

# Family well-being during the COVID-19 lockdown in Italy: Gender differences and solidarity networks of care

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## Abstract

During the COVID-19 pandemic, families experienced new challenges related to reorganizing living spaces and the need to renegotiate domestic and care roles. This paper aims to understand how Italian families have reacted to this situation with respect to psychological well-being, the management of domestic and care activities and solidarity networks of care. The participants were 560 Italian subjects who reported having a parental role. The protocol included a measure of well-being (the General Health Questionnaire-12) and some questions related to the time dedicated to domestic activities or to caring for people, the perception of conflict within the family and solidarity networks of care. The data underline how mothers continued to devote more time to home and care activities than fathers, despite the presence of both partners at home during the lockdown. The results also indicate that mothers participated to a greater extent than fathers in solidarity activities, confirming that this dimension is linked to gender. Furthermore, fathers and mothers perceived a lower condition of well-being in relation to the pre-pandemic period.

## KEYWORDS

COVID-19, domestic and care activities, family conflict, gender roles, solidarity networks of care, well-being

## 1 | INTRODUCTION

Italy, like much of the world, faced an emergency health situation linked to the spread of COVID-19 during the first months of 2020. On 21 February 2020, the Italian government applied restrictive lockdown measures in two regions of northern Italy, Lombardia and Veneto, and then, on 9 March 2020, these measures were extended to the entire country (Italian Government, 2020). With these restrictions, the daily lives of Italian families have undergone major changes. The strategies implemented by families to respond to their multiple daily commitments have been radically transformed since the lockdown, with all activities concentrated within the house. Families have therefore faced a long period of close sharing of daily family life,

which has taken on an almost exclusive educational role, as all educational institutions have been closed.

This has contributed to increased stress levels, especially in families that are in fragile socio-economic conditions. In addition, the lack of educational institutions has created greater insecurity regarding the ability to fill the parental role, which has become more complex (Fontanesi et al., 2020; Restubog et al., 2020). Having more time to devote to children may have brought positive changes to family life, as also highlighted by the research of Brown et al. (2020), leading families to rediscover calmer family rhythms and relationships that are less overwhelmed by the anxiety of things to do. However, managing the home, children and work has also brought about an overload in the parenting role, which no longer had any external

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support. This new family organization has undoubtedly had a negative psychological impact on parental figures, with inevitable repercussions on the family and children's well-being (Migliorini et al., 2011; Rania, Coppola, et al., 2020), especially in families already challenged by children's health difficulties (Cardinali et al., 2019).

At the beginning of the COVID-19 pandemic, the researchers studied the epidemiological and psychological consequences related to this new situation that the population was facing. Currently, however, attention has been focused on the family context at both at the international and national levels (Brown et al., 2020; Daks et al., 2020; Ferrario & Profeta, 2020; Manzo & Minello, 2020; Rania, Coppola, et al., 2020; Westrupp et al., 2020).

### 1.1 | Family well-being and parenting

Several studies have highlighted the relevance of the family environment not only for psychological health and quality of life but also for individual adaptation and children's well-being (Grevenstein et al., 2019; Scrimin et al., 2018). Family can be considered a social system that provides an environment for children's development (Henry et al., 2015); for example, the literature has focused on the importance of parental competence (Rania et al., 2018) and how family routines have a scaffolding function for children's well-being (Migliorini et al., 2011; Migliorini, Rania, & Cardinali, 2015). The management of daily life within the family not only allows the development of family interactions but is also a protective factor that promotes family well-being (Passini et al., 2003), and enriches children's social skills (Spagnola & Fiese, 2007) and promotes their mental and physical health (Worthman, 2011).

Moreover, the family as a system is characterized by interdependent relationships (Henry et al., 2015; Masten & Monn, 2015): the well-being or malaise of one of its members affects the others. Health and adaptation to changes are developed and are influenced by family relationships, especially in early childhood (Bornstein, 2006). Healthy family contexts are able to support children's growth, while families with multiple problems, including maltreatment, foster fragile and vulnerable family environments that do not allow for adequate psychological growth, and lead to repercussions in adult life (Migliorini, Rania, Cavanna, et al., 2015). Therefore, a family can be a protective factor or an environment of fragility that affects the health of its members (Cicchetti, 2013; Masten & Monn, 2015).

The literature on parenting (Hendrick, 2016; Lamb, 2010; Lee et al., 2014; Ruspini, 2011; Satta et al., 2020) reveals a change that has affected the roles and identities linked to motherhood and fatherhood. This change has led to a redefinition of the relationships between partners with respect to the care of children. In Western industrialized cultures, fathers and mothers increasingly share childcare (Lamb, 2010). This change is also found in migrant families, such as Ecuadorian families, which in the Italian context seem to adopt forms of paternity more similar to Italian fathers (Rania et al., 2015). Fathers appear to be more involved in childcare and in

particular in playful, recreational and movement activities, while mothers have taken on a more active and organizational role than in the past (Alby et al., 2014; Bosoni et al., 2016; Johansson, 2011). However, despite fathers' greater involvement, care work and domestic work remain a primarily female task (Cunha et al., 2016; Lasio, 2011).

### 1.2 | Parenting and work-family: Between conciliation and conflict

Work and family once considered 'separate spheres', are now more interconnected than ever, especially in the contemporary dual-career family. Much of the literature has focused on the transition to parenthood and how it affects the family-work relationship (Bianchi & Milkie, 2010; Martinengo et al., 2010). Musick et al. (2016) have suggested that mothers appear more susceptible to the norms of 'intensive parenting' and that the balance between the work dimension and maternal responsibility may thus be more difficult to manage; on the other hand, fathers' involvement in their children's lives also subjects fathers to significantly more work-family conflict than in the past (Kaufman, 2013). Furthermore, the multiplicity of roles leads to work-family enrichment so that the experience of a mother or father is able to improve the parenting quality of the working partner and vice versa (Ghislieri & Colombo, 2014); thus, the mother or father's experience impacts individual and family well-being, even that of the children.

Although the issue of conciliation is therefore not necessarily a question of tension between the management of extradomestic work and family organization, the difficulty of harmonizing these two aspects and, above all, the greater burden placed on women, is one of the points that often emerges in the literature on the subject (Saraceno & Naldini, 2013; Sümer et al., 2008). Problems related to reconciliation can undermine the stability of the family bond: women's requests for more help often do not generate an adequate response from their partners, creating tension and conflicts (Ruppner, 2010). Recent studies have shown that conflicting work-family experiences are associated with the quality of the couple relationship and that conflicts between parents (Cooklin et al., 2015; Dinh et al., 2017) can have repercussions on children's well-being (Dinh et al., 2017; Strazdins et al., 2013). Furthermore, in the literature, it has emerged that the conflict between work and family is a stress factor that leads to decreased well-being for all of family members (Matthews et al., 2014). The conflict between gender roles is therefore an important dimension to analyse, with implications for psychological and physical health (Koura et al., 2017).

### 1.3 | Solidarity networks of care

The ability to take care of different family members is one of the fundamental aspects that characterize family relationships. The family bond is established and consolidated through care; it is in fact a

specific modality of family relationships that brings into play the expectations of loyalty and generosity among family members. In some societies, such as the Italian one, the family is increasingly at the centre of a dense network of relationships not only between genders and generations but also among peers, friends and neighbours, work colleagues, and members of associations and groups to which one belongs. These factors all form a dense network of prosocial exchange that is increasingly essential for individuals' well-being (Centro di Ateneo Studi e Ricerche sulla Famiglia, Università Cattolica del Sacro Cuore, 2020).

During COVID-19, while external relations have become constricted and restricted, the relations between nuclear family members have been strengthened and somehow been 'rediscovered' in a direction that is unexpected in some respects. Outside the family network, as a recent systematic review (Pérez et al., 2020) highlighted once again, neighbourhood and community life is an important determinant of public health, emphasizing the role of a sense of social cohesion and well-being. In particular, Mishra and Rath (2020) argued that during a crisis, such as that caused by the pandemic, a society's degree of solidarity determines its level of resistance; in fact, social solidarity enables societies, faced with challenges such as the imposition of social distancing, to develop a collective awareness. Furthermore, recent research highlighted how women can become promoters of psychological well-being and healthy communities, acting as creators of relational well-being within their life contexts (Rania, Migliorini, et al., 2020).

During the COVID-19 pandemic, people's bonds and solidarity relationships have inevitably taken on different dimensions. For example, according to Cheng et al. (2020), guidance from governments and the WHO regarding the widespread use of masks has shifted attention from protecting oneself to protecting others, configuring itself in the dimension of altruism and actively involving citizens from the perspective of global social solidarity. However, in the literature, there is a gap linked to the COVID-19 pandemic in relation to the dimension of solidarity, and we aim to explore this gap in a preliminary way. In this work, we try to understand the role played by families in redrawn solidarity networks of care.

## 2 | AIMS

This paper aims to understand how Italian families have reacted to the COVID-19 pandemic in the first weeks of lockdown with respect to psychological well-being, management of domestic and care activities, and solidarity networks of care.

Specific attention is given to mothers' and fathers' levels of common mental malaise to verify differences in well-being according to the parental role. Furthermore, the perception of conflict situations between partners and between parents and children is investigated. Another area of investigation is the time dedicated to the care of children and domestic activities by mothers and fathers. Finally, parents have become an active part of solidarity networks of care. The relationships between these variables and demographic variables are further investigated.

## 3 | METHODS AND MEASURES

The protocol included questions created ad hoc by the research team following focus groups. In particular, the focus group was attended by people who had a parental role, whose participation was voluntary. Cascade sampling was used, and recruitment took place with the help of social media. The goal of the focus groups was to identify the dimensions that parents considered fundamental in this period. The areas that emerged were related to well-being, conflict that can arise in the family, and time dedicated to domestic and care activities and to participation in solidarity activities directed towards the community. These areas have been declined in the following constructs:

- **Mental health:** The General Health Questionnaire-12 items (GHQ-12) is a scale that detects the current state of mental health over the past few weeks. It was developed by Goldberg in the 1970s and validated in Italy by Piccinelli & Politi, 1993. GHQ-12 is widely used to conduct self-administered screenings for non-psychotic mental illness and investigates anxious and depressive symptoms (Fiori Nastro et al., 2013). The 12-item version, GHQ-12, is the most widely used version (Elovanio et al., 2020). Participants had to report whether they had experienced a particular symptom of mental distress according to a four-point Likert-type scale from 0 = less than usual to 3 = much more than usual. The six positive items were scored from 0 (much more than usual) to 3 (less than usual), and the six negative items were scored from 3 (much more than usual) to 0 (less than usual). The total score ranges from 0 to 36 points; higher scores indicate worse health. The scale shows good internal consistency ( $\alpha = 0.80$ ). The GHQ-12 is widely used for mental health trend analysis due to its ease of use, breadth of distribution, and capacity to reproduce 'remarkably robust' results (Griffith & Jones, 2019).
- **Family conflicts,** with a multiple choice response scale consisting of the following options: 'conflict between partners', 'conflict between parents and children' and 'there is no conflict';
- **Time devoted to domestic activities:** assessed through a question with a Likert scale from 0 = I cannot devote any time to 4 = I dedicate 4 h a day;
- **Time dedicated to the care of children:** evaluated through a question with a Likert scale, from 0 = I cannot devote any time to 4 = I dedicate 4 h a day;
- **Solidarity networks of care:** a multiple choice question in which respondents could indicate various alternative answers in relation to solidarity/collective activities in which they took part during the quarantine;
- **Sociodemographic questions:** age, gender, marital status, educational qualifications, age range of the children, working methods during the COVID-19 health emergency, and income.

### 3.1 | Procedure

The present work is part of a wider multidisciplinary research project, which aimed to understand the participants' perceptions during this

particular period of stress from the quarantine, their psychological and spiritual well-being and their behaviours in a period of restrictions and mandatory social distancing. It used a quantitative methodological approach. The questionnaire was administered to the participants online because the data collection was carried out during the lockdown period. For a wider dissemination of research in the country and to reach a greater number of participants, the link to the questionnaire was shared through email, WhatsApp, discussion forums and social networks such as Facebook. The convenience sample was recruited through random cascade sampling. The first subjects involved were people known by the researchers who spread the link of the questionnaire to other people they knew. The inclusion criteria were being at least 18 years old and living in Italy during the COVID-19 pandemic. The participants took an average of approximately 22 min to complete the questionnaire. The data were collected after the first 2 weeks of lockdown during the following 10 days; most of the questionnaires (approximately two-thirds), in line with other studies carried out online during COVID-19 (Rodríguez-Rey et al., 2020; Wang et al., 2020), were completed on the first day of dissemination of the questionnaire.

### 3.2 | Participants

A total of 560 adults residing in Italy with a parental role had an average age of 54.19 years ( $SD = 10.64$ , range 22–88) and were mostly mothers (75.6%). In most cases, they had only one child (73.3%) or two children (25.1%), and those remaining had three or more children (1.6%). The sociodemographic variables of our sample are reported in Table 1.

## 4 | DATA ANALYSIS

Descriptive statistics were calculated for sociodemographic characteristics and information about the variables, while the scores on the GHQ-12 were expressed as the means and standard deviations. To investigate the parental role in relation to the GHQ-12, time devoted to childcare and household activities t-tests were used for independent samples. Moreover, to compare the differences between the results of the GHQ-12 of our participants and the Italian normative sample (Preti et al., 2007) and therefore in relation to the pre-pandemic data (Liang et al., 2016), *t* tests were conducted for single samples. Cohen's *d* was used to calculate the effect size. Analysis of variance with the post hoc Tukey's test for homogeneous variances and Games Howell's test for nonhomogeneous variances were used to investigate the differences between groups (educational qualification, marital status, number of children, age of the children, working methods during the COVID-19, income). To explore the relationships among the variables, continuous Pearson's correlation analyses were performed. Finally, chi-square analysis was performed to investigate the relationships between family conflict and solidarity variables with demographic variables (gender, marital status, income, educational

**TABLE 1** Sociodemographic characteristics

Variables	(%)
<i>Parental role</i>	
Fathers	24.4
Mothers	75.6
<i>Marital status</i>	
Single	3.8
Married/cohabiting with partner	77.3
Separated/divorced	15.2
Widower	3.8
<i>Age of the children</i>	
0–6	17.8
7–11	15.3
12–14	12.7
15–18	17.3
Over 18 years old and live at home	30.1
Over 18 years old and do not live at home	35.3
<i>Educational qualification</i>	
Junior high school	3.9
Secondary school	39.8
Graduation	39.6
Postgraduate specialization	16.8
<i>Working methods during COVID-19</i>	
Unchanged work	25.9
Smart-working	57.1
Loss of job/work permit/leave	17.0
<i>Household income</i>	
Up to 15.000 euros	8.9
Between 15.001 and 28.000 euros	29.1
Between 28.01 and 55.000 euros	37.3
Between 55.001 and 75.000 euros	13.3
Over 75.000 euros	11.3

qualification, working methods during COVID-19, age of children and number of children). All the tests were two-tailed, with a significance level of  $p < 0.05$  or  $p < 0.01$ . Statistical analysis was performed using SPSS 18.0.

## 5 | RESEARCH FINDINGS

### 5.1 | Parental well-being during COVID-19

The psychological impact of the COVID-19 pandemic on the Italian family, measured through the GHQ-12 scale, had a sample mean score of 6.06 ( $SD = 3.04$ ). Most of the parents (76.9%) showed high levels of malaise, a common mental disorder, including adjustment disorders or stress reactions; therefore, they were at risk of anxiety/depression (score  $\geq 4$ ), while 23.1% reported a low psychological impact (score  $< 4$ ).

Although higher common mental disorder scores emerged among mothers ( $M = 6.12$ ;  $SD = 2.96$ ) than among fathers ( $M = 5.85$ ;  $SD = 3.27$ ), no significant differences emerged from the analysis conducted with the *t*-tests. In terms of number of children, as this number increased, the negative psychological impact on the parents increased (1 child  $M = 5.94$ ;  $SD = 2.97$ ; 2 children  $M = 6.35$ ;  $SD = 3.29$ ; 3 children  $M = 7.00$ ;  $SD = 2.18$ ), although the analysis of variance did not show statistically significant differences in the three groups considered.

Furthermore, regarding the demographic variables (marital status, educational qualification, age of the children, working methods during COVID-19, income), there were no significant differences from the well-being dimension.

The comparison between the participants' general health ( $M = 6.06$ ,  $SD = 3.05$ ) and that of the Italian normative sample ( $M = 1.80$ ,  $SD = 2.3$ ;  $p < 0.001$ ;  $t = 31.80$ ; Cohen's  $d = 1.58$ ) (Preti et al., 2007) revealed significantly higher scores among our participants, indicating a 'worse degree' of mental well-being. Furthermore, comparing our data with those collected during COVID-19 in the United Kingdom (Li & Wang, 2020) ( $M = 2.73$ ,  $SD = 3.26$ ,  $p < 0.001$ ,  $t = 24.87$ ; Cohen's  $d = 1.05$ ), it emerged that, in this case, the scores obtained on the general health scale by Italian participants were significantly higher than those obtained by English participants, thus highlighting less mental well-being.

Finally, participants were asked if they had had COVID-19, knew someone who had had it and knew someone who had had it and did not survive. However, no significant relationships emerged. In particular, with regard to contact with COVID-19, the data show that there are no significant differences between those who had direct contact with the disease (including the death of a relative) and those who had not dealt with it directly, in relation to mental well-being. This may be due to a complex and unprecedented situation which in the initial stages resulted in a condition of widespread malaise.

## 5.2 | Family conflict

Most parents declared that they did not live in a conflict situation at home (88.0% of cases), while the remaining 12.0% expressed a conflictual dimension, of which 5.5% were between partners and 6.5% were between parents and children. Comparing the levels of common mental disorders between those who perceived a family conflict situation and those who did not, significant differences emerged, with higher averages on the GHQ-12 among those who perceived a conflict ( $M = 6.74$ ,  $DS = 2.47$ ) than among those who did not ( $M = 5.96$ ,  $DS = 3.10$ ,  $t [91.49] = 2.28$ ,  $p < 0.05$ , Cohen's  $d = 0.28$ ). In terms of the parental role, there was no significant difference in the perception of conflict between mothers and fathers.

The chi-squared analysis regarding the demographic variable 'number of children' highlighted a significant relationship between those who declared having more children (20.6%) and the perception of family conflict compared to those who declared having only one child (8.3%) ( $\chi^2 [2] = 24.06$ ,  $p = 0.000$ ). On the other hand, with

regard to the demographic variable 'age of children', the percentage of participants who perceived conflict was higher in those who had children aged 7–11 (29.8%) and 0–6 (18%) ( $\chi^2 [5] = 27.51$ ,  $p = 0.000$ ). No significant relationships emerged for the demographic variables 'working methods during COVID-19', 'marital status', 'family income bracket', 'educational qualifications' and the 'perception of family conflict'.

## 5.3 | Domestic activities and children care

Parents said they spent 2.10 ( $SD = 1.21$ ) hours daily on housework and 1.86 ( $SD = 1.47$ ) hours on average on childcare. Significant differences between mothers and fathers related to these variables emerged in the time dedicated to both domestic activities (mother:  $M = 2.29$ ,  $DS = 1.15$ ; father:  $M = 1.52$ ,  $DS = 1.21$ ,  $t [551] = -6.697$ ,  $p < 0.000$ , Cohen's  $d = 0.65$ ) and childcare (mother:  $M = 2.01$ ,  $DS = 1.47$ ; father:  $M = 1.42$ ,  $DS = 1.41$ ,  $t [520] = -4.05$ ,  $p < 0.000$ , Cohen's  $d = .41$ ) with more hours spent by mothers. Regarding the children's ages, significant differences emerged in the time dedicated to childcare, and the Tukey post hoc test highlights differences between those who had children in the age groups 0–6 and 7–11 and those who had children in the other age groups (Table 2). Therefore, it emerged that the time spent caring for children was significantly greater until they were 11 years old and then decreased in subsequent age groups.

Furthermore, the data showed that as the number of children increased, the time dedicated to childcare increased (with one child  $M = 1.75$ ,  $DS = 1.47$ ; with two children  $M = 2.10$ ,  $DS = 1.43$ ; with three children  $M = 2.89$ ;  $DS = 1.05$ ) ( $F [2, 525] = 5.33$ ,  $p < 0.01$ ,  $\eta^2 p = 0.020$ ); however, no significant relationship emerged between the time spent on domestic activities and the number of children. Finally, the hours dedicated to childcare correlated positively with the time spent on domestic activities ( $r = 0.26$ ;  $p < 0.01$ ). ANOVA revealed significant difference in relation to marital status with respect to the variable 'care of children' but not in relation to domestic activities; in fact, the post hoc test revealed that those who lived alone with children dedicated more hours to childcare ( $M = 2.7$ ,  $SD = 1.42$ ) than those who were divorced with children ( $M = 1.63$ ,  $SD = 1.36$ ) and widowers with children ( $M = 1.39$ ,  $SD = 1.65$ ) ( $F [3, 523] = 3.53$ ,  $p < 0.05$ ).

With respect to income ranges, significant differences emerged in the averages relative to childcare but not in relation to the time dedicated to domestic activities: In fact, from the post hoc Games–Howell test, it emerged that those who declared incomes between 15,001 and 28,000 euros devoted more hours ( $M = 2.18$  h,  $SD = 1.58$ ) to childcare than those who declared incomes over 75,000 euros ( $M = 1.52$ ,  $SD = 1.31$ ) ( $F [4, 512] = 3.05$ ,  $p = 0.008$ ,  $\eta^2 p = 0.026$ ). Regarding working methods during COVID-19, the Games–Howell post hoc test showed significant differences in the hours dedicated to domestic activities in the three groups considered but not in relation to childcare: those who worked during the COVID-19 pandemic reported that this time remained unchanged and that they dedicated

**TABLE 2** Comparison of the ages of the children and the hours dedicated to the care of the children

Age of children	Hours dedicated to the childcare				
	M (SD)	Df between-within	F	p	$\eta^2p$
0–6 years	3.12 (1.33)	5–522	43.29	.000	.29
7–11 years	2.84 (1.25)				
12–14 years	2.12 (1.33)				
15–18 years	1.54 (1.62)				
Over 18 years old and lives at home	1.33 (1.87)				
Over 18 years old and does not live at home	1.11 (1.24)				

less time to domestic activities ( $M = 1.65$ ,  $SD = 1.21$ ) than those who switched to smart-working ( $M = 2.02$ ,  $SD = 1.10$ ) and even less than those who had lost their jobs or were on layoffs ( $M = 2.46$ ,  $SD = 1.28$ ) ( $F [2, 403] = 10.41$ ,  $p > 0.001$ ,  $\eta^2p = 0.05$ ). With respect to their qualifications, no significant differences emerged in the time dedicated to domestic activities or to childcare.

#### 5.4 | Solidarity networks of care

Regarding solidarity networks of care, 80.7% of parents reported taking part in one (35.3%), two (30.4%), three (10.5%), four (3.5%) or five (0.7%) solidarity activities aimed at the community and only 19.3% reported doing nothing. In 39.3% of cases, parents 'shared literary/musical/cinematographic advice'; in 29.7%, they 'did the shopping for someone belonging to the categories most at risk'; in 23.3%, they 'created online content to entertain those who were at home'; in 9.3%, they engaged in solidarity initiatives such as drinking aperitifs and singing on a balcony, and in 2.2%, they raised funds, donated blood, etc. No significant association was observed from the chi-square analysis for the various solidarity activities aimed at the community engaged in by mothers and fathers, while a significant association emerged between those who did and did not participate in solidarity activities that was linked to the parental role: In fact, mothers (82.3%) tended to participate more than fathers (70.4%) ( $\chi^2 [1] = 8.80$ ,  $p < 0.01$ ). Furthermore, no significant difference emerged between the participants who did and did not engage in solidarity activities in relation to the well-being dimension. With regard to the demographic variables (number of children, working methods during COVID-19, age groups of children, marital status, family income bracket, educational qualifications), no significant relationships emerged from the chi-square analysis with the variable 'participation in solidarity activities'.

## 6 | DISCUSSION

The data present a very worrying picture in relation to those who have parental responsibilities, in line with another Italian study that highlights how families with children have been most negatively

affected by the lockdown (Centro di Ateneo Studi e Ricerche sulla Famiglia, Università Cattolica del Sacro Cuore, 2020). Our parents showed a very low level of well-being, most of them (76.9%) reported common mental disorders, including adjustment disorders or stress reactions. These data, therefore, indicate that parents are at risk of anxiety/depression. Those who had a parental role during the lockdown declared that they perceived a higher level of mental illness than the Italian normative sample (Preti et al., 2007) and even higher than in the data collected in the United Kingdom during the COVID-19 pandemic (Li & Wang, 2020).

Consistent with our findings, a recent study (Ausin et al., 2020), revealed that women have suffered most from a psychological point of view; they show greater symptoms of anxiety, depression and loneliness. Families have suddenly had to face numerous stressors, linked above all to economic and scholastic-educational aspects, which have jeopardized the health of individuals, children, and families in their complexity (Brown et al., 2020; Daks et al., 2020). The number of children also affects women's level of malaise, and as the number of children increases, the perception of well-being worsens even if these differences are not statistically significant.

With regard to the dimension of the family conflict, most parents declared that they do not experience conflict at home, and for those who experience it, it is equally distributed between partners or between parents and children. These data seem to be in line with research carried out during the lockdown, according to which the conflict rate was low and conflict increased only for a minority of families compared to the pre-COVID period (Centro di Ateneo Studi e Ricerche sulla Famiglia, Università Cattolica del Sacro Cuore, 2020; Rania, Coppola, et al., 2020). Furthermore, our data indicate that the dimension of conflict leads to worse parental well-being; this finding is in line with the literature on family conflict (Matthews et al., 2014). Daks et al. (2020) highlighted how stress due to COVID-19 has been a predictor of greater family and coparent conflict. Furthermore, there is no significant difference in the perception of conflict between mothers and fathers, while as the number of children increases, particularly of young children between ages of zero and 11, the conflict also increases, according to the related literature.

Regarding management of household and childcare activities, significant differences emerged in the time that mothers and fathers dedicated to these activities. In fact, mothers devote more time to

childcare and home activities, according to research carried out both before the COVID-19 pandemic (Carriero & Todesco, 2016; Istat, 2019; Saraceno & Naldini, 2013) and during the lockdown periods (Ausín et al., 2020; Ferrario & Profeta, 2020; Graves, 2020; Saban & Barone, 2020). Consistent with the observations of Collins et al. (2020), our results underline that even in a period in which fathers could have been more involved in childcare, these tasks remained mostly the responsibility of women. Thébaud et al. (2019) argued that mothers and fathers perceive household and care tasks alike, but men are more likely to ignore these responsibilities, leaving them to their partners. Furthermore, more frequently, women have reduced their working hours to increase their domestic work hours, and their work has been much more fragmented and interrupted than that of fathers due to childcare needs (Saban & Barone, 2020).

Our data also show how the presence of small children and a large number of offspring leads parents to spend more time providing care, similar to research by Manzo and Minello (2020). The presence of small and non-autonomous children requires more work, which increased further during the lockdown because the needs of minor children have been managed without external support or the educational and sports facilities that were closed to safeguard public health (Cordero & Granados, 2020; Griffith, 2020: 397). The variable marital status also highlights how the time devoted to caring for children is greater among those who live alone than among the separated and widowed. In this regard, Saban and Barone (2020) highlighted how single-parent families have been more overburdened by care work.

With respect to the time dedicated to childcare and to the working methods during Covid-19, no significant differences emerged, while differences did emerge for the time dedicated to domestic work. There was more time dedicated to domestic work among those who had lost their jobs or switched to smart-working than among those who continued to work outside the home.

Regarding solidarity assistance networks, only a small group of parents reported not participating in solidarity activities. If we consider those who participated in one or more activities, there were no differences related to the parental role, while differences emerged between those who did and did not participate, highlighting greater participation by mothers; this is in line with the study by Manzo and Minello (2020), which found that, despite the social distancing imposed, working mothers, thanks to the use of social media, managed to take care of themselves and others by devising creative ways. More generally, the literature suggests that women, who are more motivated to take care of others, are more involved in informal solidarity activities (Einolf, 2011; van Oorschot et al., 2005). Furthermore, Valentova (2016) found that more tradition-oriented women tend to be more willing to help others and to have attitudes of solidarity, than their male counterparts. The results of this study represent an advancement of the literature regarding the family dimension and the parental role covered during the lockdown period; however, the research has some limitations that we consider important to underline. As seen from the socio-personal data, although the research was accessible to anyone through a link placed on digital platforms, women represented the majority of the participants. This

could be because even, today it is generally women who play the main role within the family, so they may have felt more involved. Another limitation may be due to the use of the questionnaire in telematic mode, which could have influenced the type of the sample, hindering the participation of those who are not familiar with these tools. Furthermore, since there was no setting prepared for compilation, there is a greater risk of external factors influencing the compilation. The final limitation of this study is that the level of mental health prior to the current pandemic was not assessed. However, the comparison with the normative sample, which has similar characteristics to the participants in this research, allows us to infer that the latter perceived a lower level of mental health than pre-pandemic; a similar result emerges by comparing the results with those relating to a sample with similar characteristics from a study carried out in England in the same period. However, the physical distancing imposed as a tool to protect health did not allow the questionnaire to be administered in other ways. Despite the above limitations, we believe that this work can contribute to paying greater attention to parents' psychological well-being, family conflict and management of domestic and childcare activities, in the particularly complex period that we are in; this work returns an articulated image of the family dimension during this period of lockdown.

## 7 | CONCLUSION

As this article shows, the family was strongly affected by the COVID-19 experience and, above all, by the lockdown period, which brought out families' weaknesses and strengths. Despite the high levels of stress and tension detected, it was above all the work of caring by mothers that ensured greater stability of family relationships. However, these data seem to indicate that the division of gender roles has not changed even in the lockdown, in which the presence of both partners at home could have been an opportunity to renegotiate gender roles to be more equitable. Furthermore, the data show that women dedicate the most time to care activities and solidarity activities, despite social distancing, using creative strategies when necessary.

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### CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest with respect to the research, implementation and publication of this article.

### ETHICS STATEMENT

The studies involving human participants were reviewed and approved by the Ethics Committee of the Department of Education Sciences of the University of XXX (ID 039). The participants provided

their written informed consent to participate in this study. Ethical approval for this project and the protocol was given by the ethics committee of the Department of Education Sciences of the University of Genoa, the data were collected following the privacy law and research ethics code of the Italian Association of Psychology (ref number 039-1).

#### DATA AVAILABILITY STATEMENT

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

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