

Research Article

An Investigation of the Relationship between Toddlers' Social-Emotional Development and Their Parents' Self-Efficacy

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ABSTRACT:

Background: Parents play an important role in the child's healthy development. Research shows that especially maternal risk factors (e.g. mental health, exposure to violence) may affect the parent's self-efficacy for supporting the child and cause behavioral problems among little children (Whitaker, Orzol, and Kahn, 2006). The purpose of this study is to investigate the relationship between toddlers' (one to three-year-old children) social-emotional development and their parents' self-efficacy.

Method: The study group consists of 192 children (92 female and 100 male) and their mothers. Data were collected via Brief Infant Toddler Social Emotional Assessment-Parent Form (BITSEA) and Self Efficacy for Parenting Tasks Index-Toddler Scale.

Results: The children's BITSEA/competence scores significantly differed by age; however, their BITSEA/competence and BITSEA/problem scores did not significantly differ by gender. While BITSEA scores did not differ by mother's educational background, BITSEA/problem scores significantly differed by father's educational background. The scores obtained from the routines sub-scale of Self Efficacy for Parenting Tasks Index-Toddler Scale significantly differed by age and the scores obtained from the emotional competence sub-scale of the scale significantly differed by mother's educational background. A significant positive relationship was found between the total score obtained from Self Efficacy for Parenting Tasks Index-Toddler Scale and the total BITSEA/competence score.

Discussion: The findings of the study support that mothers' self-efficacy for parenting tasks affects their children's healthy social-emotional development.

INTRODUCTION

The early years of life are a critical period in which important developments take place. Early childhood researches also emphasize the importance of the first five years in the child's social-emotional development. Social-emotional development involves the child's behaviors towards other people around him and adaptation to environment. Positive social-emotional development forms a crucial basis for lifelong development and learning. On the other hand, negative early experiences may disrupt the child's mental health and affect his cognitive, behavioral, and social-emotional development (Shonkoff and Phillips, 2000). Social-emotional well-being in early childhood can lead to social, behavioral, and academic success in middle childhood and adolescence. Problems such as behavioral problems, substance use, and delinquency emerging in childhood and adolescence are underlain by the developmental problems coming out in early period. Hence, early childhood period has a crucial influence on these factors. When the children going through a healthy social-emotional development process become adults, they can establish a healthy communication with others, cooperate with them, lead a happy and successful life, respect others' rights and emotions, reject the requests that are not acceptable for them, and ask others for help when needed (Ceylan, 2009; Weaver,

Shaw, Dishion, and Wilson, 2008; Pellegrini and Glickman, 1990).

The characteristics of the environment children live in and poverty may be among the risk factors influential on their social-emotional and healthy development (Berk, 2013; Santrock, 2015; Trawick-Swith, 2013). Little children living in low-income environments may be more likely to have behavioral problems than living in middle-income and high-income environments (Duncan, Brooks-Gunn, Klebanov, 1994). Parents play an important role in the child's healthy development. Research shows that especially maternal risk factors (e.g. mental health, exposure to violence) may affect the parent's self-efficacy for supporting the child and cause behavioral problems among little children (Whitaker, Orzol, and Kahn, 2006).

Mother's parental self-efficacy is a strong goal as it is associated with the number of positive results for children and mothers in infant mental health interventions (Troutman, Moran, Arndt, Johnson, and Chmielewski, 2012).

Parental self-efficacy was introduced with the general self-efficacy theory suggested by Albert Bandura. Bandura (1997) defines self-efficacy as "beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments". Self-efficacy develops with experience

and is affected by the feedbacks from important people. According to the self-efficacy theory, parental self-efficacy must involve the degree of belief in one's knowledge of parenting behaviors and capability to perform them (Coleman and Karraker, 1998). To Teti and Gelfand (1991), parental self-efficacy refers to the extent to which parents perceive themselves knowledgeable of parenting roles and their capability to use such knowledge.

Parental self-efficacy includes both a person's perceived level of knowledge of raising children properly and the degree to which he believes in his capability to perform parenting tasks. A mother who believes in her self-efficacy for parenting must have a repertoire of reactions in typical child-rearing situations (e.g. calming down a crying baby, managing the destructive behaviors of a child that has just learned and started walking), trust in her capability to implement these interventions and believe that her child will react to her efforts and other important people will support her efforts (Coleman and Karraker, 1998). A mother's parental self-efficacy perception is affected by her personality development, her child or children's characteristics, and social support (Belsky, 1984).

While high parental self-efficacy can make a positive contribution to parents' interactions with their children, low parental self-efficacy can prevent them from fulfilling parental tasks and negatively affect their interactions with their children (Montigny and Lacharité, 2005). It is reported that mothers with high parental self-efficacy perception provide their children with more appropriate environmental settings and are less punitive, more sensitive to the signs given by their infants, and are active and responsible in their interactions with their infants. These mothers are sensitive and sincere in communication with their infants and act responsibly (Cavkaytar, Aksoy, and Ardiç, 2014)

Mothers with high parental self-efficacy have less postpartum depression and fewer psychological problem symptoms (Halpern and McLean, 1997; Haslam, Pakenham, and Smith, 2006). The mother's parental self-efficacy is positively associated with her attentive, sensitive, adequate, and positive interaction with her infant (Bohlin and Hagekull, 1987; Hsu and Lavelli, 2005; Leerkes and Crockenberg, 2002; Teti and Gelfand, 1991). Many studies explore parental self-efficacy perceptions based on psycho-social variables and deal with the relationship between parental self-efficacy and children's developmental characteristics. The studies in the literature show that mothers' parental self-efficacy is positively associated with infants' high interactive behaviors while they are with their mothers as well as their mental development areas (Bohlin and Hagekull, 1987; Coleman and Karraker, 2003, Jones and Prinz, 2005). These studies suggest that there is a significant relationship between parental self-efficacy and children's developmental characteristics in early childhood period in which children become socialized with adults and parents play a big role (Büyüktaşkapu, 2012). Parental self-efficacy has a considerable effect on the child's social-emotional development area.

Research demonstrates that self-efficacy is improved through parenting education and intervention programs. Especially the parenting knowledge and skills of parents in the risk group and of the parents of children in the risk group should be supported. There is a need for programs that can provide parents with self-efficacy belief, raise the quality of parenting to the highest level, and enable parents to believe in their natural talents, instead of classical intervention programs that just transfer knowledge. Satisfaction with parenting and sense of self-efficacy can be achieved with environmental supports (Elibol, Mağden, and Alpar, 2007).

Parents have a great responsibility in children's having a healthy social-emotional development, which has a substantial influence on their lives. The present study attempts to investigate mothers' perceived self-efficacy and children's social-emotional development together. Early intervention programs for the mental development of toddlers are not adequate in Turkey. In this regard, this study may be a guide for improving maternal self-efficacy skills in parenting education and intervention programs to be organized in future. The purpose of this research is to investigate the relationship between toddlers' social-emotional development and their parents' self-efficacy.

Material and Method

Research Model: Descriptive and quantitative methods were used to determine toddlers' developmental states. This is a descriptive, correlational research which is a survey method (Karasar, 2014).

Study Group

The research population consists of mothers with toddlers living in Karabük province. Convenience sampling was used for determining the research sample. Convenience sampling involves selecting the sample from easily accessible and available people and units due to time and labor limitations. This sampling technique was employed as the research period was limited and it was difficult to define the population. The study group consists of 192 children (92 female and 100 male) and their mothers. The average age of the children contained in the study group is 23.57 ± 7.9 months while that of the mothers participating in the study is 30.61 ± 5 years.

Data Collection Tools

Data were collected via personal information form, Brief Infant Toddler Social Emotional Assessment-Parent Form (BITSEA), and Self Efficacy for Parenting Tasks Index-Toddler Scale. Explanations about the data collection tools are made below.

Brief Infant Toddler Social Emotional Assessment-Parent Form (BITSEA): This scale assesses the emotional and behavioral problems of infants and toddlers (12-36 months). BITSEA measures two kinds of behaviors: social-emotional problems and social-emotional competence. It consists of 42 items and two sub-scales (problem and

competence) in these two main areas. The problem sub-scale contains 31 items including internalizing problems (e.g. depression, anxiety), externalizing problems (e.g. aggression, defiance), and

problems of deregulation (e.g. negative emotionality, eating and sleeping problems), maladaptive behaviors, and atypical behaviors. The competence sub-scale, on the other hand, is made up of 11 items including social-emotional abilities (sustained attention, compliance, mastery motivation, pro-social peer relations, empathy, imitation/play skills, and social relatedness). The respondents are expected to express their responses by marking the option fitting them best on a 3-point Likert-type scale (0= not true/rarely, 1= somewhat true/sometimes, 2= very true /often). The response "N" (N: Had no chance to observe something like this) can be given for certain items. Scoring is done through calculating the total problem sub-scale score and the total competence sub-scale score. High scores in BITSEA/problem sub-scale indicate high emotional and behavioral problems whereas low scores in BITSEA/competence sub-scale show low competence. The scale can be filled in by the parent or child care provider in approximately five to seven minutes.

BITSEA also contains two separate parental "worry" items. Parents assess their concerns about their child's behavior and language on a 5-point scale (1 = not at all worried5 = extremely worried) (Briggs-Gowan et al. 2004). (The Self Efficacy for Parenting Tasks Index-Toddler Scale).

The Self Efficacy for Parenting Tasks Index-Toddler Scale: The scale consists of 53 items (questions) aimed at measuring the self-efficacy of the parents of toddlers. Each item is rated on a 6-point Likert-type scale. Total scores range from 53 to 318. High scores indicate strong self-efficacy. The scale consists of the following sub-scales: Emotional Availability (7 items), Nurturance/Valuing/ Empathetic Responsiveness (8 items), protection (7 items), Discipline/Limit Setting (9 items), Play (7 items), Teaching, (7 items), and Instrumental Care/ Structure/ Routines (8 items).

Data Collection and Analysis

Ethics committee approval was received initially. The mothers of the toddlers living in the central district of Karabük province were included in the study. The permissions required

for conducting the study were obtained from the Union of Public Hospitals in Karabük Province and Karabük Directorate of Public Health. The scales were administered after the dates and times at which the parents were available were determined. The descriptive statistics of the obtained results were made on computers. (Büyüköztürk et al., 2012; Tabachnick and Fidel, 2001). Whether the BITSEA/competence sub-scale scores and the BITSEA/problem sub-scale scores significantly differed by gender was analyzed via Mann-Whitney U-Test. The BITSEA/competence sub-scale scores and the BITSEA/problem sub-scale scores significantly differed by age was investigated via Kruskal-Wallis analysis of variance. Spearman's rank correlation coefficient was also employed as not all the distributions of correlation between BITSEA and self-efficacy met the assumption of normality.

FINDINGS

Table1. The U-Test Results Concerning BITSEA/CompetenceSub-Scale Scores by Toddler's Gender

Group	n	Mean Rank	Rank Sum	U	p
Female	92	99.89	9189.50	4288.5	.416
Male	100	93.38	9338.50		

The Table 1 presents the U-test results concerning BITSEA/competence sub-scale scores by toddler's gender. According to the table, competence sub-scale scores did not significantly differ by toddler's gender (U=4288.5, p>.05). The fact that the mean ranks of the BITSEA/competencesub-scale scores for the female toddlers and the male toddlers are close to each other explains this.

Table 2. The U-Test Results Concerning BITSEA/Problem Sub-Scale Scores by Toddler's Gender

Group	n	Mean Rank	Rank Sum	U	p
Female	92	92.42	8502.50	4224.5	.329
Male	100	100.26	10025.50		

According to the table, problem sub-scale scores did not significantly differ by toddler's gender(U=4224.5, p>.05). The mean ranks of the BITSEA/problem sub-scale scores for the female toddlers and the male toddlers are close to each other.

Table 3. The T-Test Results Concerning Total Self Efficacy for Parenting Tasks Index-Toddler Scale Scores by Toddler's Gender

Group	N	Mean	S	sd	t	p
Female	92	1.97	15.87	190	-.282	.778
Male	100	1.97	17.73			

According to the Table 3, there was no significant difference between total Self Efficacy for Parenting Tasks Index-Toddler Scale scores by toddler's gender(t(190)=-.282, p>.01). The fact that the mean scores are the same indicates that self-efficacy perception is not a characteristic that differs by toddler's gender.

Table4.The Kruskal-Wallis H-Test Results Concerning Self-Efficacy Sub-Scale Scores by Toddler’s Age

Age		N	Mean	Mean Ranks	sd	χ^2	p
Emotional Competence	12-17 Months	55	23.52	95.70			
	18-23 Months	35	23.83	95.93			
	24-29 Months	49	24.11	100.62	3	407	.939
	30 -36 Months	53	23.49	93.90			
Reactance	12-17 Months	55	36.02	104.53			
	18-23 Months	35	35.27	94.20			
	24-29 Months	49	34.95	86.88	3	2.777	.427
	30 -36 Months	53	35.68	98.58			
Protection	12-17 Months	55	30.19	103.19			
	18-23 Months	35	29.82	102.53			
	24-29 Months	49	29.11	85.98	3	3.011	.390
	30 -36 Months	53	29.61	95.30			
Discipline	12-17 Months	55	22.29	92.36			
	18-23 Months	35	22.65	97.93			
	24-29 Months	49	22.62	97.97	3	.433	.933
	30 -36 Months	53	22.49	98.49			
Play	12-17 Months	55	27.73	111.59			
	18-23 Months	35	26.38	94.96			
	24-29 Months	49	25.93	87.20	3	6.109	.106
	30 -36 Months	53	25.80	90.45			
Teaching	12-17 Months	55	30.52	99.66			
	18-23 Months	35	29.21	82.63			
	24-29 Months	49	30.18	95.47	3	3.201	.362
	30 -36 Months	53	30.56	103.33			
Routines	12-17 Months	55	29.26	99.08			.049*
	18-23 Months	35	30.47	109.53			
	24-29 Months	49	27.42	78.32	3	7.838	
	30 -36 Months	53	29.44	102.03			
							The groups involving difference 18-23 Months and 24-29 Months 12-17 Months and 24-29 Months
TOTAL	12-17 Months	55	198.96	101.79			
	18-23 Months	35	197.84	99.69			
	24-29 Months	49	195.38	86.46	3	2.294	.514
	30 -36 Months	53	197.78	98.19			

According to the Table 4, emotional competence scores ($\chi^2(sd=4)=.407$, $p>.05$), reactance scores ($\chi^2(sd=4)=2.777$, $p>.05$), protection scores ($\chi^2(sd=4)=3.011$, $p>.05$), discipline scores ($\chi^2(sd=4)=.433$, $p>.05$), play scores ($\chi^2(sd=4)=6.109$, $p>.05$), teaching scores ($\chi^2(sd=4)=3.201$, $p>.05$), and total self-efficacy scores ($\chi^2(sd=4)=2.294$, $p>.05$) did not significantly differ by toddler’s age. However, routines score significantly differed by toddler’s age ($\chi^2(sd=4) =7.838$, $p<.05$). A significant difference was found between the total routines scores of the mothers having 18 to 23-month-old toddlers and those of the mothers having 24 to 29-month-old toddlers ($U=582$, $p<.05$). The mean ranks of the groups show that the mean rank of the total routines scores of the

mothers having 18 to 23-month-old toddlers is higher. In addition, there was a significant difference between the total routines scores of the mothers having 12 to 17-month-old toddlers and those of the mothers having 24 to 29-month-old toddlers ($U=1023, p<.05$). The mean ranks of these groups indicate that the mean rank of the total routines scores of the mothers having 12 to 17-month-old toddlers is higher.

Table 5. The Kruskal-Wallis H-Test Results Concerning BITSEA/Problem and BITSEA/Competence Scores by Toddler's Age

Age	N	Mean	Mean Ranks	sd	χ^2	p
BITSEA-Problem	12-17 Months	55	17.8047	98.55		
	18-23 Months	35	18.2826	105.33	3	1.523
	24-29 Months	49	16.3773	92.35		
	30 -36 Months	53	17.3205	92.39		
BITSEA -Competence	12-17 Months	55	15.9262	86.45		
	18-23 Months	35	16.2730	88.79	3	10.351
	24-29 Months	49	16.1003	90.96		
	30-36 Months	53	17.7166	117.14		

Whether or not there was a difference between BITSEA scores by toddler's age was investigated via Kruskal-Wallis H-Test. A significant difference was detected between the BITSEA/competence scores of the groups ($\chi^2 = (sd=3, n=192)=10.351, p<.05$). Paired comparisons were made through U-test in order to identify the groups between which there was a difference in terms of BITSEA/competence scores. A significant difference was found between the BITSEA/competence scores for 12 to 17-month-old children and those for 30 to 36-month-old children ($U=987, p<.05$). A significant difference was also detected between the BITSEA/competence scores for 18 to 23-month-old children and those for 30 to 36-month-old children ($U=636, p<.05$). Lastly, the same significant difference was determined between the BITSEA/competence scores for 24 to 29-month-old children and those for 30 to 36-month-old children ($U=966, p<.05$). This finding indicates that mothers' self-efficacy levels rise as their children get older.

Table 6. The Relationship between BITSEA and Self Efficacy for Parenting Tasks Index-Toddler Scale Scores

			BITSEA		SELF EFFICACY FOR PARENTING TASKS INDEX-TODDLER SCALE							Grand Total for Self-Efficacy
			Problem	Competence	Protection	Discipline	Play	Teaching	Reactance	Emotional Competence	Routines	
BITSEA	Problem	r	1.000									
		p	.									
		N	192									
	Competence	r	-.163*	1.000								
		p	.023	.								
		N	192	192								
SELF EFFICACY FOR PARENTING TASKS INDEX-TODDLER SCALE	Protection	r	-.054	.197**	1.000							
		p	.455	.006	.							
		N	192	192	192							
	Discipline	r	-.307**	.179*	.249**	1.000						
		p	.000	.013	.000	.						
		N	192	192	192	192						
	Play	r	.044	.219**	.329**	.319**	1.000					
		p	.546	.002	.000	.000	.					
		N	192	192	192	192	192					
	Teaching	r	-.074	.161*	.203**	.213**	.468**	1.000				
		p	.308	.026	.005	.003	.000	.				
		N	192	192	192	192	192	192				
	Reactance	r	-.029	.219**	.428**	.107	.473**	.346**	1.000			
		p	.690	.002	.000	.141	.000	.000	.			
		N	192	192	192	192	192	192	192			
	Emotional	r	-.150*	.136	.284**	.257**	.257**	.314**	.224**	1.000		

Competence	p	.037	.061	.000	.000	.000	.000	.002	.		
	N	192	192	192	192	192	192	192	192		
	Routines	r	-.094	.157*	.278**	.254**	.423**	.319**	.277**	.217**	1.000
	p	.193	.030	.000	.000	.000	.000	.000	.003	.	
	N	192	192	192	192	192	192	192	192	192	
Grand Total for Self-Efficacy	r	-.077	.251**	.592**	.417**	.674**	.542**	.538**	.425**	.656**	1.000
	p	.289	.000	.000	.000	.000	.000	.000	.000	.000	.
	N	192	192	192	192	192	192	192	192	192	192

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

According to the Table 6, a significant negative relationship was found between BITSEA/problem and BITSEA/competence scores ($r = -.16, p < .05$). This means that as BITSEA/problem sub-scale score increases, BITSEA/competence sub-scale score decreases, and vice versa. A significant positive relationship was detected between Self Efficacy for Parenting Tasks Index-Toddler Scale protection sub-scale score and BITSEA/competence score ($r = .19, p < .05$). This means that as protection sub-scale score increases, BITSEA/competence score increases as well, and as protection sub-scale score decreases, BITSEA/competence score decreases as well. A significant positive relationship was identified between Self Efficacy for Parenting Tasks Index-Toddler Scale discipline sub-scale score and protection sub-scale score ($r = .24, p < .05$) and BITSEA/competence score ($r = .17, p < .05$) whereas a significant negative relationship was determined between Self Efficacy for Parenting Tasks Index-Toddler Scale discipline sub-scale score and BITSEA/problem score ($r = -.30, p < .05$). A significant positive relationship was found between Self Efficacy for Parenting Tasks Index-Toddler Scale play sub-scale score and protection sub-scale score ($r = .32, p < .05$), discipline sub-scale score ($r = .31, p < .05$), and BITSEA/competence score ($r = .21, p < .05$). A significant positive relationship was detected between Self Efficacy for Parenting Tasks Index-Toddler Scale teaching sub-scale score and protection sub-scale score ($r = .20, p < .05$), discipline sub-scale score ($r = .21, p < .05$), play sub-scale score ($r = .46, p < .05$), and BITSEA/competence score ($r = .16, p < .05$). A significant positive relationship was identified between Self Efficacy for Parenting Tasks Index-Toddler Scale reactance sub-scale score and protection sub-scale score ($r = .42, p < .05$), play sub-scale score ($r = .47, p < .05$), teaching sub-scale score ($r = .34, p < .05$), and BITSEA/competence score ($r = .21, p < .05$). A significant positive relationship was determined between Self Efficacy for Parenting Tasks Index-Toddler Scale emotional competence sub-scale score and protection sub-scale score ($r = .28, p < .05$), discipline sub-scale score ($r = .25, p < .05$), play sub-scale score ($r = .25, p < .05$), teaching sub-scale score ($r = .31, p < .05$), and reactance sub-scale score ($r = .22, p < .05$). A significant positive relationship was detected between Self Efficacy for Parenting Tasks Index-Toddler Scale routines sub-scale score and protection sub-scale score ($r = .27, p < .05$), discipline sub-scale score ($r = .25, p < .05$), play sub-scale score ($r = .42, p < .05$), teaching sub-scale score ($r = .31, p < .05$), reactance sub-scale score ($r = .27, p < .05$), emotional competence sub-scale score ($r = .21, p < .05$), and BITSEA/competence score ($r = .15, p < .05$). A significant positive relationship was found between the total Self Efficacy for Parenting Tasks Index-Toddler Scale score and BITSEA/competence score ($r = .25, p < .05$). Significant positive differences were identified between the total Self

Efficacy for Parenting Tasks Index-Toddler Scale score and all the Self Efficacy for Parenting Tasks Index-Toddler Scale sub-scale scores (i.e. emotional competence, reactance, protection, discipline, play, teaching, and routines).

DISCUSSION

This study examined mothers' perceptions regarding their parental self-efficacy and their children's social-emotional development based on the variables of age, gender, and parental educational background. The correlation between the mothers' perceptions regarding their parental self-efficacy and their social-emotional development assessments concerning their children was investigated.

No significant difference was found between BITSEA/competence and BITSEA/problem scores by toddler's age. Most of the studies in this matter report that the difference between females and males in terms of competence is significant in favor of females (Alakortes et al., 2015; Briggs-Gowan et al., 2004; Karabekiroğlu et al., 2008; Kılınc, 2016). In their study focusing on the social-emotional assessment of 12 to 36 month-old children, Carter, Briggs-Gowan, Jones, and Little (2003) revealed gender-based differences in a couple of problem sub-scales and most competence sub-scales. They found out that the males had higher activity/impulsivity scores and the females had higher anxiety scores. However, to the contrary of other studies, the gender-based difference they found was not significant.

No significant difference was found between the total Self Efficacy for Parenting Tasks-Index Toddler Scale scores by toddler's gender. Gülay Ogelman and Çiftçi Topaloğlu (2014) also found no significant difference between the mothers' parental self-efficacy perceptions by toddler's gender. This is consistent with the findings of the present study. Accordingly, it can be said that mothers' child-rearing knowledge and behaviors do not differ by toddler's gender.

While no significant difference was found between the scores obtained from such sub-scales of Self Efficacy for Parenting Tasks-Index Toddler Scale as emotional competence, reactance, protection, discipline, play, and teaching by toddler's age, a significant difference was detected between the routines sub-scale scores. Parents have a big responsibility for providing their children with self-care habits such as eating habits, dressing-undressing habits, cleaning habits, and toilet habits, whose foundations are laid as of very early childhood in life (Demiriz and Dinçer, 2000; Pirpir, 2011). With the development of fine motor skills especially after the age of two, children can be more competent for performing certain self-care skills. As this age group corresponds to autonomy in Erikson's psycho-social theory, it can be said that children make some attempts for their self-care. It is very important

that these kinds of self-care attempts of children be supported and encouraged by their parents, who must set a good example for them.

A significant difference was identified between BITSEA/competence scores by toddler's age. Such difference was observed between all two groups having a six-month difference. This finding suggests that mothers' self-efficacy levels increase as their children get older. Briggs-Gowan et al. (2004) found out that the BITSEA/competence scores of the group involving 12 to 17-month-old children were lower than those of the other groups whereas there was no significant difference between BITSEA/problem scores by toddler's age. Carter, Briggs-Gowan, Jones, and Little (2003) also determined that BITSEA/competence scores increased as the children got older. These findings are consistent with the findings of the present study. As the child gets older, he becomes more developed in social-emotional terms as well. Increase in BITSEA/competence score may indicate that a healthy interaction comes out between the mother and the child.

A significant negative relationship was found between BITSEA/problem scores and BITSEA/competence scores. This indicates that as BITSEA/problem score increases, BITSEA/competence score decreases, and vice versa. The children going through a healthy social-emotional development exhibit fewer problem behaviors (Berk, 2013; Santrock, 2015; Trawick-Swith, 2013). The children displaying pro-social behaviors frequently display fewer aggressive behaviors, but may be more prone to exhibiting emotional behaviors. They express their sadness rather than their anger in problem situations (Athl, 2006). It is reported that the children who play games alone or repetitive games tend to have a difficulty in regulating their anger and aggression and have an immature personality (Schwartz, Dodge, Petit, and Bates, 2000).

A significant positive relationship was detected between the scores obtained from the protection sub-scale of Self Efficacy for Parenting Tasks-Index Toddler Scale and BITSEA/competence sub-scale scores. When the protection score increases, the competence score increases as well, and as the protection score decreases, the competence score decreases as well. Providing a safe environment for children and ensuring their safety is among the most important responsibilities of parents. The protection of the child against dangers can enable him to have a healthy development and develop positive behaviors. As especially toddlers are very active and are in the process of discovering things, providing a safe environment will contribute to their trying new things and developing a healthy personality.

The score obtained from the discipline sub-scale of Self Efficacy for Parenting Tasks-Index Toddler Scale was seen to have a significant positive relationship with the score obtained from the protection sub-scale of Self Efficacy for Parenting Tasks-Index Toddler Scale and with BITSEA/competence sub-scale score and was seen to have a significant negative relationship with BITSEA/problem sub-scale score. The children of those parents who do not limit any behaviors of their children and welcome even their negative behaviors do not have a developed skill of controlling their desires and impulses, are more selfish, and have lower social adaptation. It is very important for the child's healthy personality development that the in-family limitations and standards to be

followed be determined in advance and be expressed to the child as clearly as possible for the child to understand them and the child be guided in this matter (Kandır and Alban, 2008). The mothers having a democratic parenting style report more pro-social behaviors displayed by their children in comparison to those mothers having a permissive parenting style. The research on this subject reports that there is a relationship between the disciplinary methods applied and problem behaviors (Aunola and Nurmi, 2005; Gürşimşek, Girgin, Harmanlı, and Ekinci, 2006; Kerr, Lopez, Olson, and Sameroff 2004; Petit and Dodge, 2002; Yurduşen, 2004).

The score obtained from the play sub-scale of Self Efficacy for Parenting Tasks-Index Toddler Scale was seen to have a significant positive relationship with the scores obtained from the protection and discipline sub-scales of the scale. It is very important for mother-infant interaction that mothers having a zero to two-year old infants know the developmental characteristics of infants in this age range and make their infants gain autonomy through play (Ulutaş, Aksoy, and Çalışkan, 2016). Darwish et al. (2001) found a positive relationship between interactive play behavior and social skills. Similansky and Shefatya (1990) determined that the reasoning, argument, and social skills of the children displaying socio-democratic play behaviors are developed. In the study investigating the relationship between six-year-old children's social play behaviors and parental attitudes, Öğretir (1999) found out that parental attitudes had a considerable effect on the children's social play behaviors. As emphasized by the research results, it can be said that the children of mothers considering competent for playing with their children express themselves better and are more competent in social-emotional terms. The mother's interacting with her infant through play is important for the infant's social-emotional development.

The score obtained from the teaching sub-scale of Self Efficacy for Parenting Tasks-Index Toddler Scale was seen to have a significant positive relationship with the scores obtained from the protection, discipline, and play sub-scales of the scale and with BITSEA/competence score. It can be said that the mother's considering herself competent for helping her infant learn more about her environment enables her to use positive disciplinary methods towards her infant and be more conscious during plays. In their study dealing with the relationship between preschool children's behavior problems and mother-child activities, Livanage, Prince, and Scott (2003) determined that children's behavioral problems are associated with the weakness of mother-child relationship. As emphasized in the research, it is possible to say that the children of those mothers who interact with their children more will have a more positive perspective on the external world and display fewer problem behaviors.

The score obtained from the reactance sub-scale of Self Efficacy for Parenting Tasks-Index Toddler Scale was seen to have a significant positive relationship with the scores obtained from the protection, play, and teaching sub-scales of the scale and with BITSEA/competence sub-scale score. When the infant's needs are adequately met by the people around him, he notices that the signals he gives to the external world are received. The infant communicates with his mother through these signals. This early communication, the way the mother reacts when the infant cries, and the way family members come to an agreement in case of a disagreement form a basis for the child's future relationship or socialization

with other people (Atlı, 2006; Ulutaş, Aksoy, and Çalışkan, 2016).

A significant positive relationship was found between the total Self Efficacy for Parenting Tasks-Index Toddler Scale score and BITSEA/competence score. For a healthy personality development, parents must sufficiently fulfill both emotional and physical needs of their children (Senemoğlu, 2009).

It is thought that maternal self-efficacy may be associated with variables such as maternal depression, marital adjustment, social supports, and problem-solving skills. Future research may explore relationships between maternal self-efficacy and these variables. Determining maternal self-efficacy is important to provide early intervention services for infant mental health. Early intervention services to be offered in the early period can make important economic contributions to the country's development in the long term. Hence, it is necessary to develop and implement social-emotional support programs for parents with toddlers in Turkey as soon as possible.

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