



The effect of mother's burden on learning from home, maternal- efficacy, and maternal care practices on emotion and negative behavior of children aged 5-6 years

Devi Rahmawati*, Dwi Hastuti, Megawati Simanjuntak
IPB University, Indonesia

*Corresponding Author: devirahmawati@apps.ipb.ac.id

ABSTRACT

Mothers play a big role in every aspect of their children's lives. During learning from home (LfH) period, children's negative behavior can also change and is influenced by maternal-eficacy, maternal burden, and parenting practices. The purpose of this study was to analyze differences in maternal burden and parenting practices before and during LfH and to analyze the effect of mothers' burden on learning from home, maternal-eficacy, and parenting practices on the negative behavior of children aged 5-6 years. This study used a cross-sectional and retrospective study design. This research was conducted in three kindergartens with an A accreditation status in Jagakarsa Village, Jagakarsa District, South Jakarta City, DKI Jakarta Province. The study involved 100 working mothers who were selected using non-probability sampling with a voluntary sampling technique. The results of the influence test showed that the mother's burden during LfH period had a significant negative effect on the mother's maternal efficacy, while the mother's maternal efficacy had a significant positive effect on negative parenting practices and negative child behavior. Based on the research results, the maternal-eficacy of parents was assumed to be not strong enough to prevent negative parenting practices carried out by parents during the Covid-19 pandemic. Furthermore, negative parenting practices by mothers had a significant positive effect on children's negative behavior.

Keywords: maternal-eficacy, maternal burden, parenting practices, negative emotions, negative behavior

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INTRODUCTION

Family is the first and foremost place in nurturing and educating children. Various things that happen in parents will affect the behavior of children. The Covid-19 pandemic makes parents feel under pressure and doubt their readiness to experience any changes, especially for those who have children aged 5-6 years and experience the learning process of children learning online (Sugiana, Sasmia, and Yulistia 2020). Since the beginning of the Covid-19 pandemic, the burden on mothers has increased significantly for domestic activities and care for children (UN Women, 2020). The results of another study revealed that during the pandemic, 27% of women reported that there was an increase in the burden of mothers in household work, taking care of the family and caring for children (Azcona, 2020). The high maternal burden affects maternal fatigue in parenting practices (Hubert and Aujoulat, 2018). In addition, doubts about the mother's ability to provide care arose during the pandemic.

This could be because the Covid-19 pandemic lowers the maternal-eficacy of parents (Xue et al., 2021). Maternal doubt in parenting practices is a factor that is influenced by maternal-eficacy (Kanacri et al., 2020). Good parenting practices are of paramount importance during the Covid-19 pandemic. Parenting practices in the form of direct conversations with children during the covid pandemic can reduce the anxiety felt by children (WHO, 2021). In reality, however, during the Covid-19 pandemic, 43.5% of parents carried out negative parenting practices in the form of yelling at their children (Yeasmin et al., 2020). This is a problem because parenting

practices have a direct or indirect effect on children's emotions and negative behavior (Balan et al., 2017).

During the Covid-19 pandemic, it was reported that 43.6% of children experienced behavioral adaptation problems. In addition, 92.7% of children were said to experience changes in behavior to become more aggressive and 71% of them became lazier. Furthermore, 75.3% of children experienced intolerance to rules, changes and excessive demands while 95.0% of them experienced mood swings during the Covid-19 pandemic (Ghanamah and Eghbaria-Ghanamah, 2021). Other studies have revealed that during LfH, parents felt that their children became more irritable, experienced anxiety, over-attachment, boredom, and lack of stimulation (Egan et al., 2021).

Another study revealed that during the Covid-19 pandemic, early childhood experienced behavioral changes in the form of excessive attachment to parents (Jiao et al., 2020). During the Covid-19 pandemic, parents reported that their children fought more often (45.8%) and experienced unusual behavior changes (43.7%) (Yeasmin et al., 2020). The same thing was expressed by the results of another study which stated that 38.2% of children experienced an increase in negative behavior while 29.2% experienced an increase in negative emotions during the Covid-19 pandemic (Romero et al., 2020). A large number of changes in children's behavior during the Covid-19 pandemic made most parents (71%) worried about the impact of the pandemic on their children's social development. The majority of parents (55%) reported that their children's behavior got worse since the start of the pandemic (APA, 2020). During the Covid-19 pandemic, children showed negative behavior in the form of feeling insecure, irritable, irritable, disturbed sleep patterns, and fear (Jiao et al., 2020).

The problem of negative behavior in early childhood is important to pay attention to. This is because the negative behavior of early childhood is closely related to the risk of mental health in adulthood (Jones et al., 1994). Limited data regarding the information on the condition of children's negative behavior during LfH period in the Covid-19 pandemic is a problem that makes this research important to be done. Based on several things that have been described, the research aimed to investigate the differences between the mother's burden and mother's care practices before and during the learning from home (LFH) period, as well as the influence of the mother's burden during the learning from home (LFH) period, maternal-efficacy, and mother's parenting practices towards negative behavior of children aged 5 to 6 years during learning from home.

METHOD

This study used a cross-sectional and retrospective study design. A cross-sectional design means that the researcher only examines a phenomenon at a certain point in time. Retrospective study design sees something that has happened and then looks back at its history. Cross-sectional research is able to explain the relationship of one variable to another variable in the population studied and to test a model or hypothesis formulation as well as the level of difference between groups of samples at a certain point in time. This research was conducted in DKI Jakarta Province which was selected purposively. The locations were chosen purposively, namely in three PAUD institutions in Jagakarsa Village, Jagakarsa District, South Jakarta City, DKI Jakarta Province. The location selection was done with the consideration that DKI Jakarta Province is a city with a high rate of Covid-19 spread in Indonesia.

Furthermore, Jagakarsa Village is an area that has a high number of confirmed positive Covid-19 in DKI Jakarta Province (Pemrov DKI Jakarta, 2020). In addition, Jagakarsa Village is an area with the highest birth rate in Jagakarsa District. Therefore, the researchers were interested in taking samples in this area (BPS Kota Jakarta Selatan, 2020). The study used a questionnaire that was distributed online to working mothers who had children aged 5 to 6 years and access to PAUD services. The research was carried out for eight months, starting from August 2020 to March 2021 which covered the preparation stage, data collection, data processing, data analysis and preparation of research reports.

This research used non-probability sampling with a voluntary sampling technique. Mothers who had children aged 5 to 6 years and had access to PAUD services in the form of kindergarten in three PAUD institutions that had an A accreditation status in Jagakarsa Village were firstly selected. The number of mothers who had children aged 5-6 years in the three PAUD institutions was 217 people. After that, the respondents were selected again based on their working status. 100 working mothers as the unit of analysis were finally selected. The data was collected through

an online questionnaire using Google Form. All of the questionnaires used had gone through internal validation, validity and reliability tests and were filled in based on the mother's perception of these variables.

The maternal load questionnaire was modified from The National Aeronautics and Space Administration-Task Load Index (NASA-TLX) (Hart and Staveland, 1988). This questionnaire was used to observe the mothers' perception of the burden felt by them. The questionnaire consisted of six questions to assess maternal burden. The scale used was 1 to 10 (0 = very low to 10 = very high) and had a Cronbach's alpha value of 0.931 for the maternal burden questionnaire before LfH and 0.648 during LfH. The maternal-efficacy questionnaire was modified from parental efficacy (Rachmawati and Hastuti, 2017). This questionnaire was used to measure the mothers' perception of maternal-efficacy perceived by them. The questionnaire consisted of 30 questions with a scale of 1 to 3, where: 1 = not appropriate, 2 = somewhat appropriate, 3 = appropriate and had a Cronbach's alpha value of 0.920. The parenting practice questionnaire was modified from Parental practices (Rachmawati & Hastuti, 2017).

In this study, the researcher modified the instrument into seven parts with a total of 22 questions with a Likert scale from 0 (almost incorrect) to 4 (always correct). The positive parenting practice dimension had a total of 12 questions and had a Cronbach's alpha value of 0.894. Meanwhile, the negative negative parenting practice dimension had a total of 10 questions and had a Cronbach's alpha value of 0.853. The child's negative emotional and behavior questionnaire was modified from The Child Behavior Checklist and Related Forms for Assessing Behavioral/Emotional Problems and Competencies (Achenbach and Ruffle, 2000). In this study, the researcher modified the instrument by using 20 questions related to anxiety and aggressive behavior. This modification was made because researchers would focus on observing children's negative behavior during the COVID-19 pandemic. This instrument used a Likert scale from 0 (incorrect) to 2 (very true) and had a Cronbach's alpha value of 0.813.

The collected data was then processed and analyzed using Microsoft Excel, Statistical Package For The Social Science (SPSS) 25.0 and SMART PLS. Descriptive analysis was used to identify the mean, standard deviation, and the maximum and minimum values of maternal-efficacy, maternal burden, maternal parenting practices, and negative child behavior. Inferential analysis was carried out using Structural Equation Model (SEM) using Smart Partial Least Square (PLS) techniques. SEM PLS was conducted to determine the effect of maternal-efficacy variables, mother's burden, and parenting practices on the negative behavior of children aged 5 to 6 years. The PLS used in this study was PLS Student with a maximum sample size of 100.

FINDING AND DISCUSSION

Mother's Burden

The results showed that there were significant differences in maternal burden experienced by mothers before LfH and during LfH based on maternal age (Table 1). Based on Table 4.4, it is revealed that mothers aged 35 years experienced changes in the level of high maternal burden. Before LfH period, mothers aged 26-35 years had an average maternal burden level of 59.41 (low category), and it changed to 72.56 (medium category).

Table 1 The Distribution of Respondents based on Maternal Burden Before and During Learning from Home (LfH) period

Category	≤ 35 years	>35 years	Total
Maternal burden Prior LfH			
Min-Max (index)	44.44-87.03	18.51-100	18.52-100
Average±Stdev (index)	60.77+12.48	59.59+17.06	59.85+16.12
Maternal burden during LfH			
Min-Max (index)	31.48-100	37.03-100	31.48-100
Average±Stdev (index)	72.56+15.59	70.62+15.16	70.98+15.59
p-value	0.000**		

** significant at p value <0.01

Maternal-efficacy

Maternal-efficacy is a mother's assessment of her ability to successfully perform a parenting behavior (Burrell et al., 2018). The results showed that the total maternal-efficacy value of the mother had an average index of 71.06 (medium category). Based on the research results, the dimensions of emotion and affection were the dimensions with the highest value with the average index of 81.50 (high category). The dimension with the lowest score was control with an average index value of 64.66 (medium category). In the dimensions of play and fun, 84% of mothers answered that they enjoyed every stage of child development while 51% of them mentioned that they always spent time playing with their children. However, only 24% answered that there were no obstacles in the childcare process. In addition, only 14% made plans to play with their children every day.

Furthermore, in the control dimension, 47% of mothers reported that they were able to control every situation while 51% felt sure they could stop their children's naughty behavior when learning from home. On the other hand, only 28% felt confident that their child was able to behave well without arguing with the mother and only 26% felt able to remain calm when their child misbehaved.

Parenting Practices

The results showed that all dimensions of positive parenting practices experienced significant changes between before and during LfH period. However, almost all dimensions of negative parenting practices carried out by mothers experienced significant changes between before and during LfH, except for the dimension of discipline with violence which did not show significant changes. In positive parenting practices, there was a significant change between before and during LfH. Based on the results of the study, the positive parenting practices of mothers before LfH period were at 71.70 (moderate category) and it increased to 73.33 (moderate category) during LfH period. Furthermore, the negative parenting practices of mothers before and during LfH period also experienced significant changes. The results of the study revealed that before LfH period, the mother had an average index score of 63.50 (medium category) and it changed to 55.25 (low category) during LfH period (Table 2).

Table 2. Distribution of Respondents based on Their Parenting Practices

Dimensions and categories	Percentage	
	Prior LfH	During LfH
Positive parenting practices		
Giving praise		
Min-Max (index)	16.67-100	33.33-100
Average±Stdev (Index)	73.16±23.49	81.25±17.17
p-value	0.001**	
Proper discipline		
Min-Max (index)	31.25-100	12.50-100
Average±Stdev (index)	71.81±15.97	58.93±17.09
p-value	0.000**	
Communication		
Min-Max (index)	25.00-100	35.00-100
Average±Stdev (index)	70.75±19.15	80.10±16.49
p-value	0.000**	
Total positive parenting practices		
Min-Max (index)	35.42-100	37.50-100
Average±Stdev (index)	71.70±15.34	73.33±13.90
p-value	0.021*	
Negative parenting practices		
Discipline with violence		

Dimensions and categories	Percentage	
	Prior LfH	During LfH
Min-Max	8.33-100	8.33-100
Average±Stdev	66.58±19.83	65.66±19.10
<i>p-value</i>	0.383	
Inconsistent discipline		
Min-Max (index)	0.00-100	0.00-100
Average±Stdev (index)	54.75±21.37	52.25±22.14
<i>p-value</i>	0.012*	
Anger		
Min-Max (index)	25.00-100	5.00-80.00
Average ±Stdev (index)	65.15±20.19	50.20±18.84
<i>p-value</i>	0.000**	
Total negative parenting practices		
Min-Max (index)	17.50-97.50	15.00-87.50
Average±Stdev (index)	63.50±17.10	55.25±16.23
<i>p-value</i>	0.000**	
Total parenting practice		
Min-Max (index)	37.50-92.05	39.77-88.64
Average±Stdev (index)	71.70±15.34	73.33±13.90
<i>p-value</i>	0.000*	

*) significant at $p\text{-value} < 0.05$; **) significant at $p\text{-value} < 0.01$

The results of the study (Table 2) revealed that the practice of parenting during LfH period experienced significant changes. The practice of parenting during LfH showed better results compared to the practice of parenting before LfH. This can be seen from the increase in the dimensions of positive parenting practices and a decrease in negative parenting practices.

Children's Negative Emotions and Behavior

The results showed that on the negative emotion dimension, based on the mother's perception, the children were at the moderate level (61.62) while on the negative behavior dimension, the children were at the moderate level (67.05). The total negative emotion and behavior were at the moderate level (64.50). Previous research has shown that the longer the quarantine period lasted, the worse the mental health became. Overall, the psychological impact is very likely to continue for a significant period of time after the quarantine ends (Cowie and Myers, 2021)

Effect of maternal burden, maternal-efficacy, and parenting practices on children's negative behavior during LfH

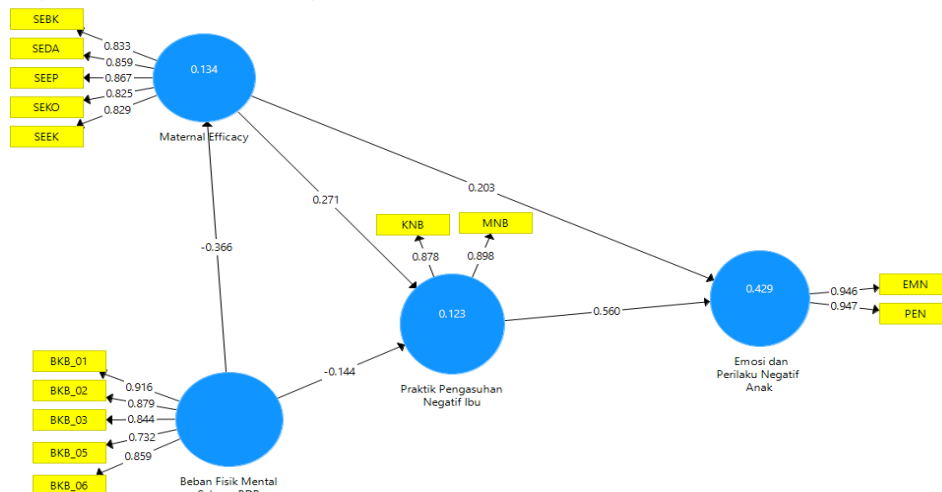


Figure 1. SEM Measurement Results

SEBK	: Emotions and love	KNB	: Discipline with violence
SEDA	: Play and fun	MNB	: Anger
SEEP	: Empathy and understanding	EMN	: Emotion
SEKO	: Control	PEN	: Negative Behavior
SEEK	: Discipline with rules		
BKB_01	: Mental burden		
BKB_02	: Physical burden		
BKB_03	: Time demand load		
BKB_05	: Effort load		
BKB_06	: Frustration load		

Contribution of Dimensions to Latent Variables

Based on the results of the Structural Equation Model (SEM) Measurement, the mental demands on the mother's load variable had the highest loading factor value (0.916), followed by physical demands (0.879) and frustration (0.859). This means that mental demands had the greatest contribution to the mother's burden. In addition, the dimensions of empathy and understanding (0.867) had the largest contribution, followed by the dimensions of discipline and application of rules (0.859), play and fun (0.833), emotion and affection (0.826) and control (0.825). It means that the dimensions of empathy and understanding had the greatest contribution to maternal-efficacy.

Table 3. Value construct reliability and validity

Variable	Cronbach's Alpha
Mother's Burden During LfH	0.903*
Maternal efficacy	0.900*
Parenting Practice	0.732*
Children's Negative Emotions and Behaviors	0.883*

Furthermore, on the variable of parenting practice (negative parenting practices), discipline with violence and anger had a loading factor value of 0.878 and 0.898 respectively. This means that anger had a greater contribution than violent discipline. On the negative behavior variable, the negative behavior dimension had a loading factor value of 0.946 and 0.947. It means that negative behavior had a slightly larger contribution compared to emotion (Table 4).

Table 4. The Value of the Loading Factor of the Dimensional Contribution to the Latent Variable

	Dimension	Loading factor
Mother's burden		
	Mental demands	0.916*
	Physical demands	0.879*
	Time demands	0.844*
	Effort	0.732*
	Frustrated	0.859*
Maternal-efficacy		
	Emotions and love	0.829*
	Play and fun	0.833*
	Empathy and understanding	0.867*
	Control	0.825*
	Discipline and application of rules	0.859*

Dimension	Loading factor
LfH parenting practices	
Discipline with violence	0.878*
Anger	0.898*
Negative Emotions and Behavior	
Emotion	0.946*
Behavior	0.947*

*) significant at p-value < 0.05

Direct and Indirect Effects Between Variables

Based on the empirical model proposed in this study, it was possible to test the hypothesis by testing the path coefficient on the structural equation model. Table 5 shows that the influence between variables that have a direct and significant effect is the influence of mother's burden on maternal-efficacy, the effect of parenting practices on children's negative behavior, maternal-efficacy on children's negative behavior and the effect of maternal-efficacy on parenting practices. The influence between variables that is not significant is the influence of the mother's burden on childcare practices.

Table 5. Direct, Indirect, and Total Effect among Variables

Path	Direct	Indirect	Total
Maternal Burden during LfH - Maternal Parenting Practices	-0.144	-0.099	-0.243*
Maternal burden during LfH - Maternal-efficacy	-0.366*		-0.366*
Maternal-efficacy-Mother's Negative Parenting Practices	0.271*		0.271*
Maternal-efficacy-Negative Behavior	0.203*	0.152*	0.355*
Mother's Negative Parenting Practices- Negative Behaviors	0.560*		0.560*

*) significant at p-value<0.05

The results of the analysis of testing the model variables on maternal maternal-efficacy showed an R-Square number of 0.134, which means that 13.4% of the model variables affected maternal maternal-efficacy and the remaining 86.6% was influenced by other variables outside of this study . Furthermore, the hypothesis testing of the model variables on maternal parenting practices during LfH showed an R-Square of 0.123, which means 12.3% of the model variables affected maternal parenting practices and the remaining 87.7% percent was influenced by other variables outside of this study. Hypothesis testing of the model variables on children's negative behavior showed an R-Square of 0.429, which means 42.9% of the model variables affected children's negative behavior and the remaining 57.1% was influenced by other variables outside of this study.

Discussion

The stage of early childhood development is the period in which the child's life has the best sensitivity in exploring and developing an understanding of the stimulus received. In the early years of a child's life, the most influential parenting on a child's development comes from their parents, family, and environment (Britto et al., 2017). All stimulation given to early childhood should be in accordance with the stages of child development and anticipate all things that interfere with development that can be experienced by children. One of the obstacles that can be experienced by children is negative behavior. Based on a study, a person who experiences high

levels of negative behavior during childhood will be at high risk of experiencing negative behavior in the future (Birn et al., 2017).

This study revealed several interesting findings, namely differences in maternal burden and parenting practices before and during LfH period as well as factors that influenced children's negative behavior during the time. The data were obtained from working mothers who had children and access to PAUD services in Jagakarsa Village which has been accredited A according to BANPNF to describe the condition of themselves, their families, husbands, and children before and during LfH. Significant differences that occurred between before and after LfH period were seen in the variables of maternal burden and parenting practices.

Mother's Burden

Based on the results of the study on the maternal burden variable, there was a significant difference between the maternal burden before and during LfH period. The things that changed significantly include mental, physical, time, effort, and frustration demands. In terms of performance, there was no significant difference between the period before and during LfH, meaning that the level of performance experienced by mothers in working in the office and taking care of the household did not necessarily change in the mother's burden variable. This study showed that during LfH period, some mothers had a high maternal burden in various ways such as mental, physical, time, low satisfaction, efforts to balance office and household work, and the stress experienced by mothers during LfH period in carrying out their roles in the office and at home. This is in accordance with the results of previous studies which stated that mothers who have dual roles must carry out two roles at once (domestic and public). This illustrates that in addition to being a housewife who has the task of caring for children, mothers also have work assignments in the office (Affrida, 2017).

During the COVID-19 pandemic, mothers with preschool children experienced a decrease in the effectiveness of office working hours. The reduction in the effectiveness of working hours occurred because mothers needed more time in child care. This reduction in office hours also causes the aspect of mother's time demands to increase (Collins et al., 2020).

Maternal-efficacy

Based on the results of research in maternal-efficacy dimensions of emotion and affection, the majority of mothers had a high level of maternal-efficacy. This research showed that the most prominent thing was that mothers felt confident that they had a good relationship with their children. However, only some mothers made physical contact in the form of hugging their children every day. In the dimensions of play and fun, the most prominent thing was that mothers enjoyed every stage of their children development. However, in some case, mothers had a low level of confidence in helping children achieve their abilities optimally. They also found it difficult to play with children, did not have ideas in making plans to play with children, and felt that there were many obstacles in the process of parenting.

Furthermore, in the control dimension, the mothers were not too sure that they had done everything. They felt less able to do several things such as controlling the situation, inviting the children to obey the rules, making the children obey the rules without arguing with them, and being calm in dealing with parenting problems. Furthermore, in the dimensions of discipline and application, the most prominent rule was the mothers' belief in being able to negotiate with the children. However, in some cases, mothers felt less confident that they could do things such as implementing rules for their children, making them obey the rules made and discipline them.

Maternal-efficacy of mothers is the best predictor of positive experiences that children can receive and a description of parenting practices that mothers do to their children (Gambin et al., 2020). The better the maternal-efficacy a mother has, the better the parenting practices she carries out. Based on the results of this study, mothers felt they had positive emotions and a high level of affection in carrying out their roles as working mothers and housewives. This can happen because those who experience multiple roles try to use effective communication to build relationships with children due to limited time with them (Affrida, 2017). However, in the dimensions of play and fun and control, most of the mothers felt they had a low level of category. This happened during

LfH period. The most visible behavior of children was they were easily bored, which could be seen from several behaviors. One of them was the decrease of their interests in doing learning tasks.

Parenting Practices

This study suggests that there was a significant difference in the variables of parenting practices before and during LfH period. Based on the results of the study, there was an increase in mothers who had a low category in terms of positive parenting practices in the positive disciplinary dimension. They were less able to apply positive discipline to children during LfH period. Other results in this study indicated that during LfH, in the dimensions of giving praise (positive parenting practices), the majority of mothers always did several things such as praising children when they behaved well, giving hugs, and kisses. Furthermore, in the dimension of appropriate discipline, the majority of mothers asked their children to correct their mistakes and punished their children if they fought or lied. In addition, in the communication dimension, the majority of mothers explained to their children why something was prohibited, gave applause as a form of support, and gave two thumbs up as a form of praise. The communication was an effort to practice positive parenting by mothers.

On the other hand, in terms of negative parenting practices during LfH, mothers committed acts of violence against children such as slapping or hitting their children and the majority of mothers let their children have more time to watch TV and play. In the dimension of inconsistent discipline, the majority of mothers threatened to punish their children but did not actually do it. In the anger dimension, the majority of mothers punished their children for their emotions, argued with their children and said hurtful things.

Another result of this study showed that mothers had difficulty disciplining their children in terms of watching television, using gadgets, and sleeping hours. Children spent more time playing with their devices. The use of these devices was not only in the online learning process but also in playing online games. For sleep patterns during LfH, children experienced changes in sleep patterns, such as sleeping late at night, having difficulty getting up in the morning and refusing to take a nap. This is in accordance with the results of previous studies which stated that during the Covid-19 pandemic, the viewing time of children from 71.7% of families had increased by 6.42 hours/day. Factors that influence this include inconsistent parenting practices that are predicted as significant predictors of children's screen time (Eyimaya & Irmak, 2021).

Emotion and Negative Behavior

The results of the study revealed that during LfH period, the negative behavior shown by the majority of children was irritability and it was easier to shout. The same thing was expressed by the mothers in this study that based on their perception, 40% of children during LfH period had a moderate level of negative behavior. During LfH, the majority of children preferred to play alone rather than being accompanied by their mothers. In addition, children cried more often when what they want was not done. They felt unloved, and were afraid to talk about mistakes they made. Based on research results, the Covid-19 pandemic has a very negative impact on children's mental health due to limited understanding (Cowie & Myers, 2021).

Discussion of Effect Test Results

The results of the analysis of the SEM structural model showed the factors that influenced children's negative behavior. It was found that children's negative behavior was directly and significantly influenced by maternal-efficacy and mother-rearing practices. Furthermore, the maternal-efficacy possessed by the mother was directly and significantly influenced by the mother's burden. In this study, the mother's burden during LfH period did not significantly affect mother's parenting practices, either directly or indirectly.

Furthermore, previous studies have reported that the burden experienced by mothers affects the practice of parenting (Leach et al., 2020). However, the present study did not reveal the same result. The study reported that the mother's burden during LfH had a negative effect but not significant to negative parenting practices. This is in line with other studies reporting that there is

no significant relationship between mother's work and maternal parenting (Kusuma Aji et al., 2016). This can happen because mothers who experience multiple roles try to use effective communication to build relationships with children due to limited time with children (Affrida, 2017).

In addition, based on the results of this study, maternal burden experienced by mothers during LfH significantly affected maternal-efficacy negatively. This is in accordance with research stating that during the Covid-19 pandemic, the mother's burden increases. The increased maternal burden reduces the mother's confidence in good parenting abilities (Ehsan & Jahan 2021). This is in line with the previous studies' findings that the higher the maternal burden felt by a mother, the lower the maternal level of maternal-efficacy she has (Molero et al., 2018). Another study found that maternal burden affects maternal-efficacy mediated by stress experienced by parents (Dunning & Giallo, 2012).

Based on the results of previous studies, maternal maternal-efficacy is the best predictor of positive experiences that can be received by children and a description of parenting practices carried out by mothers for their children (Gambin et al., 2020). The better the mother's maternal-efficacy, the better the parenting practices she will carry out (Brazeau et al., 2018) and mothers who have high maternal-efficacy have the ability to manage stress levels that can affect parenting (Liu et al., 2012). However, the results of this study revealed that maternal-efficacy had a significant positive effect on negative parenting practices during LfH period. This could be because the Covid-19 pandemic lowers the maternal-efficacy of parents (Xue et al., 2021). It was assumed that parental efficacy is not strong enough to prevent negative parenting practices carried out by parents during the Covid-19 pandemic.

In addition, it was assumed that maternal-efficacy is not the sole factor in influencing parenting practices during the Covid-19 pandemic. This is in line with the results of the study which revealed that good maternal-efficacy alone is not enough to carry out responsive parenting practices. It is also influenced by the correlation between children's level of fear about the Covid-19 pandemic and maternal parenting practices. In addition, the quality of parenting practices and maternal-efficacy have an interrelated relationship (Radanović et al., 2020). Other factors that also affect maternal maternal-efficacy are maternal stress (Yap et al., 2019), maternal depression (Azmodé et al., 2015), marital satisfaction, family function and maternal general self-efficacy (Sevigny & Loutzenhiser, 2010). In addition, a mother's maternal efficacy is also influenced by a good relationship with her husband (Bryanton et al., 2008), competence, and psychological mother as a parent (Jones and Prinz, 2005).

In addition, self-control is a factor that affects maternal-efficacy. This is because self-control is a deliberately regulated action in an effort to achieve a goal, while maternal-efficacy refers to individuals' beliefs about their ability to carry out parenting (Ein-Gar & Steinhart, 2017). Another thing that is considered to explain why maternal-efficacy has a significant positive effect on negative parenting practices is the presence of cognitive dissonance that occurs in parenting practices. Cognitive dissonance can be said as the difference between values that are believed to be contrary to the mother's attitude in parenting. This is in line with the results of previous studies which revealed that mothers should assess their children's developmental status not only based on one piece of information. An overestimation of the children's developmental stage makes the mothers experience stress in parenting (Willinger et al., 2011).

Furthermore, based on the results of previous studies, maternal-efficacy has an effect on children's mental health. This means that the better the maternal-efficacy of the mother, the better the mental health of the child (Troutman et al., 2012). Increasing maternal-efficacy can effectively reduce negative behavior in children. However, in this study, the results showed that mothers' maternal-efficacy during LfH had a significant effect on children's negative behavior. This is thought to be caused by the fear, depression and anxiety experienced by mothers during the Covid-19 pandemic which affect the quality of maternal efficacy (Mo et al., 2021).

Another thing that affects maternal efficacy during the Covid-19 pandemic is the support of a partner (Xue et al., 2021). The restriction of community activities during the pandemic is a new situation for parents which makes it difficult for them to build interaction and social support. This may have contributed to the decline in mothers' maternal-efficacy. Restrictions on

community activities during the pandemic can result in increased levels of depression and anxiety (Xiong et al., 2020). Moreover, during the Covid-19 pandemic, social contact was reduced and there was a lack of opportunity to imitate the role model in various ways that affected maternal-efficacy during the pandemic (Xue et al., 2021). This is in line with the result of the previous research reporting that a woman builds her maternal identity when she becomes a mother through her commitment and involvement. This ability continues to develop as the mother acquires new skills to increase her confidence when new challenges arise (Mercer, 2004). The condition of the covid-19 pandemic is a new thing for mothers, and they find it difficult to respond to new challenges during the time. On the other hand, maternal-efficacy can be something that can detect potential depression tendencies or adjustment problems and cognitive vulnerability (Reilly et al., 2012)

During the pandemic, family functions are optimally explored, one of which is for parents to play a role again as the primary and first educator for children (MoEC 2020c). This is in accordance with the results of this research which revealed that positive parenting practices increased during the pandemic, while negative parenting practices decreased. Notwithstanding the decrease, negative practice parenting still causes various problems. Specifically, negative parenting practices had a significant effect on children's negative behavior. Based on the results of previous research, parenting practices in the form of inconsistent discipline and the use of corporal punishment affect the inhibition of children's emotional expression (Balan et al., 2017). In addition, undifferentiated rejection parenting practices greatly affect children's mental health (Ali et al., 2019).

Parenting rejection by parents will stimulate aggression in children and has long-term risks in early childhood (Hentges et al., 2018). In the end, the important thing in this research is to reveal that negative parenting practices are the variables that have the most significant influence on children's negative behavior. This is an important note for parents that negative parenting practices done by parents both consciously and unconsciously play an important role in the development of children's negative behavior. This is in accordance with research done by Gadsden et al. (2016) which revealed that knowledge, attitudes, and parenting practices related to positive parent-child interactions must be carried out consistently.

Research Limitations

This study has several limitations that can be used as improvements for further research. First, maternal-efficacy was not observed before LfH period. Therefore, this study was not able to identify differences in maternal-efficacy before and during LfH period. Second, the data collection was done online using Google form. There are some limitations of using online data collection, one of which is the difference between the perceptions of parents and children in assessing parenting practices. Parents' perceptions of parenting tended to feel better than children's perceptions of their parents' care. In addition, online data collection allows respondents to answer questions not based on actual conditions; they may answer with the intention of positive imaging of the answers given. Third, the respondents who filled out the questionnaire were only mothers. Therefore, this study only measured all variables based on mothers' perceptions. In future research, it is better to make direct observations on children to get more detailed information. Forth, the respondents who filled out the questionnaire were only working mothers, so this study only measured all variables based on the perceived working mothers. In future research, it is better to involve housewives to get more diverse information.

CONCLUSION

The results of the study revealed that the mother's burden experienced a significant increase during the study period from home. Parenting practices during the learning from home period revealed that there was a positive change in parenting practices. This can be seen from the decrease in negative parenting practices and the increase in positive parenting practices. In addition, the results of the study revealed that the parenting practice variable was the variable that had the greatest influence on children's negative emotions and behavior during the learning

period from home. This is an important note for all of us that the practice of parenting for early childhood has the greatest influence among other variables related to everyday life.

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