

**RELATIONSHIP BETWEEN MOTHERS' MARRIAGE
ADJUSTMENT AND SELF-EFFICACY LEVELS AND THEIR
CHILDREN'S DEVELOPMENT LEVELS**
*ANNELERİNİN EVLİLİK UYUMU VE ÖZ-YETERLİLİK DÜZEYLERİ
İLE ÇOCUKLARIN GELİŞİM DÜZEYLERİ ARASINDAKİ İLİŞKİ*

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Abstract

Aim: A harmonious marriage between parents and healthy parenting behaviors make an important contribution to the development of the child. This research was conducted to determine the relationship between the developmental levels of healthy children aged 1, 3 years in hospital and at home, and their mothers' marital adjustment and self efficacy levels.

Methods: The study group of this descriptive study consisted of 236 mothers, 125 of whom were hospitalized in pediatric services, and 111 mothers who brought their healthy children to the Family Health Center for examination. The data were collected using a personal information form, Marriage Adjustment Scale (ESS), Parenting Skills Self-efficacy Scale and Ankara Developmental Screening Inventory (AGTE).

Results: The developmental level of the children within the scope of the study had a statistically significant effect on the marital adjustment of the parents ($t=3.291$; $p=0.001$) ($p<0.05$), and the average marital adjustment score of the mothers who brought their healthy child to the FHC ($\bar{X}:1.88$), the marital adjustment mean score of mothers with sick children ($\bar{X}:1.71$), and the self-efficacy score averages of mothers with healthy children are higher than the mean scores of mothers with hospitalized children ($p<0.05$). The relationship between mothers' marital adjustment and self efficacy score averages is negative.

Conclusion: As a result of the research, it was determined that as the marital adjustment of the parents increased, the self efficacy of the mothers increased and contributed to the social skills and self, care development of the children.

Keywords: Marital Relations, self-efficacy, child development, pediatric nursing

Özet

Amaç: Anne baba arasındaki uyumlu bir evlilik ve sağlıklı ebeveynlik davranışları çocuğun gelişimine önemli bir katkı sağlar. Bu araştırma 1, 3 yaşları arasında hasta ve sağlıklı çocukların gelişim düzeyleri ile annelerinin evlilik uyumu ve öz yeterlilik düzeyleri arasındaki ilişkiyi belirlemek amacıyla yapılmıştır.

Yöntemler: Tanımlayıcı olarak yapılan bu araştırmanın çalışma grubunu pediatri servislerinde çocuğu yatan 125, Aile Sağlığı Merkezine sağlıklı çocuğunu muayeneye getiren 111 çocuk annesi olmak üzere toplam 236 anne oluşturmuştur. Veriler kişisel bilgi formu, Evlilik Uyum Ölçeği (EUÖ), Anne Babalık Becerilerinde Öz, yeterlik Ölçeği ve Ankara Gelişim Tarama Envanteri kullanılarak (AGTE) toplanmıştır.

Bulgular: Araştırma kapsamındaki çocukların gelişim düzeylerinin anne babaların evlilik uyumu ($T=3,291$; $P=0,001$) üzerinde istatistiksel açıdan anlamlı bir etkisi olduğu ($p<0,05$), sağlıklı çocuğunu ASM'ne getiren annelerin evlilik uyumu puan ortalamasının ($\bar{X}:1,88$), çocuğu hasta olan annelerin evlilik uyumu puan ortalamasından ($\bar{X}:1,71$) daha yüksek, yine sağlıklı çocuk annelerinin öz yeterlilik puan ortalamalarının, hastanede yatan çocuğu olan annelerin puan ortalamalarından daha yüksek olduğu belirlenmiştir ($p<0,05$). Her iki gruptaki annelerin evlilik uyumu ile öz yeterlik puan ortalamaları arasındaki ilişki negatif yönlüdür.

Sonuç: Bu araştırma sonucunda anne, babaların evlilik uyumu arttıkça, annelerin öz, yeterliklerinin arttığı ve çocukların sosyal beceri ve öz bakım gelişimlerine katkı sağladığı belirlenmiştir.

Anahtar Kelimeler: Evlilik Uyumu, öz, yeterlilik, çocuk gelişimi, pediatri hemşireliği

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INTRODUCTION

Healthy parenting behaviors make a great contribution to the development of the child (1). An important determinant of parenting behaviors are parents' parenting attitudes, beliefs, thoughts, feelings, and marital adjustment (2). Marriage adjustment is one of the studies on the marital relationship, which started in the 1930s in Turkey (3-12).

A harmonious marriage is a factor that is of serious importance especially in the first days of marriage, continues throughout life, affects the relationships of spouses with their children and plays an active role in shaping the developmental processes of children (13, 14). The harmonious relations between spouses affect the behavior of the child positively and lay the groundwork for healthy growth and development (15). Although problems of harmony between spouses are common in marriage, an incompatible marriage can disrupt the healthy functioning of the marriage, and problems in the family negatively affect the development of children (16). In Turkish culture, there are studies showing that adjustment problems in marriage may be the cause of children's developmental problems (17), that they are related to various physiological, emotional, cognitive, social and behavioral problems of children (18-21). Through qualitative interviews, marriage in interviews with participants from three different cultures of the world, in the United Kingdom, Hong Kong and China, a study examining the experience of satisfaction with the other culture showed that a supportive and harmonious marital relationship are important factors contributing to marital adjustment (22).

According to Aksoy and Diken, Montigny and Lacharite (2005) defined perceived parental self-efficacy as "a parent's judgments and beliefs about his or her own capacity for certain duties related to the care and upbringing of their child" (23). It has been reported that parental self-efficacy is related to the social support and education level of mothers from their spouses, relatives and other people in their close circle (1, 23). It is known

that spousal support in a harmonious marriage increases the mother's self-efficacy, helps her when she needs it, and alleviates the effects of stress on the parents in stressful situations (17).

Jones and Prinz, Coleman and Karraker in 2003 show that high parental self-efficacy is positively associated with the child's healthy growth, adaptive behaviors, and socio, emotional functioning (24, 25). It shows that high self-efficacy supports skills such as positive communication with the child, providing stimulus to the child, accepting the child and communicating effectively with the child, that children have a higher social, emotional adjustment level and their academic success and social competence are higher (26).

Hospitalization of a child can shake the balance in all societies, even in families with the strongest structure (27). In our society, as in many societies, the responsibility for the development of the child is mostly given to the mother at the family scale (28), although it is more evident in the child's illness, it is seen that the responsibility of care falls to the mother more in families whose children are sick and those whose children are not sick (29). Hospital conditions; It is less sufficient than the home environment where the child lives in order to meet basic needs such as adequate and balanced nutrition, meeting basic needs such as play, movement, sleep, a supportive physical environment, interaction and communication with family members and other individuals (30, 31). The quality of home life is very important in their development and learning in developing countries, research has shown that home environments have a positive relationship with children's cognitive and social development (32). It is necessary to provide children with quality and variety of stimuli that can support their development, create an environment and give them opportunities. It has been determined that as the length of hospital stay of children increases, their developmental risks also increase, and children who spend time without interaction with their mothers are at risk in terms of development (30, 31).

It is necessary and important to increase mothers' adjustment to marriage and mothers' self-efficacy for the healthy growth and development of children and to meet their increased needs when they are sick (33). Parental self-efficacy is associated with marital adjustment (26, 34). starting from birth; The mother's high self-efficacy belief, which is very effective in contributing to the child's development, also affects marital adjustment (35).

In international studies, parenting self-efficacy, maternal depression (36), parenting planning (37), parenting skills, child's cognitive development and behaviors (25), children's language and speech skills (38), mothers' knowledge levels about child development (39) and psycho, social variables such as the mother's stress level (40).

Theoretical implications and evidence suggest that parental competence can be enhanced by parenting interventions (41). In the framework of the traditions of Turkish society, while parents raise children in line with the knowledge and experiences learned from generation to generation by observing their elders, articles, books and research are used to meet the developmental needs of children in a changing age. Marriage adjustment in our country Studies on parental self-efficacy and parental self-efficacy (42-47) will make significant contributions to understanding, analyzing and explaining changes and transformations in both the family and society.

This study, which we hope to contribute to the field, was carried out to determine the self-efficacy levels and marital adjustment of mothers whose children were hospitalized and brought their children to a family health center between the ages of 1, 3 and to examine the relationship between them.

MATERIAL- METHODS

Type of Research:

This study is in the relational screening model, which is one of the general screening models.

Universe and Sample

The mothers of 111 children between the ages of one and three who were hospitalized with their mothers (mothers of children who have a disease that may affect growth and development and who are not between the ages of 1, 3) in the State Hospital pediatric services in Sivas province and the well, child polyclinic of a Family Health Center were included in the study. The mothers of 125 healthy children between the ages of one and three who applied were included. After determining the ages of the children staying with their mothers in the hospital, healthy children were matched in terms of numbers. In this direction; A total of 236 mothers, including 111 mothers with children aged 1-3 years old, and 125 mothers of the same age, constituted the participant group of the study. The sample size for this study was calculated under the assumption that the population size (N) is known. The formula proposed by Karagöz (48) was used.:

Thus, the required minimum sample size was calculated as approximately 233 participants. The actual number of participants reached in the study was 236, which satisfies the minimum requirement and is considered sufficient for representing the target population. As part of the statistical analyses, a post hoc power analysis was conducted using the G*Power 3.1.9.4 software. The analysis was carried out based on an alpha level of 0.05, a total sample size of 236 participants (comprising 111 mothers of hospitalized children and 125 mothers of healthy children), and an assumed medium effect size (Cohen's $d=0.5$). The calculated statistical power ($1-\beta$) was 0.98, indicating that the sample size was sufficient to detect a medium effect with a very high level of statistical power (49). Mothers over the age of 18, agreed to participate in the study, who were conscious, who were not visually and hearing impaired, who were literate, who had no psychiatric diagnosis and no neurological problems were included in the study. The research was conducted between August 2017 and March 2018.

Data Collection:

The study was conducted with the mothers of children between the ages of 1 and 3 who have been hospitalized in the pediatric wards of a state hospital in Sivas city center for at least 8 days, and the Mimar Sinan Family Health Center; The study was conducted with the volunteer mothers of healthy children aged 1 and 3 years who applied for any reason. After the mothers were informed about the study and their written and verbal permissions were obtained, data collection forms were filled out by the researcher using the face-to-face interview method.

Data Collection Tools

The data of the study; Personal Information Form, Marriage Adjustment Scale, Parenting Skills Self-Efficacy Scale (1-3) Age Group were collected using Ankara Developmental Screening Inventory. The application period lasted an average of 45, 50 minutes.

Personal Information Form

There are 20 questions in the Personal Information Form prepared by the researcher by examining the literature and the questions are aimed at determining the socio, demographic characteristics of the mothers such as age, education level, marriage year, number of children.

Table 1. Characteristics of Sampled Mother and Child (n=236)

		Number	%
Mother Characteristics			
Age	20-35	206	87.3
	36-45	30	12.7
Mother Educational Status	Primary School Graduate	63	26.7
	Secondary School Graduate	70	29.7
	High School Graduate	63	26.7
	University and above	40	16.9
Mother Marriage Method	Arranged Procedure	135	57.2
	Flirting	76	32.2
	Consanguineous Marriage	17	7.2
	Runaway Marriage	8	3.4
Mother's Marriage Period	1-9 years	156	66.1
	10-19 years	73	30.9
	20-29 years	7	3.4
Number of Children	2	89	37.7
	3	75	31.8
Spousal support	Yes	133	56.4
	No	103	43.6
Child Features			
Hospitalized Child	Sivas State Hospital	111	26.1
Sağlam Child	Family Health Center	125	63.9

Marriage Adjustment Scale

Developed by Locke and Wallace and adapted to Turkish by Kislak and tested for validity and reliability (50), it aims to measure marital

satisfaction and marital adjustment. The scale consists of 15 items with different number of options. Each item receives a score between 0 and 6, which differs according to the number of options. According to this; Item 1 0–6

points, 2–9. 0–5 points for items 10 and 14, 0–2 points for items 11 and 13, 0–3 points for items 11 and 13, 0 points if the option to stay at home for one of the spouses and to do something outside for the other spouse is selected in the 12th item. If the option to do something outside is selected for each, 1 point is scored, 2 points if the option to stay at home is selected for each of the spouses, and item 15 is evaluated between 0, 2 points. The total score obtained from the scale ranges from 0 to 60. Those who score above 43 are considered compatible in terms of marital relations, and those below are considered incompatible. In his study for the reliability of the scale, Kışlak calculated the Cronbach's alpha coefficient and two, half reliability coefficients. The Cronbach alpha internal consistency coefficient was found to be .80, and the two, half reliability coefficient was found to be .67. The internal consistency of the scale used in this study was assessed using Cronbach's alpha, which was found to be 0.73, indicating an acceptable level of reliability ($\alpha > 0.70$).

Self-Efficacy Scale in Parenting Skills

The Self-Efficacy for Parenting Tasks Index, Toddler Scale was developed to measure the self-efficacy of the parents of children aged 1, 3 and is still used in many countries and Turkey. The scale, adapted into Turkish by Elibol, Mağden, Alpar (26), is a 51, item Likert, type scale to determine the self-efficacy of the parents of children aged 1, 3. The scale has 7 sub, dimensions (Emotional competence 7, Responsiveness, caring, interest, valuing 8, Protection 7, Discipline 9, Play 7, Teaching 7, Daily work, care 8 items). Total scores range from 51 to 255, with high scores indicating strong self-efficacy. The Cronbach's alpha coefficient of the scale was 0.93 and the test, retest reliability coefficient was 0.86. In this study, Cronbach's alpha coefficient was found to be 0.86. The internal consistency of the scale used in this study was assessed using Cronbach's alpha, which was found to be 0.81, indicating an acceptable level of reliability ($\alpha > 0.70$).

Ankara Developmental Screening Inventory (AGTE)

(AGTE), developed by Savasır, Sezgin, and Erol (1995) in Turkey to evaluate the development of children, evaluates the development and skills of 0, 6-year-old children in line with the information received from their mothers (51). This inventory allows the early evaluation of infants and children, who are considered to be at risk in terms of developmental delay and irregularity and taking necessary precautions. The inventory consists of 154 items organized according to various age groups and answered as "Yes, No, I Don't Know" by asking the mothers. When the mother answers "Yes" to the question about her child's development, she gets 1 point, when she answers "No" she gets 0 points, and when she answers "I don't know", she gets no points. In the scale, scores are made according to the answers given by the mothers to the questions related to all developmental areas according to their age characteristics. Ankara Developmental Screening Inventory (AGTE) consists of four developmental areas, namely Language, Cognitive (DB), Fine Motor (IM), Gross Motor (KM) and Social Skills, Self care and a total development score is obtained. The Cronbach's Alpha Internal Consistency Coefficient for the AGTE Scale was calculated as DB=.81, IM=.59, KM=.82, and SB, Self, care=.70. In this study, the Cronbach's alpha internal consistency coefficients for the AGTE Scale were calculated as follows: 0.81 for the Fine Motor Skills subscale (items C50DB–C70DB), 0.59 for the Cognitive Skills subscale (items C71DB–C84İM), 0.82 for the Language and Communication subscale (items C85DB–C101KM), and 0.70 for the Social Skills and Self-Care subscale (items C102DB–C120DB). These results indicate acceptable to high internal consistency for most subscales, although the Cognitive Skills subscale demonstrated relatively lower reliability

Analysis and Evaluation of Data

Analysis of the survey data was performed using the appropriate statistical package program SPSS 23.0 for Windows (Social Package Statistical Science) in computer environment. Frequency (f) and percentage (%) values of the answers related to demographic information were presented in the analysis of significance (difference) it was

RESULT

In the study conducted with 236 mothers, 87.3% of the mothers were in the age range of 20, 35, 12.7% were in the age range of 36, 45, 16.9% were university graduates and 56.4% were primary and secondary school

investigated whether there was a significant difference between the groups based on some independent variables belonging to the mothers. Analyzes were made with the F” test (One, Way Analysis of Variance ANOVA). The p value was checked to decide whether there was a significant difference between the groups. Significance level was accepted as ($p < 0.05$).

graduates. Of the 236 mothers, 87.2% were housewives, 57.2% were arranged, 32.2% were married by flirting and by agreement, 66.9% were 1, 9, 30.9% 10, 19 and 3.0% were married for 20, 29 years. 30.5% of mothers have 1 child, 37.7% have 2 children and 31.8% have 3 or 4 children.

Table 2. Mean Marital Adjustment Scores of Mothers

		n	\bar{X}	T	p
Marriage Adjustment	Healthy Child	125	1.88	3.291	0.001
	Hospitalized Child	111	1.71		

n: Number of people. X: mean. T: Mean test. Significance level $p < 0.05$.

The health status of the children had a statistically significant effect on the marital adjustment ($T=3.291$; $p=0.001$) of the parents ($p < 0.05$), the average marital adjustment score

of the mothers with healthy children ($:1.88 \bar{X}$) It was determined that the average marital adjustment score of the mothers (\bar{X} was 1.71) (Table 2).

Table 3. Mothers' Parental Self-Efficacy Scores Average

		n	\bar{X}	T	p
Self_Emotional	Healthy Child	125	23.39	, 14.695	0.000
	Hospitalized Child	111	27.39		
Self_Sensitive	Healthy Child	125	30.21	, 17.987	0.000
	Hospitalized Child	111	37.39		
Self_Protection	Healthy Child	125	25.17	, 7.515	0.000
	Hospitalized Child	111	27.61		
Self-Discipline	Healthy Child	125	20.61	, 2.169	0.031
	Hospitalized Child	111	21.63		
Self-Play	Healthy Child	125	20.58	, 9.119	0.000
	Hospitalized Child	111	24.83		
Self-Teaching	Healthy Child	125	24.81	, 5.360	0.000
	Hospitalized Child	111	27.10		
Self-Care	Healthy Child	125	23.80	, 7.743	0.000
	Hospitalized Child	111	26.58		

When Table 3 is examined, it is seen that the children are healthy or hospitalized, and the mean scores of the mothers' self-efficacy subscale items (Self, Emotional T=,14.695, p=0.000, Self, Responsive T=,17.987,

p=0.000, Self, Protection T =,7.515, p=0.000, Self, Discipline T=, 2.169, p=0.031, Self, Play T=,9.119, p=0.000, Self, Teaching T=,5.360, p=0.000, and Self, Care T=, 7.743, p=0.000) (p<0.05), there is a significant difference.

Table 4. Children's AGTE Scores Averages

		n	\bar{X}	p	T
Language Cognitive Development	Healthy Child	125	20.88	, 1.579	0.116
	Hospitalized Child	111	23.84		
Fine Motor Development	Healthy Child	125	26.05	, 2.716	0.007
	Hospitalized Child	111	30.12		
Gross Motor Development	Healthy Child	125	19.32	0.519	0.604
	Hospitalized Child	111	19.04		
Social Skills and Self-Care Development	Healthy Child	125	16.59	, 3.544	0.000
	Hospitalized Child	111	21.62		

n: Number of people. X: mean. T: Mean test. Significance level $p < 0.05$.

When Table 4 is examined; It was determined that hospitalization of children had a significant ($p < 0.05$) effect on Fine Motor Development (T=,2.716; $p = 0.007$) and Social Skills and Self Care Development (T=,3.544;

$p = 0.000$). Language Cognitive Development (T=, 1.579; $p = 0.116$) and Gross Motor Development (T=0.519; $p = 0.604$) domains did not show a significant difference in terms of children's health status ($p \geq 0.05$).

Table 5. Correlation between Marital Adjustment Mean Scores and AGTE Mean Scores

	Marriage Adjustment	
	r	p
Language Cognitive Development	,0.055	0.401
Fine Motor Development	,0.014	0.835
Gross Motor Development	,0.035	0.590
Social Skills and Self-Care Development	,0.054	0.410

r = Pearson Correlation Coefficient. Significance Level * $p < 0.05$. ** $p < 0.01$

The relationship between marital adjustment and AGTE subscales is shown in Table 5.

When the table is examined; It was determined that there is a negative relationship between marital adjustment and AGTE subscales.

Table 6. Correlation between Self-efficacy Scores and AGTE Scores

	T SCORE		LANGUAGE COGNITIVE S.		Fine DevelopmeNT S.	Motor S.	GROUND MOTOR S.		Social Skills and Self-Care Development S.	
	r	p	r	p	r	p	r	p	r	p
SE	0.098	0.133	0.057	0.382	0.098	0.133	0.033	0.616	0.125	0.056
SS	0.119	0.069	0.081	0.214	0.110	0.091	0.038	0.565	0.145	0.026*
SP	0.023	0.728	0.002	0.980	0.010	0.877	0.092	0.160	0.047	0.472
SD	0.011	0.866	0.024	0.719	0.003	0.959	0.080	0.220	0.038	0.566
SP	0.126	0.053	0.088	0.178	0.145	0.026*	0.053	0.417	0.158	0.015*
ST	0.063	0.335	0.042	0.519	0.055	0.402	0.060	0.360	0.068	0.301
SC	0.059	0.368	0.050	0.447	0.082	0.211	0.031	0.632	0.027	0.678

r=Pearson Correlation Coefficient. Significance Level *p < 0.05

SE=Self_Emotional, SS=Self_Sensitive, SD=Self-Discipline, SP=Self_Protection, SP=Self-Play, ST= Self-Teaching, SC=Self-Care

When Table 6 is examined, a positive statistically significant relationship was found between the mean scores of Social Skills, Self Sensitive and Self Play from the AGTE

subscale items and the mean scores of the mothers' Fine Motor Development Sub, item "Self Play". These values were respectively (r=0.145), p <0.05, r=0.145, p<0.05, r=0.158, p<0.05).

Table 7. Correlation Analysis of Marital Adjustment and Self-efficacy Scores

Variable	r	p
Self_Emotional	0.184	0.005 **
Self_Sensitive	0.114	0.080
Self_Protection	0.090	0.170
Self-Discipline	0.194	0.003 **
Self-Play	0.161	0.013 *
Self-Teaching	0.076	0.243
Self-Care	0.175	0.007 **

r=Pearson Correlation Coefficient. Significance Level *p<0.05. **p < 0.01

In Table 7, a detailed examination revealed positive and statistically significant relationships between mothers' marital adjustment and certain subdimensions of the self-efficacy scale. Specifically, positive correlations were found between marital adjustment and the Self-Emotional (r=0.184, p< 0.01), Self-Discipline (r=0.194, p < 0.01), Self-Play (r=0.161, p<0.05), and Self-Care (r=0.175, p<0.01) subscales. No significant relationship was found between marital adjustment and the Self-Sensitive, Self-Protection, and Self-Teaching subscales.

DISCUSSION

In this study, it was determined that the fact that children are sick and hospitalized, healthy and staying at home affects the marital

adjustment and self-efficacy of mothers. Studies on the direct effects of these variables on children's development are limited. The discussion was written by interpreting the indirect effects of these variables and variables such as maternal age, education, working life, type of marriage, how many years she has been married and how many children she has marital adjustment of mothers with healthy children (:1.88) \bar{X} was higher than that of mothers whose children were hospitalized: 1.71. (\bar{X} In both groups, a significant portion of the mothers (80.1%) stated that their marriage was compatible.

The normative structures of the society are among the important determinants of marital adjustment. In today's modern family structure a democratic, based egalitarian norms system regulates family relations. Changing

times have changed the meaning and function of the family (52). In Turkey, where the traditional family type is dominant, there have been changes in the status and roles of men and women; a transition process has taken place from a structure with clear role differentiation to a structure where roles are shared. There has been talk of equality among family members, women's influence and position have been strengthened; women have become more competent in the family and society

In this study, It was determined that the age of the mother, education level, type of marriage and the number of children did not have a significant effect on marital adjustment ($p>05$); In a study on the marital adjustment of parents and behavioral problems in children, it was seen that as the marital adjustment of the parents increased, the behavior problems of the children decreased (45). In a study, it was determined that the duration of marriage did not change the level of marital adjustment, the increase in age increased the marital satisfaction, and the marital adjustment of those who had arranged marriages was low (46). In one study, there was no significant relationship between education and marital adjustment (47), in another study; it was determined that the marital adjustment of the mothers did not differ in terms of some demographic variables (age, education level, duration of marriage, age difference with spouse, type of marriage and number of children) (47). Eiden, Teti, and Corns (1995) found a significant relationship between marital adjustment and child security in their study on marital adjustment and parent-child relationship (52). Marital adjustment determines the quality of the mother-child relationship. In the study of Houseknecht (1981), it was determined that problems in marriage affect children, causing depression, inadequate social skills, poor health outcomes, low academic achievement and behavioral problems in children (53).

The findings of our study reveal that parents' self-efficacy perceptions have a decisive influence on parenting behaviors. Similarly, the literature indicates that parental competence reflects parents' beliefs about their own abilities in parenting roles, and that mothers with high self-efficacy tend to demonstrate more effective parenting practices and engage in more positive and consistent interactions with their children (54). In this sense, our results are consistent with previous studies suggesting that parental self-efficacy is a strong predictor of parenting functioning. Indeed, perceived parental competence is considered a key factor in the emergence of positive parenting behaviors. Studies conducted in Türkiye also support these findings, showing significant associations between mothers' self-efficacy levels and preschool children's performance across various developmental domains (23, 42, 55–59). Especially in terms of language development, higher parental self-efficacy has been linked to more positive parenting behaviors and to interactions that foster children's physiological, cognitive, and emotional development. Accordingly, the results of our study align with both national and international literature, further demonstrating that parental self-efficacy is one of the fundamental determinants of child development.

The total self-efficacy scores of the mothers in both groups within the scope of this study ranged from 53 to 265; mean=179.84, SD=16.66. It was determined that most mothers (83.5%) had moderate self-efficacy perceptions and when the difference between the groups was examined, the self-efficacy of mothers who had a healthy child and stayed at home with them was higher than that of mothers whose children were hospitalized. Although there are many other reasons, it is thought that the difficulties and adjustment disorders that the spouses may experience with each other during the child's illness may reduce the mother's self-efficacy level. It can be

thought that while mothers with healthy children have a high level of power and belief in coping with the difficulties they face in the growth and development process of their child's care, increases the mother's sense of self-efficacy. When parents cope with the physical and emotional reactions of their sick children, new roles and responsibilities are added to their family duties. It has been found that parents with high self-efficacy take a more active role in caring for their children, leading to faster recovery for the children. Conversely, low perceptions of self-efficacy negatively impact maternal performance and child development (60). Parenting self-efficacy is an important factor in enhancing positive interactions between parents and children, which contributes to the improvement of children's mental health. Parents with high self-efficacy, particularly those who are the primary caregivers meeting their children's physical and emotional needs, have a significant impact on their children's health (61). Aksoy and Diken Conrad, Gross, Fogg, and Ruchala (1992) found that as mothers' self-efficacy levels increase, the quality of their relationships with their babies increases, and Jackson and Scheines (2005) found that mothers with a regular job have higher self-efficacy perceptions than mothers without a job. stated that mothers in this situation found their children's cognitive development higher (23).

In this study, positive and statistically significant relationships were observed between mothers' marital adjustment and certain subdimensions of the self-efficacy scale. Specifically, significant positive correlations were found between marital adjustment and the subdimensions of Self-Emotional ($r = 0.184, p < 0.01$), Self-Discipline ($r = 0.194, p < 0.01$), Self-Play ($r = 0.161, p < 0.05$), and Self-Care ($r = 0.175, p < 0.01$). On the other hand, no significant relationships were identified between marital adjustment and the subdimensions of Self-Sensitive, Self-Protection, and Self-Teaching.

A positive and reciprocal relationship is found between mothers' self-efficacy and marital adjustment. Mothers' sense of self-efficacy fundamentally reflects their belief in their capacity to cope with the challenges of their parenting roles. A mother with high self-efficacy has more confidence in managing child care. This confidence inevitably reflects on the relationship between the spouses. According to Bandura's (1997) social cognitive theory, high self-efficacy enables mothers to cope with stressful situations more effectively. Marriage, especially after having children, can be a significant source of stress (62). A healthy and supportive marital relationship also strengthens the mother's sense of self-efficacy. Research by Matalon and Turliuc (2022) revealed that spousal support and positive marital interactions significantly predicted mothers' parenting self-efficacy. Effective communication between spouses in a harmonious marriage allows the mother to express herself and share parenting-related concerns. This sharing process enables problems encountered during the child's growth and development to be solved together, thereby increasing the mother's successful experiences and consequently strengthening her self-efficacy (63).

A systematic review examined the relationship between parental self-efficacy, parenting practices, and child development in school-age children, highlighting the indirect effects of self-efficacy on child development (64). A study conducted with parents of children with disabilities found a positive relationship between parental self-efficacy and marital adjustment, which aligns with the focus of our study on mothers' marital adjustment and self-efficacy (65). Similarly, research has demonstrated a positive association between maternal marital satisfaction and the quality of mother-father-child interactions (66). A large-scale study conducted in Japan also revealed that marital relationships significantly influence the development of children's social skills (67). Although this study focused on

marital quality rather than self-efficacy, its findings are in parallel with the current research. Moreover, a recent study discussed how parental emotion regulation and coparenting dynamics moderate the relationship between parenting self-efficacy and child outcomes, emphasizing the importance of marital harmony (68). Another study explored the links between self-efficacy beliefs and child development within the context of both parenting and marital relationships, underlining the meaningful impact of marital adjustment on parental self-efficacy (69).

A positive and statistically significant relationship was determined between the AGTE subscale items of the child's Fine Motor and Social Skills and Self-care and the mothers' "Self-Play" efficacy. 0.158, $p < 0.05$) Based on this result, it can be concluded that the time mothers spend on their children for play positively affects the development of Fine Motor and Social Skills and Self-Care, or the development is directly proportional to the time allocated to the child. The scale (T Score, Language Cognitive Fine Motor, Gross Motor, Social Skills and Self-Care) mean scores are among the mothers' self-efficacy score averages, "Self-Discipline Score", "Self-Play", "Self-Game", "Self-Care Score" and AGTE subscale A negative correlation was found between scores (T Score, Language Cognitive Score, Fine Motor Score, Gross Motor Score and Social Skills and Self, Care Score). However, none of these relationships are statistically significant

Marriage adjustment and mother's self-efficacy are critical concepts in child development, which have broader implications for the family as a whole. When a mother does not perceive support in her marriage and lacks sufficient self-confidence, it can impede the fulfillment of her children's physical, social, and cognitive needs, thereby exerting a negative impact on the family unit as a whole

CONCLUSION

At the conclusion of this study, a significant relationship was found between marriage adjustment and high self-efficacy perceptions of mothers and their children's development. In both groups, the level of marital harmony of the mothers was positive; however, it was determined that mothers with healthy children exhibited higher marital harmony. Mothers of sick children were found to have lower self-efficacy, whereas mothers of healthy children had higher self-efficacy perceptions. A negative relationship was identified between mothers' marital harmony and the subcomponents of self-efficacy. Furthermore, the time mothers dedicated to their children, especially playtime, had significant effects on various areas of child development.

Considering the relational findings between mothers' marital harmony, self-efficacy perceptions, and child development, it is recommended that nurses organize training programs for parents that include content on communication skills, emotional expression, and problem-solving, either before marriage, during marriage, or prior to parenthood. Additionally, it is suggested to develop and support projects such as parenting schools.

Limitations

This study is limited in that it was conducted only with the mothers of children hospitalized in a state hospital and 236 mothers who brought their children, who were staying at home, to an Family Health Centre.

Ethical Aspect of Research

Every stage of the research was carried out in accordance with ethical principles. Ethical approval from Cumhuriyet University Non, Interventional Clinical Research Board (15.06.2017, decision number 30.06.2017), Sivas Province Public Hospitals General Secretariat (21.07.2017, numbered 38623810, 193526) and Sivas Province Health Directorate (07.10.2017, 73192166, 044, E.551) written permissions were obtained.

Informed Consent

The mothers included in the sample gave verbal and written consent to participate in the study.

Author Contributions

Concept: EB, FY, Design: EB, FY, Literature Review: EB, Data Collection and Processing: EB, Analysis and Interpretation: EB, FY, Critical Review: EB, FY

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