covid[-19] I probably would have been out of my relationship by now. But that is the only positive. And I will say it again, the only positive where it taught me how to think outside the box and start evolving and changing who you are”. | Self-development | Mental | Cognitive |
| Violet | “Which is so amazing just by not even just give a bread to someone just to be an ear to listen”. | Serving others | Emotional | Cognitive and psychological |

Source: Researcher's own construct from Phase 2 of the research data 2021

A range of additional support structures were noted by Madison (financial institutions), Lily (“black market” mummies’ community for second hand clothing), Faith (retailer support) and

Emanuel (self-development). Sarah and Faith both recognized their faith and religion as part of their support structures, while Violet felt supported by serving others. These support structures provided the parents with financial, physical, social, mental and emotional support respectively. During the COVID-19 crisis, the parents experienced the latter as a means of cognitive, psychological, financial, technological, physical and environmental resources.

Table 5.14: Personal routines as support structure providing various support and available resources to parents during the COVID-19 crisis

| Parent | Quotation | Support structure | Type of support | Available resources |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------|---------------------------------------------|
| Grace | "...the other advice that I bought from the article was that, you know, even end of the month, just take your time out if you go for nails, I mean, if you go for whatever. And I mean, it was just a small thing. But really, it makes a difference. When I go for my own thing. Nails as well. It's like an added bonus. To my me time myself, my self-care, when I go for the small thing, like just my nails and my toes, because I feel good afterwards. Like it brings that woman the kind of thing to me as well" | Personal routines | Leisure | Cognitive and Psychological |
| Lily | "I realised that although I am the worst person to try and meditate, there are steps that I can take to carve out time for myself, not necessarily for self-care, you know, taking a bath, clipping my nails or whatever, but to do things that I personally enjoy. And so, it became much more than mindful thing for me and that I was very aware of that". | Personal routines | Leisure | Cognitive and Psychological |
| Lily | "It was a bit of both really, it wasn't one discussion, it was more. My husband and I realizing at the same time, more or less, we need to approach this with a bit more structure. And then both of us coming to each other through the course of let's say a month. I really made time with suggestions and inputs. And then we sort of got the balance that we felt worked and we just stuck with that". | Personal routines | Emotional | Cognitive and Psychological Problem solving |
| Lily | "We got into a routine, we initially slept a bit later, we slept in, because you can you don't have to drive to work. But then we realised about three, four months in, just get up at a certain time, you know, get dressed, get fed. It's not every day. It's not a weekend. Then we did the work in between that structure and routines really is crucial to mental health. And it's crucial to you know, raising a child and doing that somewhat sanely". | Personal routines | Mental | Cognitive and Psychological |
| Olivia | "it was just a little bit of admin to organise the nanny and things like that" | Personal routines | Physical | Cognitive, Physical and Psychological |
| Olivia | "No, and even like during hard lockdown is this is what we do now. It is eight o'clock, you will now have breakfast and we'll have breakfast if I didn't at all went hay wire with that, you know, just we just did whatever we wanted the whole day they and maybe again, I was lucky to do it that I didn't know that I didn't know better. But you know, I've | Personal routines | Mental | Cognitive and Psychological |

| | | | | |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------|-----------------------------|
| | always been routine, routine, routine. And it worked for us. You know, they were also calm, and you know, they enjoyed it because mama and papa were home the whole day. But we didn't have crazy kids that we couldn't handle". | | | |
| Olivia | "No, I'm bad. I need those two hours [when my toddlers take their afternoon nap]". | Personal routines | Mental | Cognitive and Psychological |
| Sarah | "And especially as a mom, and mommies with toddlers, how important isn't that routine for them?". | Personal routines | Emotional | Cognitive and Psychological |
| Sarah | "routine is like what almost keeps parents sane". | Personal routines | Mental | Cognitive and Psychological |

Source: Researcher's own construct from Phase 2 of the research data 2021

Evident in Table 5.14 is the critical role of personal routines during the COVID-19 crisis. Establishing and sticking to routines as a problem-solving activity provided both cognitive and psychological resources to Grace, Lily, Olivia and Sarah. Simultaneously, these resources provided physical, emotional and mental support. The importance of leisure time for parents of toddlers during the COVID-19 crisis is emphasised by both Grace and Lily. They explained that leisure time should be a cognitive decision taken by parents to enhance that "feel good"-feeling. It might not be a natural reaction as parents with toddlers have limited time for themselves and therefore specific time should be planned for personal leisure while being "mindful" of the importance while putting in place support structures to enable them to allow time for themselves. The latter relates to Theme 4, namely Leisure.

5.6 THEME 4: Leisure discourse

In Chapter 4 (Table 4.39), parents explained their pre-COVID-19 Leisure activities. It included VFR, outdoor activities, physical and sports activities, visiting restaurants and wine farms, day excursions and weekends away. Very few parents engaged in watching TV, doing arts and crafts, gardening, cooking and baking. These activities changed drastically since the start of the COVID-19 crisis as parents and toddlers were prohibited from any social engagements, leisure spaces and tourist attractions were closed, and travel was forbidden during certain lockdown levels. As a result, leisure time and activities for families and parents changed, initially to more home-bound leisure activities which were influenced by the various lockdown level regulations. As a result, Sub-theme 1 deals with the paradox that family leisure time was enjoyed by all parents, while Sub-theme 2 addresses the family leisure modalities of parents with their toddler(s) during the COVID-19 crisis. Focusing more on parents' personal leisure time and activities, Sub-theme 3 addresses parents' personal leisure time, while Sub-theme 4 looks into the personal leisure modalities of parents. Sub-theme 5 discusses parents' stance on the benefits of personal leisure time and activities.

5.6.1 Sub-theme 1: The paradox that family leisure time was enjoyed by all parents during the COVID-19 crisis

While 96.5% of parents indicated in the descriptive statistics that they enjoyed spending their free time with their toddler(s), it had no statistical relevance in assisting with the improvement of parents' private life (see Table 4.72). From the semi-structured interviews, it appears that most parents with toddlers experienced their family leisure time during the COVID-19 crisis as another chore and/or responsibility. The latter is due to the age(s) of toddlers and the fact that they still need constant supervision and attention to keep them busy. While Lily had her husband to support her and Faith had her parents who assisted her with childcare responsibilities, seven parents indicated their frustration on various levels. Olivia said that she "was just looking after them at home". Rose mentioned that looking after her children at home was tiring and it caused conflict with her husband when he arrived home from work, while she was home alone with the kids (one toddler, one older child) the entire day. She explained:

I'm tired, then he doesn't understand... [and says] but you were home the whole day. I [tried to explain that] I was watching the children. I couldn't do whatever I wanted to do. And then you have to stop fighting... and I [was] sort of getting frustrated because [he] could go out.

Violet elaborated on the struggle of parents who had to work from home:

There wasn't enough time for myself, because I constantly had to make sure that they are busy...There is only so much to do. That was the struggle to keep them busy throughout the day.

Lily described the 'inner play' she experienced even though herself and her husband 'made a great team', played 'tag team and work[ed] together' to 'stumble through last year, mostly intact':

He [my toddler] likes to be busy, he likes to be productive. He couldn't be productive much, without my help.

Faith described her daughter as 'a busy body, which is not one of those easy children' as she 'wants to do something all the time'. Faith experienced it as 'quite hectic' and indicated that it 'drove [her] crazy some days'. Sarah also mentioned that it was 'just too much to keep them engaged'. She managed to 'engage them for maybe an hour', kept them entertained with various activities, but it happened in 'bursts, and then [she] felt tired'. To keep her toddlers 'engaged and doing something the whole time' was difficult and she said that 'it was more difficult to have them at home'.

Madison provided a good overall description of how parents with toddlers felt:

I think the challenge is, even though you love your kids, they irritate you. If you [are] with them for too long, you get irritated, because you don't always understand what they want. They don't always understand what you want or need. So, it was challenging being confined to each other's space bubbles.

5.6.2 Sub-theme 2: Modalities of family leisure during the COVID-19 crisis and related lockdown levels

In Table 4.47 in Chapter 4, parents indicated that their home-bound family leisure activities included 1) physical play and exercises, 2) creative activities, 3) playtime with their toddler(s) favourite toys, 4) intellectual activities, 5) quality bonding time, and 6) passive activities. From the semi-structured interviews (see Table 5.15), many parents indicated that they engaged in the same activities with their toddlers.

Table 5.15: Family leisure activities engaged in by parents and toddler(s)

| Parent | Quotation |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Physical play and exercises | |
| Lily | "Daddy played Hide and Seek with him". "...he was outside digging holes". |
| Sarah | "...playing outside tennis ... they have a trampoline ... we have a swimming pool". "...my boy and I would run around [and] kick a ball with him". |
| Creative activities | |
| Madison | "...usually around 10 or 11, [my sister in law] would do something arty..." |
| Lily | "...colouring in". |
| Sarah | "...my daughter likes drawing and sitting doing nails and things". |
| Faith | "The sticker playbooks I collected, came in handy". |
| General Play-time | |
| Olivia | "...we played..." "We were just playing ... I kept telling my husband, well, we are not in Grade One that we must spell and we must teach them something every minute of the day." "most of the time we just played and kept ourselves busy" |
| Madison | "...the rest of the day, we allowed him to play..." "...They wanted to play because now [he] had a friend 24/7 and [they] wanted to play". "I let him play and I played with him". |
| Lily | "...he spent an immense amount of time outside, just playing". "...a lot of his friends from school was around, and he was playing with them ... he was very aware that they were imaginary". |
| Intellectual activities | |
| Violet | "I involved them to help me do my activities". |
| Lily | "Because I'm a daughter of two, early education development specialists, I made sure that the learning stuff happens, even just a little bit of [the] day, making sure [of] colouring in and count[ing] ... he got enough grey matter stimulation". |
| Sarah | "I was playing Monopoly". "...and puzzles". |
| Quality bonding time | |
| Lily | "So, the travel time was diminishing, [we had] much more time [to] spend with each other, I could see how he's figuring out his own arts, he's figuring out what he wants to |

| | |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | do with the blocks. He's applying his creativity to everything from playing outside to Lego to suggesting what we should eat for dinner. And that really, it's such a fire in my heart to see that little creative guy of mine, you know, just fire blazing his way through life. And having been able to have a front seat of that ... it [was] amazing". |
| Passive activities (i.e. watching TV, movies) | |
| Rose | "[My toddler] would watch TV ... when I'm done working, I want to go just sit and watch TV." |
| Lily | "He was very happy playing with Lego next to me". |
| Violet | "I think they were adapting to staying indoors, that they don't even know how to play anymore...they would rather sit inside and play with their dolls in their dollhouse". "...at the end they lost out on advanced motor skills like jumping, running around, climbing on the jungle gym, picking up a ball ... and I can see that [lack] in development [in] the children". |

Source: Researcher's own construct from Phase 2 of the research data 2021

While only three parents in Phase 1 commented on the use of technology to entertain their toddlers during various lockdown levels, the majority (seven) of the parents mentioned the use of technology (i.e. TV, tablets, phones) during Phase 2. The responses ranged between having a balanced approach when it came to the use of technological devices (Olivia, Violet, Lily), toddlers spending less time as a result of creating a family bubble and living with her in-laws (Madison) and spending more time using phones, tablets and technology (Rose, Sarah, Faith).

Madison explained that her toddlers had less screen time during the lockdown and before returning to school, as they created a family bubble and the toddlers had their cousins to play with. At the same time, she "could entertain them, and [they] could sit with them while they were playing outside". She admitted that they had "less screen time than [than] what they have now", at the time of the interview, as they "only had screen time at night ... just before they go to bed". Once they returned home, at the end of 2020, and had to go back to work, they started using screen time again to keep their toddlers occupied. Olivia also stated that she "was available" most of the time. However, she confirms that parents of toddlers sometimes use technological devices to keep their toddlers occupied, especially when she "had to make dinner or whatever, then [she] would put the TV on for them". Lily agreed that it was a conscious effort "making sure [her] kid doesn't watch too much TV" as she has "always been very cautious of screen time". She was very proud that they survived "lockdown without a tablet", as "other parents [that she] speaks to are quite surprised" to hear. Violet also balanced screen time with her toddler and older daughter, who both have tablets, by only "allow[ing them] to watch it on Saturdays".

On the other hand, Rose, Sarah and Faith acknowledged that technology assisted them to entertain their toddlers and have 'a break'. Rose believes that "technology took a lot from [parents]", as "you give your children the stuff to do something [and] stop hammering: 'Mommy,

Mommy, I want this”. She admitted that she was “guilty of that because [she] was like ‘I have got to do this now and I need to finish this out’”, and as a result she would give her toddlers her phone “just to watch YouTube or just [play] games or stuff” to keep them occupied and grant her time to complete her various duties. Faith said that her toddler spent “a lot of time on cell phones, internet [and] social media” and that she “want[s] her to get away from all that”. She, however, said that she was grateful for “technology” at certain times. Sarah agreed that there was “a lot more hype, there was a lot more TV watching and tablets and technology” as “it was just too much to keep [her toddlers] engaged”. As a frontline doctor, she appears to be feeling guilty about it, as she explained her general stance below:

Parents are experiencing the [lack of development] of their children; they kind of going backwards. They are very irritable, and I feel in my heart, that it’s because of phones, and sitting with phones and playing with phones ... because it’s a lot of stimulation for a child ... [and] they can’t cope with that amount of stimulation and processing and lights flashing. I mean, adults who sit in a casino with lights flashing [are addicted to the] reward system. So, a child, shouldn’t be sitting with a phone ... it’s negatively affecting children ... and you see it everywhere ... [Parents who visit her practice complain that toddlers] can’t behave themselves [and that] they need the phone to settle down ... and it just becomes this reinforcement where [toddlers] start acting and throwing things around and shouting to get the phone to sit with a phone. Oh, it’s so terrible. From the above, it becomes apparent that the COVID-19 crisis and specifically the lockdown regulations affected the forced change in family leisure time and activities. Sarah explained:

As a family ... we didn’t really exercise a lot [Pre-COVID-19], but we would go to the park, restaurants and just like [have] outings, or have a picnic on a farm somewhere ... all of that were done [over] weekends. So the kids knew that it’s weekend, we’re going somewhere. It was kind of also our treat. So, if you behave yourself, we’re going to [have a] picnic ... all of that was taken away. And we just needed to be at home.

As the lockdown levels eased, in April 2021, Sarah felt comfortable hosting a “small gathering” for her toddlers’ birthday. She said that “it was nice [and her toddlers] were happy” and explained that it was the “first time that [they] went to something like a party as well as to be outside ... after a year”. Family leisure activities are still in the process of change, and based on the explanations of Violet, Madison and Faith, parents of toddlers appear to be more comfortable with outside leisure activities. Violet explained that every second weekend they “take [their children] to the beach, which [they] couldn’t do, so [they] will let them just go run around in the sand”. Additionally, Violet would take the children to the park opposite their house “where they can ride their bicycles”. However, she said that “it is limited” as she does not “feel comfortable” taking them to malls and related indoor play areas for children yet. Madison shares the same feeling, stating that since the lockdown levels eased, they “started going to

wine farms again” and they are comfortable with visiting wine farms “because [they] know it’s outdoors”. Simultaneously, Faith stated that they “started hiking again” and that they are “on the beach almost every day” while also going “to the park” or going “for a walk”. Future research avenues could include a longitudinal study on how and/or if family leisure activities will go back to pre-COVID-19 leisure activities. The latter could simultaneously be applied to parents’ personal leisure time and activities, which are discussed next.

5.6.3 Sub-theme 3: Personal leisure time: ‘Between a rock and a hard place’

In Chapter 4 (see Table 4.32), most parents (62.9%) indicated that their personal leisure time decreased because of the COVID-19 crisis. Simultaneously, Table 4.40 indicated that social leisure activities decreased because of the lockdown regulations and closure of leisure spaces, for example 1) VFR (85%), 2) exercising (57.9%), 3) going away for a weekend (80%), 4) visiting attractions, wine farms, beaches and/or attending events (84.3%), 4) visiting restaurants (87.9%), and 5) spend time in nature (52.1%). In Table 4.49, many parents indicated that prior to the COVID-19 crisis, their personal leisure time comprised sport activities and/or exercises (17.8%), VFR (12.04%) and going to shopping malls (6.81%) while less than a quarter of parents indicated that they had no alone time as a parent, pre-COVID-19. From the interviews, it becomes apparent that the personal leisure landscape, especially the available leisure time of parents, changed drastically.

Olivia, Rose, Madison and Sarah agreed that they only had time for themselves “when [they] go to bed and the [toddlers] are in bed”. Olivia continued her pre-COVID-19 daily routine with her toddlers and as a result, had an additional two hours during the day between “12h00 and 14h00 when they were asleep”. Madison indicated that she had her ‘me time’ “at night”, while Rose sometimes had additional time when she “bathed”. Both, Rose and Sarah, mentioned that they enjoyed their travelling time to and from work. While the latter changed for Rose during the COVID-19 crisis, as she is sharing petrol costs with a colleague as a result of rising fuel prices, Sarah said that the “half an hour of the day” she spends in her car alone allows her to “just zone out ... before [she] gets home”.

Violet said that “there wasn’t enough [time] to get time for [herself], because [she] constantly [had] to make sure that [her children were] busy”. While she had time to go to the gym before the COVID-19 crisis, with the closure of gyms, she did not “get me time”. Faith and Madison also agreed that it is a “typical mom thing” to focus so much attention on your toddler(s) that “you forget about [yourself]”. Madison explains that “a mom’s life doesn’t stop even [when] the kids go to bed ... because you hear a moan and you jump up ... when you [are] busy painting your toenails or doing whatever, you stop, and you run”. She believes that as a parent you will “never have enough time for yourself” and that you will always feel that you “need more” time. Even Olivia agreed and indicated that she still gets “frustrated over weekends” when her

husband is at home and “he doesn’t look after [the toddlers] more so that [she] can do whatever” she enjoys. Amelia said that even though she did not have a lot of “time during the week for [herself]”, she was “lucky” as she could contact her parents at any time to fetch her baby if she felt that she needed time for herself, “then she stays there for three, four or five days, and then they bring her back”.

Interestingly, when it comes to the dynamics of partners and/or marriages, Emanuel indicated that “one need[s] to be a happy person by yourself”. He has “always loved being alone and be [in his] own space” but, despite the children, he has “put too much pressure on Carol to be [his] everything”. While he had his “work and [his] family”, he was happy, but he realised that Carol “is a social person [who] needs her friends” and while he is content to spend his leisure time at home, he had to allow her to spend her leisure time with her friends. It appears that leisure time and activities varied, depending on the type of personality of the individual being interviewed and due to the subjective nature of personal leisure time. It happened in many interviews, that parents described their personality type to explain their leisure time and activities, i.e. Olivia indicating they are “not social butterflies”, Rose indicating that she is “not really a social person”, Lily explaining they are “mostly introverts ... lots of people gives us anxiety”, Faith describing herself as an “outgoing [and] outdoor person”, Violet described herself as a “family person” and a “people’s person”, Grace explained that she “is a person who likes to go out” while Sarah said that “being social”, “being part of the community” creates a “sense of belonging” which is part of humans’ “genetic makeup ... we are social beings”. Madison disagreed and described herself as less of a people person than her husband, while having formed a family bubble and moving in with her in-laws, it was “draining for [her] being surrounded by so many people”, she explained that because they are people’s people, “they get recharged by being with people”. She, however, “needs [her] own space” and just needs “to be alone” to recharge.

Lily, Faith and Grace were intentional about their personal leisure time. Grace started running in the morning before her day started, Lily made time for exercises and Faith started to “make time” for herself. However, Rose explained the internal battle of most parents during the COVID-19 crisis:

...you know you must balance your life. You have to balance your life of being a wife, of being a working mom, a mom, and the house duties and stuff like that. And I think some of those things, I just let go, because I don’t have energy to do all of those things. And I asked the people, how do you do this? How do you keep everyone happy? And yourself happy? And no one can answer me ... it’s like, how do you do it?

5.6.4 Sub-theme 4: Modalities of personal leisure activities during the COVID-19 crisis and related lockdown levels

In Chapter 4 (see Table 4.44), most parents (59.3%) indicated that their leisure activities were drastically influenced by the lockdown levels and related regulations. Equally, in Table 4.47,

parents indicated that negative relationships exist when the type of leisure activities they engaged in prior to the COVID-19 crisis was limited by their personal freedom, and it resulted in the worsening of their work life as well as the worsening of their private life. When parents did not have sufficient free time to relax and spend on their own hobbies or activities they enjoy, Table 4.47 indicated a negative ripple effect across many areas of the parents' lives, such as 1) parents' work lives worsened, 2) their private lives worsened, 3) they neglected their personal needs due to the stress of work, 4) they often had to make difficult choices between their work and personal lives and 5) they indicated that once all their work was done, they were just too tired to try and do the things they wish to do. As a result, from Table 4.50 it appeared that the modalities of personal leisure activities included: 1) passive leisure pursuits, 2) introspective and restful leisure, 3) constructive and meaningful leisure activities, 4) reminiscing about their pre-COVID-19 leisure activities, 5) leisure activities that reflect their personal interest, strengths and aptitude, 6) activities that developed their capacities and skills and produced feelings of satisfaction, 7) mindful, meditating leisure experiences that decluttered my mind, and 8) spending time to reach out to friends in need, checking in on neighbours and providing random acts of kindness.

Most parents (Amelia, Faith, Madison, Olivia, Rose and Emanuel) engaged in passive leisure pursuits during their personal free time. Amelia, Rose and Emanuel watched "series" and "movies", Faith kept "updated on what's happening on TV [specifically] because of COVID-19", she also "sat outside in the yard just to get some Vitamin D so that [she] can feel better" and she also "read". Madison and Emanuel would just "sit on [their] own" or Madison "would go to the room and be on [her] phone just to be alone", while Olivia indicated that she got "hooked on online shopping".

Rose indicated that she reminisced about her pre-COVID-19 leisure activities, she said that "there used to be a time before Covid[-19] [where they] just got the balancing right .. and then Covid[-19] came ... and [they are] still trying to find her [feet] from that time, and it's not getting better". She said that when she "start[s] thinking about stuff ... [she] overthink[s] it, and it did not benefit her emotions and wellbeing. At the same time, Sarah remembers how they used "to go to church" while missing "the sense of belonging" and "support that [they] lost during Covid". Violet remembered how they used to go to "Killarney [race track]" and said that they are "not allowed to go to Killarney [anymore] because [she] got the jab [sic] but her husband doesn't have the jab and you have to be vaccinated to go in". Grace remembered her freedom "to go to the park" and clarified that she felt "stuck" because of the COVID-19 crisis. Violet agreed, she used to visit friends "just to drink a cup of coffee" but had to revert to technology to stay in touch with friends and relatives. Explaining: "WhatsApp, that's what we lived on". Sarah said that even though they had their church sermons "broadcasted on WhatsApp ... she

missed sitting down in church”. Faith believes that “social media” assisted her “because [she] had regular zoom meetings with [her] friends ... [she called it their] Zoom escape”.

Faith, Amelia and Emanuel engaged in leisure activities that reflected their personal interests, strengths and aptitudes, while simultaneously being constructive and meaningful. Amelia and Faith “did [their] nails” while Faith also “soaked her feet”. Faith described that it made her feel “calmer”. Emanuel enjoyed cooking during his leisure time, while both, Faith and Lily engaged in activities that developed their capacities and skills. Faith said, “trying new recipes was one of the things [she] really did a lot” and Lily started sowing. Lily said she had “a machine and [had] very basic knowledge of it ... but [she] made [her] child’s summer clothes” and described it as a “lockdown perk”.

Sarah and Faith engaged in mindful, meditating leisure experiences that decluttered their minds. Sarah does not really listen to music, but she “listened to [her] audiobooks” and it helped her to “just zone out”. Faith agreed that she listened to “anything that lifted [her] spirit”; “good music”, “motivational speakers”, “sermons and gospel music” and she also “downloaded positive articles” to read. Emanuel engaged in introspective and restful leisure by realising his past mistakes in his relationship and learning from it to be a better man.

Less than half of the parents (Lily, Faith, Violet and Grace) spent time reaching out to friends in need, checking on their neighbours and providing random acts of kindness. When the COVID-19 crisis started, Lily and her family “took [their] cue from the UK” and started a “social bubble” with “their best friends”. Once a month, they were “sneaky” and visited one another for some “social interaction”. Faith formed various WhatsApp groups with her friends and family. She said: “when the death came in, we realised how little we communicate with each other ... so we formed more family groups [for] immediate family ... [and] ... a large family group”. Violet did random acts of kindness and explained that “you feel better” when you help others, “even [if] you don’t have much”. She goes on to say: “the way you are feeling inside is what goes with you to bed every night ... [you can] just give a bread to someone [or] be an ear to listen”. The same sentiments were shared by Grace, stating: “[COVID-19] taught me to be more compassionate ... to put yourself in other people’s shoes because people are going through things, even when it’s not written on their forehead[s]”. On the other hand, Lily is part of the “embrace my Mandla movement”. She explained it as follows:

[It] is a group of mothers who work together and train together to hopefully lead some form of social justice in our little ways. And this year was a big learning curve for me, in terms of, I have always known that other mothers’ struggle and that I am in an incredibly beneficial position where I am right now. I have absolutely nothing to complain about. But going through that learning process, getting to know mothers from other communities, really, truly understanding the struggles. You know, honestly, I would rather forget and not have that knowledge. Because it’s devastating to know that a mother who wants the same thing for their children than mine has so many more obstacles to overcome than Covid[-19]. Lockdown has just widened that gap.

By being part of the movement, Lily needs to determine the needs of mothers in her “immediate community” to start support groups, but she “lives in a very privileged community” where the need is “not necessarily so visible” and where “problems might differ”. She feels that “you can [only] grow a plant from nurtured soil ... you need to take care of the soil [first] and the soil will then take care of the plants: our parents are the soul, and we need to look after the mothers”.

Other personal leisure modalities were mentioned by Grace, Emanuel and Lily, and included 1) exercising, 2) the indulging in drugs and alcohol, 3) spending quality time with a partner, and 4) gardening. Grace started running as a result of the COVID-19 crisis and to schedule time for herself. She “really enjoyed it”, explaining that it took away all her worries and assisted her to “forget about everything” including “the to-do list [of] the day”. Emanuel said that “leisure” to him included his “newfound relationship with Carol” and indicated that they have done “three date nights in three weeks”. He also stated that together, he and Carol “indulged a lot”, and asked if anyone had “any idea how easy it was to get hold of black-market drugs and alcohol?”. He explained: “The guy would drive straight to your house and you did not even need to leave your house”. Emanuel’s friend generated an additional income by trading in drugs and alcohol during the lockdown. While the using of recreational drugs, as a leisure activity, is not often reported, it is noteworthy that two of the parents indicated the use of recreational drugs during their leisure time: Emanuel (as a result of the removal of his freedom during the COVID-19 crisis), and Lily (before the start of the COVID-19 crisis). Additionally, Lily also indicated that she did “gardening” during her leisure time as everyone was “almost being forced to live slower lives”. She elaborated:

I had an amazing support system. I had means to care for my family. And I had all those fears, these basics needs met in terms of security and housing and food. And I had access to, and I still have access to means of entertainment, of being able and having the time and the resources to do gardening. In addition to that, being almost forced to live slower lives, I think that fed into my wellbeing a lot because I am an introvert, I'm not crazy about going to the office every day. So being able to police and set up boundaries, which I do hope I can sustain in the long run ... that's all been amazingly beneficial to my health in general.

Other parents, such as Rose and Sarah were not as fortunate as Lily, and as a result felt tired, without balance and without energy to engage in personal leisure activities. Rose said that it is “hard to [explain but these] last few months was so tiring” that she “doesn’t feel like going anywhere or doing anything”. Sarah described herself as feeling “depleted”. During the closure of outdoor and indoor leisure spaces, Grace also experienced emotions of being “emotionally” and “physically” tired because she “could not go to a gym” or “take walks or jog in the morning”. She explained that “if nothing was balanced, [she] felt tired” and as a result she is adamant that parents with toddlers should be intentional about their personal leisure time and activities. This is discussed next.

5.6.5 Sub-theme 5: The benefits of being 'intentional' about personal leisure time and activities

In Table 4.50, most parents (60%) indicated that since the start of the COVID-19 crisis, they did not spend their free time on their own hobbies, throughout the dissertation a range of reasons for the latter is discussed. Faith, Lily and Grace explained the importance of personal leisure time and activities, especially to parents of toddlers. When Faith wants to deviate from making time for herself, she reminds herself that she “must have it [as] it’s good for her, and it’s good for her [toddler]”. Lily agreed and realised the importance of personal leisure when her employer enrolled her in a “mindfulness workshop” at the start of COVID-19. She explained:

I realised that although I am the worst person to try and mediate, there are steps that I can take to carve out time for myself, not necessarily for self-care [like] taking a bath, clipping my nails or whatever, but to do things that I personally enjoy. And so, it became much more of a mindful thing for me and I was very aware of that ... and my mental health was the foundation of my physical health. And having figured out how to be mentally stronger, less anxious, I was able to make room for exercise. I’m not a gym mommy. I’m not an athlete at all. But I do now find joy in having a workout. And that’s all just because of that foundation of basic resources, needs and [by] having an incredible support system.

Grace elaborated from a mother’s perspective that mothers automatically pour their time and energy into their “family [and into] other people”. In the process, they often neglect themselves because they are always busy, but she firmly adds that parents will “never have time until [they] make time”. Sometimes it is necessary to “force through whatever [it] is that you have to do” to make time for yourself, as it results in a sense of “feeling good” and proud because “you did it”. Grace is intentional about her daily leisure time and wakes up “at half past five and takes [her] jog [while] her children are still sleeping”, she further schedules and books her “me-time” in advance, by making appointments for her nails, toenails or mini-facials while forcing herself to not get excuses to cancel because she knows that she “feels good afterward”. If parents wait to make time for themselves “one day when they have time ...”, they will never have time. Grace provides an overall summary of why parents should be intentional about their leisure:

If I don’t get that me time, I’m not the best mom, I’m not the best wife ... [but when I return from my morning jog] I’m the best mom. I am energetic [and] ready [for the day while] feeling good about myself. And then you know, the day [can go by] ...I’m ready for everything because I know that my me time is ticked off the list ... if I’m not intentional, and I’m not consistent about it, then it’s not going to happen [by itself] ... you have to create that space to say, you know what: ‘a balanced mom is contributing to a balanced household’

The final theme dealt with the leisure discourse since the start of the COVID-19 crisis and explained how family and personal leisure time and activities changed. Section B of this chapter discusses the triangulation of the quantitative and qualitative data to answer the research questions.

CHAPTER 6: INTEGRATED DISCUSSION WITH RELEVANT LITERATURE – TRIANGULATING QUANTITATIVE AND QUALITATIVE DATA

6.1 Introduction

This section aims to methodologically triangulate between the results from Chapter 4 (descriptive and inferential statistics of the quantitative survey data) and Chapter 5 (the qualitative, semi-structured interviews) with the literature of Chapter 2. The chapter is structured to discuss each puzzle piece which is linked to a research objective and amended from the theoretical framework (see Figure 2.6).

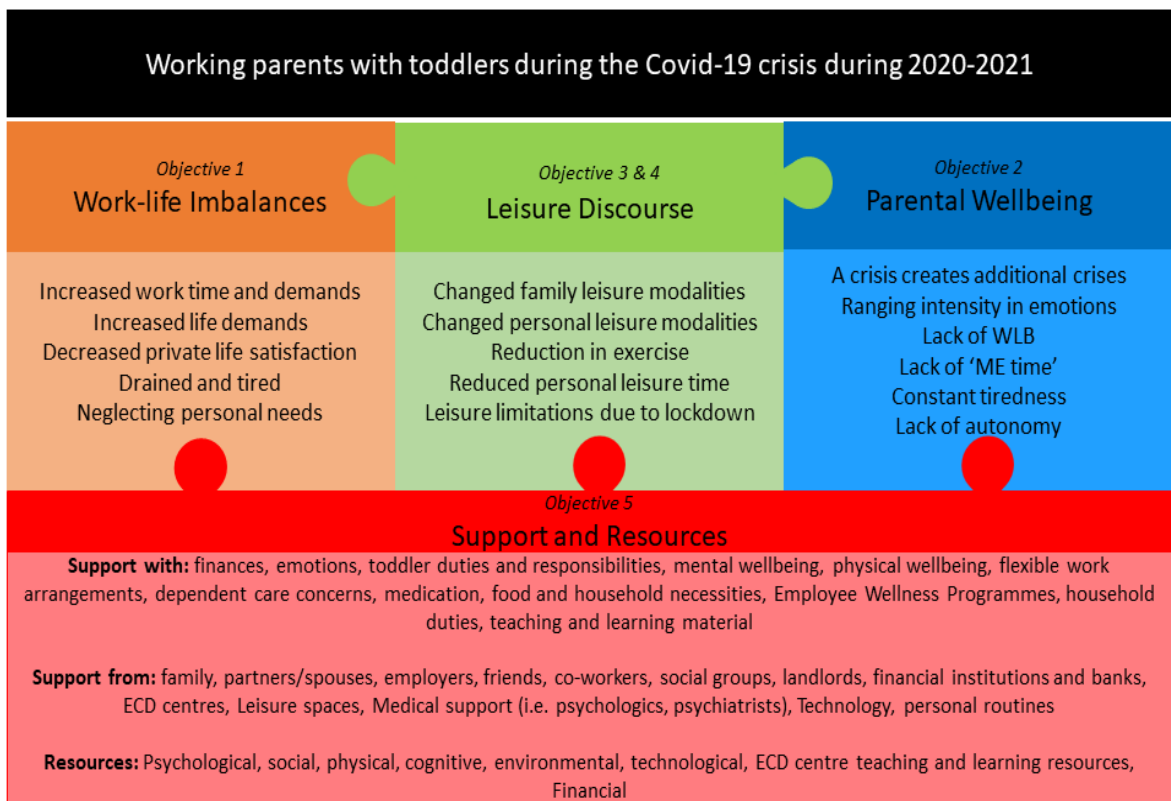


Figure 6.1: Visual display of data analysis to guide triangulation discussions

Source: Researcher's own construct

Figure 6.1 is a visual display of what is discussed in this chapter in the following order: 1) working parents with toddlers during the COVID-19 crisis of 2020-2021, 2) WLI, 3) leisure discourse, 4) parental wellbeing, and 5) support and resources.

6.2 Working parents with toddlers during the COVID-19 crisis of 2020-2021

A crisis is known as unpredictable stressful times, experiences or situations in a person's life where they move from one existing (known) structure into a new (unknown) structure (Caplan, 1964; Slaikeu, 1990). From the research study, it becomes apparent that 71.4% (see Table 4.14) of parents experienced the COVID-19 health pandemic as a crisis for themselves and their families. Traditional problem-solving techniques were absent as it was a *first of its kind* for many parents (Generation X and Millennials) who were born between 1975 and 1990 (compared to the Spanish flu of 1918 to 1920) (Jarus, 2020; Stanciu et al. (2020). It was accompanied by a range of additional (short, medium and long-term) crises and challenges that affected the lives of parents and households in numerous ways.

A gap in the research was identified by Mazza (2020), stating that very few studies focused on the effect of COVID-19 on parents with toddlers but rather focused on general populations or countries. This research study addressed this gap, proving that daily schedules and responsibilities were disrupted, parents lost their income and experienced emotional distress and mental health issues, among others (see Table 4.15). As a result of the implementation of Lockdown Alert levels to mitigate the spreading of the COVID-19 infection, 62.9% of parents (see Table 4.17) who were not classified as essential workers were forced to work from home, while 84.9% of these parents (see Table 4.18) have never worked from home before and/or were not set up or ready to smoothly continue their work responsibilities from home. Parents who were regarded as essential workers (i.e. doctors, nurses, retail stores) similarly experienced the sudden change in daily work and life routines and responsibilities accompanied by role changes in their households (see Theme 1). Furthermore, Chapter 5 (Sub-theme 1) indicated how the mitigation strategies and legislation caused confusion and uncertainty while turning normal law-abiding citizens into disobedient "criminals". The latter caused a division between families, friends and societies (see Sub-theme 1: category 2).

Despite the change in working conditions for all parents (essential staff or not), ECD centres were closed and working parents had to care for, supervise and continue with home-schooling and the developmental needs of their toddlers within either their home-based boundaries or while making additional plans. Concurrently, they had to continue with the rest of their life (i.e. leisure, overall wellbeing, relationships, time to rest) and non-work, household demands (i.e. cooking, cleaning, washing). Despite the negative effect of the COVID-19 crisis on parents and families, Sub-Theme 2 discussed the life lessons learned by working parents during the COVID-19 crisis. In future crises, these lessons can act as guidelines to create a quicker transition between unknown and known situations while possibly achieving an equilibrium state faster.

Marchetti et al. (2020) acknowledge the likelihood of the Covid-crisis to present possible positive aspects for parents who could provide additional time to their children and households. However, for working parents with toddlers, this does not appear to be the case. Simultaneously, Marchetti et al. (2020) note that the likelihood is bigger, especially for families in lower income groups, that the COVID-19 crisis can escalate the occurrence of trauma, the loss of the obviousness of their previously known world, motionlessness, a missing sense of security and time and a disinterestedness or dissatisfaction with life. The results confirm that the COVID-19 crisis had a predominantly negative effect on the WLB, leisure and overall wellbeing of working parents with toddlers, despite still being employed and highly educated (Table 4.7).

6.3 The COVID-19 crisis resulted in Work-Life Imbalances of working parents with toddlers during 2020-2021

Kohll (2018) and Alton (2021) stress the importance of WLB to generations that were born after World War II between 1945 and 1960, known as baby boomers, Generation X and Millennials. The importance to maintain healthy balances emerged from children of households where parents worked hard and long hours without maintaining a balance. As a result, the generations that followed made it their mission to create a balance between different aspects of their lives such as careers, families, friends, hobbies, health and leisure (Alton, 2021). Especially Millennials and those generations that followed focused more intensively on building careers that fit their personal experiences, and those of their families. In essence, given the profile of the current study (age, employment status, education levels) the inference can be made that a balance in life is critically important to the current population under investigation. If WLB is not achieved it results in a negative spill-over to other life domains (see Chapter 2, Table 2.4), such as less content employees, more stress, more chances of burnout, negative wellbeing and less leisure time. WLB is conceptualised in Chapter 2 as follows:

The ability of parents with toddlers to effectively create a balance between a range of work, non-work and personal need dimensions and roles such as overall work, life, family, health and wellbeing, relationships, households, friendships, education, community and leisure demands and available support and resources to be able to maintain good overall wellbeing and life satisfaction, while acknowledging unique individual factors and personal abilities to cope, specifically when being faced with a life crisis.

The results displayed in Chapters 4 and 5 indicate that most parents have not managed to achieve balances which resulted in WLI because of the COVID-19 crisis.

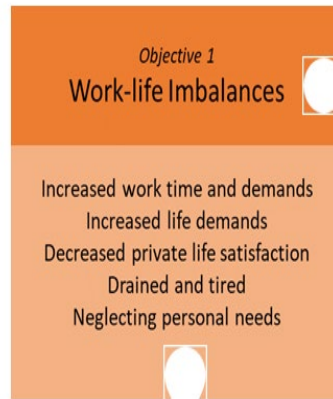


Figure 6.2: Visual display of WLI

Source: Researcher’s own construct

Table 6.1 displays the triangulation process that gave rise to the categories displayed in Figure 6.2 and is discussed in more detail below.

Table 6.1: Triangulation process regarding the WLI construct

| WLI | Descriptive statistics | Inferential statistics | Themes |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Increased work time and demands | <p>Figure 4.2 indicated that parents experienced the COVID-19 crisis as intense because of increased pressure from their work, home and toddlers. Comments include: “I have experienced severe stress as my workload increased” while still having to be a “mother, partner, sister, aunty and daughter”.</p> <p>Table 4.28 indicated that 75% of parents’ work routines changed since the start of COVID-19. Of which the majority (34.7%) indicated that their workloads and schedules became more demanding, putting in more</p> | <p>The moderately negative correlations of T4.61 indicated that if parents experienced that their jobs make it difficult for them to take care of the type of private life they might like, it resulted in negative feelings of successfully balancing their work demands ($\beta = -0.420^{**}$), family demands ($\beta = -0.553^{**}$), childcare demands ($\beta = -0.457^{**}$) and household demands ($\beta = -0.456^{**}$).</p> | <p>Sub-Theme 1, category 1 refers to the additional work pressure experienced by working parents of toddlers. The latter involved emotional pressure, not being properly equipped to work from home, new work routines (especially for essential staff: doctors, nurses, and health inspectors), struggles to enforce legislation, dealing with death and adapting to new teaching and medical modalities while losing the “human touch element” which is critical in healing and wellbeing.</p> |

| | | | |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | overtime and after-hour work. | | |
| Increased life demands | <p>64.8% of parent indicated that adhering to work deadlines and demands were difficult while they had to supervise their toddlers (see T4.21).</p> <p>Parents who worked from home (n=88) indicated the intensity of the demands of their jobs (53.4%), their households (51.2%), their toddlers (66%) and their relationships with their partners (50.9%).</p> <p>Parents indicated that they felt “constantly on duty” and as a result, 60.7% of parents indicated that their private life worsened since the start of the COVID-19 crisis.</p> <p>70.7% of parents indicated that their private life and leisure routines changed as a result of the lockdown restrictions (26.72%), limitations on leisure spaces and activities (16.38%) and less free time due to increased work and household demands (16.38%).</p> | <p>The moderately negative correlations of T4.61 indicated that if parents experienced their work to suffer because of everything going on in their personal lives, it resulted in a decrease in parents feelings that they successfully managed their work demands ($\beta = -0.479^{**}$), family demands ($\beta = -0.495^{**}$), childcare demands ($\beta = -0.460^{**}$).</p> | <p>Sub-theme 2 refers to the interconnected nature of work and life which directly affects each other. Despite experiencing work imbalances, parents also experienced life imbalances such as 1) adapting to new routines, 2) increased tension and frustration in relationships and toddlers, 3) relocation, 4) financial difficulty and 5) an increase in overall demands in all roles.</p> |
| Decreased private life satisfaction | <p>62.9% (see Table 4.32) indicated that their personal leisure time decreased since the start of COVID-19. Their working time increased (47.1%), caring duties increased (34.3%), time spent on household responsibilities increased (43.6%) and family time increased (40.7%).</p> <p>A decrease in private life satisfaction could also be as a result of a</p> | <p>The moderately negative correlations of T4.62 indicated that if parents felt that they often need to make difficult choices between their work and personal life, it resulted in a decreased in parents feeling that they successfully managed work demands ($\beta = -0.404^{**}$) and family demands ($\beta = 0.510^{**}$).</p> | <p>The sub-categories of Theme 2 highlighted how a range of aspects led to decreased private life satisfaction, such as 1) the role changes in households, 2) being confined to home and isolated, 3) financial constraints, 4) stress and frustration, 5) constantly organising everything, 6) missing time to go to the gym, outdoor leisure spaces and exercising.</p> |

| | | | |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | decrease in time alone with partners and spouses (62.9%), friends (84.3%) and social groups (85.7%) as a result of enforced social isolation. | | |
| Drained and tired | <p>39.3% of parents indicated that they felt tired most of the time while another 12.9% indicated that they felt tired all the time (see Table 4.16).</p> <p>59.1% of parents indicated that they have not managed to successfully manage their work, non-work and life responsibilities and as such were unable to establish a WLB routine. Parents had to work long and irregular hours while 59.1% of parents worked more at night once their toddler(s) were asleep.</p> <p>Parents who WFH indicated that they missed their leisure time and breaks. However, 62.1% indicated that once they have completed all the work and non-work responsibilities, they were too tired to engage in leisure activities they enjoy.</p> | The moderately negative correlations of T4.62 indicated that if the COVID-19 crisis and related lockdown levels caused parents to feel that they are too tired to try and do things they enjoy after work, it resulted in a decrease in feelings of successfully managing family demands ($\beta = -0.421^{**}$) and household demands ($\beta = -0.417^{**}$). | <p>Theme 2 highlighted how parents experienced their life imbalances which led to emotions of constant tiredness. Parents who worked from home had to attend to toddlers and their wellbeing and entertainment first, while working more at night or early in the morning while the toddlers are asleep.</p> <p>It resulted in being drained and tired constantly. The responsibilities of different roles become evident in the following sentiment of a mother: I feel “frazzled and stressed out and [did not] know whether I was coming or going most days” and “then you step into your house...and it's just a whole other role that you have to just shift into”.</p> |
| Neglecting personal needs | <p>63.6% of parents indicated that their personal needs were neglected due to the stress of their work (Table 4.27).</p> <p>Table 4.33 indicated that parents felt that they successfully managed their work demands (71.4%), family demands (68.4%), childcare demands (80.7%) and household demands (69.3%). However, the</p> | The moderately negative correlations of T4.61 indicated that if the COVID-19 crisis and related lockdown levels caused an increase in parents feeling that they often neglect their personal needs due to the stress of their work, it resulted in a decrease in parents feeling that they successfully managed their family demands ($\beta = -0.514^{**}$) and their | Theme 2 indicated that parents generally put everyone before themselves. Parents realised that they could not attend to each task “mindfully” because there were just too many, so it is a matter of just following tick-boxes to get responsibilities and demands done. Most activities were aimed at keeping their toddlers entertained while |

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| | contrary seems to be true in the inferential statistics because of parents neglecting their own personal needs. | household demands ($\beta = -0.415^{**}$) | putting aside personal needs. |
|--|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------|

Source: Researcher's own construct from Phase 1 and Phase 2 of the research data 2021

6.3.1 Increased work time and demands

The overall results (n = 140) indicated a clear lack of working parents with toddlers' abilities to balance their work and life responsibilities during the COVID-19 crisis (see Figure 4.1, Table 4.27). Most parents indicated that their private life worsened (60.7%) and they neglected their personal needs due to the stress of their work (63.6%). Explanations for the latter included reasons such as 1) "the number of meetings have increased significantly and eats away at time spent on completing actual work tasks", 2) "my working hours have gone from 9 hours a day to 10 – 11 hours a day", 3) "had to work longer hours, different shifts, other departments to accommodate shortage of staff", and 4) "every opportunity I got without disturbances I will use for work".

Contrary to a UK study conducted by Chung et al. (2020) that focused on co-habiting couples with children under the age of 18, working South African parents (not necessarily couples) with toddlers up to age 6 experienced different results. UK parents indicated an increase in productivity, more available time to spend with their families and improved overall wellbeing. However, in a South African dispensation, Table 4.32 confirms that most parents' working time increased (47.1%) while their personal leisure time since the start of the COVID-19 crisis, decreased (62.9%). Management and decision makers and frontline staff experienced heightened pressure, having to answer questions and provide answers while they also "feared the unknown" because they have "never been through something like that" and nobody was certain what to expect next.

Most parents (59.1%) who were forced to work from home (n = 88), agreed that they have not managed to successfully balance their work, homeschooling and household responsibilities. The perceived inequality in possible preparedness to work from home between developed (UK) and developing (SA) countries becomes apparent. As addressed by Fraser (2017), SA lacked WLB policies and regulations prior to COVID-19. The WLI was confirmed by Phase 2 of the research, ascribing work imbalances to additional overall pressure (see Table 5.3) and the need to adapt to new routines (see Table 5.4) while explaining that life imbalances were caused by role changes in households (see Section 5.5.1.3.1) and the increase in overall demands (see Section 5.5.1.3.2) because of the COVID-19 crisis. Role changes were

highlighted by mothers that were regarded as essential services while fathers had to WFH and attend to the toddlers. It caused conflict situations in families

6.3.2 Increased life demands

Although most parents indicated in Table 4.33 that they successfully managed their work demands (71.4%), family demands (68.4%), childcare demands (80.7%) and household demands (69.3%), the relationships displayed in Table 4.61, Table 4.62 and Table 4.63 somewhat differed. When parents experienced an increase in feelings that their private lives worsened, that they neglected their personal needs due to the stress of their work and when they were too tired to engage in activities that they enjoy, it resulted in decreased feelings of successfully managing any life demands i.e. work, family, society, child care, household, personal care and partner/marital demands. It corresponds with Scholtz (2021) who stated that South African parents struggled to put boundaries in place and experienced blurred lines between childcare and work. Parents explained that “free time routine involved looking after shopping duties, washing up, cleaning of clothes and looking after the toddler” and “constantly have to think about sanitizing, keeping hands clean and wearing of masks”. Demands tended to just pile up while the needs of most parents were neglected, which led to a significant decrease in the private life satisfaction of parents.

6.3.3 Decreased private life satisfaction

The descriptive statistics of Chapter 4 indicate that 62.9% (see Table 4.32) of parents reported a decrease in their personal leisure time since the start of the COVID-19 crisis. It could be a direct result of the increases in working time (47.1%), caring duties (34.3%), household responsibilities (43.6%) and family time (40.7%). A decrease in private life satisfaction may also be because of a decrease in time alone with partners and spouses (62.9%), friends (84.3%) and social groups (85.7%). The correlations in Table 4.62 indicated that when parents had to make difficult choices between their work and personal lives, it results in a decrease in feeling that they successfully manage their work and family demands which could lead to feelings of not managing or coping which could in term decrease their life satisfaction. Upon further investigation in Chapter 5, the interviews highlighted that a decrease in private life satisfaction was also spurred on by the role changes in household, the adaptation to being isolated and constantly at home, financial constraints, stress and frustration, constantly having to be in control and organising everyone’s wellbeing without being able to go to outdoor leisure spaces or to exercise to just be away from it all.

Comments from the interviews provided some clarity.

...not being able to live freely and do things that were once very safe and normal to do ... raising a child in isolation is extremely difficult – everyone knows that it takes a village to raise a child but as a result of COVID-19, that village was drastically reduced.

I don't see how the COVID-19 crisis could be classified as a non-crisis time for anyone. The COVID-19 crisis has caused so many disruptions for my family and robbed us of so many opportunities from both social and economic stand points. I do believe that there are varying degrees of crisis times for everyone. But for me and my family it has most certainly been the most difficult and trying time we've ever experienced.

6.3.4 Drained and tired

In the descriptive statistics, 52.2% of parents indicated that they felt tired most or all of the time since the start of the COVID-19 crisis. To parents who had to WFH it could be because they missed their leisure time and breaks. However, 62.1% indicated that they were too exhausted to engage in any leisure activities after completing all their work and non-work responsibilities. Feelings of tiredness could be explained as 59.1% indicated that they did not manage their work, non-work and life responsibilities since the start of COVID-19 as they were unable to establish a WLB routine. As a result of supervision duties that accompany the raising of toddlers, 59.1% of parents reported that they worked long, and irregular hours and more time was spent on work demands once toddlers were asleep at night. As a result of being tired and not having the energy to engage in activities that parents enjoy, the inferential statistics indicated that it results in feelings of not successfully managing family and household demands. The interviews highlighted the demands of different roles and the need for parents to change positions between being an employee, manager, team leader, front-line worker, mother, sister, husband/wife, carer, organiser, domestic cleaner while finding time to take care of their personal needs in between, of which the latter is often neglected.

6.3.5 Neglecting personal needs

Most parents (63.6%) indicated in the descriptive statistics that the stress of their work resulted in them neglecting their personal needs (Table 4.27). While parents indicated that they feel that they successfully managed their work demands (71.4%), family demands (68.4%), childcare demands (80.7%) and household demands (69.3%), by neglecting their personal needs and demands, the opposite appears to be true. The inferential statistics indicate that when parents experience increased feelings that they are neglecting their personal needs due to the stress of their work, it resulted in a decrease in feelings that they successfully managed their family and household demands. Similarly, Theme 2 indicated that parents acknowledged that they neglected their personal needs and as a result, they felt tired, drained and irritable.

Based on the gender representation of the current study (see Table 2.4) with 79.3% being mothers, the results complement the findings of Chung et al. (2020), indicating that mothers in general took strain. In the UK, mothers had to work more at night, experienced reduced productivity, increased childcare and increased household responsibilities. In a study

conducted by the Department of the Premier (2020), females especially reported longer working hours and the absence of WFH routines with 2 out of 3 reporting disruptions in sleep patterns and not coping with their situations.

Based on the imbalances experienced by parents, which resulted in mixed emotions, tiredness, irritability, stress and frustrations, it was expected that parental wellbeing might be compromised. The latter is discussed next.

6.4 Parental wellbeing

Chapter 2 (see Section 2.4.2) discussed 'wellbeing' as a multifaceted amalgamation of a person's mental, emotional, physical and social health factors while emphasising the importance of keeping a balanced (reference is made to a seesaw) equilibrium between a range of subjective influencers. Crisis times is known to influence the wellbeing of parents as it disturbs the equilibrium. Holmes et al. (2020) note the importance of all disciplines working together to combat the effects of COVID-19 on the wellbeing of societies to limit a long-term downturn in mental health as experienced during SARS 2003.

The current research confirms the results of Chung et al. (2020) and Fantanesi et al. (2020) who found that increased workloads and imbalances between work and family had a negative effect on parents' wellbeing. Most parents were not regarded as essential services and were forced to work from home (see Table 4.17), while not having worked from home before or being prepared for the sudden change (see Table 4.18). The latter, accompanied by ECD and school closures, home-schooling and the disruption of pre-COVID-19 routines created feelings of doubt in their own skills among parents (see Table 4.19 and Table 4.20).

Parental wellbeing is a cause for concern across the globe. In Singapore, parents with under-aged children noted a deterioration in their wellbeing when compared to pre-pandemic times (Yang et al., 2020). In the USA, the negative impact of COVID-19 manifest in the deterioration of the mental health and wellbeing of parents was noted by the Pew Research Centre (2020) and confirmed by Patrick et al. (2020). The same negative trend is displayed in the results of this study among South African parents with toddlers. As a result, it is critical to seek possible techniques to combat the long-term consequences and impact of the COVID-19 crisis on health and wellbeing. Leisure is regarded as a tool to mitigate and manage stress while equally being a key life domain and core ingredient of wellbeing (Newman et al., 2014), which is discussed in Section 6.3. Parental wellbeing is conceptualised in Chapter 2 as follows:

Parental wellbeing is a subjective state of mind (influenced by emotional, mental, physical, social, technological, financial and environmental factors) determined by the ability to perceive some unique form of balancing point between 1) the intensity of the life experience, 2) demands, and 3) challenges (on the one side) and 1) autonomy, 2) support

and 3) resources (on the other side) while scheduling sufficient leisure time and activities to get away from it all.

The results displayed in Chapter 4 and 5 indicate that most parents have not managed to achieve positive parental wellbeing since the start of the COVID-19 crisis.

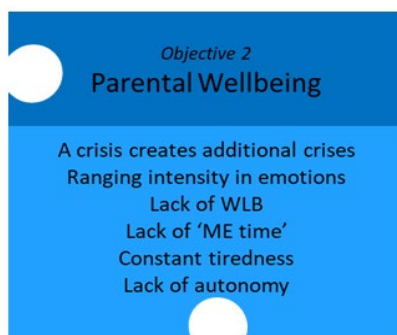


Figure 6.3: Visual display of Parental Wellbeing

Source: Researcher's own construct

Table 6.2 displays the triangulation process that gave rise to the categories displayed in Figure 6.3 and is discussed in more detail below.

Table 6.2: Triangulation process regarding the parental wellbeing construct

| Parental wellbeing | Descriptive statistics | Inferential statistics | Themes |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A crisis creates additional crises | 71,4% of parents classified COVID-19 as a crisis for themselves and their households. Table 4.15 indicated the additional crises parents had to face because of the COVID-19 crisis. It includes 1) the disruptions of daily schedules, routines and activities (20.3%), 2) emotional distress (uncertainty, mixed messages from authorities, social isolation) (17.9%), 3) the loss of loved ones (14.6%), 4) mental health issues (stress, anxiety and | Table 4.59 indicated a moderate, strong relationship ($\beta = 0.461^{**}$) between parents who reported increased feelings of nervousness, uncertainty and anxiousness and an increase in feeling disorganised and confused. | Theme 3, Sub-theme 2. Mental and emotional distress could result in a decline in psychological wellbeing. 4 of the 10 parents interviewed indicated that their psychological wellbeing spiralled to an all-time low while being diagnosed with severe depression and anxiety. Due to the stigmatization of people suffering from mental health problems, parents were scared to open up to their family, especially |

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| | depression) (14.4%) and 5) loss of income(12.7%). | | <p>in the African culture, as it is just a “taboo” topic. Barriers that need education, guidance and loads of communication.</p> <p>Front-line workers witnessed the negative socio-economic disposition of the legislation on lower income groups which found it impossible to comply.</p> |
| Ranging intensity in emotions | <p>Table 4.16 indicated the range of emotions parents were faced with. Apart from feeling tired, parents mostly or all of the time experienced feelings of 1) overwhelm and panic (20.3%), 2) nervous, uncertain and anxious (20%), 3) downhearted, sad and hopeless (15.7%), and 4) disorganised and confused (10.7%).</p> <p>Figure 4.19 indicated that parents felt worried about the ECD closures, their capabilities to attend to their toddlers’ developmental needs.</p> | <p>Table 4.59 indicated strong to moderate positive relationships between a range of emotions whereby positive emotions and feelings normally lead to other positive emotions and feelings. Simultaneously negative emotions lead to more negative feelings and emotions which could result in mental and emotional distress and depression.</p> <p>A strong, positive relationships ($\beta = 0.610^{**}$) existed in the amount of times parents felt full of life and energised which also increased the amount of times parents felt positive, hopeful, calm and peaceful.</p> <p>Strong positive relationships ($\beta = 0.603^{**}$) were also indicated when parents experienced an increase in feelings of being downhearted, sad and hopeless as it resulted in increased feelings of feeling overwhelmed and panicking. A strong, positive relationship ($\beta = 0.549^{**}$) also indicated that when parents experienced</p> | <p>Theme 1 highlighted the negative effect COVID-19 had on the wellbeing of parents.</p> <p>Theme 3 delved deeper into the emotions listed in Table 4.16 and identified more positive and negative emotions parents experienced during the first 18 months of the COVID-19 crisis. While initially being faced with predominantly negative emotions of 1) uncertainty, 2) panic, 3) fear, 4) anxiety and 5) “oh my word”/disbelief. However, some parents indicated that during the course of the 18 months, especially towards the end, more positive emotions featured and words to describe the emotions included: 1) adapted, 2) learning to cope and 3) even moments of feeling fortunate.</p> |

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| | | an increase in feeling nervous, uncertain and anxious, it resulted in increased feelings of being overwhelmed and panicky. | |
| Lack of WLB | <p>Table 4.20 indicated that the majority of parents (81.8%) were irritable with their toddlers in attempts to balance their work, non-work and life demands, roles and responsibilities.</p> <p>The biggest challenge for parents who had to WFH was to create a balance between work, non-work, life and their toddler(s) (see Table 4.24).</p> | Table 4.59 indicated that moderate, strong relationships existed between parents who reported an increase in feeling disorganised and confused, with an increase in feeling overwhelmed and panicking ($\beta = 0.462\%$) and feeling sick and unwell ($\beta = 0.474\%$). | See Section 6.2: Increased work time and demands and increased life demands |
| Lack of "Me time" | See Section 6.2: neglecting personal needs | Table 4.11 indicated a weak, negative relationship ($\beta = -0.303^{**}$) between the improvement of parents' private live with playing physical activities with their toddlers for exercise. The latter indicated that exercise and leisure time were just regarded as another method to entertain toddlers while not gaining any personal time. | See Section 6.5: personal leisure |
| Constant tiredness | See Section 6.2: Drained and tired. | Table 4.59 indicated that moderate, positive relationships existed between parents who felt tired and negative feelings and emotions. When parents reported an increase in feelings of tiredness, a similar increase in feeling downhearted, sad and hopeless ($\beta = 0.416^{**}$), feeling disorganised and confused ($\beta = 0.406^{**}$) and feeling overwhelmed and | Refer to Section 6.6: support and resources |

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| | | panicky ($\beta = 0.427^{**}$) occurred. | |
| Lack of autonomy | Figure 4.3. indicated that the COVID-19 crisis and lockdown regulations influenced parent's autonomy as they felt that: 1) they had no freedom of choice, 2) they were forced to adhere to the lockdown restrictions and regulations and 3) their leisure options were limited. | Table 4.60 indicated that a positive relationship ($\beta = 0.254^{**}$) existed between parents who indicated that the type of leisure activities they engaged in was limited by their personal freedom because of lockdown and an increase in their worsened work life and worsened private life ($\beta = 0.169^*$). | Theme 1, category 3: disobedience and division. Parents admitted to their personal disobedience while others noted the disobedience of other South African citizens and it led to frustrations and feelings of hopelessness to overcome the COVID-19 crisis. Rose, Emanuel and Faith explained their disobedience and stated that the lockdown legislation caused some parents to rebel against non-sensical legislation such as closing open space areas and cigarettes and shops selling winter clothing during the start of winter. |

Source: Researcher's own construct from Phase 1 and Phase 2 of the research data 2021

6.4.1 A crisis creates additional crises

From the descriptive statistics, most parents (71.4%) classified COVID-19 as a crisis for themselves and their households. As a result, additional crises arose (see table 4.15) such as 1) the disruption of daily schedules, routines and activities (20.3%), 2) emotional distress due to the uncertainty, mixed messages from authorities and social isolation (17.9%), 3) the loss of loved ones (14.6%), 4) mental health issues as a result of stress, anxiety and depression (14.4%) and 5) financial crises as a result of the loss of income (12.7%). In general, times of crisis are accompanied by feelings of nervousness, uncertainty and anxiety. The inferential results indicate a moderate, strong relationship ($\beta = 0.461^{**}$) that an increase in the aforementioned feelings also increases feelings of being disorganised and confused. As a result, parents would find it difficult to organise their work, non-work and life domains while being in a state of crisis and would require assistance to avoid these feelings resulting in a decline in psychological wellbeing.

Theme 3, sub-theme 2 highlighted how parents spiralled to an all-time low because of the COVID-19 pandemic. Some parents were medically diagnosed with depression and severe depression and anxiety and had to receive professional treatment. Prevention is always better than cure. The results of the interviews highlighted the need to de-stigmatize people suffering from mental health problems. Parents reported being scared to 'open up' to their family, especially in the African culture, where topics such as mental health are perceived to be taboo. The current study indicates that despite efforts to address mental health, more education, guidance and communication is needed. Beyond the pandemic, lessons should be learnt as front-line workers suffered emotional distress by witnessing the negative socio-economic disposition of the legislation on lower income groups who found it impossible to comply with the legislation to mitigate the spreading of the COVID-19 virus.

In an open-ended question, asking parents to provide reasons for experiencing COVID-19 as a crisis, one parent explained:

I don't see how the COVID-19 crisis could be classified as a non-crisis time for anyone. The COVID-19 crisis has caused so many disruptions for my family and robbed us of so many opportunities for both, social and economical [sic] stand point. I do believe that there are varying degrees of crisis times for everyone. But for me and my family it has most certainly been the most difficult and trying time we've ever experienced.

6.4.2 Ranging intensity in emotions

The subjective nature of wellbeing is displayed in the explanation provided above, however, throughout the analysis of Chapters 4 and 5, it is confirmed that most parents experienced ranging emotions throughout 2020-2021 (see Table 4.16 and Table 5.4). De Villiers (2020) also notes the mixed emotions parents experienced since the start of the COVID-19 crisis. Their emotions were affected by, amongst others, 1) the lack in WLB as already discussed, 2) how intensely they experienced the COVID-19 crisis (see Figure 4.2), 3) the effect of the COVID-19 crisis on their freedom of choice (see Figure 4.3), and 4) available support and resources during the crisis.

From the relationships in Table 4.59 it becomes apparent that when parents experienced an increase in positive emotions (i.e. feeling full of life, energised, hopeful, calm and peaceful), it resulted in an increase in positive emotions, e.g. feeling positive, hopeful, calm, peaceful, in control and coping well. However, when parents experienced an increase in negative emotions, e.g. feeling downhearted, sad, hopeless, nervous, uncertain, anxious, disorganised, confused, overwhelmed and panicked, it resulted in increased levels of related negative emotions such as feeling sick and unwell. It is therefore important for parents to engage in activities and/or experiences that generate or enhance positive emotions. A very simplistic measurement of wellbeing is a person's happiness level (Pollard & Lee (2003) or life

satisfaction (Diener & Suh, 1997; Seligman, 2002). However, during the COVID-19 crisis, this was challenging to achieve.

Theme 1 highlighted the negative effect COVID-19 had on the wellbeing of parents. However, theme 3 delved deeper into the emotions listed in Table 4.16 and identified more positive and negative emotions experienced by parents during the first 18 months of the COVID-19 crisis and related crises. A change from predominantly negative emotions to more instances of positive emotions is noted with the easing of the lockdown levels and settling in of new routines.

6.4.3 Lack of WLB

Most parents who had to work from home (n = 88) struggled to attend sufficiently to their work (53.4%), while equally struggled to attend sufficiently to their toddlers (60.2%) and it resulted in 81.8% of parents indicating that they felt irritable at times with their toddlers. The latter was confirmed in the semi-structured interviews by Madison. According to Table 4.23, most WFH parents experienced the demands of their jobs intensely (53.4%), the demands of their households (51.2%) and the demands of their relationships with their partners (50.9%). Parents also experienced a range of emotions in their inability to manage their work and life routines and available time (see Table 4.24) while being “constantly on duty” and “not having time for breaks”.

6.4.4 Lack of ‘ME time’

The descriptive statistics were discussed in Section 6.2 indicating that parents neglected their personal needs. While parents indicated that they enjoyed spending time with their toddlers while being confined, it appeared to be an “expected answer” to give while no statistical relevance occurred in the inferential statistics. The interviews confirmed that parents lacked time alone to engage in activities they enjoy while not being faced with other roles and expectations but just focusing on themselves.

6.4.5 Constant tiredness

Most parents (52.2%) indicated that they felt tired “most of the time” or “all of the time”, the relationships displayed in Tables 5.58 to 5.60 indicate that an increase in tiredness resulted in an increase in feeling downhearted, sad and hopeless, feeling disorganised and confused and feeling overwhelmed and panicky. The latter is applicable to n = 140 which means it influenced parents despite being regarded as essential workers (thus not WFH) or not. The psychological effect is similarly confirmed by the semi-structured interviews and experiences of Faith, Rose, Madison, Sarah and Emanuel. Both Faith and Emanuel were diagnosed with depression and severe depression and anxiety respectively. The results reiterate the concerns noted by Chung et al. (2020), Holmes et al. (2020) and MORI (2020), that COVID-19 brought various psychological and social challenges.

6.4.6 Lack of autonomy

The interrelatedness of the constructs is emphasised again, as parents experienced the closure of leisure spaces as limitations to their autonomy, which negatively affected their wellbeing. The latter was confirmed by the inferential statistics and interviews. Table 4.60 indicates that limiting parents' freedom of choice had a negative effect on their work and private life. Theme 1, category 3 highlighted the disobedience and division between parents and the range of emotions related to the limitation on freedom of choice. Rose, Emanuel and Faith explained that the limitation on autonomy caused parents to rebel against the government, especially against the non-sensical mitigation strategies such as the closure of open leisure spaces, such as beaches and parks and the selling of cigarettes.

Mansfield et al. (2020) urged academics to explain the complex significance of leisure for wellbeing, especially during COVID-19 when the meaning of wellbeing is highly contested. Discussion on the leisure discourse and importance of personal leisure time and activities as opposed to family leisure time and activities is discussed next.

6.5 Leisure discourse

Leisure is not only about managing one's free time but the importance of leisure is to give "meaning to people's lives" (Young, 2013:144). Within the ambit of the current study and constructs under investigation, namely WLB, Leisure and Wellbeing, personal leisure time, if utilised and planned, can act as a balancing tool between work, non-work and life while allowing parents to recharge, cope better, improve their productivity and wellbeing while being less irritable with their toddlers. Leisure time has the potential to lessen stress while functioning as a form of emotion-focused coping mechanism, inspiring independence, escapism, compensation and relaxation. However, from most leisure modalities engaged in by parents with toddlers during the COVID-19 crisis, the opposite of Aristotle's view of leisure as "time away from unpleasant obligations" appears to be true.

From the results shown in Chapters 4 and 5, it becomes clear that both, family leisure time and activities and personal leisure time and activities changed because of the COVID-19 crisis and related lockdown levels of 2020-2021. This occurred as a direct result of the social distancing, lockdown and related mitigation strategies that prohibited people from engaging in any leisure activities outside the parameters of their homes. In essence, overall leisure behaviour of parents was forced to change while allowing for limited freedom of choice (Bramante, 2020). The socialness or togetherness evident in many leisure pursuits was prohibited, which left individuals to engage in home-based leisure activities (Sivan, 2020). The results displayed here differentiate between family leisure and personal leisure, as parents with toddlers found themselves isolated with children who needed constant care and

supervision and despite indicating that they enjoyed it, the latter is true. Parents longed for their personal free time to engage in activities that they enjoy.

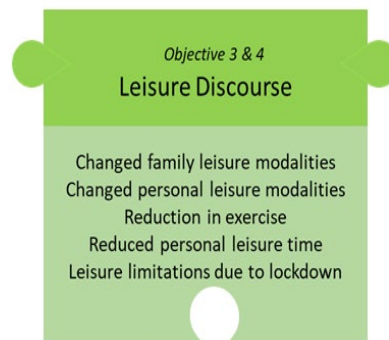


Figure 6.4: Visual display of the Leisure Discourse

Source: Researcher’s own construct

Table 6.3 displays the triangulation process that gave rise to the categories displayed in Figure 6.4 and are discussed in more detail below.

Table 6.3: Triangulation process regarding the leisure discourse construct

| Leisure discourse | Descriptive statistics | Inferential statistics | Themes |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Changed family leisure modalities | <p>Table 4.39 indicated the family leisure activities of parents with toddlers before the COVID-19 crisis. It included: 1) outdoor activities (18.8%), 2) VFR (12.62%), 3) travel/weekends away (12.62%), 4) day excursions to attractions and sightseeing (10.68%), and 5) visiting restaurants and wine farms (6.47%).</p> <p>As a result of lockdown and social isolation, different family leisure modalities featured. Table 4.41 indicates an increase in 1) board games (+55%), 2) watching TV (+89.3%), 3) arts and crafts</p> | <p>Table 4.32 (infer time vs leisure) indicates that when a change in family time was experienced, positive relationships exist with the following leisure activities: 1) a change in exercising ($\beta = 0.226^{**}$), 2) a change in visiting restaurants ($\beta = 0.315^{**}$), 3) a change in providing community service or volunteer at the needy ($\beta = 0.194^*$), 4) a change in visiting art, culture and heritage related institutions and performances ($\beta = 0.194^*$), 5) a change in reading ($\beta = 0.194^*$), 6) a change in spending time in nature ($\beta = 0.232^{**}$), and a change in</p> | <p>Theme 4, Sub-theme 1 indicated the paradox that family leisure time was enjoyed by all parents. In essence, it appeared to be perceived by parents as just another chore and/or responsibility. The majority of parents indicated their high frustration levels.</p> <p>Theme 4, Sub-theme 2: Family leisure modalities while isolated at home comprise 1) physical play and exercise, 2) creative activities, 3) general playtime, 4) intellectual activities, 5) quality bonding time and 6) passive activities</p> |

| | | | |
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| | <p>(+56.4%), 4) cooking, baking, gardening (+89.3%), and 5) reading (+68.6%) while Table 4.47 indicated that parents engaged in their toddler's favourite activities which included: 1) physical play and exercise, 2) creative activities, 3) play-time with their favourite toys, 4) intellectual activities, 5) passive activities and 6) singing and dancing.</p> <p>According to Table 4.44, 59.3% of parents adapted their family leisure activities according to the easing of lockdown legislation – going more social. However, 40.7% remained isolated due to fears of contracting the virus. Only 19.3% were ready to engage in pre-COVID-19 family leisure activities. Should be considered by leisure and recreation providers.</p> | <p>engaging in intellectual leisure experiences ($\beta = 0.171^*$).</p> | <p>like watching TV or movies.</p> <p>Varying emotions were experienced by parents who admitted to more screen time to keep their toddlers entertained.</p> <p>With the easing of lockdown levels, parents preferred outside family leisure modalities,</p> |
| <p>Changed personal leisure modalities</p> | <p>Personal leisure activities before the COVID-19 crisis comprised (Table 4.49): 1) sports activities and exercise, 2) VFR, 3) shopping and visiting malls, 4) reading, 5) self-care (pamper days), 6) relax, rest, sleep, 7) watching movies, TV, Netflix, series.</p> <p>16.23% indicates that you have no personal leisure time as a parent of toddlers.</p> <p>Table 4.450. Since the start of COVID-19 parents moved their personal leisure modalities to entertain and spend time with their toddlers (96.5%)</p> | <p>No statistical relationships were found between parents who enjoyed spending their personal leisure time with their toddlers were improving their private lives.</p> <p>As a result of COVID-19, parents did not spend their free time on their own hobbies. It had a negative relationship with neglecting their personal needs due to the stress of work ($\beta = -0.231^{**}$) and blaming their job for making it difficult to take care of the type of private life they want ($\beta = -0.173^*$).</p> | <p>Theme 3, Sub-theme 4 indicated the change in personal leisure modalities. It included 1) sitting outside in the sun, 2) reading, 3) watching movies, 4) reminiscing about their pre-COVID-19 freedom to move around, 5) Online platforms (WhatsApp, Zoom), 6) doing nails, 7) cooking and trying new recipes, 8) mindful and meditating leisure experiences, 9) introspection, 10) exercising (started running), 11) indulged in drugs and alcohol, 12) quality time with a partner, and 13) gardening.</p> |

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| | <p>engaging in activities that their toddlers enjoy (94.3%). Only 40% made time to engage in activities of their choice, while 60% said that they hardly had time available to spend on their own activities.</p> <p>Of the 40% who made time for personal leisure it becomes apparent that a shift occurred from a more social type of activity to a more internal, developmental and reflective type of leisure activity.</p> | <p>Introspective and restful leisure during the COVID-19 pandemic resulted in negative WLB and wellbeing.</p> | <p>Less than half of the parents spent time reaching out to friends in need, checking on their neighbours and providing random acts of kindness.</p> <p>Parents used their personality types as a means to describe the type of personal leisure modalities they engaged in. i.e. “not social butterflies”, “not really a social person”, “mostly introverts” vs i.e. “outdoors and outgoing person”, “family person”, “people’s person”. Madison explained that some people recharge among people, while other recharge being alone. However, Sarah said that “being part of a community” creates a “sense of belonging” which is part of humans’ “generic makeup...we are social beings” by heart.</p> |
| <p>Reduction in exercise</p> | <p>Table 4.61 indicated that 66.4% of parents’ exercise routines changed because of the COVID-19 crisis.</p> <p>Table 4.49 indicated that exercise and sports routines were significant personal leisure activities before the start of the COVID-19 crisis. However, only 22.8% of parents managed to exercise at least once a day while 34.2% managed to exercise between 2 to 3 times a week.</p> <p>(Table 4.52 indicated that parents who continued with their personal exercise routines moved to home-based exercises such as running, skipping and weight</p> | <p>Inferential statistics (time and leisure activities). Contrary to the descriptive statistics, indicated that when a change in family time is experienced, a positive relationship exists between a change in exercise ($\beta = 0.226^{**}$).</p> <p>Parents who managed to keep their routines the same as pre-COVID-19 had no statistical relevance to any WLB aspects, it, however, had a weak, negative exercise relationship ($\beta = -0.174^*$) with my job makes it difficult to take care of the type of private life I might like.</p> | <p>With the easing of the lockdown levels, some parents started running for the first time in their lives, started going to wine farms again, started hiking, going to the park and going to the beach.</p> <p>While most parents indicated a reduction in exercise, some parents started to exercise as a means to get away from it all and spend time on their own.</p> |

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| | <p>training (15.17%) while some made use of online training classes and videos (4.83%).</p> <p>Most parents (69.3%) indicated that they know the importance of exercise but since the start of COVID-19 lacked the energy and time to focus on their exercise routines. (It brings about a number of health concerns as explained in Chapter 2).</p> <p>77.9% indicated that they played physical activities with their toddlers for exercise. In essence, it defeats the purpose of exercise as a personal leisure activity to “get away from it all” and recuperate.</p> | <p>Parents with exercise routines before the COVID-19 pandemic, and who maintained them, managed to maintain a positive life satisfaction.</p> <p>When parents indicated that they are aware of the benefits of exercise, but since the start of the COVID-19 crisis did not have time or energy to engage in their exercise routines, it had positive relationships with improved work-life ($\beta = 0.297^{**}$) and improved.</p> <p>However, parents who indicated that they played physical activities with their toddlers as exercise, had a negative relationship with 1) my work life improved ($\beta = -0.177^*$) and my private life improved ($\beta = -0.303^{**}$). At the same time it had a positive relationship with 1) my private life worsened ($\beta = 0.211^*$), 2) I often need to make difficult choices between my work and private life ($\beta = 0.170^*$), 3) once I finish my work I am too tired to try to do the things I enjoy ($\beta = 0.259^{**}$) and 4) my job makes it difficult to take care of the type of private life I would want ($\beta = 0.197^*$)</p> | |
| Reduced personal leisure time | Table 4.50 indicated that 77.8% of parents agreed that spending their free time on activities of their own choice which they enjoy, made them happy. | Parents hardly had time to rest, relax and spend their leisure time on activities of their personal choice. It had a negative relationship with the improvement of their private life ($\beta = -0.387^{**}$) and positive | Some parents indicated that they only managed to get time for themselves when they went to bed or bathed or when their toddlers were asleep as a result of overall increases in |

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| | <p>77.1% of parents missed the social experiences of going to or going out with friends.</p> <p>60.7% of parents often reminisced about their personal pre-COVID-19 leisure time and activities.</p> <p>Table 4.53 indicated that the majority of parents (50.7%) did not forget about their roles, responsibilities, demands and challenges while engaging in their personal leisure activities – the latter could be a result of replacing their personal time with more toddler time. 35.% indicated that their leisure activities assisted them to forget about their troubles while engaging in their leisure activities.</p> | <p>relationships with 1) worsened work life ($\beta = 0.195^*$), 2) worsened private life (0.387^{**}), 3) neglecting their personal needs due to work ($\beta = 0.279^{**}$), 4) difficult choices between work and life ($\beta = 0.273^{**}$), 5) after work being too tired to engage in activities they would want to do ($\beta = 0.314^{**}$), and 6) my job makes it difficult to take care of the private life I might like ($\beta = 0.325^{**}$).</p> <p>Table 4.69 indicates positive relationships between parents' lack of personal interactions with friends and/or family and the intensity of their household demands ($\beta = 0.324^{**}$), demands of their toddlers ($\beta = 0.368^{**}$), healthcare demands of their family and households ($\beta = 0.268^*$), personal health demands (staying physically and mentally healthy) ($\beta = 0.329^{**}$) and the intensity of the fluctuating lockdown levels ($\beta = 0.558^{**}$).</p> | <p>demands of various life roles.</p> <p>A lack of personal leisure time resulted in feelings of frustrations with partners/spouses who do not “take over” to allow the other one “time out” to rest.</p> |
| <p>Leisure limitations due to lockdown</p> | <p>According to Table 4.49, pre-COVID-19 parents spend their personal leisure on activities of their choice, but because of the lockdown restrictions and limitations on social togetherness, parents directed their attention to their toddlers, away from their own needs.</p> <p>Table 4.50 indicated that 85.7% of their personal leisure activities were limited by their personal</p> | <p>When parents indicated that the type of leisure activities they engaged in was limited by their personal freedom due to lockdown, it had a negative relationship with the improvement of their work life ($\beta = -0.178^*$). It had a positive relationship with my work life worsened ($\beta = 0.254^{**}$) and my private life worsened ($\beta = 0.169^*$).</p> | <p>By closing leisure spaces such as the gym, Violet indicated that her personal free time was taken away.</p> <p>Theme 4, Sub-theme 5 address the benefits to parents of toddlers by being intentional about their personal leisure time and activities. Faith, Lily and Grace explained the importance of personal leisure time and activities. As a parent of toddlers, it is beneficial to both when parents</p> |

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| | <p>freedom due to lockdown.</p> <p>Table 4.55 indicates that the majority of parents (56.4%) agreed that personal leisure time positively contributed to their parental wellbeing. Reasons include (Table 4.56): 1) Parental wellbeing improved while spending quality time with family and toddlers, 2) personal leisure time relieved stress and anxiety, 3) providing a time to reflect and clear their minds, 4) wellbeing improved while engaging in activities that parents enjoy and 5) it provided a renewed positive view on life.</p> | | <p>make time to engage in leisure activities they enjoy. Parents must be mindful of themselves and make time as it results in good feelings and sense of pride. Schedule appointments with yourself in advance. Grace explained: "If I don't get time for myself, I am not the best mom, I'm not the best wife"... "you have to be intentional" and "consistent" to "create that space to say, you know what: 'a balanced mom is contributing to a balanced household'".</p> |
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Source: Researcher's own construct from Phase 1 and Phase 2 of the research data 2021

6.5.1 Changed family leisure modalities

Prior to the COVID-19 crisis, family leisure activities mostly comprised time and activities away from home while being social in nature. Table 4.39 indicated that family leisure pre-COVID-19 included 1) outdoor activities, 2) VFR, 3) travelling and weekends away, 4) engaging in physical and sports activities, 5) day excursions such as sightseeing and visiting attractions, and 6) visiting restaurants and wine farms. Limited time was spent watching TV, doing arts and crafts, gardening, cooking or baking. As mitigation strategies to fight the COVID-19 virus-imposed restrictions on social interactions and closed outdoor and indoor leisure spaces, it resulted in an automatic change in the time spent on pre-COVID-19 leisure activities.

In Table 4.40, parents indicated that the following leisure activities decreased because of the COVID-19 crisis: 1) VFR (85%), 2) exercising (57.9%), 3) going away for a weekend (80%), 4) visiting attractions, wine farms, beaches and/or attending events (84.3%), 5) visiting restaurants (87.9%) and 6) spent time in nature (52.1%). Simultaneously, the following activities increased because of lockdown: 1) playing board games (28.6%), 2) watching TV (60%), 3) playing X-box or online games (29.3%), 4) de-cluttering and renovating the homes (40.7%), 5) cooking, baking, gardening (59.3%), 6) reading (35%), and 7) engaging in

intellectual leisure experiences such as word searches, riddles (30.7%). Similar trends were experienced in Brazil (Bramante, 2020), China (Zhou & Liu, 2020), Hong Kong and Israel (Sivan, 2020), Hungary (Banhidi & Lacza, 2020) and the Netherlands (Marques & Giolo, 2020) where a shift occurred away from social activities to either sedentary, online activities or taking up more domestic tasks.

In the descriptive statistics (see Table 4.47) parents indicated that their home-bound family leisure modalities included 1) physical play and exercises, 2) creative activities, 3) playtime with their toddlers' favourite toys, 4) intellectual activities, 5) quality bonding time, and 6) passive activities. While the semi-structured interviews confirmed these modalities, the use of technology to entertain toddlers was also discussed. Parents displayed diverse opinions ranging between being able to balance screen time, less screen time and/or admitting to more screen time because of being confined to home. For parents with toddlers, family leisure comprised mostly of supervision duties than leisure, as parents typically engaged in activities that provided entertainment and fun to their toddlers.

Parents indicated in Table 4.48 that they enjoyed their home-bound leisure activities with their toddlers, as it provided them with, amongst others, 1) uninterrupted bonding time, 2) it was fun, interactive and relaxing for all, 3) they experienced their toddler's development, and 4) seeing their children happy, makes them happy. At the same time, most parents (96.5%) indicated in Table 4.50 that they enjoyed spending their personal free time with their toddlers. However, no statistical relevance was found in Table 4.72 between parents who indicated the latter and an improvement in the parents' private lives. Reasons for this occurrence appeared in Sub-theme 1 of the Leisure Discourse theme as a paradox that family leisure was enjoyed by most parents during the COVID-19 crisis. Due to the age(s) of toddlers, they need constant supervision and attention to keep them occupied, as a result, seven parents indicated their various levels of frustration to keep their toddlers busy. What was supposed to aid with the relaxation and personal enjoyment of parents of toddlers, appeared to have become another chore and/or responsibility because of the COVID-19 crisis and influenced parents' available personal leisure time and activities. As such, it is essential to distinguish between family leisure and personal leisure time and pursuits of parents.

6.5.2 Changed personal leisure modalities

The importance to maintain a balance in life was already discussed as it impacts parental wellbeing which in turn impacts toddlers, families and households. To be the best possible parents to toddlers, parents must look after themselves first—almost like the proverbial phrase of “Happy Mom, Happy House”. Table 4.49 shows a list of the activities engaged in by parents pre-COVID-19. While some parents indicated that they do not get alone time as a parent, more parents indicated that they engaged in sports activities and/or exercises. Other activities

included 1) VFR, 2) Shopping and visiting malls, 3) reading, 4) relax, rest, sleep, 5) self-care, i.e. pamper days, and 6) watching movies, TV, Netflix, and series.

As a result of the COVID-19 crisis, only 40% of parents (see Table 4.50) spent their free time on their own hobbies, as most parents (94.3%) dedicated their free time to activities that their toddlers enjoyed. It appears to be related to the fact that toddlers cannot be left alone to entertain themselves and need constant supervision which results in 60% of parents indicating that they hardly had free time available to relax and spend on activities of their own choice, since the start of the COVID-19 crisis. Parents had leisure time available as part of their pre-COVID-19 routines, as toddlers attended ECD centres and were stimulated there, However, since the start of lockdown, parents and toddlers were confined together at home most of the time. However, given the content of Table 4.72, no statistical relevance to improving the WLB of parents appeared when parents dedicated their free time to activities that their toddlers enjoyed. 60% of parents indicated that they hardly had free time available to relax, and spend on activities of their choice, it had a (close to moderate) negative relationship with the improvement of their private lives ($\beta = -0.387$). It had positive relationships with the following: 1) my work life worsened ($\beta = 0.195$), 2) my private life worsened ($\beta = 0.315$), 3) I often neglect my personal needs due to the stress of my work ($\beta = 0.279$), 4) I often need to make difficult choices between my work and my personal life ($\beta = 0.273$), 5) once I finish my work, I am too tired to try to do things I wish to do ($\beta = 0.314$), and 6) my job makes it difficult to take care of the type of private life I might like ($\beta = 0.325$). The need for parents to engage in activities they enjoyed prior to COVID-19 and were restricted because of the lockdown legislation becomes apparent. A generalisation that parents of toddlers never have time available for themselves is not correct as personal leisure time and activities declined because of ECD closed, social isolation and the falling away of important support systems and resources.

Based on the above, it becomes clear that personal leisure modalities during 2020-2021 changed to include: 1) passive leisure pursuits, 2) introspective and restful leisure, 3) constructive and meaningful leisure activities, 4) reminiscing about their pre-COVID-19 leisure activities, 5) leisure activities that reflect their personal interest, strengths and aptitude, 6) activities that developed their capacities and skills and produced feelings of satisfaction, 7) mindful, meditating leisure experiences that decluttered my mind, and 8) spending time to reach out to friends in need, checking in on neighbours and providing random acts of kindness. The latter was confirmed by the semi-structured interviews while adding the following modalities: 1) exercising, 2) indulging in drugs and alcohol, 3) spending quality time with a partner, and 4) gardening.

6.5.3 Reduction in exercise

One of the main pre-COVID-19 leisure activities of parents included sports activities and exercise (see Table 4.49). However, only 33.7% of parents agreed that their exercise routines stayed the same since lockdown started. A number of reasons provided in Table 4.52 include: 1) not having time or energy for exercising, 2) lockdown restrictions halted/minimised exercise routines, and 3) the only exercise is playing with my children. Some parents have, however, changed to home-based exercises such as running, skipping, weight training and online training classes and videos. However, most parents (69.3%) indicated that they are aware of the importance of exercising but as a result of the COVID-19 crisis, did not have the energy or time to focus on an exercise routine while 77.9% of parents played physical activities with their toddlers for exercise. 22.8% of parents exercised at least once a day, while 34.2% continued to exercise 2 to 3 times a week. From the relationships between parents' exercise routines during the COVID-19 crisis and WLB aspects (see Table 4.71), it becomes clear that parents who continued with their exercise routines were determined not to allow their work demands to interfere with their private lives. No statistical relevance was found between parents who exercised once a day and/or 2 to 3 times a week in relation to the improvement of their WLB. However, several positive and negative relationships exist when parents indicated that they played physical activities with their toddlers for exercise. The negative relationships include 1) my work life improved ($\beta = -0.177$) and 2) my private life improved ($\beta = -0.303$), while the positive relationship that exists between playing physical activities with my toddlers as exercise and my private life worsened ($\beta = 0.211$). Other positive relationships, include: 1) I often need to make difficult choices between my work and personal life ($\beta = 0.170$), 2) once I finish my work, I am too tired to try to do things I wish to do ($\beta = 0.259$), and 3) my job makes it difficult to take care of the type of private life a might like ($\beta = 0.197$). Physical activities are thus perceived as a tick-box exercise and aid to reduce the mommy-guilt experienced by parents who had to balance numerous work and life demands but when parents acknowledged the importance of exercise and equally, acknowledged their lack of time and/or energy as a result of the COVID-19 crisis, it resulted in positive relationships that their work life improved ($\beta = 0.297$) and their private life improved ($\beta = 0.173$). A possible reason could be that parents somehow reduced the pressure on themselves by recognising their inability to sufficiently attend to all aspects of their lives because of the COVID-19 crisis or by receiving much-needed support, which is addressed in Section 6.6.

6.5.4 Reduced personal leisure time

Parents who indicated that they often reminisced about the leisure activities they engaged in pre-COVID-19, had positive relationships with the following: 1) my private life worsened ($\beta = 0.187$), 2) my work suffers because of everything going on in my personal life ($\beta = 0.213$), and 3) once I finish my work I am too tired to try to do things I wish to do ($\beta = 0.217$). From the

semi-structured interviews, the latter was confirmed, as reminiscing about prior leisure experiences did not result in the experience of positive emotions among parents such as Rose, Sarah, Violet, Grace and Faith. As a result, they experienced feelings such as 1) being stuck at home, 2) overthinking situations, 3) a missed sense of belonging, 4) missing support, 5) isolation, and 6) being forced to revert to technology to keep in touch with friends and relatives.

Bear in mind, Section 2.3 of Chapter 2 and the descriptions provided. It is explained by the statistical relationships displayed in Table 4.72.

1) Passive leisure pursuits (72.2%):

While people had to adapt their leisure activities to home-based activities, it led to a positive relationship between 'I engaged in more passive leisure pursuits' and 'my private life worsened' ($\beta = 0.177$). As a result, the inference can be made that parents did not enjoy their passive leisure pursuits which they had to adapt to.

2) Introspective and restful leisure (58.6%):

When parents indicated that they spent time on introspective and restful leisure activities, it had negative relationships with the following: 1) my work life worsened ($\beta = -0.169$), 2) I often neglect my personal needs due to the stress of my work ($\beta = -0.192$), and 3) my job makes it difficult to take care of the type of private life I might like ($\beta = -0.263$). While introspection can be a valuable activity, when this personal observation leads to negative realizations and feelings of neglect and the desire for a better life during the COVID-19 crisis, it can have a negative effect on parents' wellbeing.

3) Constructive and meaningful leisure activities (62.6%):

The stress of work demands, prevented parents from spending time on constructive and meaningful leisure activities, despite 62.8% of parents indicating in Table 4.50 that they did spend time on constructive and meaningful leisure during the COVID-19 crisis. Negative relationships occur with 1) I often neglect my personal needs due to the stress of my work ($\beta = -0.211$) and 2) my job makes it difficult to take care of the type of private life I might like ($\beta = -0.218$). It possibly explains why many parents (50.7%) in Table 4.43 indicated that their leisure activities during the COVID-19 crisis did not aid them to forget about their life demands, challenges and responsibilities.

4) Activities that developed their capacities and skills and produced feelings of satisfaction (65.8%):

A negative relationship exists between parents who indicated that they engaged in leisure experiences that developed their capacities and skills and it produced feelings of satisfaction, with my job making it difficult to take care of the type of private life I might like ($\beta = -0.174$).

5) Mindful, meditating leisure experiences that decluttered my mind (50%):

No statistical relevance appeared.

6) Spending time to reach out to friends in need, checking in on neighbours and providing random acts of kindness (54.2%):

No statistical relevance appeared

However, when parents agreed that they engaged in leisure activities that reflect their personal interests, strengths and aptitudes (72.8%), it had a positive relationship with improving their private lives ($\beta = 0.195$) and a negative relationship with often needing to make difficult choices between their work and personal life ($\beta = -0.169$). In essence, parents who engaged in leisure activities of their choice and interest, despite being restricted, experienced more positive emotions and as a result, possibly better overall wellbeing. From the semi-structured interviews, only Faith, Amelia and Emanuel engaged in activities that reflected their personal interests, strengths and aptitudes—Faith by doing her nails, Amelia by soaking her feet, explaining that it made her feel “calmer”, and Emanuel by cooking.

6.5.5 Leisure limitation due to lockdown

Most parents (85.7%) agreed that the leisure modalities they engaged in were limited by their personal freedom as a result of lockdown. Equally, 77.1% of parents missed the social experiences of going out with and/or to friends and relatives and it resulted in 60.7% of parents often reminiscing about the leisure activities they used to engage in before the COVID-19 crisis. The importance of autonomy becomes apparent in the relationships displayed in Table 4.72. When parents indicated that the type of leisure activities they engaged in was limited by their personal freedom due to lockdown, it had a negative relationship with the improvement of their work life ($\beta = -0.178$). It also had positive relationships with 1) my work life worsened ($\beta = 0.254$) and 2) my private life worsened ($\beta = 0.169$). Parents who indicated that they missed the social experiences of going out with friends and relatives during strict lockdown levels, had negative relationships with 1) my work life improved ($\beta = -0.177$) and 2) my private life improved ($\beta = -0.303$). Positive relationships (as a result of the missing social element) were found with 1) I often need to make difficult choices between my work and my personal life ($\beta = 0.170$), 2) once I finish my work I am too tired to try and do things I wish to do ($\beta = 0.259$), and 3) my job makes it difficult to take care of the type of private life I might like ($\beta = 0.197$). While social isolation was forced upon working parents with toddlers during the COVID-19 crisis, it resulted in worsened work and life situations.

From the semi-structured interviews, the significant role of an active support system to engage in personal leisure time became apparent. It is discussed when addressing Objective 5. However, the limitation of support due to the prohibiting of social interaction might have had an influence on the results of Table 4.54 where 50.7% of parents indicated that their leisure activities did not help them to fully relax, recharge and recuperate and forget about the

demands, challenges and responsibilities with which they were faced. However, 56.4% of parents agreed that their leisure activities contributed to their overall wellbeing, explaining (see Table 4.56) that their wellbeing improved when they spent quality time with their family and toddlers, when engaging in activities that they enjoyed and while being outside in nature. Also, their leisure activities assisted them to relieve stress and anxiety, provided a time to reflect and clear their minds and have a renewed, positive view on life, improved their spiritual engagement and provided opportunities to upskill professionally, personally and as parents. The foregoing reflects the benefits of leisure modalities during the COVID-19 crisis and is substantiated by the semi-structured interviews, (see Sub-theme 5) whereby parents emphasised the importance of personal leisure time. Faith, Lily and Grace strongly recommend that parents are intentional about their personal free time as it results in feelings of being proud and feeling good. They explain that it is easy to make excuses (i.e. not having enough time, being tired, too much work) but it is necessary to “force through whatever [it] is that you have to do” to make time for yourself to be, amongst others, a better parent.

6.6 Support and resources



Figure 6.5: Visual display of Support and Resources

Source: Researcher’s own construct

Table 6.4 below displays the triangulation process that gave rise to the categories displayed in Figure 6.4 and are discussed in more detail below.

Table 6.4: Triangulation process regarding the support and resources constructs

| Support and resources | Descriptive statistics | Inferential statistics | Themes |
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| Support needs (with...) | Table 4.36 classified the types of support needs as 1) emotional support, 2) financial support, 3) toddler/children duties and responsibilities, 4) mental wellbeing, 5) physical wellbeing, 6) household duties. | - | <p>Theme 3, Sub-theme 3:</p> <p>The need for support varies per household and parent based on the challenges they experience. An overall positive wellbeing was experienced by Lily and Olivia. Olivia did not receive any support as she is used to doing things on her own, while Lily had support on all levels, despite her hearing impairment. Lily indicated that it was amazingly beneficial to her overall health and wellbeing.</p> <p>A big need during the COVID-19 crisis was for parents to get time to engage in activities they enjoy. Personal routines and structure assist and provide support on a physical, emotional and mental level.</p> |
| Support from (sources) | Table 4.34 indicated that the majority of parents received support from 1) family (87.8%), 2) partner/spouses (75%), 3) employers (75%), 4) friends (72.2%), 5) co-workers (69.2) | <p>When parents received any form of support, whether from employers with understanding and flexible work arrangements or any other, it resulted in positive emotions and the elimination of negative emotions which had a positive effect on parents' wellbeing.</p> <p>The value of receiving support during a crisis becomes apparent. Support enhanced parents' WLB while the contrary may also be true, as the lack of support as a result of social isolation resulted in WLI. The setting up of crisis support systems is essential.</p> <p>Parents who received support were able to maintain their pre-COVID-19 exercise routines while resulted in overall better health and wellbeing.</p> | <p>Theme 3, Sub-theme 3:</p> <p>Parents received a range of support from the following support structures:</p> <ol style="list-style-type: none"> 1) Family members 2) Spouses/partners 3) Employer 4) Friends 5) Technology 6) Medical support 7) ECD centre 8) Banks 9) Religion 10) Black-market 11) Personal routines 12) Self-development 13) Serving others |

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| <p>Support resources</p> | <p>Table 4.38 indicated that the majority of parents had no resources available to assist them with their biggest personal challenges as a result of the COVID-19 pandemic.</p> <p>Some parents indicated the availability of social resources, psychological resources, physical resources, cognitive resources, ECD/school resources and financial resources.</p> | <p>-</p> | <p>Theme 3, Sub-theme 3:</p> <p>Resources vary and should be explained with the context of a crisis such as COVID-19. As a result of the interviews the LWM of Carruthers and Hood (2007) which is aimed at therapeutic recreation practices were adapted to include the complexities of parents during the COVID-19 by adding the following resource:</p> <p>Psychological resources should include wellness programmes and medical assistance i.e. psychologists, and psychiatrists.</p> <p>Cognitive resources should include evolving as a person, religious relationships and the development of daily routines</p> <p>Physical resources should include assistance with daily demands and chores, ECD centre information packs, and sufficient workspaces.</p> <p>Environmental resources should include family and/or friend “bubbles” and relocation.</p> <p>Technological resources and financial resources should be included comprising of easy to access to information, ease of access to arrangements i.e. banks, mobile devices i.e. phone calls, WhatsApp’s and related online and digital platforms and social connectivity by means of technology. Financial resources should increase family, banks and financial institutions, ECD centres, friends and employers.</p> |
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Source: Researcher’s own construct from Phase 1 and Phase 2 of the research data 2021

6.6.1 Support needs to combat challenges

As a result of the COVID-19 crisis and related crises faced by parents, a list of personal challenges is displayed in Table 4.37. Only 6 of the 140 parents indicated that they were not faced with any unmanageable, major challenges, and the inference can be made that they had sufficient support and resources to successfully manage the many facets of their lives. The predominant challenges listed by parents included: 1) the financial impact, 2) mental and emotional distress, 3) WFH and WLB challenges, and 4) keeping themselves and their families safe from exposure and infection with the COVID-19 virus. Other major challenges listed by parents ranged between the following: 1) adapting to new routines, 2) the loss of loved ones, 3) adapting to COVID-19 protocols, i.e. masks, sanitising, social distancing, 4) keeping children and toddlers occupied at home, 5) less family time, 6) fluctuating lockdown levels and restrictions i.e. curfews, 7) marital problems, 8) the lack of support systems, 9) no free time, and 10) relocation. To optimise parental wellbeing, it is important to acknowledge the challenges of parents and ensure sufficient support and resources are available to mitigate the impact of the challenges on parents with toddlers. The provision of support to combat the abovementioned challenges, does not entail a one-size-fits-all approach and requires several support systems (internally and externally) to work together.

6.6.2 Support sources (who provided support)

In Table 4.36 parents indicated that they received various types of support to reduce their challenges, such as 1) emotional support i.e. messages, calls, 2) financial support, 3) mental wellbeing support i.e. Employee Wellness Programmes, meditation, psychologist appointments, medication, 4) toddler duties and responsibilities, 5) physical wellbeing i.e. time to exercise, 6) household duties i.e. cleaning, washing, cooking, 7) food and household necessities, and 8) teaching and learning material. Equally, in Table 4.34, parents indicated that their employers allowed flexible work arrangements (59.3). Based on a list of support providers (see Table 4.34), in the descriptive statistics, most parents agreed that they received support from: 1) family (87.8%), 2) Partners/spouses (75%), 3) employers (75%), 4) friends (72.7%), and 5) co-workers (69.3%). The types of support are supported by Table 5.5 to 5.13 of the semi-structured interviews, agreeing that support was received from family (mentioned by 8 parents) and partners/spouses (mentioned by 7 parents). However, it appears that technology (mentioned by 5 parents) provided more support than both, employers (4 parents) and friends (4 parents), while 4 parents also indicated that establishing personal routines acted as a support system for them. Additional supporting structures mentioned by parents included: 1) Medical support i.e. psychologists, psychiatrists, 2) support from financial institutions i.e. banks, 3) religious support i.e. church groups, 4) ECD centres, 5) a black market for mummies, 6) retailers, 7) landlords and 8) leisure spaces. A clear lack of support from social groups that parents belong to appeared in the semi-structured interviews and is confirmed by 52.9% of

parents in Table 4.34. Even though only 38.6% of parents (see Table 4.13) had dependants living with them, most parents (79.3%) agreed that they did not receive support with dependent care concerns (see Table 4.34).

6.6.3 Support resources

It was important to determine the effect of sufficient support systems on the WLB, wellbeing (specifically emotions) and exercise routines of parents with toddlers, to propose guidelines to ECD centre management and employers who employ parents with toddlers. From the relationships displayed in Table 4.73, it became apparent that when parents received any form of support from family members, partners/spouses, employers, co-workers, friends or social groups it resulted in positive emotions and the elimination of negative emotions which had an overall positive effect on parents' wellbeing.

However, given the percentages of parents who indicated that they did not receive support (see Table 4.34) from 1) their employers (25%), 2) with flexible working arrangements (40.7%), 3) co-workers (30.7%), 4) partners/spouse (25%), 5) family (12.2%), 6) friends (27.2%), 7) social groups (52.9%) and 8) with child care activities (32.8%), the overall negative parental wellbeing during the COVID-19 crisis becomes clear. The same phenomenon appeared in the relationships displayed in Table 4.74, indicating that when parents with toddlers received sufficient support, their work lives and private lives improved, and they were better capable of balancing their work and life demands. At the same time, negative feelings of neglecting their personal needs due to the stress of work and/or letting their work suffer because of everything going on in their private lives subsided. It was easier to make choices between their work and private lives while flexible work arrangements led to being less tired. Blaming their work demands for making it difficult to take care of the type of private life they might want, also diminished.

In essence, with sufficient support, parents were better equipped to achieve a WLB. The same phenomenon appeared in the relationships displayed in Table 4.75. When parents received sufficient support, they were mostly able to either maintain their pre-COVID-19 exercise routine, exercise once a day, or exercise 2 to 3 times per week. If exercise is seen as a barometer for personal leisure time, the inference can be made that sufficient support would lead to sufficient leisure time which, in combination with improved parent wellbeing and a better WLB, could lead to more balanced parents as individuals but also as contributors to society on the economic, political, social and psychosocial level. While guidelines can be proposed to guide parents to better equip themselves for crisis times in terms of the setting up of personal support systems, guidelines can also be proposed to the National Government on the importance of not closing leisure spaces and limiting social interaction through lockdown

measures to maintain well-balanced and emotionally healthy citizens, however, it is beyond the extent of the current study.

6.7 Chapter summary

From the literature and triangulation of data, this chapter highlighted the importance of personal leisure time as a tool to achieve parental wellbeing and WLB. It explained how emotional and psychological wellbeing affects parents' experiences of their WLB and available time for leisure. When parents do not purposefully make time for personal leisure activities that they enjoy, it results in WLI, negative emotions and employees experience reduced productivity and engagement because of feelings of being nervous, uncertain and anxious, among others. The availability of support and resources also affects parents' WLB, parental wellbeing and leisure time and activities. By implementing the lockdown in South Africa, parents were confined to home with their toddlers who needed constant care and supervision, it resulted in irritated parents and role changes in households which created overall imbalanced, compromised wellbeing and no time for parents to relax and engage in activities which they enjoy. Family leisure activities changed from pleasurable, social experiences to just another role parents had to fulfil with related demands and responsibilities. Although parents think it is good or somehow humble to put themselves and their personal needs last while first attending to all their other life domains, it achieves the opposite of what they intend to achieve. They are trying to pour from an empty cup and their work life and private life only improved if they allowed themselves time away from it to rest and engage in activities that they enjoy. Parents tend to forget that as much as their toddlers affect their lives, the opposite and mutual co-dependence is true. Balanced parents result in balanced toddlers, households, families and societies and personal leisure time is critical to achieving that balance.

CHAPTER 7: CONCLUSION AND RECOMMENDATIONS

7.1 Introduction

This dissertation began by indicating the gaps in the literature regarding the study area of constructs such as WLB, parental wellbeing and leisure since the start of the COVID-19 health crisis. WLB, leisure and wellbeing literature pre-COVID-19 and since the start of the COVID-19 crisis was reviewed to determine the interconnectedness of the constructs, especially for parents with toddlers during a crisis such as COVID-19 while keeping in mind the subjective and unique needs, demands and challenges of parents and household. In the absence of one framework to guide the study, a theoretical framework was established in Chapter 2. By exploring various puzzle pieces, the researcher guided the theory toward a more specific conceptual framework that could be tested among different groups. During the research process, the framework was conceptualised and tested to derive outcomes and future research avenues. In the absence of a standard methodological approach for such a study, the researcher chose a mixed-methodological approach guided by the pragmatic, post-positivistic paradigm as the most suitable approach as it does not force the use of only one research method to address the research and questions but provide for the inclusion of unstable realities which is constantly renegotiated, interpreted and debated as needs and situations fluctuate. The findings were set out and discussed in the context of the literature to explore and test the conceptual framework. Throughout the dissertation, the focus was on the interconnectedness of the construct during the COVID-19 crisis and related crises in search of ways to assist working parents with toddlers to enhance their WLB and wellbeing. Intentional personal leisure time is regarded as the 'necessary tool' to create a balance in parents' lives when confronted with a crisis. This final chapter reviews the study's aim and objectives while highlighting the key findings and contributions, acknowledging limitations, and recommending future research avenues to this research area. The chapter concludes with a critical reflection and self-reflection by the researcher on the study in its entirety.

7.2 Revisiting the research question, aim and methods

The aim of this study was to explore if working parents with toddlers balanced their work, life, leisure and wellbeing during the COVID-19 crisis and imposed lockdown levels in 2020-2021 to be able to suggest possible support and resource guidelines that could be put in place by employers to aid these parents in future crises.

To achieve this aim, the following research objectives were presented in Chapter 1.

- To determine the effect of the COVID-19 crisis and related lockdown levels of 2020-2021 on the WLB of working parents with toddlers at ECD centres in Cape Town.
- To determine the effect of the COVID-19 crisis and related lockdown levels of 2020-2021 on the wellbeing of working parents with toddlers at ECD centres in Cape Town.
- To explore if and how family leisure activities of working parents with toddlers at ECD centres changed as a result of the COVID-19 crisis and related lockdown levels in 2020-2021.
- To explore if and how personal leisure activities of working parents with toddlers at ECD centres changed as a result of the COVID-19 crisis and related lockdown levels in 2020-2021.
- To propose guidelines to ECD centre management and employers who employ parents with toddlers, regarding the necessary support systems and resources needed by working parents to balance their work, life, leisure and wellbeing during crisis times.

Every chapter of this study played a significant role in answering the research question and acted as building blocks toward the grand finale.

Chapter 1 provided some background and an introduction to the research while clarifying the research problem. It identified the research aim, research question and research objectives as well as introduced the research paradigm, approach and methods deemed most suitable to conduct the research. The significance of the research, relevant terms, concepts and abbreviations mentioned throughout the dissertation were also discussed.

Chapter 2 to combine the various constructs and explore their interrelatedness during a crisis such as COVID-19, Chapter 2 provided the background of what is defined as a crisis, the origin of the COVID-19 crisis and the mitigation strategies implemented by the South African government and the effect of the COVID-19 crisis on families. To explore and explain the interrelatedness of the WLB, leisure and wellbeing of working parents with toddlers and to develop a theoretical framework from the available literature, the chapter focused on the history and definitions of the constructs and conceptualised them. Each construct was displayed by puzzle pieces and substantiated by global, national and regional research that was conducted since the start of the COVID-19 crisis (where possible) to provide perspective to the current research and acted as a basis for the development of the conceptual framework.

Chapter 3 provided a visual display of the research methodological steps that were utilised throughout the entire research. It started with the ethical considerations that were considered during the research process followed by an explanation of the pragmatic, post-positivistic viewpoint while acknowledging the applicable researcher assumptions. Next, the exploratory case study research design was explained followed by the research method which comprised methodological triangulation by using a sequential mixed methods approach within an

embedded single case study design. For both phases of the research process, the following were addressed: 1) sample method and sample size, 2) research instruments, 3) data collection and fieldwork, and 4) data coding and analysis. The design of the quantitative research instrument (questionnaire) was discussed with reference to the reliability and validity of the instrument. Equally, the design of the qualitative research instrument (semi-structured interviews) was discussed with reference to the trustworthiness, credibility, dependability, confirmability and transferability of the instrument.

Chapter 4 presented the research findings, analysis and discussion of both, the descriptive statistics (Section A) and inferential statistics (Section B) of the research while **Chapter 5** presented the interpretation, analysis and narration of the semi-structured interviews and discussed each emerging theme and sub-category. **Chapter 6** comprised an integrated discussion while referring to relevant literature to triangulate the data presented in Chapter 4 and Chapter 5. **Chapter 7** provides a summary and conclusion of the entire study while highlighting the contribution of the study and suggestions for policy and practice while recommending further avenues for research.

7.3 Selected findings

7.3.1 Objective 1: To determine the effect of the COVID-19 crisis and related lockdown levels of 2020-2021 on the WLB of working parents with toddlers at ECD centres in Cape Town

The study indicates that COVID-19 disrupted the daily routines and lives of nations and populations. One such population group was working parents with toddlers who were employed at the start of the COVID-19 pandemic. Parents in general have various roles, demands and personal needs. Roles occur in different life domains while demands and needs feature in all domains: work, non-work and life. These roles sometimes depend on outside aspects that are not controlled by individuals, and it became apparent from the onset of the global COVID-19 pandemic and related crises. Parents who were employed at the start had to work while schools were closed and the government imposed social and physical isolation only issuing essential staff with permits to travel to and from work. As a result, an increase in all demands was experienced. The latter influenced people, especially parents' personal needs and support and resource systems. In terms of the work domain, demands increased, people were not properly set up to work from home, while the majority have not worked from home before. Role switches in the households occurred, as pre-COVID-19 both parents would leave the house to go and work and now mothers had to leave as they were regarded as essential workers while fathers had to stay at home to work and look after the toddlers. It caused disruptions in households and between partners while resulting in the irritability of parents with their toddlers.

At work, the demands also increased: the time busy with work, employers' expectations that staff should be always available as they were perceived to be 'just at home'. As a result, parents experienced intense emotions to balance work and life and indicated that their toddlers kept them from spending quality time on their work, while the expectations from work prevented them from spending quality time with their toddlers. In essence, it influenced their wellbeing and perception of their WLB, which negatively affected their life satisfaction. So COVID-19 brought a range of role changes, additional demands and a general lack of time, especially to identify personal needs. It brought additional crises because of the increase in overall demands, role changes, new routines, and most parents struggled to find a balance. Those parents who indicated that their WLB was not severely affected indicated that they adapted quickly, set timetables, work and life boundaries and daily schedules. They found a relatively quick balance using their new routines.

7.3.2 Objective 2: To determine the effect of the COVID-19 crisis and related lockdown levels of 2020-2021 on the wellbeing of working parents with toddlers at ECD centres in Cape Town

Additional pressure was experienced by parents and due to the lockdown and related range of emotions and feelings, they felt restricted by legislation to not exercise their right to freedom and autonomy which led to disobedience and division, along with the negative effects of social isolation. The results also indicate the negative effect the lockdown and behavioural changes such as the wearing of masks had on the disabled, especially those with hearing impairments who rely on lip-reading to communicate.

The confusion and uncertainty led to a range of emotions. These ranging emotions determine a big part of wellbeing. Apart from the negative, a crisis is known to offer a place where you can be still, reflect and learn lessons. And those parents who had the available time or intentionally made time available to reflect during their personal chaos made a valuable contribution to the study. Lessons learnt: 1) people, in general, are adaptable, parents and their toddlers are adaptable (toddlers sometimes adapt even quicker than parents depending on how parents handle their crises as toddlers learn by observing what their parents do and will then do the same). It is something to remember in daily conduct even without facing crises. 2) Value life and its role-players, especially your support systems.

Parents (especially mothers) tend to be so self-focused that they take things for granted and COVID-19 forced parents to reflect on who their support systems are or are not. Time should be allocated to people who value parents and who contribute to their overall life satisfaction. As parents tend to spend time on people who will not return the favour and it does not provide meaning or satisfy personal needs or enhance their life satisfaction. It is evident in the research that parents (especially mothers) are unconditional human beings who put themselves last, doing acts while not expecting much in return. The proverbial phrase should be remembered:

“You cannot pour from an empty cup”. To allocate personal leisure time is critical for parents to recharge and renew their view on life and just “be” themselves while taking a break from all the roles they have to fulfil as mothers, wives, daughters, sisters, employees, team leaders, managers, family organiser, financial provider. To achieve the latter, parents should critically reflect on who their support systems are and/or were during the COVID-19 crisis and additional crises, set up new support systems if necessary but value those who provide them with support while being faced with a crisis themselves. After all, in a time where social groups, friends and leisure support groups were limited, those who still made time to offer support revealed their true characters and the worthiness of parents’ mutual time and effort.

The lessons indicate that people can find a balance during crises situations if they are adaptable, which according to the theoretical framework used for this study, indicates the balancing scale that is needed. It depends on how quickly the balance can return and the current study clearly indicates that time for personal leisure is needed to reflect on personal needs and to note personal needs. In essence, putting structures in place to achieve personal needs and free time to engage in activities that parents enjoy is critical to achieving WLB (productive, engaging, well-balanced employees) and overall parental wellbeing (feelings of successfully coping and not constantly being tired).

The interrelatedness of the constructs becomes apparent to achieve WLB and positive wellbeing. However, the role of personal leisure time away from it all to reflect and analyse parents’ unique situations and needs is important. The latter should be intentional and will not happen automatically as available time will not happen without planning and allocating support system and using available resources. COVID-19 might be a big crisis and an extreme example of a crisis, but the lessons learnt could possibly apply to a range of crises arising from the COVID-19 crisis.

7.3.3 Objective 3: To explore if and how family leisure activities of working parents with toddlers at ECD centres changed because of the COVID-19 crisis and related lockdown levels in 2020-2021

Pre-COVID-19 family leisure modalities included activities that were social in nature and most activities did not take place at home. The main types of family leisure activities included: 1) outdoor activities, 2) VFR, 3) travel/weekends away, 4) day excursions to attractions and sightseeing, and 5) visiting restaurants and wine farms. As a result of lockdown and social isolation, different family leisure modalities were featured. An increase in 1) board games, 2) watching TV, 3) arts and crafts, 4) cooking, baking, gardening, and 5) reading. Parents engaged more in their toddler’s favourite activities, which included: 1) physical play and exercise, 2) creative activities, 3) playtime with their favourite toys, 4) intellectual activities, 5) passive activities and 6) singing and dancing. They indicated that a paradox existed that family leisure time during the COVID-19 crisis was enjoyed by all. However, family leisure was

perceived by parents as just another chore and/or responsibility and most of the parents indicated their high levels of frustration and irritability because of not getting time alone to engage in activities that they enjoy.

As seen in Table 4.44, 59.3% of parents adapted their family leisure activities according to the easing of lockdown legislation – going more social. However, 40.7% remained isolated due to fears of contracting the virus. Only 19.3% were ready to engage in pre-COVID-19 family leisure activities. Should be considered by leisure and recreation providers. Theme 4, Sub-theme 1 indicated the paradox that family leisure time was enjoyed by all parents. In essence, it appeared to be perceived by parents as just another chore and/or responsibility. Many parents indicated their high frustration levels while some parents reverted to more screen time to keep their toddlers entertained. Some parents adjusted their family leisure time and social activities as the lockdown levels eased.

7.3.4 Objective 4: To explore if and how personal leisure activities of working parents with toddlers at ECD centres changed because of the COVID-19 crisis and related lockdown levels in 2020-2021

Personal leisure activities before the COVID-19 crisis comprised: 1) sports activities and exercise, 2) VFR, 3) shopping and visiting malls, 4) reading, 5) selfcare (pamper days), 6) relax, rest, sleep, 7) watching movies, TV, Netflix, series. Only 16.23% indicated that they have not had time for personal leisure time as a parent of a toddler(s) before the start of the COVID-19 crisis. However, since the start of the pandemic, parents moved away from their personal leisure modalities to entertain and spend time with their toddlers (96.5%) engaging in activities that their toddlers enjoy (94.3%). Only 40% made time to engage in activities of their choice, while 60% said that they hardly had time available to spend on their own activities since the start of the COVID-19 crisis. Of the 40% who made time for personal leisure, it becomes apparent that a shift occurred from a more social type of activities to a more internal, developmental and reflective type of leisure activity. The latter did not contribute to the wellbeing and WLB of parents as being social and part of a community creates a sense of belonging which is part of the generic makeup of social beings. Parents reminisced about their pre-COVID-19 personal leisure time which also had a negative effect on their emotions. Less than half of the parents spent time reaching out to friends in need, checking on neighbours and providing random acts of kindness. When removing social interactions and isolating parents at home, the following personal leisure activities emerged when parents had and/or made time for themselves: 1) sitting outside in the sun, 2) reading, 3) watching movies, 4) reminiscing about their pre-COVID-19 freedom to move around, 5) Online platforms (WhatsApp, Zoom), 6) doing nails, 7) cooking and trying new recipes, 8) mindful and meditating leisure experiences, 9) introspection, 10) exercising (started running), 11) indulged in drugs and alcohol, 12) quality time with a partner, and 13) gardening.

77.8% of parents agreed that spending their free time on activities of their own choice which they enjoy, made them happy. 35.% indicated that their leisure activities assisted them to forget about their troubles while engaging in their leisure activities. However, by reducing the personal interactions with friends and/or family because of the lockdown, parents intensely experienced their household demands ($\beta = 0.324^{**}$), demands of their toddlers $\beta = (0.368^{**})$, healthcare demands of their family and households (0.268^*), personal health demands (staying physically and mentally healthy) ($\beta = 0.329^{**}$) and the intensity of the fluctuating lockdown levels ($\beta = 0.558^{**}$).

7.3.5 Objective 5: To propose guidelines to ECD centre management and employers of parents with toddlers, regarding the necessary support systems and resources needed by working parents to balance their work, life, leisure and wellbeing during crisis times.

Support is needed from employers to assist parents to allocated time for themselves to enhance WLB and wellbeing. The following guidelines can assist employers of parents with toddlers to achieve the latter.

- 1) Assist employees (through e.g. brain-storming sessions, interactions, workshops, dedicated time) to identify all their life roles to develop their personal needs analysis per life role, including what they need as a human being when they do not have to fulfil any roles. The latter will differ per individual, but broad categories could be developed with related sub-categories. Resources such as pens, paper, different colour sticky notes and a place to conduct this exercise could be provided by employers. Ideally, this should happen in person, however, online sessions could also be useful. To assist employees, start by splitting life roles and needs per broad category, namely, a) work, b) non-work, c) life domain and then break it up further in more detail.
- 2) To develop parents' needs analysis, each life role should be dissected by listing its:
 - a. Perceived responsibilities,
 - b. Demands of the role, and
 - c. Challenges of the role

The following questions should be asked for each role:

- How intense do you perceive this role?
 - What can be done to decrease the intensity of the specified role?
 - Do you have the freedom of choice to change this role?
- 3) Assist parents of toddlers to determine where their personal needs fit in when they have successfully fulfilled all their other roles.

- 4) How much time per day do parents have available to commit to themselves and their needs? Parents should be guided to include their needs as a daily priority, apart from being parents of toddlers.
- 5) After conducting the needs analysis, parents should determine their available practical support systems (who they need support from and what they need support with) which could assist them with each responsibility, demand and challenge to allow time for themselves and activities they enjoy.
- 6) Determine what resources they have available to assist themselves and what resources are lacking during crises.
- 7) From an employer perspective, determine parental employee expectations in terms of resources when faced with COVID-19. The latter could include:
 - a. Provide psychological resources, e.g. Employee Wellness Programmes, facilitations with mental health experts, wellness coaches, workshops, and a dedicated hotline for parents in distress;
 - b. Provide social resources even while being forced to stay at home i.e. one-on-one or group sessions on digital platforms such as Zoom, Teams or WhatsApp group calls, encouraging employees to share their frustrations, struggles, realities and keeping communication channels open;
 - c. Physical resources, e.g. Equipment to optimally perform work duties from home, reasonable work and meeting hours, reasonable deadlines, reasonable response times, sufficient masks and related Personal Protective Equipment (PPE) to frontline staff;
 - d. Cognitive resources, e.g. allow employees to take breaks and/or days off, flexible working arrangements, reduce information overload regarding the COVID-19 crisis while maintaining transparency;
 - e. Environmental resources, e.g. acknowledge that employees might not have sufficient and/or a dedicated working space at home and that blurred lines of work and life exists while being confined to home, creating a safe working environment for frontline staff;
 - f. Technological resources, e.g. availability of data and connectivity to continue work digitally, laptops (if required), speakers, microphones; and
 - g. Financial resources, e.g. salary advances, loans, reductions in repayments of loans.
- 8) Throughout the process note the employees' emotions (positive emotions increase more positive emotions which affect WLB and wellbeing and *vice versa*).

- 9) Once this process is complete, employees have to positively apply their minds to their situations and employers can identify where and how they can provide support and resources to assist parents to find time for themselves and their activities. This exercise could assist parents with toddlers to engage with their situations in an atmosphere where they have time, as time at home is lacking. At the same time, it could assist employers with baseline information which could be tracked and monitored to assist parents to achieve better overall wellbeing and WLB while employers assist their staff to increase their productivity.

As South Africa is currently in the recovery phase of the COVID-19 pandemic, the above guidelines might assist employers and parents to re-establish balanced parents of toddlers with a specific focus to make time for personal leisure activities that enhance WLB and wellbeing.

7.4 Contribution of this study

As a result of the high number of casualties and rapid human-to-human spreading of the COVID-19 virus, the WHO declared the virus a global pandemic in 2020 (WHO, 2020b). Fontanesi et al. (2020) and Romero et al. (2020) argued that COVID-19 lockdown measures, implemented by governments around the globe as mitigation strategies, created stressful situations for parents. It added additional crises to the COVID-19 crisis, as parents were faced with uncertain financial situations, school closures, suspended ECD centre services, the health of their families and balancing day-to-day obligations with work responsibilities, home-schooling and family care. Yang et al. (2020) argue that the effect of COVID-19 affected the wellbeing of parents, especially parents of under-aged children as their daily routines were disrupted, while Sivan (2020) argued that the disruption of daily routines did not only disrupt the wellbeing and WLB of parents with toddlers but equally disrupted their pre-COVID-19 lifestyles, which include their leisure time and activities. Frazer (2017) stated that an imbalance between work and life domains can result in negative physiological responses that affect people's wellbeing (i.e. insomnia, depression, burnout) and lead to decreased motivations to engage in physical activities. Separate studies mentioned the co-depending effect of the different constructs, such as: 1) Higgs (2007:340) arguing that the overall wellbeing of humans' dictates "what they eat and drink, how they organise their leisure, how hard they work, what goals they strive for, what is important in their lives and what decisions they make", 2) Zeytinoglu et al. (2010, cited by Frazer, 2017:11) argue that "work-life balance is an integration of two overlapping, yet diverse, discourses: the one emphasises the personal control of the individuals time and activities, while the other is concerned with the flexibility of the workplace", and 3) Mansfield et al. (2020:3) state that "leisure forms and practices afford people wellbeing experiences created in time and space and connection with the cultural and physical environment and embodies and sensual experiences that characterize them".

Despite the interconnected nature of the three constructs, one research study linking the constructs, especially during a global health pandemic, was lacking. The research was therefore motivated by the limited knowledge of the interconnectedness of the constructs and built on the individual calls of Johari et al. (2016) who suggested that the role of WLB as a predictor of employee positivity should be examined in a different context employing a multidimensional approach, Ipsos MORI (2020) stating that research on wellbeing is critical in responding to the COVID-19 crisis, Mansfield et al. (2020) urging leisure studies academics to “articulate the complex socio-cultural, personal, political and policy relevance of leisure for wellbeing”, and Marques and Giolo (2020) calling for observations and reflections on how daily activities, specifically leisure activities changed due to COVID-19. Therefore, this study aimed to investigate the interdependent, subjective nature of the WLB, leisure and wellbeing constructs with a focus on acknowledging the situations of parents with a toddler(s) during the COVID-19 crisis and providing employer guidance to assist parents with creating balances with the necessary support and resources to cope with crises situations in future. Consequently, by exploring the constructs and related ripple effects of imposed mitigation strategies (i.e. social isolation) on the lives and livelihoods of parents with toddlers, it may assist role-players (parents, employers, government) to be better prepared and make informed decisions during the next possible pandemic and/or crisis. All the above is based on a process that occurred concurrently (developing and testing the conceptual framework displayed in Figure 7.1) while using the initial theoretical framework (see Figure 2.6) in conjunction with the building blocks to derive the results of the study. The flow of the process using the figures used in this project is displayed in Appendix H. Various contributions in relation to theory, methodology and the WLB, leisure and parental wellbeing during the COVID-19 crisis and crises beyond the pandemic were made by the study and each is explained below.

7.4.1 Theoretical contribution

Several theoretical contributions were made:

- Adding to the work of Ryff (1989), Diener and Suh (1997), Seligman (2002) and Pollard and Lee (2003) and the Better Health Channel (2020), the current research identifies personal leisure time and activities as a core construct (specifically for parents with toddlers) in achieving positive overall wellbeing. Prior authors’ work focused on core dimensions such as 1) positive relationships with others, 2) autonomy, 3) purpose in life, 4) environmental mastery, 5) self-acceptance, 6) personal growth, 7) happiness and 8) life satisfaction while noting the multifaceted amalgamation of a person’s mental, emotional, physical and social health factors as not just the lack of illness or disease. Especially parents with toddlers, cannot achieve many of the abovementioned without available time to reflect on aspects such as relationships, their autonomy, and their purpose without making time for themselves without feeling guilty.

- Thilagavathy and Geetha (2020) identified 216 research gaps by conducting an in-depth morphological analysis (MA). Apart from WLB research being absent from the African continent (two publications between 2000 and 2019) (Chandran et al., 2019), Fraser (2017) confirmed the lack of WLB research in South Africa, specifically. One of the 216 research gaps involved an individual's ability to balance work and life. The current research is of the view that creating a WLB without time and assistance from various support systems (e.g. household members, family, employers, government), is problematic for individuals (in this case parents with toddlers) to achieve that balance by themselves. Further, using an online desktop review (see Table 2.4), the researcher adapted the literature review framework of Thilagavathy and Geetha (2020) to reflect more dimensions and related categories of WLB during the COVID-19 crisis, for parents with toddlers.
- Heinrich et al. (2010) state that most data-collecting bodies have produced samples on measuring wellbeing that are based on WEIRD (Western, Educated, Industrialised, Rich and Democratic) populations. In published psychology research, almost 90% of articles reflect the wellbeing of WEIRD populations. Lambert et al. (2020) challenged the latter by suggesting that wellbeing research and finding should represent all humans and a range of wellbeing constructs to accurately align with how different people, communities and countries view their wellbeing. One such construct could be the effect of the global COVID-19 pandemic on overall wellbeing. The current study contributed to this theory and established that it is not possible to measure one aspect of a person (such as happiness) without considering a range of factors, influencers, needs and circumstances. It provides insight by exploring the wellbeing of a different group: Parents with toddlers, South African, Educated, Employed and impacted by COVID-19.
- Mansfield et al. (2020: 1) urge leisure studies academics to “articulate the complex socio-cultural, personal, political and policy relevance of leisure for wellbeing”. The latter is especially critical during a time when the measures and meaning of wellbeing are contested. The current study contributed by emphasising the importance of personal leisure to establish WLB and wellbeing.
- The LWM of Carruthers and Hood (2007) is mostly aimed at Therapeutic Recreational Practices, however, the essence of the model is based on human psychology and behaviour and therefore allows for change and interpretation as part of solving the resource complexities of parents during the COVID-19 crisis. As a result, this study adapted the resources section of the LWM to include a wider range of resources when parents are faced with a crisis while being isolated at home. The following adaptations were made: 1) Wellness programmes and medical assistance were added to Psychological resources; 2) evolving as a person, religious relationships and the

development of daily routines were added to Cognitive resources; 3) assistance with daily demands, chores and responsibilities, ECD centre information packs and opening, and sufficient workspace were added to Physical resources; 4) family and/or friend 'bubbles' and relocation was added to Environmental resources. Additionally, Technological resources (ease of access to information, ease of access to arrangements, mobile devices, social connectivity through technology) and Financial resources (family, banks and financial institutions, ECD centre, friends, employers) were added as the main resource providers during the COVID-19 pandemic.

7.4.2 Methodological contribution

The researcher is not separate from the phenomenon and the selected methodology allowed for both objectivity and subjectivity of the researcher. The methodological contribution highlights the power of mixed methodologies in exploring situations that are not static but constantly changing as a result of the subjective nature of feelings, and emotions and in this study, changing lockdown levels. By utilizing a pragmatic, post-positivist point of view as recommended by Feilzer (2010) and Ansari and Shah (2017:255), multiple methods assisted to gain deeper insight while acknowledging that "it is not possible for human beings to perceive perfection of natural causes with their imperfect intellectual powers/sense".

The study did not start with a solid theory but based on the available literature an initial theoretical framework emerged to guide the research process. By studying, analysing and in-depth exploration of the real-life experiences and practical views of parents with toddlers from different perspectives (available research, pilot study, questionnaire, Pearson Correlations and semi-structured interviews) a more concrete theory and conceptual framework emerged from solving the puzzle pieces. Deriving the final conceptual framework happened through constantly referring to Figure 2.6 and building on the blocks of Figure 2.7. As a result, the conceptual framework of personal leisure as a tool to enhance WLB and wellbeing during crises was simultaneously tested and enhanced throughout the research project. While the latter may be seen as unconventional in 'normal' research practices (where either a definite theoretical model or framework should be selected and tested or a conceptual framework established), the selected paradigm for this study allowed for this process to occur simultaneously.

7.4.3 Contribution to the WLB, leisure and parental wellbeing during the COVID-19 crisis and crises beyond discourse

This study reveals that during a time of crisis, a ripple-effect is experienced by working parents of toddlers that influences their capabilities to sufficiently manage their work and life domains while neglecting their personal, individual needs for time. The moment an imbalance in work and life domains is experienced, such as brought by the drastic announcement of social

isolation and related mitigation strategies of COVID-19, it negatively affects parents' wellbeing which in turn produces less energy to spend valuable time away from demands and responsibilities and on activities which they enjoy. While this study focused on the COVID-19 crisis, the same principles can apply when working parents of toddlers, or other sub-population groups (across life-cycle stages) are faced with sudden unknown occurrences in their lives. When parents experience negative emotions, it reduces their energy levels to engage in activities they enjoy and as a result, negatively affects their WLB.

Findings from the study made many significant contributions to the pre-COVID-19 literature as it considers the effect of the COVID-19 crisis on the WLB, leisure and wellbeing of working parents with toddlers during the first 19 months since the announcement of the COVID-19 pandemic. Based on the conclusions from this study, a list of guidelines regarding the necessary support systems and resources was presented to ECD centre management and when implemented it should contribute to assisting parents better during future crises situations. In conclusion, this study provides insight into the experiences faced by working parents with toddlers since the start of the COVID-19 crisis. The results of this study provided a deeper meaning of the perceived advantages of having support and resources available to navigate through crisis times while highlighting the importance of personal leisure time to generate more balanced individuals. Personal leisure time is not only a valuable tool but a necessity to keep parents balanced during times of crisis.

Wellbeing is affected by a range of internal and external influencers and as such a one-side-fits-all approach would not suffice. The current research indicated that parents need time away from all their roles to improve their personal wellbeing. In the absence of time away, negative emotions arise which negatively affect their state of mind and overall view of work, non-work and life areas. The latter had a negative effect on parents' WLB and leisure pursuits as well as compromising mental health. The importance of support and resources to combat crises and improve parental wellbeing emerged. While being faced with a crisis, parents experience a range of negative emotions which could escalate negatively in the blink of an eye. As parents feel overwhelmed, tired, uncertain and related negative emotions, support is needed to assist parents to communicate and help them identify their personal unique needs to improve their feelings. Being in a negative state of mind without support and resources or time away to reflect calls for a collective approach from role-players (family, partners, friends, social groups, society and government) to assist parents with toddlers.

Focus on parental wellbeing is critical as wellbeing influences parents' households, marriages, toddlers, employers, work productivity, engagements, society and government. For employers to establish well-balanced parents and employees (especially employees who are accountable for their own teams as leaders, managers and above) should be a priority in terms of policies

and practices. It requires constant and consistent measures to identify how parents are doing emotionally even when not being faced with a crisis. The latter should possibly be conducted through an unbiased approach to determine the true nature of wellbeing. It might assist employers to combat severe negative wellbeing which leads to burnout, depression and anxiety before it occurs.

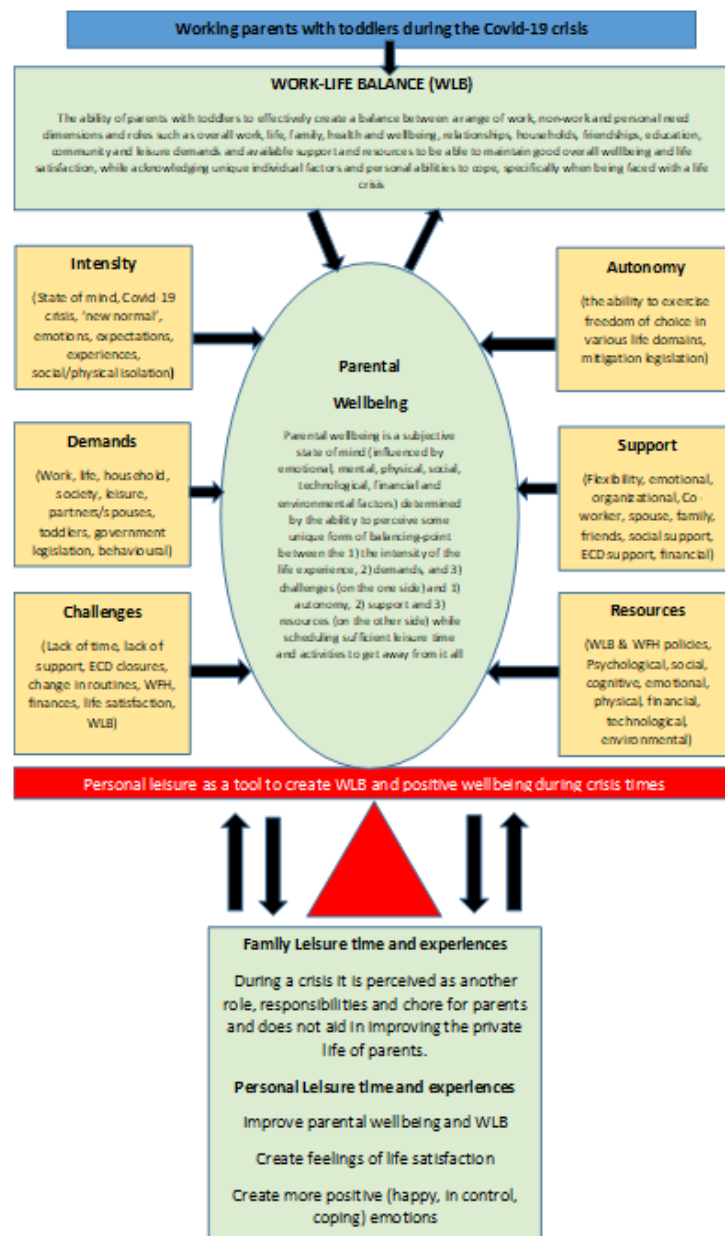


Figure 7.1: The conceptualised framework of personal leisure as a tool to enhance WLB and wellbeing during a crisis

Source: Researcher's own construct

7.5 Implications for policy and practice

Parents should take control of their time and learn to speak out. As this differs per personality type, the type of activities parents would engage in to “take a break” and “just be” without wearing different hats and ignoring their personal needs would differ. Individuals have a responsibility to take time to determine their needs but to leave parents without guidance might just become another “unticked life demand” and the excuse of not having time. As such, it should be guided by employer policies, workshops, focus groups and discussions (see Objective 5). Parents should understand the importance of leisure and further educational programmes should be available to assist parents to understand the true meaning and value of personal leisure as a necessity and not an optional, ‘when I have time’ activity. The direct links between personal leisure, wellbeing and WLB should be communicated by various awareness campaigns.

Crisis support groups should be set up – it could be with people you trust or people you can depend on. When in future social isolation is implemented again, people should be able to reflect on the lessons learnt and be better prepared for the unknown. If not better prepared but better equipped to find a balance faster. However, crises are experienced (almost daily) by people, especially employees. As a result, it is the responsibility of Human Resource Departments and managers/owners to familiarise themselves with the crises their employees face. Monthly ‘Telling your story’-type of reflection meetings could be scheduled by employers to create a caring environment of support for employees. It should be equally important as work-only directed meetings.

Employers should embark on monthly wellbeing surveys – parents might not want to inform their employers of their true wellbeing as they might be scared to appear ‘less perfect’ and having to face a disciplinary process. Workplaces should therefore provide various platforms, where necessary unbiased or outsourced to identify possible problems and engage or offer platforms for engagement before an imbalance or burn-out is reached. The proverbial phrase ‘prevention is better than cure’ remains true.

The wellbeing of the South African population should become a focus-point for the South African Government (locally and nationally), as it is directly linked to the wellbeing of the nation. They should explore best practices from developed and other developing countries, specifically related to WLB, wellbeing and leisure policies, guidelines and legislation and realise the benefits of positive wellbeing on households, societies and countries. Simultaneously, the government should avail funds to employers (across different market segments), SMMEs, social groups, non-profit organisations, federations and embark on provincial and national campaigns to determine the wellbeing of citizens. This approach should not be guided by a single indication of feelings such as the Happiness Scale but should involve strategies to

holistically include the various needs and dimensions of the South African population. In-depth exploration should be conducted while keeping the benefits of positive wellbeing in mind. South Africans with a better wellbeing are more productive, less dependent on the public purse, control expenditures, save more, consume less, show more empathy and compassion, are more socially engaged and willing to volunteer, and are less likely to engage in risky behaviour (such as crime), smoke less, exercise more, live longer and healthier and benefit employers, working environments and ultimately the government. They are more productive, happier and have engaging attitudes which result in less absenteeism and sick time.

Government should be guided and informed about the negative affect complete lockdowns had on the South African population, especially with the lack of WFH policies and closing of schools and removing all socialness from human beings who thrive on being together and who are educated enough to understand the seriousness of the pandemic and making their own choices. A better response to future pandemics should be established which include South Africans' experiences, perceptions and recommendation from all socio-economic backgrounds. The practicality of locking people down while enforcing rules that are not practical deprived children of their only meal per day. The effect on the wellbeing of those enforcing the rules and those affected should be kept in mind. Changing law-abiding citizens into criminals overnight by taking away their rights to freedom of decision and movement is not a practical solution.

7.6 Recommendations for further research

7.6.1 COVID-19 and related crises

The results indicated the dire consequences of the COVID-19 health pandemic on an employed and educated group of parents with toddlers who were mostly employed in leadership, managerial and team leadership positions. The COVID-19 crisis had a predominantly negative effect on the population's WLB, leisure and wellbeing because of lockdown legislation and social isolation. Despite the methodological limitations of generalising the results, equally the results are not a pure representation of South Africa's socio-economic situation. As crises affect different people differently, future research avenues to determine the effect of COVID-19 and the related lockdown legislation on the South African population should include more groups with varying needs, challenges, demands and resources. Each sub-population provides more insight into the WLB, leisure and wellbeing of South Africans to better assist researchers with a multi-disciplinary approach to be better prepared for future pandemics and/or everyday crises by further testing the conceptual framework of personal leisure as a tool to enhance WLB and wellbeing during the COVID-19 crisis. Recommended groups could include but are not limited to the following:

- Working parents of children in primary school (grade 1 to 3)
- Working parents of children in primary school (grade 4 to 7)
- Working parents of children in high school
- Single parents across different age groups
- Unemployed parents across different age groups
- Working parents of the home-school fraternity
- Stay-at-home parents across the different age groups

By expanding the research to additional parenting segments, it would aid to provide a more holistic representation of the constructs, with the possibility to generate comparable data sets while identifying possible trends across different sub-sections of family structures. However, research should be embarked on beyond parental groups of populations as the entire South African population was faced with the COVID-19 crisis and unique needs, demands and challenges which should be explored. Simultaneously, COVID-19 caused different crises for different market segments

Future research should include a longitudinal approach to monitor the behaviour of the same population group (i.e. the amount of time it took for parents to fully engage in their pre-COVID-19 family and personal leisure pursuits). It could act as a post-COVID-19 reflection on what was learnt, adopted or changed and how long parents took to return to their pre-COVID-19 behaviour. Trends could emerge which could make a valuable contribution to the COVID-19 pandemic literature and guide future pandemic phenomena.

7.6.2 Work-life balance

The lack of WLB policies and legislation and WFH policies and procedures in South Africa appeared because of the COVID-19 crisis. Considering the unique disposition of the South African population and divide between informal and formal economies and socio-economic challenges, WLB policies of Global North countries cannot be replicated in South Africa. Intensive research is recommended by exploring the practices and guidelines implemented by Global North countries while analysing the possibility to adapt certain best practices to the South African context. The latter provides employers and the government with WLB and WFH guidelines to guide the policy process. Focus should be directed to measuring if and how personal leisure time could aid in establishing positive WLB.

While this study focused on the COVID-19 crisis, the same principles can apply when working parents of toddlers, or other sub-population groups (across life-cycle stages) are faced with sudden unknown occurrences in their lives. Concurrently, when parents experience negative emotions, it reduces their energy levels to engage in activities they enjoy and as a result negatively affect their WLB. Lower education groups, unemployed groups prior to COVID-19,

lower income groups, lower employment status groups might experience the same and should be explored. Lessons could be learnt by exploring the WLB construct from various directions and perceptions in a South African context.

The research should include the perceptions of all role-players in the WLB process while not only considering work domains and life domains but focusing on the needs, demands and challenges of individuals holistically across different stages of the life-cycle of humans—the bachelor stage (single), newly married couples (no children), full nest 1 (married with child(ren), full nest 2 (older with children), full nest 3 (older, married with dependent children), empty nest (older, married with no children living at home), solitary survivor (older, single and retired).

7.6.3 Leisure

The focus of the current study was on working parents with toddlers and their work, non-work and life domains with the emphasis on determining the interconnectedness of the WLB, leisure and wellbeing during a crisis. Leisure as a tool to enhance the WLB and wellbeing of parents with toddlers during a crisis emerged and was substantiated by the research. The interconnectedness of the constructs was established, indicating that humans' subjective needs, demands, challenges, roles and opportunities for leisure will be ever-changing. Numerous population groups at various stages of the life cycle could benefit from testing the conceptual framework as it will assist in determining their unique challenges, demands, personal needs and the utilisation of leisure, support and resources to cope and find a healthy balance (i.e. single parents, single people, lower income groups, lower education groups).

Beyond the COVID-19 health pandemic, the conceptual framework of personal leisure as a tool to enhance WLB and wellbeing during small and medium crises situations (such as relocation, relationship break-ups, divorce, retirement transitions, loss of health, loss of income, loss of job, unplanned pregnancy, domestic violence) should be explored. It will assist in further exploring the benefits of personal leisure time and activities as coping mechanisms during crises.

Parents used their personality types to describe the type of personal leisure modalities they engaged in. This phenomenon and the relationship between personality types and personal leisure modalities should be further explored to assist parents of toddlers with personal leisure options that relate to who they are as it might influence their unique needs.

A needs analysis of working parents with toddlers to engage in personal leisure as part of their working day should be explored. The latter could lead to changes in the Basic Conditions of Employment Act.

7.6.4 Parental wellbeing

Due to the reduction of exercise routines because of lockdown, the overall health of working parents with toddlers should be longitudinally monitored. Research to determine an increase and/or decrease in overall physical health (among other) of parents could assist to provide guidelines to better parents' overall health. By tracking the emerging trends, valuable insight can be gained to establish the effect of pandemics and related legislation on the South African population. Best practices to better prevent negative health and wellbeing during possible future epidemics and pandemics could emerge.

In removing the stigma from mental illnesses such as anxiety and depression, to better guide, inform and educate the different population groups of South Africa, the wellbeing perceptions across population groups in South Africa are needed. The latter is specifically important as employers employ a diverse staff compliment and need to understand their perceptions, needs and challenges to effectively aid employees with workplace wellbeing.

Work and its related demands and expectations are major influencers of parental wellbeing. In essence, workplace wellbeing should be investigated to guide employers to better assist their employees in achieving WLB and positive, productive wellbeing.

7.7 Study demarcations and limitations

Simon (2011) states that demarcations are the structures that restrict the study's range and ascertain boundaries. This study focused on working parents with toddlers who are not older than six years, and who are enrolled at an ECD Centre in Cape Town. Within the ambit of this study, working parents pertained to parents in general (both employees and parents) of the specific ECD Centre in Cape Town. The study was in the Cape Town Metropole area. As a result, it is unknown how the findings could be transferred (or generalised) directly to any area in South Africa. The limitations were acknowledged explicitly due to aspects such as diversity of race and culture within the City of Cape Town. Psychological elements that were unrelated to leisure were excluded. The study was conducted 19 months after the start of the COVID-19 pandemic and the initial hard lockdown. It is therefore possible that the overall memory of parents about actions they did during the initial year and activities they engaged in since the COVID-19 crisis started could be lacking and were acknowledged. While it was noticed, it was not experienced during this study. The experiences appeared to be almost engraved in parents' memories, waiting for a time and space to discuss them.

Limitations are the structures that restrict the study's range and ascertain boundaries. By acknowledging the limitations, it creates future avenues for research. While this study may be regarded as one of the first studies in South Africa to combine the three constructs, WLB,

Leisure and wellbeing, focusing on working parents of toddlers, since the start of the COVID-19 crisis, it is important to note the following study limitations:

- Given the pragmatic, post-positivistic research approach, the researcher acknowledges that absolute truths are impossible to achieve when studying subjective, unique beings, such as parents, especially regarding social contexts such as behaviours and actions during the COVID-19 crisis. As a result, a duplication of the same study may yield different conclusions and may provide opportunities for further research.
- The use of non-probability sampling techniques limits this study's results to the parents who were enrolled at the ECD centres at the time of conducting the interviews in 2021. The researcher cannot guarantee that each case of the sample is typical to the population and thus the results attained cannot be classified as universal and/or generalised as the view of the entire population of working parents with toddlers.
- A potential limitation of the self-administered questionnaire is that an overall framework to guide the design of the instrument, testing all three constructs simultaneously, was lacking. Several models and frameworks provided guidelines and insight to the researcher. However, the researcher made a judgement about what to include and what to exclude in the research instrument. Despite a thorough process of peer reviewing, the testing and re-testing of the questionnaire and conducting a pilot study, it may be possible that the range of interrelated affiliating constructs with the WLB, leisure and wellbeing of parents are not exhaustive.
- While the study collected data from working parents with toddlers from three Northern Suburbs in Cape Town, the results are case-study specific and may therefore only be viewed as such. It cannot be used as a holistic view of parents with children older than six years who have different parental needs and demands.

7.8 Reflective evaluation of the study

Due to the exploratory nature of this study, the researcher deemed it as the most adequate approach to utilise a sequential mixed methodological approach to explore the WLB, leisure and wellbeing of working parents with toddlers during the COVID-19 crisis. The rationale was substantiated by several considerations, such as 1) the nature of the information needed to effectively explore the constructs, 2) the complexities and variations given the subjective nature of the constructs, and 3) the lack of one, complete theoretical framework encompassing all the constructs in one study. Once a distinction was made between a theoretical and conceptual framework, by studying various literature sources, it was easier to guide and navigate through the mixed methodological research process, guided by the puzzle pieces approach. However, it was a timeous process of peer reviewing, questionnaire testing and re-testing and pilot testing to self-develop the initial theoretical framework (see Figure 2.6) and

puzzle pieces (see Figure 2.7) to guide the research instrument and ensure the validity and reliability of the questionnaire. This study achieved the perspectives, views and opinions regarding working parents with toddlers during the COVID-19 crisis. As a researcher, I was faced with real-life research questions (and practical questions) such as: 1) how did parents 'survive' this pandemic and crisis, 2) am I the only mother of toddlers who feels that I am not coping, and 3) how can I establish a balance when everything appears to be 'not balanced' in my life?). Guided by the research process, personal growth occurred naturally. By triangulating the data in Chapter 6, I experienced many 'WOW' moments which lead to the conceptualised framework of personal leisure as a tool to enhance WLB and wellbeing during a crisis (see Figure 7.1). What might appear as 'common sense' to many people, is not the case when you are a parent, trying to be the 'best' parent to your toddler(s). I realised that, in general, parents tend to forget the benefits of spending time alone on activities that they enjoy and by depriving themselves of that personal time and activities it not only negatively affects their role as parents but simultaneously results in overall negative wellbeing and WLB.

The support, cooperation and assistance from the owners and staff of the three ECD branches helped in expediting the data collection process in Phase 1. Distributing the self-administered survey link on class WhatsApp groups to parents, assisted greatly. As the researcher, I experienced a willingness among parents to participate in both phases of the research process. It could be because of "easy access" due to the link being received on their phones, the move to technology because of social isolation or that parents were provided with an opportunity to reflect on their lives since the start of the COVID-19 crisis. The same sentiments were experienced during the semi-structured interviews, as if parents felt valued and cared for by someone just listening and acknowledging their individual realities and challenges. All of the parents willingly agreed for the interview to be recorded. It is essential to note that the conclusions derived from this study only apply to the case study's three branches and participating parents. While an in-depth analysis of the parents' perspectives, views and opinions were gathered, the non-probability sampling methods, representative, convenient sampling in Phase 1 and purposive sampling in Phase 2 do not allow for generalisations elsewhere. Therefore, the study's results are relevant to the Western Cape Province, more specifically the Northern suburbs of Cape Town, namely Oostersee, De Tyger and Brackenfell. However, valuable lessons could be learnt by further testing the conceptual framework, it could lead to more insight into the phenomena of leisure as a tool to create positive WLB and wellbeing.

As a researcher, lecturer at a Higher Education Institution (HEI) and working mother of two toddlers in 2020, who were personally faced by the loss of a loved one, financial insecurity, disrupted routines and being isolated at home, I believed that most working parents of toddlers were faced by unique, subjective work and life challenges. This research study was generated

from the idea that different households, specifically parents, experienced the COVID-19 crisis in different ways with varying levels of support and resources and, could thus lead to positively or negatively affecting their WLB, leisure and wellbeing. In addition, as the researcher, I wanted to comprehend if parents had time for themselves, what they did to relax, if they enjoyed their additional time with their toddlers and how they managed to achieve a balance during abnormal times. However, the research was not without challenges and lessons.

The researcher kept in mind the possible low response rate of self-administered questionnaires in Phase 1 and spent a considerable amount of money, to photocopy the questionnaire, deliver it to the respective branches and provide hard copies to each parent. Some questionnaires were returned but the bulk did not meet the delineation criteria and had to be discarded. The recommendation to eliminate unnecessary expenses would be for researchers to keep in mind that during the first 18 months of the COVID-19 crisis and as a result of social isolation and the diversion to various technologies (i.e. tables, phones, Personal Computers (PCs)) hard copies of the questionnaires were unnecessary. It appeared that the response rate of self-administered questionnaires distributed to a targeted case study amidst being used to online technology because of the COVID-19 crisis, generated higher response rates. The latter could also be explained by the possibility that parents, in general, felt so alone since the start of the COVID-19 crisis, that giving them an opportunity in the form of an anonymous survey to report back and voice their challenges and achievements, yielded higher response results. Another problem was that not all parents answered all the open-ended questions. Possible reasons could be the length of the questionnaire and/or not understanding the question and/or not having sufficient time to reflect on possible answers. The researcher classified all the open-ended questions and if it was not completed it was classified as 'no comment' and acknowledged as such.

Challenges were also experienced during the scheduling of the interviews with parents for Phase 2. A total of 16 parents indicated their willingness to conduct interviews, but due to time constraints and the inability to find suitable times for interviews during the allocated timeframe to conclude the study, only 10 parents were interviewed, of which only one was male. By providing a longer timeframe to schedule additional interviews, more male views might have been gathered. To accommodate working parents who participated in the interviews, many interviews occurred after 20h00 once parents had attended to their toddlers and children and had time to give uninterrupted attention to the researcher. Throughout the interview experiences, it was evident that participants spoke freely and openly. It aided the researcher with a holistic idea of what the parents were trying to say while sharing their experiences and COVID-19 stories. The researcher experienced that almost all parents found the reflection-time by 'telling their stories' as positively contributing to their wellbeing. In essence, storytelling as a reflective tool to identify needs and possibly determine individual tools, support and

resources could be beneficial to parents. Roughly guided by the interview schedule, the researcher engaged in conversations with the parents on the various constructs and thus gathered an in-depth understanding of the parents' views, experiences, and opinions. Parents spoke about their individual highs and lows since the start of the COVID-19 crisis as well as what they learned, what they struggled with and what they managed to achieve. It was evident that throughout the data analysis process of the present research, WLB, leisure and wellbeing in relation to support and resources have definite relationships and eccentricities. Those parents who made time for themselves 'away from all their responsibilities', and who utilised their available support and resources reported better overall wellbeing and WLB. It was, however, the minority who managed to achieve the latter and embarking on further research, as indicated in section 4.6, might aid to complete a more holistic South African picture.

The results of this research journey appeared in Chapters 4, 5 and 6. In Chapter 6, the methodological triangulation between the descriptive statistics, Pearson Correlations and interviews provided the researcher with in-depth insight into the constructs. The researcher acknowledges that she experienced moments where she felt a sense of familiarity with parents' experiences, while at other times she could not personally relate. The latter was specifically applicable to parents who were part of essential services since the start of the pandemic. Acknowledging her own ranging feelings encouraged the researcher to explore and reflect on the data with open-mindedness and flexibility while noting emerging ideas for codes as recommended by Byrne (2021).

As a researcher, I had to constantly remind myself of my own biases, and by reflecting and engaging with parents who were, among others, disabled, part of essential services, faced with role changes in the household (fathers working from home, mothers leaving home as essential services), going through mental health challenges while not being allowed to discuss it with parents, and parents facing marital problems, I grew as a person and as a researcher. True compassion and unconditional understanding to some, may provide the same support as household necessities and financial resources to others. By conducting this research study, I made a novel contribution to provide parents the opportunity to feel cared for, listened to and valued, despite their wellbeing status, ranging emotions, balance or imbalance in their work and life domains and overall lack of time to spend on themselves. A personal life lesson that I will take away from this study is the necessity to intentionally make time for my personal leisure activities, scheduling time and keeping to it as the results indicated that personal leisure time could act as a valuable tool to achieve a balancing point during crises relatively faster.

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APPENDICES

APPENDIX A: CPUT ETHICAL CLEARANCE



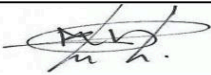
P.O. Box 1906 | Bellville 7535
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| | |
|--------------------------------------------------------|-------------------------------------------|
| Office of the Chairperson Research Ethics Committee | FACULTY: BUSINESS AND MANAGEMENT SCIENCES |
|--------------------------------------------------------|-------------------------------------------|

The Faculty's Research Ethics Committee (FREC) on **4 May 2021**, ethics **APPROVAL** was granted to **Ilanza Perold (198008996)** for a research activity for **Master of Sport Management** at Cape Peninsula University of Technology.

| | |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Title of dissertation / thesis / project: | The work-life balance, leisure and wellbeing of working parents with toddlers during the Covid-19 crisis in Cape Town, South Africa Lead Supervisor (s): Prof B. Knott / Mr C. Young / Dr M. Young |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Decision: **APPROVED**

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
|  <hr/> Signed: Chairperson: Research Ethics Committee | <hr/> 5 May 2021 <hr/> Date |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the CPUT Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study requires that the researcher stops the study and immediately informs the chairperson of the relevant Faculty Ethics Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing accompanied by a progress report.
5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, notably compliance with the Bill of Rights as provided for in the Constitution of the Republic of South Africa, 1996 (the Constitution) and where applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003 and/or other legislations that is relevant.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data requires additional ethics clearance.
7. No field work activities may continue after two (2) years for Masters and Doctorate research project from the date of issue of the Ethics Certificate. Submission of a completed research ethics progress report (REC 6) will constitute an application for renewal of Ethics Research Committee approval.

Clearance Certificate No | 2021 FBMSREC 018

APPENDIX B: QUESTIONNAIRE

10/11/21, 11:07 AM

The work-life balance, leisure and wellbeing of working parents with toddlers during a crisis such as Covid-19

The work-life balance, leisure and wellbeing of working parents with toddlers during a crisis such as Covid-19

The reason for the study is to explore how working parents with toddlers balanced their work responsibilities, life, leisure time and pursuits and wellbeing during a crisis time such as the Covid-19 imposed lockdown levels of 2020/2021.

The entire questionnaire deals directly with the currently ongoing Covid-19 pandemic which started in South Africa in March 2020 and its affect on working parents with toddlers. Throughout the questions, the term "Covid-19" includes the consequent regulations from the government, fluctuating lockdown alert levels, such as school and ECD closures, business closures, event bans, travel restrictions, the closure of public space, etc.

The following ethical considerations are applicable to this survey:

- 1) all information provided will be treated with confidentiality,
- 2) anonymity is guaranteed during and after the research study,
- 3) all information provided will be used for research purposes only.
- 4) no physical harm will be caused to respondents while completing this survey..

Please note that you should only participate in this research study on a voluntary basis. You may withdraw from the research study at any point without any reason should you wish to do so.

The questionnaire will take approximately 20 minutes to complete and should only be completed by 1 parent in the household.

* Required

Informed Consent

1. Taking all of the above into account, I, the respondent, voluntarily agree to participate in this research study (select the most appropriate box below) *

Mark only one oval.

Yes

No

Section A: Respondent Validation

2. A1. Do you have at least one child - between the ages of 3 months and up 6 years - that is enrolled at an Early Childhood Development Centre? *

Mark only one oval.

- Yes
 No

3. A2. Were you employed in March 2020 when the Covid-19 pandemic started? *

Mark only one oval.

- Yes
 No

4. A3. At which Splendid Kids branch(es) are your toddler(s) enrolled.

Mark only one oval.

- Brackenfell
 De Tyger
 Oostersee

Section B: Respondent profile

5. B1. Are you a South African citizen? *

Mark only one oval.

- Yes
 No

6. B2. If no - what is your nationality?

7. B3. What is your home language?

Mark only one oval.

- Afrikaans
- English
- Ndebele
- Sepedi
- Sotho
- Siswati
- Tsonga
- Tswana
- Venda
- Xhosa
- Zulu
- Sign language
- Other

8. B4. What is your highest qualification?

Mark only one oval.

- Lower than Grade 12
- Grade 12/Senior Certificate/Matric
- National Higher Certificate/Higher Certificate/National Certificate
- Higher Diploma/Diploma/National Diploma
- Bachelor's Degree/Advanced Degree
- Honours degree/Postgraduate diploma
- Master's degree
- Doctoral degree
- Other

9. B5. What is your gender? *

Check all that apply.

- Male
 Female
 Other

10. B6. What is your age? *

11. B7. What is your relationship status?

Mark only one oval.

- Single
 Married/Civil Union
 Domestic Partnership
 Divorced
 Widowed
 Prefer not to say

12. B8. How many children do you have between the ages of 3 months and up to 6 years? *

Mark only one oval.

- 1
 2
 3
 4
 5
 More than 5

13. B9. How old are your toddler(s)?

Check all that apply.

- Babies (3 months to 11 months)
- 1 year old
- 2 years old
- 3 years old
- 4 years old
- 5 years old
- 6 years old (grade R)

14. B10. Do you have any other dependents living with you (parents, family members, mentally or physically disabled people etc.)

Mark only one oval.

- Yes
- No

15. B11. What is your ethnicity?

Mark only one oval.

- African
- Coloured
- Indian
- Chinese
- White
- Other

16. B12. Are you currently employed?

Mark only one oval.

- Yes
- No

17. B13. Most recent / current job title

**Section C:
Covid-19 and
related crises**

This section aims to determine your wellbeing during the pandemic and if related crisis situations arose as a result of Covid-19 and the various lockdown levels.

18. C1. Are you experiencing the Covid-19 pandemic as a crisis time for you and your family? *

Mark only one oval.

Yes

No

19. C2. Please explain why or why not (as selected above)

20. C3. Despite the Covid-19 pandemic, indicate another crisis/crises situation you have faced during 2020 and 2021, since the start of the Covid-19 pandemic (choose as many relevant options as applicable) *

Check all that apply.

- Loss of a loved one
- Loss of health
- Loss of income
- Loss of possessions (car, house etc)
- Divorce
- Relocation
- Loss of job
- Unplanned pregnancy
- Domestic violence
- Sexual and Gender-Based Violence
- Increased substance abuse
- Mental health issues (stress, depression, anxiety)
- Disruption of daily schedules and responsibilities
- Political unrest
- Emotional distress (uncertainty, mixed messages from authorities, social isolation)
- Not applicable

21. C4. How much of the time since the Covid-19 pandemic started have you experienced the following feelings and/or emotions? (0 = Never, 1 = Sometimes, 2 = Most of the time, 3 = All of the time) *

Mark only one oval per row.

| | Never | Sometimes | Most of the time | All of the time |
|----------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Feeling full of life and energised | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling positive, hopeful, calm and peaceful | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling tired | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling downhearted, sad and hopeless | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling nervous, uncertain and anxious | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling in control and coping well | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling disorganised and confused | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling overwhelmed and panicking | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling sick and unwell | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

22. C5. Keeping in mind your personal state of mind and individual circumstances. Explain how intense you have experienced Covid-19 and the related lockdown levels as a working parent.

- 23. C6. Keeping in mind your freedom of choice (autonomy) in your daily life. Explain if and why your freedom of choice has been/has not been affected by Covid-19 and related lockdown levels.

- 24. C7. Since the start of the Covid-19 pandemic, were you forced to work from home at any lockdown level or were you regarded as Essential services (not working from home at any lockdown level) *

Mark only one oval.

- I had to work from home during certain lockdown levels *Skip to question 25*
- I did not work from home at any lockdown level *Skip to question 34*

**Section D:
Working from home**

This section aims to determine how you managed to work from home while having your kids at home too. Keeping in mind the closure of ECD centres at certain lockdown levels and the changes in routines

25. D1. While working from home and taking care of your toddler(s), please rate your level of agreement with the following HOME-SCHOOLING statements [1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree]. *

Mark only one oval per row.

| | Strongly disagree | Disagree | Agree | Strongly agree |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I felt worried about the duration of ECD closures | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My toddler had sufficient resources at home to continue with playful learning and development | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I had sufficient time to attend to the developmental needs of my toddlers while continuing with my work responsibilities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I enjoyed home schooling my toddlers during ECD closures | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I missed the daily routines we were accustomed to prior to Covid-19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I received learning material and sources from the ECD centre to assist me in home schooling my toddler(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

26. D2. While working from home and taking care of your toddler(s), please rate your level of agreement with the following WELLBEING statements [1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree].*

Mark only one oval per row.

| | Strongly disagree | Disagree | Agree | Strongly agree |
|-------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I was worried about my own ability to effectively home school my toddler(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My toddler(s) missed the interaction with their friends and educators while being at home | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I enjoyed the additional time I had to spend with my toddler(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I sensed feelings of uncertainty, fear and isolation from my toddler(s) while being at home | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| At times I was irritable with my toddler(s) due to a lack of time to balance work and home responsibilities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My work responsibilities prevented me to spend quality time with my toddler(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My toddler(s) prevented me to spend quality time on my work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

27. D3. While working from home and taking care of your toddler(s), please rate your level of agreement with the following WORK-LIFE BALANCE statements [1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree]. *

Mark only one oval per row.

| | Strongly disagree | Disagree | Agree | Strongly agree |
|------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I successfully balanced work responsibilities, home school responsibilities and household responsibilities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I had to take leave from work to take care of my toddler(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I shared the responsibilities to look after my toddler(s) with my partner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I had to reduce my work hours during the day to care for my toddler(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I worked more at night once my toddler(s) were asleep | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adhering to work deadlines were difficult while having to look after my toddler(s) too | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I easily set boundaries for my toddler(s) when I had to work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

28. D4. Explain if and/or how you manage to balance work duties, household chores and home schooling

29. D5. Select the description that suits you best

Mark only one oval.

- I had a home office and was experienced in working from home before Covid-19 started
- I have never worked from home and had to set up a home office/space when Covid-19 started

30. D6. While working from home during 2020 and/or 2021, how INTENSE have you experienced the following: [Please rate the statements, where 0 = not applicable, 1 = extremely intense, 2 = intense, 3 = somehow intense, 4 = manageable, 5 = not intense at all]. *

Mark only one oval per row.

| | Not applicable | Extremely intense | Intense | Manageable | Not intense at all |
|---------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The demands of my job | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My household demands | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The demands of my toddler(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The demands of my relationship with my partner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Healthcare demands (taking care of the health of members in my household) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Personal health demands (staying physically and mentally healthy) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fluctuating lockdown levels | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lack of personal interactions with friends and/or family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

31. D7. What are/were your biggest CHALLENGE(S) while working from home

32. D8. What are/were the ADVANTAGE(S) of working from home

33. D9. What are/were the DISADVANTAGE(S) of working from home

Skip to question 34

**Section E:
Balancing work and
Life**

This sections aims to determine how Covid-19 and related lockdown levels affected your work and personal lives.

34. E1. On a scale of 1 to 5, indicate how Covid-19 and related lockdown levels affected your work and private life (1 = strongly disagree, 2 = disagree, 3 = neither agree/nor disagree, 4 = agree, 5 = strongly agree) *

Mark only one oval per row.

| | Strongly disagree | Disagree | Agree | Strongly agree |
|---------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| My work life worsened | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My work life improved | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My private life worsened | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My private life improved | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I often neglect my personal needs due to the stress of my work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My work suffers because of everything going on in my personal life | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I often need to make difficult choices between my work and my personal life | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Once I finish my work I am too tired to try to do things I wish to do | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My job makes it difficult to take care of the type of private life I might like | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

35. E2. Have your WORK ROUTINE changed since the start of Covid-19 in March 2020? *

Mark only one oval.

Yes

No

36. E3. If yes, please explain the type of changes you experienced in your work routine

37. E4. Have your private life and free time routines changed since Covid-19 started? *

Mark only one oval.

- Yes
- No

38. E5. If yes, please explain the type of change(s) you experienced in your private life and free time routines

39. E6. Compare the daily time you spent on the following activities before Covid-19, with the time since the pandemic started and indicate the difference *

Mark only one oval per row.

| | Decreased | Unchanged | Increased |
|-------------------------------------------|-----------------------|-----------------------|-----------------------|
| Working time | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Personal Leisure (free) time | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Time spend on Caring duties | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Time spend on household responsibilities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family time | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Quality time alone with my partner/spouse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Time with friends | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Time with social groups | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

40. E7. Since the start of Covid-19, rate your level of agreement with the following DEMANDS OF LIFE on a scale of 1 to 5 (1=strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree) *

Mark only one oval per row.

| | Strong Disagree | Disagree | Agree | Strongly Agree |
|--------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I successfully manage my work demands | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I successfully manage my family demands | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I successfully manage the demands of society | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I successfully manage child care demands | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I successfully manage household demands | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I successfully manage my partner/marital demands | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

41. E8. Since the start of Covid-19, rate your level of agreement with the following SUPPORT you had available TO COPE with the demands of life on a scale of 1 to 5 (1=strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree)

Mark only one oval per row.

| | Strongly disagree | Disagree | Agree | Strongly Agree |
|---------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| My employer provided support and understanding | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My work arrangements are flexible | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I received support from my co-workers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I received support from my partner/spouse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I received support from my family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I received support from my friends | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I received support from social groups that I am part of | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I received support with child care activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I received support with dependent care concerns | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

42. E9. Please explain if you received support (eg. physically, mentally, emotionally, financially), whom supported you and how it assisted you to cope since the start of the pandemic

43. E10. Explain the biggest personal challenge(s) you had to face since the start of Covid-19 and related lockdown levels and how it affected you and your household.

44. E11. Which resources (such as work policies, psychological, social, cognitive, physical and/or environmental) were available to you and have assisted you to overcome the above-mentioned challenge(s)

**Section
F: Free
time
(leisure)
activities**

Leisure refers to your personal free time (when you do not work or do household chores). It includes any activities at home or away from home and wants to determine what you have done during your free time and how it changed since the start of the pandemic. At the same time it wants to determine if parents with toddlers had enough time free to enjoy their own hobbies during the Covid-19 pandemic.

45. F1. BEFORE Covid-19, what type of activities have you engaged in AS A FAMILY during your free time (away from home or at home)?

46. F2. BEFORE Covid-19, what type of activities have you engaged in ALONE during your free time (away from home or at home)?

47. F3. Since the start of lockdown, indicate if the time you spent on the following activities changed (increased, remained unchanged, decreased) *

Mark only one oval per row.

| | Increased | Unchanged | Decreased | Not an activity we engaged in before or during Covid-19 |
|-------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|---------------------------------------------------------|
| Visiting friends and relatives | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Exercising | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Going away for a weekend | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Visited attractions, wine farms, beach and/or attended events | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Visited restaurants | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Play board games | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Watch TV | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Play X-box or online games | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Doing arts, crafts, painting, scrapbooking | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| De-cluttering and renovating the home | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cooking , baking, gardening | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Providing community service or volunteer at the needy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Online gambling and/or visit casinos | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Visited arts, culture and heritage related insitutions and performances | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reading | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | |
|----------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Spend time in nature | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Meditating, journaling and reflective writing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Engaged in intellectual leisure experiences such as word searches, riddles | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

48. F4. While keeping in mind your PHYSICAL ACTIVITIES AND EXERCISE ROUTINES since the start of Covid-19, please indicate your level of agreement with the following statements [1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree]. *

Mark only one oval per row.

| | Strongly disagree | Disagree | Agree | Strongly agree |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| My exercise route stayed the same since lockdown started | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I exercise at least once a day | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I exercised 2 to 3 times a week | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I know the importance of exercise but did not have the energy or time to focus on an exercise routine since the start of Covid-19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I played physical activities with my toddlers for exercise | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

49. F5. How have your EXERCISE ROUTINES changed since Covid-19 started and what type of exercises did you mostly do - throughout hard lockdown as well as eased lockdowns?

50. F5. Did the type of activities you and your household engaged in during your FREE TIME changed as the lockdown levels changed and restrictions were lifted?

Mark only one oval.

Yes

No

51. F6. Please elaborate on your answer by indicating which type of activities you engaged in during which lockdown levels

52. F7. Which lockdown activity with your toddler(s) did you enjoy most AT HOME?

53. F8. Why was the above-mentioned activity your favourite?

54. F9. How soon will you feel comfortable to engage in your pre-Covid-19 leisure activities? *

Mark only one oval.

- As soon as I am vaccinated
- As soon as some kind of herd community is established
- As soon as the lockdown levels permit it
- As soon as the daily number of infections decrease below one thousand
- I am already comfortable to return to my pre-Covid-19 leisure activities
- As soon as the pandemic is over
- Not soon

55. F10. While you engaged in leisure activities, did you forget about your responsibilities, demands and challenges for that specific period of time? *

Mark only one oval.

- Yes
- No
- Undecided

56. F11. Keeping in mind how you spend YOUR PERSONAL FREE TIME since the start of the Covid-19 pandemic, indicate your level of agreement with the following statements [1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree]. *

Mark only one oval per row.

| | Strongly disagree | Disagree | Agree | Strongly agree |
|------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I enjoyed spending my free time with my toddlers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The type of leisure activities I engaged in was limited by my personal freedom due to lockdown | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I engaged in more passive leisure pursuits | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| During my free time I engaged in activities which my toddlers enjoyed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| During my free time I spend time on my own hobbies | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Spending my free time on activities I enjoyed made me happy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I value my leisure experiences during lockdown | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I hardly had free time available to relax and spend on activities of my choice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I spend time on introspective and restful leisure activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I spend time on social and stimulating leisure activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I spend time on constructive and meaningful leisure activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I often reminisced about the leisure activities I engage in | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I engage in leisure activities that reflect my personal interest, strengths and aptitudes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I engaged in leisure experiences that developed my capacities and skills and it produced feelings of satisfaction | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I engaged in mindful, meditating leisure experiences that decluttered my mind | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I spend my leisure time to reach out to friends in need, checking on neighbours and providing random acts of kindness that give me a feeling of purpose | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I enjoyed the home-based lockdown leisure activities I engaged in | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I miss the social experiences of going out with friends and relatives during strict lockdown levels | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My leisure time became a time of self-reflection | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

57. F12. Have the activities that you engaged in during your free time contributed positively to your overall wellbeing?

Mark only one oval.

- Yes
- No
- Uncertain

58. F13. Please explain your answer

59. F14. How would you self-identify your overall health (including: physical health, mental health, stress levels, coping strategies etc) since experiencing the ongoing Covid-19 pandemic for the past 18 months? *

Mark only one oval.

- Very Bad
- Bad
- Somewhat Bad
- Somewhat good
- Good
- Very good

For duplication purposes

None of these details will be shared with any 3rd parties but is only required to eliminate duplications between the online and the hard copy questionnaires.

60. Name

61. Surname

62. Email address

Skip to question 63

General Comments and/or Recommendations

Thank you for completing this survey. Please add any general comments and/or recommendations

63. General Comments and/or Recommendations

64. If you would want to participate in the second phase of the research which includes semi-structured interviews, kindly leave your contact details (Name, surname, email address) below

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APPENDIX C: INTERVIEW SCHEDULE

The work-life balance, leisure and wellbeing of working parents with toddlers during the COVID-19 crisis in Cape Town, South Africa.

Interview Instructions

(The following will be said to the informant as introduction)

My name is Iianza Perold. By indicating that you want to be part of Phase 2 of the research study, you are aware that I am currently enrolled for a Masters degree in Sport Management at the Cape Peninsula University of Technology. The purpose of my study is to explore the work-life balance, leisure and wellbeing of working parents with toddlers, between the ages of 3 months and 6 years, during a crisis time such as the global COVID-19 health crisis and related lockdown levels.

Thank you for your time and participation, your opinion is important since it will contribute to understanding if and how your work-life balance, leisure pursuits and wellbeing were affected by the COVID-19 crisis and related crises.

The interview includes 5 sections. The first section will be about your personal profile (name, age etc.) The second will include information relating to your work-life balance. The third section will comprise your leisure pursuits before and during the COVID-19 crisis, personally and as a family. Section four deals with your personal wellbeing and that of you and your household during crisis times and finally, a general discussion will take place on the best and worst experiences you had during the various lockdown levels of 2020 and 2021 by reflecting on your personal stories during the past 18-19 months. The latter be accompanied by recommendations on how you will use the experiences of 2020/2021 to be better prepared for future crises situations.

Before we start, I would like to request if I may record our interview as I will later have to analyse the information you provided. All the information provided will be strictly confidential and it will be used specifically for the purposes of this study. If you do not agree to record it, then I will just take relevant notes for future analyses, so:

Is it OK if I record our interview?

There is one last thing that you need to be aware of. If for any reason you want to withdraw from the interview, please feel free to do so at any time. No explanation will be required.

Do you have any questions before starting?

- YES, (answer them)
- NO, (switch on the recorder and start the interview)

SECTION 1: PERSONAL PROFILE

- Name?
- Age?

- Age(s) of your toddlers?
- Nationality?
- Job description?

SECTION 2: COVID-19 AND RELATED LOCKDOWN LEGISLATION

- What was your feelings/emotions when the COVID-19 pandemic and complete lockdown was announced?

SECTION 3: WORK-LIFE BALANCE

- Can you tell me a bit more about your work-life balance since COVID-19 started in South Africa? Was the nature of your job affected by it? How?
- Describe your work-life balance during the time *before* COVID-19?
- Describe your work-life balance from March until the end of December 2020? Did it change as lockdown levels changed? Do you feel that you worked harder or less?
- Do you think that you effectively managed your work, non-work responsibilities and life/household responsibilities during 2020/2021? Explain your answer by sharing your stories.

SECTION 4: LEISURE PURSUITS

- Given the fact that COVID-19 confined most South Africans to their homes, what type of activities have you and your household engaged in to relax in 2020/2021?
- How do these activities differ from the type of leisure activities you engaged in before COVID-19 as a family?
- How did these activities differ from the type of personal leisure activities you engaged in before COVID-19?
- Have these activities changed as different lockdown levels were announced by the South African government?
- Which lockdown leisure activities did you enjoy most? Why would that be?

SECTION 5: OVERALL WELLBEING

- How would you describe the emotions you experienced when COVID-19 was announced? Your biggest fears?
- How did you feel about being confined to your home, with your toddlers and all the responsibilities?
- How would you describe your personal wellbeing?
- How would you describe the wellbeing of your toddlers and household?
- What, if anything, have you done to balance and/or improve the balance and wellbeing of your household during 2020/2021?

SECTION 6: GENERAL DISCUSSION

- How would you describe your worst experience during 2020/2021?
- Have you had any good experiences during 2020/2021? How would you describe those?
- Have you learnt anything from the manner in which you handled the COVID-19 crisis? Please share it?
- Based on your experience during the COVID-19 crisis, how would you handle future crises situations of any nature?
- Is there any help or assistance from roleplayers in your life that would have made the transition to the new normal easier? From whom? And How?

- Do you have anything more you would like to bring up, or share about before we finish the interview?

THANK INFORMANT FOR THEIR TIME AND INPUT.

Name of Interviewer: _____

Date of Interview: _____

Place of interview: _____

Length of interview: _____

APPENDIX D: PERMISSION PILOT



7 Portulaca Ave
Durbanville
7550

Tel: 082 304 9360
021 975 5047
22 Sept 2021

Owner: Kim Falkenberg
082 718 4672
Peremail: Kim@conskills.co.za
Cellphone number: **082 718 4672**

Mrs Ilanza Perold
Cape Peninsula University of Technology
Faculty of Business and Management
Sciences
Tourism and Events Department

Re: Permission to conduct a pilot study at High Five Nursing School

Dear Ilanza

Our meeting on the 12th of August 2021 refers.

I hereby confirm that you, Ilanza Perold, has been granted permission by High Five Nursery School to distribute online, self-completion questionnaires to the parents of our 3 months old until 6 years old learners, as part of your pilot study for your Master's Degree.

Mrs Perold was informed about the Covid-19 rules and regulations and agreed to abide. If you have any questions in this regard, you are welcome to contact me.

Yours Faithfully

Falkenberg
Kim Falkenberg
Owner: High Five Nursery School

APPENDIX E: PERMISSION MAIN STUDY



Owner: Amanda Kritzingler
Splendid Kids
46 Hannes Louw Drive
De Tyger
7500
Cellphone number: 072 609 6381

Mrs Ilanza Perold
Cape Peninsula University of Technology
Faculty of Business Management and Sciences
Tourism and Events Department

Re: Permission to conduct surveys and interviews

Dear Ilanza

Our meeting on the 29th of March 2021 refers.

It gives me great pleasure to confirm that you, Ilanza Perold, have been granted permission by Splendid Kids to distribute online questionnaires and/or printed questionnaires to the parents of our 3 month old until 6 years old learners at both our De Tyger, Oostersee and Brackenfell branches. Simultaneously, permission has been granted to conduct semi-structured interview with teachers who are employed by Splendid Kids and who has children in the same age bracket.

As agree, Mrs Perold will present the full set of results to the owner and managers of the various branches upon completion of the questionnaires and interviews at De Tyger, Oostersee and Brackenfell. In this regard, Splendid Kids holds the right to deem certain aspects of the results as confidential and not fit for public release, especially because permission is granted to use the name of the Early Childhood Development Centers in the presentation of the results.

Furthermore, Mrs Perold agreed in the meeting to adhere to all the safety and security and Covid-19 related measures of Splendid Kids. Mrs Perold will be fully briefed closer to the execution of the fieldwork.

If you have any questions in this regard, you are welcome to contact me.

Yours Faithfully

A handwritten signature in blue ink, appearing to read "AEK", is enclosed in a light blue rectangular box.

Amanda Kritzingler
Owner: Splendid Kids

APPENDIX F: PARENTAL INFORMATION LETTER

Information Letter Splendid Kids Questionnaire

Dear Parents, teachers and assistants of Splendid Kids

Research Project: The work-life balance, leisure and wellbeing of working parents with toddlers during the Covid-19 crisis in Cape Town, South Africa.

It is acknowledged that the Covid-19 pandemic and the sudden announcement of lockdown measures changed normal life as people have known it in every possible way since March 2020. It has been noted that specifically parents of children from birth to 6 years have been significantly affected, however comprehensive research is currently still lacking. This study, and your feedback as parents, aims to assist to fill this gap in the academic literature.

The owners of Splendid Kids (Brackenfell, De Tyger and Oostersee) granted permission to conduct the study at all three their branches. As the researcher, I received ethical clearance and approval from the Cape Peninsula University of Technology's (CPUT) Research Ethics Committee on the 4th of May 2021 to pursue with the study in fulfilling my Master Degree in Sport Management.

The purpose of the research is based on how your life as parents with small children changed since the Covid-19 pandemic started. When referring to the "**Covid-19 pandemic**", kindly note that it includes the fluctuating lockdown levels from March 2020 until now (October 2021). Firstly, the study wants to explore how you, as working parents, have balanced (and are still balancing) your work responsibilities and family responsibilities – known as the work-life balance. Secondly, the researcher wants to determine what type of leisure (free time) activities you engaged in with your children, and alone, at the various levels of lockdown. Leisure/free time is the time you have available when all work duties and household/family duties have been fulfilled. Lastly the research wants to determine if and how your overall wellbeing have been affected. Your wellbeing includes both physical, mental and overall wellbeing and is also referred to as *life satisfaction*. So in essence your wellbeing relates to "your actual life circumstances currently, compared to your ideal life circumstances".

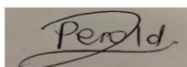
While your results can act as a foundation to provide guidelines to working parents of toddlers (babies until 6 years) and employers employing parents of toddlers, the results of the study can possibly contribute to the development of theory, by exploring and providing feedback on the advancement and future of new directions in leisure pursuits. The study will be beneficial to local and national government to possibly change or adapt certain policies and/or plans, such as the Child Protection Policy and National Sport and Recreation Plan. In practice, the results will assist working parents with toddlers to provide and understanding on how other parents are experiencing the Covid-19 crisis. At the same time, the latter will help academics and fellow researchers to better understand the effect of the Covid-19 pandemic on the lives of working parents with toddlers, and more specifically if and/or how they are balancing their work life, family life, leisure and wellbeing during a crisis such as Covid-19.

Every parent, teacher and assistant who have children from the ages of 3 months to 6 years will receive a hard-copy of the questionnaire as well as an electronic link that can be completed on a device, such as your cellphone or computer. Please note that you should not complete both, you complete **either** the hardcopy **or** the electronic link. Only one parent per household should complete it, preferably the parent who was employed in March 2020 when Covid-19 started.

You will find attached a consent form which should be read and signed by the person completing the link or printed questionnaire. If you have any questions, you are more than welcome to contact me: Ilanza Perold on 082 940 7711.

Your cooperation in this regard will be highly appreciated

Kindest regards



Ilanza Perold

APPENDIX G: LETTER OF INFORMED CONSENT

Ilanza Perold 3
Lady Loch Estate Lady Loch Road
Wellington
7655
Perold.ilanza@gmail.com
082 940 7711

Dear Mrs Ilanza Perold

LETTER OF CONSENT

I hereby agree to participate in the research study named **The work-life balance, leisure and wellbeing of working parents with toddlers during a crisis such as Covid-19** conducted by the researcher through the Department of Sport Management at the Cape Peninsula University of Technology, South Africa and consent to the researcher approaching me.

I understand that the purpose of the study is for the researcher's Master Degree in Sport Management and that it aims to determine how working parents with children from 3 months until 6 years, at Splendid Kids, have been affected by the Covid-19 pandemic and related lockdown levels during the past 18 months (from March 2020 until October 2021). I also understand that emphasis is specifically being placed on how working parents are balancing their work responsibilities, life and household responsibilities (work-life balance), free time (leisure) and activities – with and without their children as well as their wellbeing (mental, physical and overall).

I have read the letter of information accompanied by the questionnaire, and the benefits and purpose of the study have been sufficiently explained to be.

I understand that by taking part in the study, that my responses will be reported on as a collective, that my confidentiality is respected and that my anonymity is guaranteed. I also understand that the researcher will publish the results as a collective and that the data will be stored for a period of 15 years. Therefore, I understand that there is no risk involved for myself to participate in the study, that participation is voluntary and that I may withdraw from the study at any time without any questions asked.

If I had any questions or uncertainties, the researcher explained the rationale to my satisfaction.

I have read and understand the consent form and therefore agree to participate in the study

Name and Surname: _____

Signature: _____

Date: _____

Contact number: _____

Email address: _____

APPENDIX H: BUILDING BLOCKS

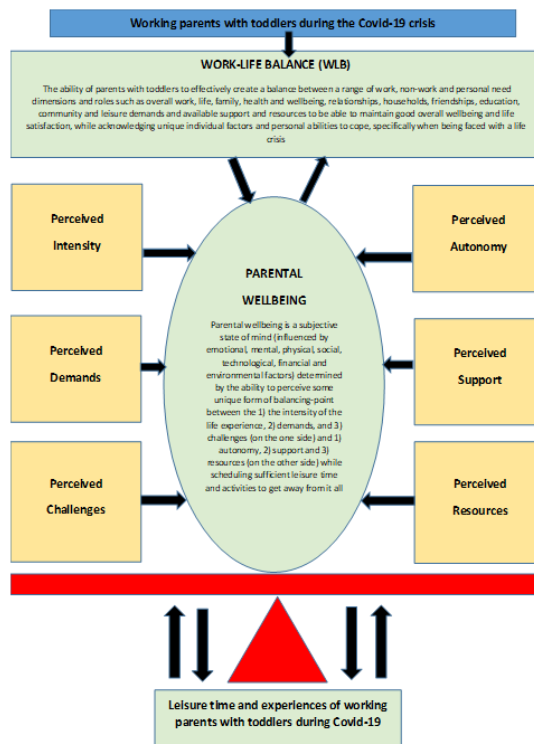


Figure 2.6: Theoretical framework on interconnectedness of WLB, Leisure and wellbeing constructs

Source: Hall *et al.* (2013), Keeney *et al.* (2013), Haar *et al.* (2019), Thilagavathy and Geetha (2020), Adebisi *et al.* (2021), Mazza *et al.* (2020), Scholtz (2021), Chung *et al.* (2020), Wassel and Dodge (2015), Dodge *et al.* (2012), Huppert (2017), Egan *et al.* (2007) Carruthers and Hood (2007)

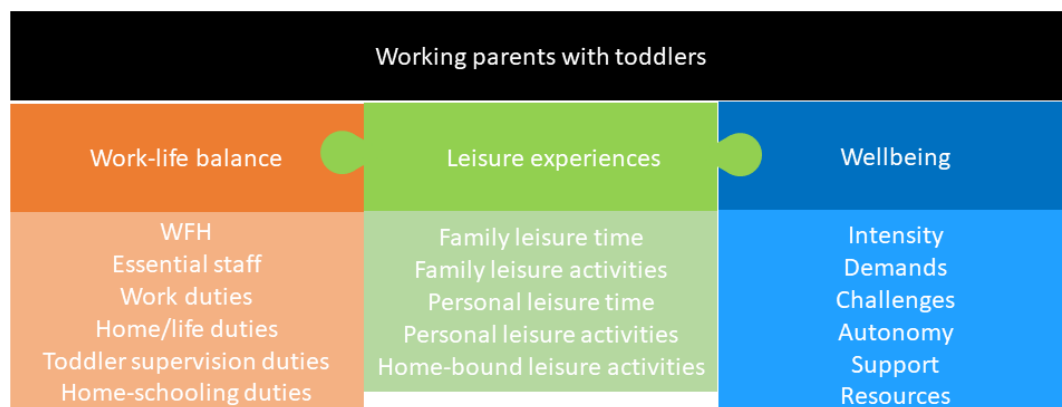


Figure 2.7: Building blocks towards a conceptual framework during a crisis such as Covid-19

Source: Balenzano *et al.* (2020); Better Health Channel (2020); Branswell and Joseph (2020); Caldera-Villalobo *et al.* (2020); Cannito and Scavarda (2020); Cherry (2020); Chung *et al.* (2020); De Villiers (2020); Department of the Premier (2020); Fontanesi *et al.* (2020); Holmes *et al.* (2020); IPSOS (2020); Lambert *et al.* (2020); Mazza *et al.* (2020); Mental Health foundation (2020); Parenting SA (2020); Patrick *et al.* (2020); Pew Research Centre (2020); Piper (2020); Thilagavathy and Geetha (2020); Wetsman (2020); WHO (2020a); Young (2020); Zwavelstream Clinic (2020); Adebisi *et al.* (2021); Scholtz (2021)

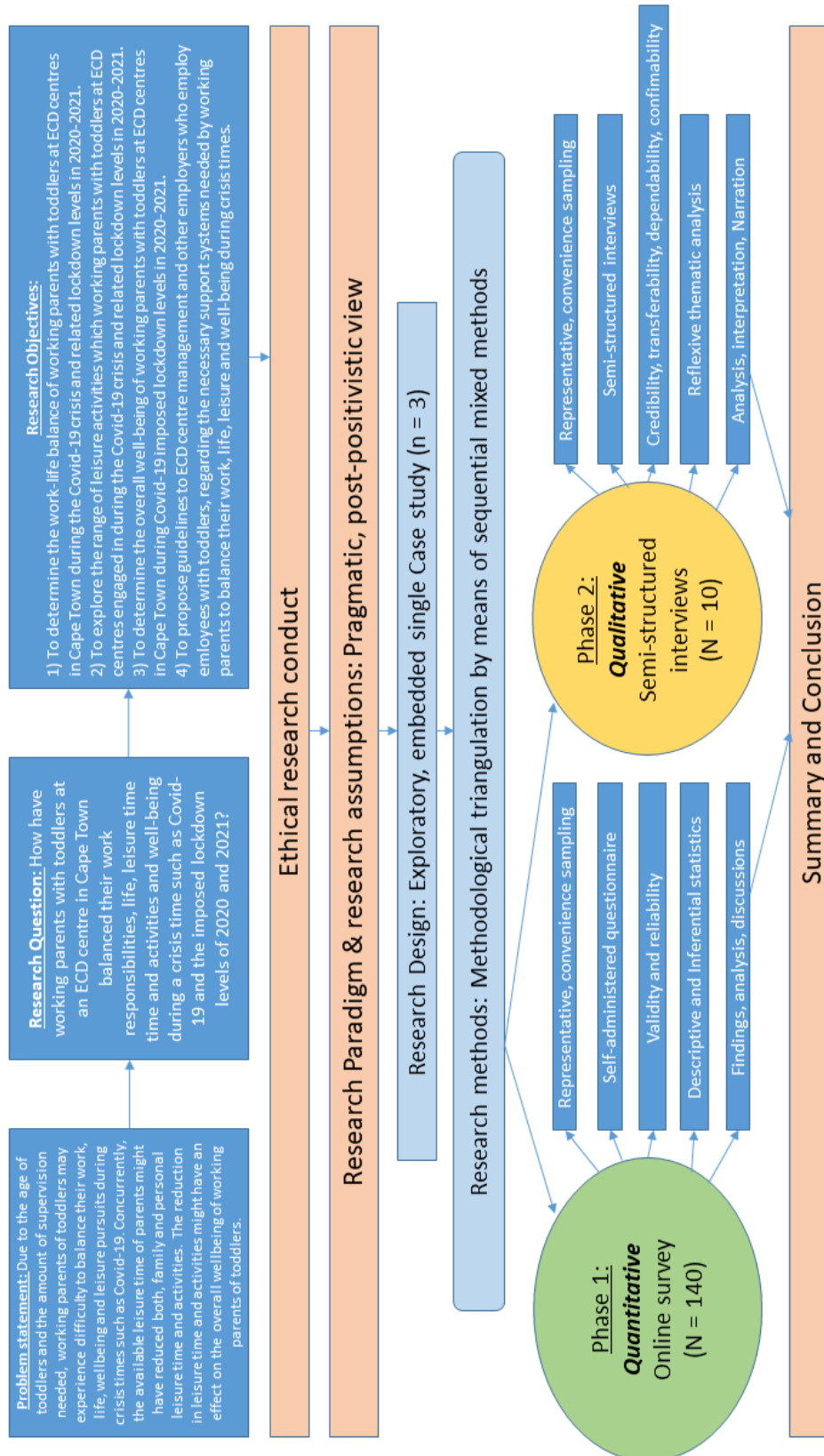


Figure 3.1. Visual display of the methodological steps of Chapter 3

Source: Researcher's own construct

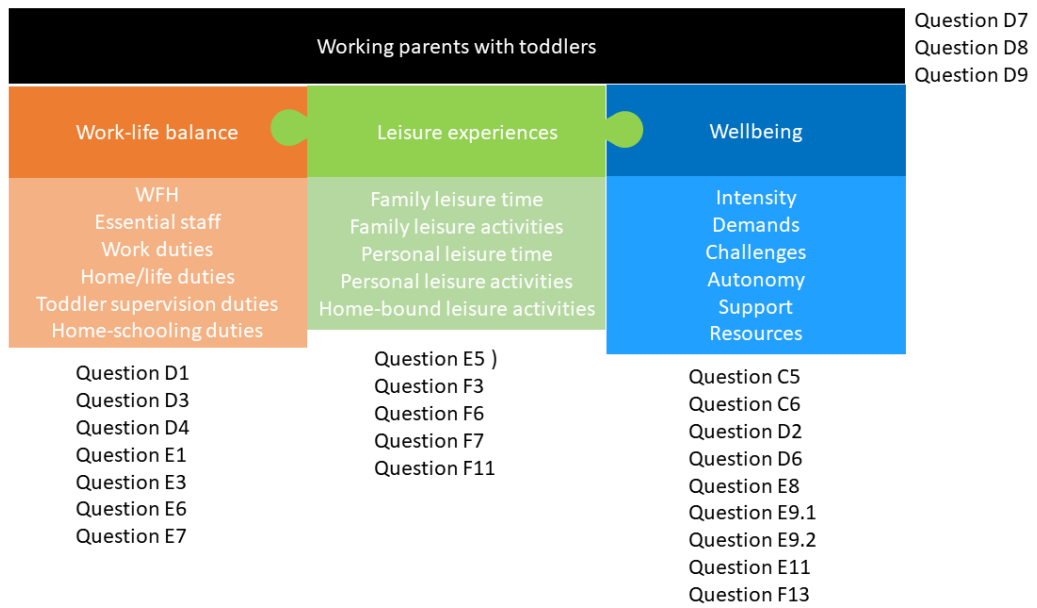


Figure 3.3: Building blocks as lens for designing the questionnaire (Phase 1)

Source: Researcher's own construct

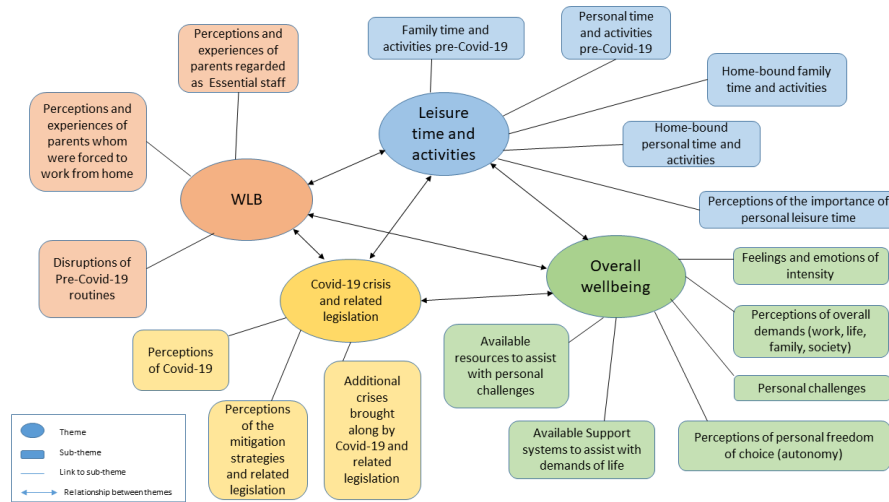


Figure 3.4: Visual display of Step 4 in the analysis process (Phase 2)

Source: Researcher's own construct

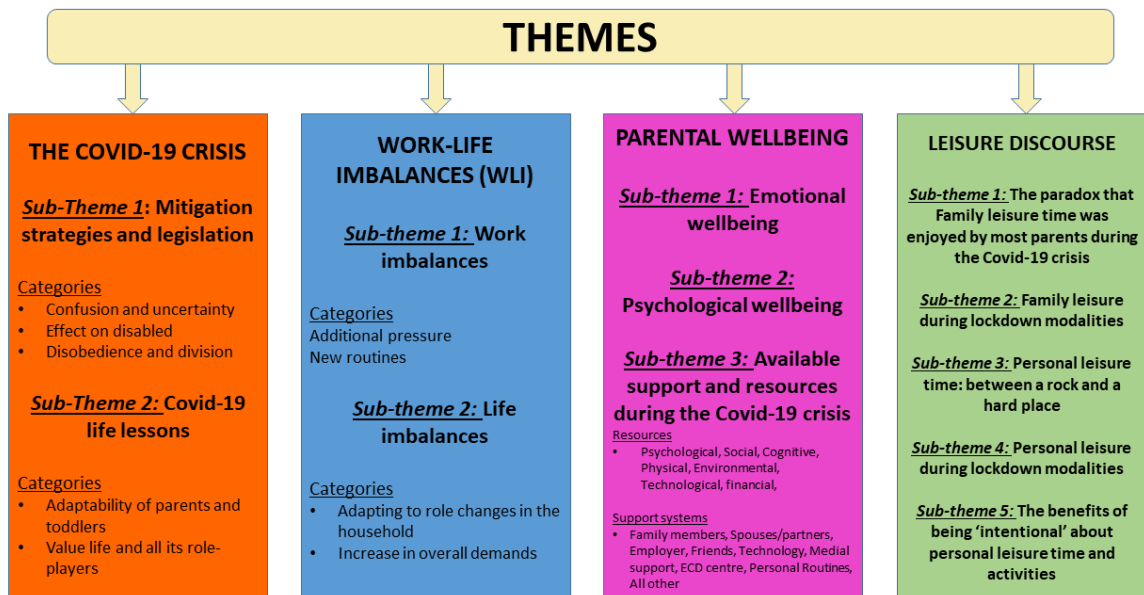


Figure 5.1: Visual display of the final themes (Phase 2)

Source: Researcher's own construct

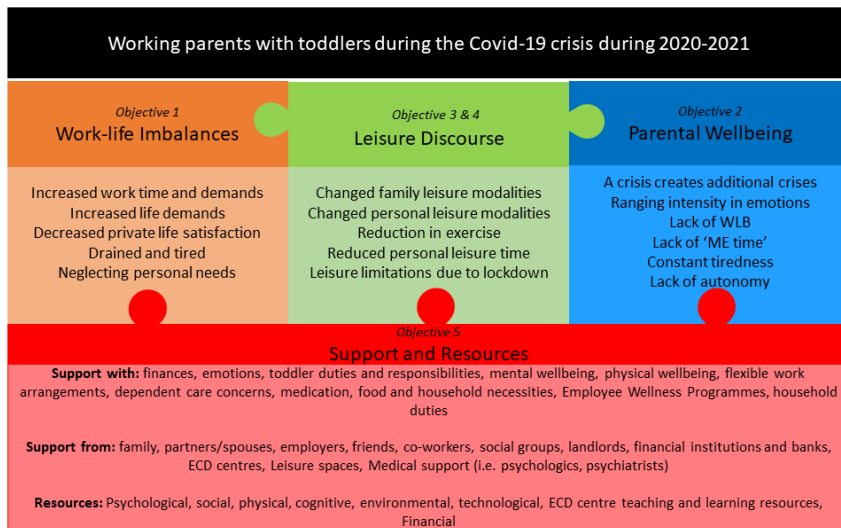


Figure 6.1: Visual display of data analysis to guide triangulation discussions

Source: Researcher's own construct

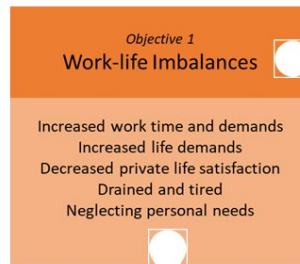


Figure 6.2: Visual display of WLI

Source: Researcher's own construct

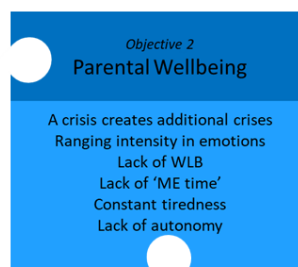


Figure 6.3: Visual display of Parental Wellbeing

Source: Researcher's own construct

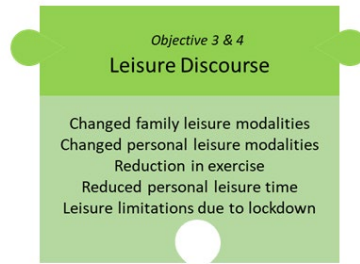


Figure 6.4: Visual display of the Leisure Discourse

Source: Researcher's own construct



Figure 5.7: Visual display of Support and Resources

Source: Researcher's own construct

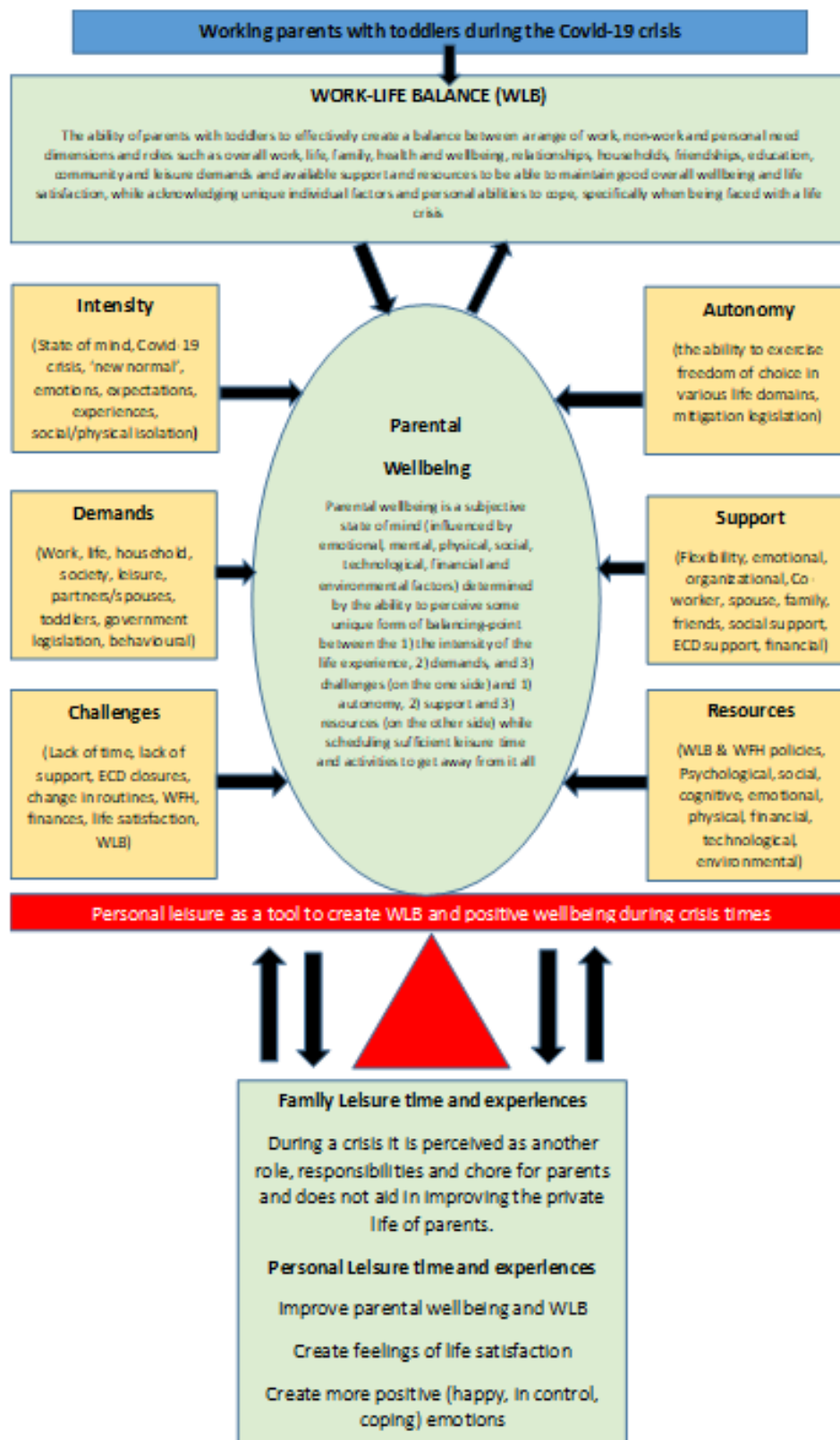


Figure 7.1: The conceptualised framework of Personal leisure as a tool to enhance WLB and wellbeing during a crisis

APPENDIX I: LETTER FROM THE EDITOR

22 Krag Street
Napier
7270
Overberg
Western Cape

08 November 2022

LANGUAGE & TECHNICAL EDITING

Cheryl M. Thomson

THE WORK-LIFE BALANCE, LEISURE AND WELLBEING OF WORKING PARENTS WITH TODDLERS DURING THE COVID-19 CRISIS IN CAPE TOWN, SOUTH AFRICA

Supervisor: Prof B Knott

Co-supervisor: Mr C Young

This is to confirm that I, Cheryl Thomson, executed the language and technical edit of the above-titled Masters dissertation of **ILANZA PEROLD, Student number 198008996**, at the CAPE PENINSULA UNIVERSITY OF TECHNOLOGY in preparation for submission of this dissertation for assessment.

Yours faithfully



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