

Relationship Between Mothers' Attitudes Toward Supporting Psychosocial Development and the Psychosocial Development Levels of Children Aged 12-36 Months: A Descriptive Study in the Correlational Survey Model

Annelerin Psikososyal Gelişimi Desteklemeye Yönelik Tutumları ile 12-36 Aylık Çocukların Psikososyal Gelişim Düzeyleri Arasındaki İlişki: İlişkisel Tarama Modelinde Tanımlayıcı Çalışma

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ABSTRACT Objective: This descriptive study, designed in the correlational survey model examines the relationship between maternal psychosocial development attitudes and the psychosocial development of children aged 12-36 months, a crucial period for early social and emotional growth. **Material and Methods:** This descriptive study, designed within a correlational survey model, was conducted in a pediatric hospital setting in Türkiye. The study sample consisted of 280 mothers of hospitalized children aged 12-36 months. Data were collected using a Sociodemographic Information Form, the 0-6 Years Psychosocial Development Period Attitude Scale, and the 12-36 Months Psychosocial Development Scale for Children. Data analysis included descriptive statistics, one-way analysis of variance, and Pearson correlation tests. The Kolmogorov-Smirnov test confirmed that the data met the assumption of normality ($p>0.05$), justifying the use of parametric tests. **Results:** The mothers' mean score on the attitude scale was 39.73 ($SD=3.03$). Significant associations were found between maternal attitude scores and variables such as employment status, education level, number of children, economic status, primary caregiver, and knowledge about child development. Child-related variables such as age, gender, economic status, maternal education, and family structure were also associated with subdimension scores of the psychosocial development scale. Correlation analysis revealed weak but statistically significant relationships between the 2 scales and their subdimensions. **Conclusion:** The findings suggest that maternal attitudes toward psychosocial development are associated with children's psychosocial competencies. These results underscore the importance of balanced parenting approaches that foster both autonomy and emotional regulation during early childhood. The findings are especially relevant for hospitalized child populations and highlight the need for educational interventions targeting mothers in clinical settings.

Keywords: Maternal attitudes; early childhood; psychosocial development; parenting

ÖZET Amaç: Bu çalışma, annelerin psikososyal gelişimi desteklemeye yönelik tutumları ile 12-36 aylık çocukların psikososyal gelişim düzeyleri arasındaki ilişkiyi incelemeyi amaçlamaktadır. **Gereç ve Yöntemler:** İlişkisel tarama modeline dayalı tanımlayıcı bu araştırma, Türkiye'de bir çocuk hastanesi ortamında gerçekleştirilmiştir. Araştırmanın örneklemini, 12-36 aylık çocukları hastanede yatan 280 anne oluşturmıştır. Veriler, Tanımlayıcı Bilgi Formu, 0-6 Yaş Psikososyal Gelişim Dönemi Tutum Ölçeği ve 12-36 Ay Psikososyal Gelişim Ölçeği ile toplanmıştır. Verilerin analizinde tanımlayıcı istatistikler, tek yönlü varyans analizi ve Pearson korelasyon testleri kullanılmıştır. Kolmogorov-Smirnov testi sonucunda verilerin normal dağılım gösterdiği belirlenmiş ($p>0.05$) ve bu doğrultuda parametrik testler kullanılmıştır. **Bulgular:** Annelerin tutum ölçeğinden aldıkları ortalama puan 39,73 ($SS=3,03$) olarak bulunmuştur. Tutum puanları ile istihdam durumu, eğitim düzeyi, çocuk sayısı, ekonomik durum, birincil bakım veren kişi ve çocuk gelişimi konusundaki bilgi düzeyi arasında anlamlı ilişkiler saptanmıştır. Çocuklara ait yaş, cinsiyet, ekonomik durum, anne eğitimi ve aile yapısı gibi değişkenler ile çocukların psikososyal gelişim ölçeği alt boyutları arasında da anlamlı ilişkiler bulunmuştur. Korelasyon analizleri, 2 ölçek ve alt boyutları arasında zayıf ancak istatistiksel olarak anlamlı ilişkiler olduğunu göstermiştir. **Sonuç:** Annelerin psikososyal gelişimi desteklemeye yönelik tutumlarının çocukların psikososyal becerileri ile ilişkili olduğunu ortaya koymaktadır. Erken çocukluk döneminde hem bağımsızlık hem de duygusal düzenleme becerilerini destekleyen dengeli ebeveynlik yaklaşımlarının önemini vurgulamaktadır. Bulgular özellikle hastanede yatan çocuklar açısından anlamlıdır ve klinik ortamlarda annelere yönelik eğitim programlarının gerekliliğine işaret etmektedir.

Anahtar Kelimeler: Anne tutumları; erken çocukluk; psikososyal gelişim; ebeveynlik

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Among the various developmental stages, the 1-to-3-year period is recognized as a critical phase for psychosocial development. The foundations of psychosocial growth, which persist throughout life, are laid during this period. Supporting healthy psychosocial development at this stage facilitates children's ability to establish positive social relationships, develop emotional skills, and adapt to their environment.¹ Erikson, in his Psychosocial Development Theory, identified this period as the stage of "autonomy versus shame and doubt", emphasizing that during this phase, children begin to develop a stronger sense of independence both physically and psychologically. However, excessive restriction or punitive measures imposed by caregivers during this period may contribute to the emergence of doubt and shame, potentially hindering the child's self-confidence and ability to engage with their surroundings. On the other hand, parental support of children's autonomy-seeking behaviors, such as eating independently, selecting their clothing, and organizing their belongings, fosters the development of self-sufficiency and independence.² Given these factors, it is evident that parental attitudes play a crucial role in shaping children's socioemotional skills.³ A review of the literature highlights that positive parenting attitudes significantly contribute to children's socialization processes later in life.⁴⁻⁶ In contrast, neglectful or overly protective parental attitudes have been associated with deficits in social development, potentially leading to dependent personality traits and difficulties in peer relationships.^{7,8} Particularly, the mother-child interaction, given that the mother is often the primary caregiver, is considered a key determinant of a child's social-emotional and psychological development. A strong and supportive maternal relationship promotes healthy socialization, whereas negative maternal attitudes may contribute to the emergence of psychological challenges in children.^{9,10} Empirical studies demonstrate that maternal attitudes have significant effects on children's socioemotional skills, self-regulation abilities, and overall psychological well-being.¹¹⁻¹⁶ Despite a growing body of research on maternal parenting attitudes in general, few studies have specifically addressed mothers' attitudes toward actively supporting psy-

chosocial development in early childhood. This constitutes a significant gap in the literature, especially considering that psychosocial well-being during this period lays the foundation for long-term emotional resilience and social competence. Thus, studies specifically focusing on the relationship between mothers' attitudes toward supporting psychosocial development and young children's psychosocial growth remain limited in the literature. In this study, maternal psychosocial development attitudes refer to mothers' awareness, sensitivity, and behavioral orientation toward supporting the emotional, social, and cognitive development of their children in early childhood. This conceptualization is based on the understanding that maternal involvement in psychosocial stimulation is a critical factor in early childhood development. Addressing this gap, this study aims to examine the relationship between maternal psychosocial development attitudes and the psychosocial development of children aged 12-36 months, a crucial period in early childhood during which developmental risks can be identified early and timely interventions can be implemented.

MATERIAL AND METHODS

STUDY DESIGN

This study was designed as a descriptive research study based on the correlational survey model, aiming to explore the relationship between mothers' psychosocial development attitudes and the psychosocial development of their children.

Participants

The study was conducted with mothers of children aged 12-36 months who were hospitalized in the pediatric ward of Abdülkadir Yüksel State Hospital between January 8 and April 15, 2024. The final sample consisted of 280 mothers who voluntarily agreed to participate in the study and met the inclusion criteria. Mothers were eligible if they had children aged between 12 and 36 months, and if their children did not have any diagnosed chronic, physical, neurological, or psychosocial disabilities. Participants were excluded if they did not meet the age criteria, if their children had any of the aforementioned diagnoses, or if they declined par-

icipation. Fathers were not included in the study. The required sample size was calculated using the G*Power program based on prior studies involving the 1-3 Years Psychosocial Development Scale. The power analysis, conducted with a 95% confidence level and 0.05 margin of error, indicated a minimum of 262 participants. To account for potential dropout or incomplete data, the sample was increased to 280.

DATA COLLECTION INSTRUMENTS

In this study, data were collected using a Sociodemographic Information Form, the 0-6 Years Psychosocial Development Period Attitude Scale, and the 12-36 Months Psychosocial Development Scale for Children. These instruments were selected to comprehensively evaluate the relationship between mothers' psychosocial development attitudes and children's psychosocial development.

Sociodemographic Information Form

The Sociodemographic Information Form, prepared based on existing literature, collected demographic and background data on participating mothers and their children. It included 12 items on maternal age, education, occupation, economic status, family type, number of children, child's age, gender, birth order, and primary caregiver, providing a demographic profile for analyzing maternal psychosocial attitudes.

0-6 Years Psychosocial Development Period Attitude Scale

The 0-6 Years Psychosocial Development Period Attitude Scale was developed by Dönmez et al. to evaluate maternal attitudes toward children's psychosocial development during early childhood. The scale consists of 18 items, structured on a 3-point Likert scale (Agree=3, Sometimes=2, Disagree=1).¹⁷ The total possible score ranges from 18 to 54, with higher scores indicating more positive maternal attitudes toward the psychosocial development period. Notably, items 4, 5, 12, 13, 16, and 18 are reverse-coded to control for response bias. The scale demonstrated good internal consistency, with a Cronbach alpha reliability coefficient of 0.74 in its original development study. In the present study, the reliability analysis yielded a Cronbach alpha coefficient of 0.72, confirming the scale's internal consistency.

12-36 Months Psychosocial Development Scale for Children

The 12-36 Months Psychosocial Development Scale for Children was developed by Çavuş and Dönmez to assess the psychosocial development of children aged 12-36 months. The scale consists of 22 items and 3 subdimensions: "compliance with rules and seeking adult support", "acting out and frustration" and "response to influence." It is a 5-point Likert-type scale ranging from 1 (never) to 5 (always). Higher scores indicate greater developmental competence in the respective subdimensions. In the original study by Çavuş and Dönmez, the Cronbach alpha reliability coefficient was reported as 0.93.¹⁸ In the present study, the reliability analysis yielded a Cronbach alpha coefficient of 0.75, confirming acceptable internal consistency in evaluating the psychosocial development of children in the target age group. The difference between the original reliability coefficient ($\alpha=0.93$) and the coefficient obtained in this study ($\alpha=0.75$) may be attributed to contextual and sample-related factors, including differences in setting (hospital-based vs. home or preschool-based populations), sample diversity, and temporal or situational variations in parental reporting. Despite this variation, the scale maintained acceptable internal consistency within the scope of the present research.

ETHICAL CONSIDERATIONS

This study was approved by the Hasan Kalyoncu University Non-Interventional Clinical Research Ethics Committee (date: January 08, 2024, no: 2024/5). Informed consent was obtained in writing from all participants during face-to-face interviews. Participants were informed about the study's purpose, methodology, and confidentiality, with the assurance of voluntary participation and the right to withdraw at any time. The study adhered to the Declaration of Helsinki and ethical principles for human research.

Research Process

In this study, data were collected through face-to-face surveys using a Sociodemographic Information Form and 2 standardized scales: the 0-6 Years Psychosocial Development Period Attitude Scale and the 12-36 Months Psychosocial Development Scale for Children. These instruments were utilized to assess

mothers' psychosocial development attitudes and children's psychosocial development characteristics. Prior to data collection, participants were provided with a detailed explanation of the study's objectives, procedures, and confidentiality measures. After obtaining voluntary informed consent, mothers were introduced to the survey forms and guided on how to complete them. On average, participants took approximately 10 minutes to respond to the questionnaire. The data collection process was conducted in accordance with ethical research guidelines, ensuring anonymity and confidentiality. Mothers were explicitly informed that their participation was voluntary, and they were encouraged to answer the questions freely without any external influence. Once the surveys were completed, responses were reviewed for completeness and consistency, after which they were digitized and securely stored for further statistical analysis.

DATA ANALYSIS

All data obtained in the study were analyzed using the IBM SPSS Statistics 26.0 program. Frequency and percentage distributions were used to describe sociodemographic characteristics. Independent samples t-test and one-way analysis of variance (ANOVA) were used to compare the mean scores of the psychosocial development scales according to sociodemographic variables. Pearson correlation analysis was used to determine the relationships between the scale scores. The assumption of normality was evaluated using the Kolmogorov-Smirnov test, and the results indicated that the distribution of the main scale scores met the criteria for normal distribution ($p > 0.05$). Based on this, parametric tests such as one-way ANOVA and Pearson correlation analysis were deemed appropriate for group comparisons and correlation assessments, respectively.

RESULTS

CHARACTERISTICS OF GROUP PARTICIPANTS

The sociodemographic characteristics of the participating mothers and their children are presented in detail. Analyzing the age distribution of mothers, the highest proportion (41.1%) falls within the 20-25 age group, followed by 26-30 years (27.5%). Regarding

employment status, the majority of mothers (90.4%) are housewives, while 9.6% are employed. In terms of educational background, 52.1% of mothers have completed primary education, 18.9% have a high school education, 13.6% hold a university degree, and 15.4% are illiterate. Regarding the number of children, 31.8% of mothers have 2 children, while 26.4% have 4 or more children. The age distribution of children indicates that 36.4% are between 30-36 months old, while 22.9% are within the 12-18 month range. In terms of gender distribution, 51.4% of the children are male, and 48.6% are female. Examining the primary caregiver, 95.4% of mothers are the primary caregivers of their children. In terms of family structure, 79.3% of participants belong to nuclear families, while 20.7% live in extended families. Regarding economic status, 58.6% of mothers reported that their income and expenses were balanced, 33.9% stated that their income was lower than their expenses, and 7.5% indicated that their income exceeded their expenses. In terms of knowledge about child developmental stages, 57.5% of mothers reported having partial knowledge, 21.8% considered themselves well-informed, while 20.7% indicated that they lacked knowledge on the subject.

Table 1 presents the comparison between the sociodemographic characteristics of mothers and children and the total score averages of the 0-6 Years Psychosocial Development Period Attitude Scale. Statistically significant differences were found in the total score averages of the 0-6 Years Psychosocial Development Period Attitude Scale according to maternal employment status, education level, number of children, primary caregiver, economic status, and mothers' level of knowledge about child developmental stages. No statistically significant differences were found according to maternal age, child's age, child's gender, and family structure.

The comparison of the total mean scores of the subdimensions of the 12-36 Months Psychosocial Development Scale for Children with maternal and child sociodemographic characteristics is presented in Table 2.

Table 2 shows the comparison between the subdimensions of the 12-36 Months Psychosocial Development Scale for Children and the

TABLE 1: Comparison of maternal and child sociodemographic characteristics with the total score averages of the 0-6 Years Psychosocial Development Period Attitude Scale

		0-6 Years Psychosocial Development Period Attitude Scale	
Characteristics		$\bar{X} \pm SD$	Test value
Mother's age	20-25	39.56 \pm 3.01	F=0.386
	26-30	40.00 \pm 3.17	p=0.763
	31-35	39.80 \pm 2.82	
	36-40	39.45 \pm 3.36	
Mother's employment status	Housewife	39.44 \pm 2.88	t=-4.953
	Employed	42.37 \pm 3.13	p=0.001*
Mother's education level	Illiterate	39.51 \pm 2.74	F=8.553
	Primary school	39.19 \pm 2.86	p=0.001*
	High school	39.84 \pm 3.00	
	University	41.86 \pm 3.16	
Number of children	1	40.38 \pm 3.31	F=2.634
	2	39.94 \pm 3.09	p=0.047*
	3	39.05 \pm 2.85	
	4 or more	39.42 \pm 2.73	
Child's age	12-18 months	40.23 \pm 3.46	F=1.477
	18-24 months	39.17 \pm 2.80	p=0.221
	24-30 months	40.00 \pm 2.63	
	30-36 months	39.62 \pm 3.04	
Child's gender	Female	39.93 \pm 4.04	t=1.078
	Male	39.54 \pm 3.02	p=0.282
Primary caregiver	Mother	39.57 \pm 2.95	Z=2.621
	Other	41.22 \pm 3.38	p=0.009*
Family type	Nuclear	39.64	Z=-1.202
	Extended	40.06	p=0.229
Economic status	Income less than expenses	39.31 \pm 2.88	F=3.248
	Income equal to expenses	39.79 \pm 3.08	p=0.040*
	Income more than expenses	41.14 \pm 3.00	
Having sufficient knowledge about child development stages	Yes	41.60 \pm 2.93	F=18.792
	No	38.56 \pm 2.79	p=0.001*
	Partially	39.43 \pm 2.84	

*p<0.05; SD: Standard deviation; t: Independent t-test; F: One-way ANOVA;

Z: Mann-Whitney U test; Values marked with an asterisk indicate statistical significance.

sociodemographic characteristics of mothers and children. Significant differences in the compliance with rules and seeking adult support subdimension scores were observed according to child's age and economic status. A significant difference in the acting out and frustration subdimension scores was found according to child's gender. Significant differences in the response to influence subdimension scores were observed according to maternal education level and family structure. No statistically significant differences were found between the remaining sociode-

mographic variables and the subdimensions of the scale.

Table 3 presents the score distributions for the 0-6 Years Psychosocial Development Period Attitude Scale and the subdimensions of the 12-36 Months Psychosocial Development Scale for Children. The total mean score of the attitude scale was 39.73 (SD=3.03), with a minimum of 32 and maximum of 49. Regarding the subdimensions, the mean score for compliance with rules and seeking adult support was 16.12 (SD=2.00), acting out and frustration was 4.69 (SD=0.76), and response to influence was 3.56 (SD=0.70). The lowest recorded score across all subdimensions was 3, and the highest was 22. The correlations between the 0-6 Years Psychosocial Development Period Attitude Scale and the subdimensions of the 12-36 Months Psychosocial Development Scale for Children, including compliance with rules and seeking adult support, acting out and frustration, and response to influence, are presented in Table 4.

Table 4 presents the correlation analysis between the total score of the 0-6 Years Psychosocial Development Period Attitude Scale and the subdimensions of the 12-36 Months Psychosocial Development Scale for Children. A weak negative association was found between the total attitude score and the compliance with rules and seeking adult support subdimension. Additionally, a weak positive correlation was found between the acting out and frustration subdimension and the compliance with rules and seeking adult support subdimension. Furthermore, a weak positive association was identified between the acting out and frustration subdimension and the response to influence subdimension.

DISCUSSION

This study examined the relationship between maternal psychosocial development attitudes and the psychosocial development of children aged 12-36 months. The findings revealed that 22.9% of the participating mothers had their youngest child within the 12-18 month age range, 51.4% had a male child, and 95.4% were the primary caregivers for their children. Additionally, 79.3% of the mothers lived in a nuclear family structure, 90.4% were homemakers, 52.1%

TABLE 2: Comparison of the total mean scores of the subdimensions of the 12-36 Months Psychosocial Development Scale for Children with maternal and child sociodemographic characteristics

		Characteristics Psychosocial Development Scale for Children Aged 12-36 Months					
Characteristics		Compliance with rules and seeking adult support		Acting out and frustration		Response to influence	
		$\bar{X} \pm SD$	Test value	$\bar{X} \pm SD$	Test value	$\bar{X} \pm SD$	Test value
Mother's age	20-25	16.26±2.02	F=1.258	4.73±0.76	F=0.871	3.51±0.65	F=0.336
	26-30	16.00±2.13	p=0.289	4.76±0.75	p=0.457	3.59±0.80	p=0.799
	31-35	15.84±1.67		4.60±0.80		3.57±0.80	
	36-40	16.68±2.33		4.54±0.73		3.63±0.72	
Mother's employment status	Housewife	16.11±1.97	t=-0.264	4.71±0.77	t=1.531	3.56±0.71	t=0.613
	Employed	16.22±2.34	p=0.792	4.48±0.64	p=0.127	3.48±0.57	p=0.471
Mother's education level	Illiterate	16.13±1.72	F=0.109	4.65±0.71	F=1.213	3.81±0.87	F=2.685
	Primary School	16.13±2.06	p=0.955	4.76±0.78	p=0.305	3.52±0.67	p=0.048*
	High School	16.00±1.83		4.69±0.77		3.43±0.60	
	University	16.23±2.35		4.50±0.76		3.57±0.68	
Number of children	1	16.43±2.13	F=1.030	4.69±0.75	F=0.098	3.51±0.59	F=1.267
	2	15.92±1.94	p=0.080	4.68±0.73	p=0.961	3.47±0.67	p=0.286
	3	15.94±1.80		4.74±0.84		3.60±0.68	
	4 or more	16.24±2.11		4.67±0.77		3.67±0.82	
Child's age	12-18 months	17.48±2.19	F=20.219	4.76±0.86	F=0.961	3.56±0.68	F=0.294
	18-24 months	16.28±1.78	p=0.001*	4.68±0.73	p=0.411	3.49±0.66	p=0.830
	24-30 months	16.01±1.92		4.80±0.82		3.56±0.67	
	30-36 months	15.22±1.53		4.60±0.69		3.59±0.76	
Child's gender	Female	16.00±1.95	t=-1.012	4.78±0.79	t=2.018	3.56±0.71	t=0.126
	Male	16.24±2.06	p=0.313	4.61±0.73	p=0.046*	3.55±0.69	p=0.900
Primary caregiver	Mother	16.10±1.99	Z=-0.266	4.69±0.76	Z=-0.388	3.58±0.72	Z=-1.371
	Other	16.28±2.19	t=0.790	4.75±0.79	p=0.698	3.35±0.48	p=0.170
Family type	Nuclear	16.18±2.05	Z=-0.573	4.69±0.76	Z=-0.187	3.50±0.66	Z=-2.075
	Extended	15.91±1.84	p=0.567	4.68±0.79	p=0.852	3.75±0.82	p=0.038*
Economic status	Income less than expenses	16.32±1.92	F=3.569	4.81±0.86	F=1.852	3.51±0.71	F=0.375
	Income equal to expenses	16.14±2.08	p=0.029*	4.65±0.70	p=0.159	3.59±0.71	p=0.688
	Income more than expenses	15.04±1.43		4.52±0.74		3.52±0.60	
Having sufficient knowledge about child development stages	Yes	16.29±2.23	F=0.441	4.72±0.81	F=0.357	3.54±0.64	F=0.436
	No	16.20±1.88	p=0.644	4.75±0.80	p=0.700	3.63±0.66	p=0.647
	Partially	16.03±1.96		4.66±0.74		3.54±0.74	

*p<0.05; SD: Standard deviation; F: One-way ANOVA; t: Independent t-test; Z: Mann-Whitney U test; Values marked with an asterisk indicate statistical significance.

TABLO 3: Statistical score distributions of the 0-6 Years Psychosocial Development Period Attitude Scale and the subdimensions of the 12-36 Months Psychosocial Development Scale for Children

Scale and Subdimensions	$\bar{X} \pm SD$	Minimum-maximum
0-6 Years Psychosocial Development Period Attitudes Scale	39.73±3.03	32.00-49.00
Compliance with rules and seeking adult support	16.12±2.00	13.00-22.00
Acting out and frustration	4.69±0.76	4.00-7.00
Response to influence	3.56±0.70	3.00-6.00

SD: Standard deviation

had completed primary education, and 57.5% reported having partial knowledge about their child's developmental stages. The sociodemographic characteristics of the mothers in this study align with national data on maternal and child demographics. The Turkish Statistical Institute's 2022 Türkiye Child Survey reported that a significant proportion of mothers in Türkiye are homemakers and the primary caregivers of their children. Additionally, the report highlighted that the nuclear family structure is the most prevalent family type in Türkiye.¹⁹ These find-

TABLE 4: Correlation analysis between the 0-6 Years Psychosocial Development Period Attitude Scale and the subdimensions of the 12-36 Months Psychosocial Development Scale for Children

Scale and subdimensions		0-6 Years Psychosocial Development Period Attitudes Scale	Compliance with rules and seeking adult support	Acting out and frustration
Compliance with rules and seeking adult support	r value	-0.133		
	p value	0.026*		
Acting out and frustration	r value	-0.093	0.141	
	p value	0.120	0.019*	
Response to influence	r value	-0.037	0.041	0.136
	p value	0.538	0.490	0.022*

*p<0.05; r: Pearson correlation; Values marked with an asterisk indicate statistical significance.

ings suggest that the sociodemographic characteristics of the sample in this study are consistent with the general maternal profile in Türkiye, further supporting the representativeness of the sample. The findings revealed statistically significant relationships between the total score of the 0-6 Years Psychosocial Development Period Attitude Scale and variables such as maternal employment status, education level, number of children, primary caregiver, economic status, and mothers' level of knowledge about child developmental stages. These findings align with existing literature, which suggests that sociodemographic factors play a crucial role in shaping parental attitudes and, consequently, child development outcomes.^{20,21} Previous studies have highlighted that unemployed parents tend to exhibit more overprotective attitudes toward their children, which can potentially limit the child's autonomy and social development.²² Similarly, higher maternal education levels have been associated with more democratic parenting attitudes, while lower educational attainment has been linked to less supportive child-rearing practices.²³ These findings support these associations, indicating that maternal employment and educational background are related to variations in psychosocial parenting attitudes. Additionally, the study observed that parents with a single child tended to display more overprotective attitudes compared to those with multiple children. This is consistent with previous research indicating that first-time parents or those with a single child may exhibit heightened protective behav-

iors, potentially limiting the child's exposure to independent problem-solving situations.²⁴ Furthermore, financial status was associated with differences in parental attitudes. Mothers from middle-income families displayed more inconsistent and indifferent attitudes compared to those from higher-income households, aligning with prior studies suggesting that financial stress can negatively impact parenting behaviors.²⁵ Similarly, mothers with formal education in child development demonstrated more structured and supportive parenting attitudes, further validating previous findings on the positive impact of maternal education on parenting styles.²⁶ The results of the 12-36 Months Psychosocial Development Scale for Children indicated significant associations between children's psychosocial development and variables such as age and economic background. The Compliance with Rules and Seeking Adult Support subdimension was significantly associated with children's age and the family's economic condition. This is in agreement with studies reporting that as children grow older, their social competence and ability to adhere to rules improve, while lower economic status is often linked to limited access to developmental resources, affecting children's social adaptation skills.^{27, 28} The findings suggest that early psychosocial development is highly sensitive to both intrinsic factors, such as age-related cognitive and emotional maturation, and extrinsic factors, such as financial stability and parental support. Furthermore, the study found that gender differences played a role in chil-

dren's psychosocial responses. Boys exhibited higher scores in the acting out and frustration subdimension compared to girls, indicating a greater tendency toward externalized emotional expressions. These findings align with previous research suggesting that boys are more likely to display aggression and impulsivity in response to frustration, whereas girls tend to demonstrate greater emotional regulation skills.^{29,30} Additionally, maternal education level and family structure were significantly associated with children's response to influence scores. Children whose mothers had higher educational attainment displayed better psychosocial adaptation, which is consistent with studies reporting that maternal education enhances children's emotional regulation and social competencies.³¹ Family structure also influenced psychosocial development, as children from nuclear families exhibited more stable social behaviors compared to those from single-parent households, reinforcing existing findings that single-parenting can pose additional challenges for children's social development.^{32,33} The correlation analysis revealed a weak but statistically significant negative relationship between the total score of the 0-6 Years Psychosocial Development Period Attitude Scale and the compliance with rules and seeking adult support subdimension. This suggests that as mothers' psychosocial development attitudes improved, children's tendency to comply with rules and seek adult guidance decreased. These findings are consistent with previous research indicating that while supportive maternal attitudes are essential for fostering independence, overly directive parenting may inadvertently reduce children's ability to self-regulate and adapt to structured environments.³⁴ Additionally, a weak but statistically significant positive correlation was identified between the acting out and frustration subdimension and the compliance with rules and seeking adult support subdimension, suggesting that children who exhibit higher frustration tendencies may simultaneously demonstrate increased reliance on adults for guidance. This aligns with literature emphasizing that children who struggle with emotional regulation often seek external support to manage their behavioral responses. These findings highlight the interconnectedness of different aspects of psychosocial development and the impor-

tance of balanced parenting approaches that promote both independence and emotional regulation.³⁵ In conclusion, the results of this study align with existing literature, suggesting that maternal psychosocial development attitudes are associated with early childhood psychosocial growth. The findings underscore the necessity of parental education programs that enhance maternal awareness regarding psychosocial development stages and encourage balanced parenting strategies. Future research should explore additional variables, such as paternal influences and cultural factors, to provide a more comprehensive understanding of early psychosocial development. The findings of this study contribute valuable insights into the complex interactions between maternal attitudes and child development, reinforcing the importance of early interventions to optimize psychosocial outcomes in young children.

LIMITATIONS

This study has certain limitations. First, as the research was conducted in a single hospital setting, the findings may not be generalizable to all populations. Second, the data were collected based on maternal self-reports, which may introduce response bias. Additionally, this study focused solely on mothers, excluding paternal and other caregiver influences, which could provide a more comprehensive understanding of child psychosocial development.

CONCLUSION

This study explored the relationship between maternal psychosocial development attitudes and the psychosocial development of children aged 12-36 months. Significant associations were found between maternal attitudes and sociodemographic factors such as employment status, education level, number of children, economic status, and knowledge of child development. Children's psychosocial outcomes were also influenced by age, gender, maternal education, and family structure. A weak but significant negative correlation was observed between maternal attitudes and children's compliance with rules, indicating that improved maternal attitudes are associated with greater autonomy. The study highlights the importance of balanced parenting approaches that support

both independence and emotional regulation. The findings underscore the need for parental education programs to enhance maternal awareness and promote supportive parenting strategies. Future research should consider paternal influences and cultural factors for a more comprehensive understanding of early psychosocial development.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Adnan Batuhan Coşkun; **Design:** Adnan Batuhan Coşkun; **Control/Supervision:** Adnan Batuhan Coşkun, Serkan Usgu; **Data Collection and/or Processing:** Merve Pişkin; **Analysis and/or Interpretation:** Serkan Usgu; **Literature Review:** Adnan Batuhan Coşkun, Erhan Elmaoğlu, Merve Pişkin; **Writing the Article:** Adnan Batuhan Coşkun, Merve Pişkin; **Critical Review:** Erhan Elmaoğlu; **References and Fundings:** Adnan Batuhan Coşkun, Erhan Elmaoğlu, Serkan Usgu; **Materials:** Adnan Batuhan Coşkun, Merve Pişkin.

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