



Helplessness, Psychological Distress, and Perceived Social Support in Mothers with Children in Early Childhood

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Abstract

Objective: The aim of this study is to investigate the levels of helplessness, psychological distress, and perceived social support experienced by mothers with children aged 1-6 years in childcare.

Methods: This descriptive study included 178 mothers with children aged 1-6 years. Personal Information Form prepared by the researchers, Caregiving Helplessness Questionnaire (CHQ), Kessler Psychological Distress Scale (K10-PDS) and Multidimensional Scale of Perceived Social Support (MSPSS) were used to collect research data. Obtained data were determined as a result of Independent t test, One-Way ANOVA and Pearson correlation analysis.

Results: The average scores of mothers from the CHQ and K10-PDS, MSPSS scales were 39.08 ± 8.88 , 21.97 ± 9.29 , and 61.71 ± 16.51 , respectively. As a result of the correlation analysis, it was determined that there was a statistically significant negative relationship between CHQ and perceived social support level in mothers, and a statistically significant positive relationship between CHQ and K10-PDS.

Conclusions: The research results showed that as the perceived social support level of mothers increased, their psychological distress and helplessness decreased. These findings indicate that health professionals should target the mental health of mothers and increase their confidence and experience in parenting by providing education and counseling.

Keywords: caregiving, helplessness, mothers, children, psychological distress

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Erken Çocukluk Döneminde(1-6 Yaş) Çocuğu Olan Annelerde Çocuk Bakımında Çaresizlik Psikolojik Sıkıntı ve Algılanan Sosyal Destek

Öz

Amaç: Bu çalışmada, 1-6 yaşında çocuğu olan annelerin çocuk bakımında yaşadığı çaresizlik, psikolojik sıkıntı ve algıladıkları sosyal destek düzeyinin incelenmesi amaçlanmıştır.

Yöntemler: Tanımlayıcı tipte olan bu çalışmaya 1-6 yaşında çocuğu olan 178 anne dahil edildi. Araştırma verilerinin toplanmasında araştırmacılar tarafından hazırlanan Kişisel Bilgi Formu, Çocuk Bakımında Çaresizlik Ölçeği (CHQ), Psikolojik Sıkıntı (distress) Ölçeği (K10-PDS) ve Çok Boyutlu Algılanan Sosyal Destek Ölçeği (MSPSS) kullanılmıştır. Elde edilen veriler Independent t testi, One-Way ANOVA ve Pearson korelasyon analizleri ile elde edilmiştir.

Bulgular: Annelerin CHQ ve K10-PDS, MSPSS ölçeklerinden aldıkları puan ortalamaları sırasıyla 39.08 ± 8.88 , 21.97 ± 9.29 ve 61.71 ± 16.51 'dir. Korelasyon analizi sonucunda annelerde CHQ ile algılanan sosyal destek düzeyi arasında negatif yönde CHQ ile K10-PDS arasında pozitif yönde bir ilişki olduğu belirlendi.

Sonuç: Araştırma sonuçları, annelerin algıladıkları sosyal destek düzeyi arttıkça yaşadıkları psikolojik sıkıntı ve yaşadıkları çaresizliğin azaldığını göstermiştir. Hemşirelerin/ebelerin annelere eğitim ve danışmanlık vererek kadınlara destek olmaları önerilmektedir.

Anahtar kelimeler: Bakım verme, Çaresizlik, Anneler, Çocuklar, Psikolojik sıkıntı.

INTRODUCTION

Parenting is an experience that contributes to great joys and satisfactions that hold significant meaning in people's lives, but at the same time, it can also bring negative emotions such as disappointment, pressure, and fear¹. Parenting behavior is determined by many factors, including (a) the characteristics of the parents (e.g. mental health), (b) the characteristics of the child (e.g. temperament), and contextual factors such as unemployment and the functioning of the marital relationship². Almost all parents experience pressure, especially during the preschool years when they are trying to overcome the challenges of raising their children. This pressure can rise to relatively high levels due to reasons such as the children's crankiness and irrational demands, among other factors³. It is important to evaluate the child's situation and expectations while meeting their needs. When the caregiving system becomes active with the child's signals, the parent can perceive their needs and act accordingly. However, the activation or passivity of this system can be shaped by different factors, and individual differences in

mothers, such as personality traits, can also be effective⁴. Excessive helplessness and fear in the caregiver role may result in the mother giving up on the caregiving role, later resulting in her failure to protect the child. At this situation, mothers may not provide adequate care and exhibit scattered caregiving behaviors⁵.

Poor maternal mental health is a strong risk factor for emotional and behavioral problems in children. It has been reported that psychological distress in mothers is an indicator of mental health problems in children⁷. Psychological distress contributes to the development of functional and mental disorders, including diagnosable psychopathologies such as postpartum depression⁸. The parents with low levels of psychological distress are better able to manage their parenting behavior, whereas more distressed parents exhibit lower levels of sensitivity and responsiveness. A study has found that higher levels of psychological stress in mothers are associated with lower social-emotional development in children⁹. According to the studies by Hope et al, long-term exposure to maternal distress at ages 3, 5, 7, and 11 was

found to increase the risk of child mental health problems by almost five times⁶. The support of friends and family can be effective in alleviating this psychological distress¹⁰. Social support serves as a source of assistance for parents who experience difficulties in raising children¹¹. A study with Korean mothers found that social support reduces psychological distress¹². In Hughes et al.'s studies, it was found that support from friends reduces mothers' psychological distress, while support from family reduces fathers' psychological distress during the transition to parenthood¹⁰.

To provide better care for children and support their physical and mental development, it is important to identify mothers' stress levels and their level of helplessness in child care, as well as the factors that affect them. The research questions in this study are as follows;

1. What is the level of mothers' perceived helplessness, psychological distress, and perceived social support while caring for their children?
2. What are the socio-demographic characteristics that affect mothers' levels of helplessness, psychological distress, and multidimensional perceived social support in childcare?
3. Is there a statistically significant relationship between mothers' scores on CHQ, K10-PDS, and MSPSS?

METHODS

Design

A descriptive design was used in this study. This design was chosen as the most appropriate design to determine the level of maternal helplessness, psychological distress, and perceived social support in mothers with children in early childhood (ages 1-6 years).

Settings and participants

This study was conducted between March and April 2023 with mothers who had children aged 1-6 years. The study population consists of mothers who applied to the healthy child clinic/polyclinic of Balıkesir Atatürk City Hospital. The reason for choosing this hospital is that the people who come to this hospital have heterogeneous socio-demographic characteristics, and access to this hospital is easy due to the existing transportation facilities. In addition, the hospital is the largest one serving the region. The sample size for the study was determined as 174 using the OpenEpi program, with a prevalence of 87%, a margin of error of 5%, and a 95% confidence interval for the unknown population, based on the prevalence value obtained from a previous study⁸ conducted to determine the psychological distress of parents.

The study recruited literate women who had a child aged 1-6 years, had no communication or mental problems, and agreed to participate. The study exclusion criteria were mothers who did not speak Turkish, had over 6 age children and did not volunteering to participate in the study. Interviews were conducted in a suitable room that ensured the privacy of participants' personal information. Data were collected from eligible mothers who presented to the clinic/outpatient department and met the inclusion criteria.

Measures

In the study, a questionnaire prepared by the researcher, the Caregiving Helplessness Questionnaire, the Kessler Psychological Distress Scale, and the Multidimensional Scale of Perceived Social Support were used. The questionnaire includes questions about the socio-demographic characteristics of the participants.

Caregiving Helplessness Questionnaire: Solomon and George (2011) developed the Child Helplessness Questionnaire (CHQ) in child care. The Turkish validation study of the scale was conducted by Arikan et al. in 2021 4. In the Turkish version of the scale, the suitability of a 2-dimensional factor structure was determined rather than the original 3-dimensional factor structure of the scale. The first factor is "Helpless and mother-child frightened", and the second factor is "Child caregiving". The reliability coefficients of the scale were .87 for the mother helplessness and mother-child fear subscale, .62 for the child as caregiver subscale, and .84 for the total scale 4. A high score indicates that the mother's level of helplessness in child care is high.

Kessler Psychological Distress Scale (K10-PDS): The measured characteristics are depression, anxiety, and psychological distress. It has been adapted into Turkish by Altun, Özen, and Kuloğlu (2019). The scale consists of 10 items. It is a five-point Likert scale ranging from 1 (always) to 5 (never), where 1 is scored as 5 points, 2 as 4 points, 3 as 3 points, 4 as 2 points, and 5 as 1 point. The lowest score that can be obtained is 10, and the highest score is 50. The score ranges for the scale are as follows: 10-19 points indicate possible well-being; 20-24 points indicate possible mild psychological distress; 25-29 points indicate possible moderate psychological distress; and 30-50 points indicate possible severe psychological distress. The internal consistency coefficient of the scale, evaluated with Cronbach's alpha coefficient, was found to be 0.95. Higher scores indicate greater psychological distress. The Psychological Distress Scale (K10-PDS) has been shown to be a valid and reliable tool for detecting, screening, and monitoring depression and anxiety disorders, as well as psychological distress¹³.

Multidimensional Scale of Perceived Social Support (MSPSS): Zimet et al. (1988) developed

this scale. It has been adapted into Turkish by Eker et al.¹⁴. The scale consists of 3 dimensions and 12 items, which are family support, friend support, and other important support factors, and they are ranked on a 7-point Likert scale¹⁴. The high score obtained indicates that perceived social support is high. The internal consistency coefficient of the scale, evaluated with Cronbach's alpha coefficient, was found to be 0.89.

Ethical Approval

This study was conducted in accordance with the ethical standards of the Helsinki Declaration. Institutional permission for the study was obtained from the Education, Research, and Application Hospital administration, and ethics committee approval was obtained (Decision No.2023/01-04, Date: 4 January 2023) before the study. In addition, the principle of voluntarism was adopted in the study, and written consent was obtained from the participants included.

Statistical Analysis

The data was analyzed using SPSS 25 (Statistical Package for Social Sciences) program, and P values less than 0.05 were considered statistically significant. Percentages and mean values were used for the socio-demographic characteristics of the participants. The comparison of the participants in terms of their socio-demographic characteristics with the Child Care Helplessness Scale, Psychological Distress Scale, and Perceived Social Support Scale was conducted using Independent t-test and One-Way ANOVA. The relationship between two continuous variables was evaluated using Pearson correlation coefficient.

RESULTS

Table 1 displays the socio-demographic characteristics of the participants. Majority of the participants, 72%, had a bachelor's degree or higher education level and 53.9% of them were women. 66.9% of the children attended school. 83.7% of the mothers reported that they do not smoke. The mean age of the mothers was

34.93±4.82, and the mean age of the children was 3.67±1.85.

Table I: Sociodemographic characteristics of the participants

Socio-demographic characteristics	n	%
Education		
High school graduate and below	50	28.0
Bachelor's degree or higher education level	128	72
Childs gender		
Female	82	46.1
Male	96	53.9
Childs attending to a school		
Yes	119	66.9
No	59	33.1
Smoking		
Yes	29	16.3
No	149	83.7
Having a chronic illness		
Yes	22	12.4
No	156	87.6
	Mean	SD
Mother's Age	34.93	4.82
Children's Age	3.67	1.85
Total	178	100

As seen in Table 2, the mean total score of CHQ for participating mothers was 39.08±8.88; the score for the Helpless and mother-child frightened subscales was 15.03±3.97 and the score for the Child caregiving subscale was 24.04±7.43. The mean score of the K10-PDS scale was 21.97±9.29. The mean total score of MSPSS was 61.71±16.51. The scores for the subscales of the scale were as follows: Family subscales score was 19.97±6.29,

Friend subscales score was 20.03±6.19, and Significant Others subscales score was 21.69±5.19.

Table II: The distribution of the mean scores obtained from CHQ, K10-PDS, MSPSS with their subdimensions by the mothers.

Scales	Mean (SD)	Min. / Max.
CHQ overall score	39.08 (8.88)	19-65
Helpless and mother-child frightened subscales	15.03(3.97)	5-25
Child caregiving subscales	24.04 (7.43)	13-45
K10-PDS	21.97 (9.29)	10-50
MSPSS	61.71 (16.51)	12-84
Family subscales score	19.97 (6.29)	4-28
Friend subscales score	20.03 (6.19)	4-28
Significant Others subscales score	21.69 (5.19)	4-28

The comparison of the scores obtained from the scales according to the socio-demographic characteristics of the mothers is presented in Table 3. CHQ, K10-PDS, and MSPSS scores were not vary according to educational level. The helpless score of mothers with children attending school was statistically significantly higher than those whose children did not attend school (p<0.01). The child's gender and the mother's smoking status did not statistically affect the scale scores.

Table III: Comparison of scores obtained from CHQ, K10-PDS, MSPSS scales according to participants' sociodemographic characteristics

Sociodemographic Characteristics (n)	CHQ		K10-PDS		MSPSS	
	Mean (SD)	p	Mean (SD)	p	Mean (SD)	p
Education						
High school graduate and below	39.18(9.34)	0.929	20.68(8.01)	0.247	64.50(17.61)	0.160
Bachelor's degree or higher education level	39.04(8.74)		22.47(9.72)		60.62(16.0)	
Childs gender						
Female	39.10(9.15)	0.972	21.69(9.66)	0.714	61.19(1.86)	0.70
Male	39.06(8.70)		22.20(9.0)		62.15(1.65)	
Is the child going to school						
Yes	40.64(9.08)	0.001	21.71(8.61)	0.601	61.76(16.75)	0.953
No	35.93(7.63)		22.49(10.59)		61.61(16.14)	
Smoking						
Yes	41.17(8.30)	0.167	21.93(9.15)	0.979	60.27(14.42)	0.610
No	38.67(8.96)		21.97(9.34)		61.99(16.91)	

* p<0.05

The participants' correlation levels of CHQ, K10-PDS, and MSPSS is presented in Table 4. A statistically significant moderate positive correlation was found between the mothers' CHQ score and the K10-PDS ($p < 0.01$) scale score ($p < 0.05$). A statistically significant negative weak correlation was found between the CHQ and MSPSS ($p < 0.05$, $r = -0.152$) scale scores. A weak negative relationship was found between CHQ and MSPSS. In addition, it was determined that there was a statistically significant positive correlation between the child's age and CHQ ($p < 0.05$, $r = 0.173$). A low level positive relationship was found between child's age and CHQ. In other words, it can be said that as the age of the child increases, the helplessness experienced by the mothers in child care increases.

Table IV: The participants' correlation levels of Child Care Helplessness (CHQ), Psychological Distress (K10-PDS), and Perceived Social Support (MSPSS)

Scales	CHQ	
	r	p
K10-PDS	0.303	0.000*
MSPSS	-0.152	0.043**
Variables		
Mother's age	0.006	0.937
Number of children	-0.035	0.640
Children's age	0.173	0.021**

* $p < 0.01$, ** $p < 0.05$

DISCUSSION

It has been stated in the literature that high levels of psychological distress in mothers can pose a risk to the emotional and social development of children¹⁵. The mental health status of the mother significantly affects the maternal role and may hinder the mother from meeting the demands of her child¹⁶. In this study, the aim was to determine the level of helplessness, psychological distress, and perceived social support experienced by mothers in child care. The average scores obtained by the participating mothers from the CHQ scale were 39.08 ± 8.88 . Based on the

minimum and maximum score ranges that can be obtained from the scale, it can be said that mothers experience moderate levels of helplessness. A previous study has had shown that mothers experience feelings of helplessness and powerlessness during the postpartum period¹⁷. In their study conducted by Toscano et al (2018) to determine the helplessness experienced by mothers in child care, it was reported that children have a cheering effect on their mothers and that mothers need to develop behaviors to fulfill their children's care responsibilities¹⁸. The average score of mothers on the K10-PDS scale was 21.97 ± 9.29 , indicating a possible mild level of psychological distress. In a study conducted with mothers living in the Pacific Islands, it was found that 19% of the mothers reported experiencing psychological distress¹⁹. Chu and Lee determined in their study that 30.3% of mothers reported significant levels of psychological distress⁷. A study conducted on individuals from different countries found that Moroccan and Turkish women had higher levels of psychological distress compared to Dutch women²⁰. The mental well-being of the mother in the care of children, who are a source of happiness and joy for families, will significantly increase the motherhood role and positively impact the full and accurate fulfillment of the child's needs¹⁶. The mean total score of mothers in the MSPSS in this study was 61.71 ± 16.51 (high level). In a study conducted with 128 mothers, it was reported that as mothers' perceived social support increased, parenting stress decreased²¹. Mothers should be encouraged to recognize and use their existing social support resources.

In this study, mothers whose children go to school had higher CHQ scores compared to those whose children did not go to school. This may be related to the stressors such as homework and school problems that come with having children in school. The fact that the child

is with the parent and not attending school may provide the mother with a sense of control and comfort in caring for the child.

In our study, it was found that there was a statistically significant positive correlation between mothers' CHQ score and K10-PDS scale score. This result indicates that as mothers' level of psychological distress increases, their sense of helplessness also increases. Psychological problems experienced by parents affect the cognitive, emotional, and physical development of children. Therefore, the mental well-being of the mother is important for the healthy development of the child. It is recommended to provide supportive interventions for mothers to reduce their helplessness. A study focusing on improving the mental health, parenting competence, and treatment participation of mothers with high-risk children under the age of 6 through a parenting and self-care skills group program showed a decrease in depression, post-traumatic stress disorder and caregiving helplessness among mothers²². Similarly, Pinto et al. (2019) found that as parental stress increased, post-traumatic stress disorder and psychological distress also increased²³. Among this high-risk group of mothers of infants, there would be a correlation between maternal depression, parenting stress, perceived infant socioemotional problems, and both helplessness and frightened caregiving as assessed by the CHQ⁵. Caregiving helplessness was positively predicted by maternal anxiety, but not maternal depression, after accounting for socio-economic status (SES)²⁴.

A statistically significant negative correlation ($p < 0.05$) was found between CHQ and MSPSS scale scores. In other words, as perceived social support increases in mothers, their helplessness decreases. A woman's relationships with her partner, mother, and friends are of central importance for her psychological functioning in the postpartum

period²⁵. Additionally, a study found that perceived social support was positively related to parenting self-efficacy²⁶. In a study conducted with mothers of children with developmental disorders, it was determined that family resilience manages the relationship between the mother's psychological distress and the severity of the children's developmental disorders²⁷. A study conducted during the COVID-19 period in China found that active coping strategies and increased social support were significantly related to decreased psychological distress²⁸. A study conducted with mothers of children diagnosed with autism found that as the level of perceived social support increased, their levels of anxiety and burnout decreased²⁹. In another study, it was found that postpartum depression decreased as the perceived level of social support increased in mothers³⁰.

CONCLUSION

This study found that the psychological distress experienced by mothers was positively associated with helplessness in child care and negatively associated with perceived social support. Primary care professionals who play a crucial role in maternal and child health should include screening for mothers' psychological distress. To support healthy parenting, it is essential for health professionals to actively assess and intervene in the psychological distress of mothers who play a primary role in child care. This study is significant because it identifies psychological distress, which is effective in evaluating the mental health of mothers, and child care helplessness, which affects child care. Since social support levels of mothers reduce both psychological distress and helplessness in child care, it is recommended to encourage mothers to use existing social support tools.

Ethics Committee Approval: This study was conducted in accordance with the ethical standards of the Helsinki Declaration. Institutional permission

for the study was obtained from the Education, Research, and Application Hospital administration, and ethics committee approval was obtained (Decision No.2023/01-04, Date: 4 January 2023) before the study.

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