

The Relationship between the Self-Care Skills of Children Attending Preschool and Perfectionisms of Their Mothers

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Abstract

The purpose of this study is to investigate the relationship between ongoing preschool children's self-care skills and children's and mothers' ages, mothers' levels of education, whether mothers are employed or not and mothers' perfectionism. The population of the study, which was in the relational survey model, consisted of children aged 3-6 attending preschool education and their mothers. The sample of the study, on the other hand, included 324 children aged 3-6 attending preschool education institutions in the province of Konya, and their mothers. "Preschool Self-Care Skills Scale" and "Multidimensional Perfectionism Scale" were used in the study. Variance Analysis, t-Test and Pearson's Correlation Test were used to analyze the data. As a result of the study, it was found that as far as the ages of the mothers were concerned, there were differences among the mothers aged 31-35 and those aged 41 and above in the toilet sub-dimension of the self-care skills; according to the mothers' levels of education, there were differences among the mothers who were secondary school-high school/secondary school-university graduates in the self-protection from dangers sub-dimension; there were differences among the mothers who were primary school-university graduates in the toilet sub-dimension; there were differences in the neatness sub-dimension among the children of the mothers who were literate-university/secondary school-university graduates; according to the employment status of the mothers, there were differences in the self-care skills dressing sub-dimension, whereas there were differences in the self-care skills toilet sub-dimension scores in terms of the children's age variable. It was seen that the relationship between mothers' perfectionism and children's self-care skills in the sub-dimensions of protecting the self from dangers, toilet use, cleanliness and neatness was high, positive and significant.

Key Words

Children, mother, perfectionism, self-care.

Introduction

The preschool period, which covers the first six years of life, is a very important period that includes years when children's development is fast, and new behaviors and some basic habits are acquired easily. Basic habits to be provided to children in this period become, in the course of time, behaviors acquired through guidance and especially repetition. These basic habits that have been acquired are behaviors that help children adapt to the natural and social environment where they live. Once these habits have been acquired, they usually persist lifelong through repetition. Therefore, guidance that will be provided in the preschool period is of great significance. Basic knowledge and habits about self-care skills that will be provided to children in the preschool period, when development is at its fastest, will help them grow up as healthy individuals who are independent and self-sufficient, conform to the rules of society and exhibit positive behaviors. Children should be supported in the field of self-care, as in all other fields, and efforts should be spent so that in later periods of their lives they can grow up to be adults who are self-sufficient, can take initiative, perform the tasks they have undertaken and contribute to their society. Families and preschool teachers have much to offer to children in the preschool period especially in getting them to adopt proper habits regarding self-care skills (Erdur, 1995, p.54; Demiriz & Dinçer, 2001a, p.1; Rozan, 1987, p.73).

From the moment they are born, children are engaged in a process of interaction. The first component of this process is the mother. Since the quality of the interaction between mothers and children and mothers' personality traits regarding their children influence children's development positively or negatively (Yıldiran, 1983, p.69), it is quite likely that especially mothers' perfectionism towards their children will have an effect on their children's self-care skills.

Further developments in the structure of perfectionism in the 1990s led one to think that this feature had interpersonal and internal aspects, which led to multidimensional conceptualization of perfectionism. Based on this concept, widely used self-reporting scales were developed. There are two Multidimensional Perfectionism Scales developed by two independent groups (Hewitt & Flett, 1991b; Frost, Marten, Lahart, & Rosenblate, 1990).

Rice et al. (1998) defined perfectionism as "adaptive and maladaptive perfectionism". Adaptive perfectionists were defined as having high personal standards, a need for cleanliness and neatness and an unwillingness to postpone. Maladaptive perfectionists, on the other hand, were defined as highly critical parents who are overly attentive to mistakes, suspicious of behaviors, inclined to postpone, nervous and anxious, and cherish high expectations regarding their children.

Shafran et al. (2002) pointed out that perfectionist individuals make a two-way evaluation of their performance. If they have high standards in their self-evaluation, the behavior of self-

criticism will continue in the name of sustaining negative opinions about themselves. If they are successful in meeting their own high standards, this will enhance the standards they will set in the future so as to regenerate the feelings of harsh self-criticism and low self-esteem.

Parker (1997) identified two kinds of perfectionism, namely healthy and unhealthy perfectionism. According to him, healthy perfectionism is seen on a par with an effort to rule whereas unhealthy perfectionism is defined as a tendency characterized by over-attention to errors.

Perfectionism, in both its adaptive and maladaptive dimensions, is a multi-dimensional personality trait (Flett & Hewitt, 2002; Frost et al., 1990). While high personal standards and goals one has set for oneself are adaptive aspects of perfectionism, self-criticism is a maladaptive aspect of perfectionism and includes harsh self-evaluation, dissatisfaction with one's performance and constant concerns about others' criticisms and expectations (Hamachek, 1978; Blatt, Quinlan, Chevron, McDonald, & Zuroff, 1982). Moreover, maladaptive perfectionism is linked to personality and a tendency to be affected biologically (Benson, 2003).

Perfectionism, which was defined by Frost, Marten, Lahart, and Rosenblate (1990) as setting extremely high standards of excellence accompanying self-evaluation in a critical manner, used to be thought to play a significant part in the psycho-pathology of obsessive-compulsive disorder. However, recent studies (Bastiani, Rao, Weltzin, & Kaye, 1995; Mor, Day, Flett, & Hewitt, 1995) have revealed that perfectionism is a characteristic of various forms of psychopathology. Perfectionism has been seen as a preparatory factor for various mental conditions such as depression (Blatt, Quinlan, Pilkonis, & Shea, 1995; Hewitt & Flett, 1993), obsessive compulsive disorders (Frost & Steketee, 1997; Matsunaga et al., 2000), social phobia (Juster et al., 1996; Lundh & Öst, 1996) and eating disorders (Joiner, Heatherton, Rudd, & Schmidt, 1997).

The purpose of this study is to investigate factors (child's and mother's ages, mother's level of education, whether mother is employed or not and her perfectionism) that are thought to influence children's acquisition of self-care skills in the preschool period such as eating, dressing-undressing, cleanliness (hygiene), toilet, protection from dangers and neatness.

Method

Study Model

This study was conducted in the relational survey model, which is one of the general survey models. Relational survey models are research models that aim to determine the presence and degree of joint variation between two or more variables (Karasar, 2005).

Population and Sample

The population of the study consists of children aged 3-6 attending preschool institutions of education in metropolitan Konya, and their mothers; the sample of the study, on the other hand, includes 324 children randomly selected from this population attending preschool education, and the mothers of these children.

Table 1. Frequency Analysis Table

Variables		f	%
Mother's length of employment	Does not work	146	45.1
	1-5 years	35	10.8
	6-10 years	58	17.9
	11-15 years	42	13.0
	16 and more years	43	13.3
Mother's age	20-25 years old	38	11.7
	26-30 years old	96	29.6
	31-35 years old	84	25.9
	36-40 years old	67	20.7
	41 years old and above	39	12.0
Mother's level of education	Literate	43	13.3
	Primary	91	28.1
	Secondary	41	12.7
	High School	56	17.3
	University	59	18.2
	Master's and higher	34	10.5
Mother's profession	Housewife	161	49.7
	Civil Servant	37	11.4
	Teacher	34	10.5
	Self-employed	36	11.1
	Academician	36	11.1
	Other	20	6.2
Child's age	3-4	76	23.5
	5-6	248	76.5

Child's gender	Girl	153	47.2
	Boy	171	52.8
Child's birth order	First child	161	49.7
	Middle child	53	16.4
	Last child	110	34.0
Number of children in the family	1	62	19.1
	2	147	45.4
	3	77	23.8
	4 and more	38	11.7
Total	324		

When personal information about the mothers and children who participated in the study is examined, it is seen that 146 (45.1 %) of the mothers who participated in the study did not work whereas those who worked for 1-5 years were 35 people (10.8 %), those who worked for 6-10 years were 58 people (17.9 %), those who worked for 11-15 years were 42 people (13.0 %) and those who worked for 16 years and more were 43 people (13.3 %). When the mothers' age distribution is examined, it is seen that 38 mothers (11.7 %) were aged 20-25, 96 mothers (29.6 %) were aged 26-30, 84 mothers (25.9 %) were aged 31-35, 67 mothers (20.7 %) were aged 36-40 and 39 mothers (12.0 %) were 41 years old or above. When mother' levels of education are taken into consideration, it is seen that 43 mothers (13.3 %) were literate, 91 mothers (28.1 %) had primary education, 41 mothers (12.7 %) had secondary education, 56 mothers (17.3 %) had high school education, 59 mothers (18.2 %) had university education while 34 mothers (10.5 %) had master's or higher education. When the distribution of mothers by profession is examined, it is seen that 161 mothers (49.7 %) were housewives, 37 mothers (11.4 %) were civil servants, 34 mothers (10.5 %) were teachers, 36 mothers (11.1 %) were self-employed, 36 mothers (11.1 %) were academicians and others were 6.2 % (20 mothers). When the distribution of the children by age is taken into account, it is seen that there were 76 children (23.4 %) in the 3-4 age group, whereas there were 248 children (76.5 %) in the 5-6 age group). When the distribution of children by gender is considered, it is observed that there were 153 girls (47.2 %) and 171 boys (52.8 %). When the children's distribution by their birth order is taken into account, it is seen that 161 of them (49.7 %) were first children, 53 of them (16.4 %) were middle children and 110 of them (34.0 %) were last children. When the distribution by the number of children in the family is considered, it is seen that the number of those who were only children in the family was 62 (19.1 %), the number of those in a family with 2 children was 147 (45.4 %), the number of those in a family with 3 children was 77 (23.8 %), and the number of those in a family with 4 or more children was 38 (11.7 %).

Data Collection

In this study, "Preschool Self-Care Skills Scale" was used as the data collection tool. The "Preschool Self-Care Skills Scale" developed by Yalçın, Başar & Çetinkaya (2013) was used in measuring children's self-care skills. "Preschool Self-Care Skills Scale" was developed from The Portage Check List, the section of Denver II Developmental Screening Test devoted to self-care skills, the preschool education program developed by the Ministry of National Education for children aged 36-72 months (MEB, 2006) and the survey form used by Demiriz and Dinçer 's (2001b) in their studies.

"Preschool Self-Care Skills Scale" is composed of 6 sections and 45 items. When the reliability analysis of the scale is considered, it is seen that Skills Related to Eating (10 Items) were .85, Skills Related to Self-Protection from Dangers (6 Items) were .75, Skills Related to Toilet Habits were (7 Items), Skills Related to Dressing-Undressing were (6 Items), Skills Related to Cleanliness were (10 Items) and Skills Related to Neatness were (6 Items). In order to be able to determine the level of development of the skills in the check list, the choices "Very Efficient, Efficient, Slightly Efficient, Inefficient, Very Inefficient" were used. Very Efficient was "5 Points", Efficient was "4 Points", Slightly Efficient was "3 Points", Inefficient was "2 Points" and Very Inefficient was "1 Point".

The "Multidimensional Perfectionism Scale" was used to determine the mothers' perfectionism levels. Developed by Hewitt and Flett (1991a) to measure adults' perfectionist personality traits, the scale was developed to evaluate individual differences through 3 dimensions, namely self-oriented perfectionism, other-oriented perfectionism and perfectionism imposed by society. The Multidimensional Perfectionism Scale is a 7-item Likert type scale rated from 1 (I totally disagree) to 7 (I totally agree). Translation of the Multidimensional Perfectionism Scale into Turkish and the reliability and validity work for it was performed by Oral (1999). In the reliability analysis, the alpha reliability coefficient for the whole scale was .91, whereas alpha reliability coefficient for self-oriented perfectionism was .91, alpha reliability coefficient for perfectionism imposed by society was .80 and alpha reliability coefficient for other-oriented perfectionism was .73. Moreover, total item correlations for the sub-scales were found to be between .20 and .75 for self-oriented perfectionism, between .22 and .60 for perfectionism imposed by society and between .31 and .52 for other-oriented perfectionism. A high score that will be obtained from the scale points to a perfectionist personality trait (Hewitt & Flett, 1991b).

In addition, a personal information form prepared by the researcher was used in the study in order to determine individual variables.

Data Analysis

In the study, the variance analysis technique was used when analyzing the mothers of children attending preschool education by their age and level of education whereas t test was used when analyzing the mothers by their employment status and the ages of the children. Pearson

Correlation Analysis technique was used to determine the relationship between the mothers' perfectionisms and self-care skills of their children.

Results

The findings obtained as a result of the analyses made below are presented in Tables.

Table 2: t Test Results of Self-Care Skills Scores of the Children Attending Preschool Education by the Children's Age Variable

Self-Care Skills Dimensions	Sub	Age	N	X	S	sd	t	p
Eating		3-4 years old	76	42.40	5.99	322	-2.223	.414
		5-6 years old	248	44.70	8.38			
Self Protection from Dangers		3-4 years old	76	20.02	5.31	322	-3.160	.981
		5-6 years old	248	22.27	5.45			
Toilet		3-4 years old	76	27.22	6.65	322	-3.627	.012*
		5-6 years old	248	29.92	5.35			
Dressing		3-4 years old	76	23.38	3.75	322	-2.934	.724
		5-6 years old	248	24.73	3.43			
Cleanliness		3-4 years old	76	40.03	5.87	322	-3.868	.276
		5-6 years old	248	42.69	5.02			
Neatness		3-4 years old	76	16.64	3.45	322	-3.194	.328
		5-6 years old	248	18.24	3.91			

In Table 2, when analyses of the self-care skill scores of students attending preschool education made through independent t test by the age variable are examined, it is seen that the self-care skills means score of children aged 3-4 in the eating sub-dimension was ($\bar{X}=42.40$) whereas the mean score of children aged 5-6 was ($\bar{X}=44.70$). The self-care skills mean score of children aged

3-4 in the self-protection from dangers sub-dimension was ($\bar{X}=20.02$) whereas the mean score of children aged 5-6 was ($\bar{X}=22.27$). The self-care skills means score of children aged 3-4 in the toilet sub-dimension was ($\bar{X}=27.22$) whereas the mean score of children aged 5-6 was ($\bar{X}=29.92$). The self-care skills means score of children aged 3-4 in the dressing sub-dimension was ($\bar{X}=23.38$) whereas the mean score of children aged 5-6 was ($\bar{X}=24.73$). The self-care skills means score of children aged 3-4 in the cleanliness sub-dimension was ($\bar{X}=40.03$) whereas the mean score of children aged 5-6 was ($\bar{X}=42.69$). The self-care skills means score of children aged 3-4 in the neatness sub-dimension was ($\bar{X}=16.64$) whereas the mean score of children aged 5-6 was ($\bar{X}=18.24$). The self-care skill exhibited a significant difference at a level of 0.05 in terms of the age variable regarding the toilet sub-dimension scores. It was found that in terms of the self-care skills scores, the toilet self-care skills of children aged 5-6 were higher in comparison to children aged 3-4.

Table 3: N, \bar{X} , SS Values of the Self-Care Skills Scores of Children Attending Preschool Education by their Mothers' Age Variable

Self-Care Skills Sub Dimensions	Age	N	\bar{X}	Ss
Eating	20-25 years old	38	43.76	5.38
	26-30 years old	96	44.12	4.75
	31-35 years old	84	43.42	5.60
	36-40 years old	67	45.47	14.31
	41 years old and above	39	44.02	4.79
	Total	324	44.16	7.94
Self-Protection from Dangers	20-25 years old	38	21.76	5.72
	26-30 years old	96	22.11	4.79
	31-35 years old	84	22.00	5.45
	36-40 years old	67	21.35	5.82
	41 years old and above	39	20.94	6.50

	Total	324	21.74	5.50
Toilet	20-25 years old	38	30.15	5.60
	26-30 years old	96	29.58	5.50
	31-35 years old	84	28.08	5.96
	36-40 years old	67	28.53	6.63
	41 years old and above	39	31.64	3.67
	Total	324	29.29	5.79
Dressing	20-25 years old	38	24.73	3.70
	26-30 years old	96	24.65	3.31
	31-35 years old	84	24.26	3.45
	36-40 years old	67	23.89	3.60
	41 years old and above	39	24.74	4.14
	Total	324	24.41	3.55
Cleanliness	20-25 years old	38	42.50	5.99
	26-30 years old	96	42.84	4.87
	31-35 years old	84	41.76	5.25
	36-40 years old	67	41.14	5.54
	41 years old and above	39	42.00	5.58
	Total	324	42.07	5.34
Neatness	20-25 years old	38	17.89	2.76
	26-30 years old	96	18.59	3.87

31-35 years old	84	17.50	3.74
36-40 years old	67	17.70	4.10
41 years old and above	39	17.12	4.45
Total	324	17.86	3.86

When the total and subscale n, ss, \bar{X} values of the self-care skills scores of students attending preschool education are examined according to their mothers' ages, it is seen that the mean scores of the children whose mothers were aged 20-25 were ($\bar{X}=43.76$) in the eating sub-dimension, whereas the mean scores of the children of the mothers aged 26-30 were ($\bar{X}=44.12$), the mean scores of the children of the mothers aged 31-35 were ($\bar{X}=43.42$), the mean scores of the children of the mothers aged 36-40 were ($\bar{X}=45.47$), and the mean scores of the children of the mothers aged 41 and above were ($\bar{X}=44.02$). The mean scores of the children of the mothers aged 20-25 in the sub-dimension of self-protection from dangers were ($\bar{X}=21.76$) whereas the mean scores of the children of the mothers aged 26-30 were ($\bar{X}=22.11$), the mean scores of the children of the mothers aged 31-35 were ($\bar{X}=22.00$), the mean scores of the children of the mothers aged 36-40 were ($\bar{X}=21.35$), and the mean scores of the children of the mothers 41 and above were ($\bar{X}=20.94$). As far as the toilet sub-dimension was concerned, the mean scores of the children of the mothers aged 20-25 were ($\bar{X}=30.15$), the mean scores of the children of the mothers aged 26-30 were ($\bar{X}=29.58$), the mean scores of the children of the mothers aged 31-35 were ($\bar{X}=28.08$), the mean scores of the children of the mothers aged 36-40 were ($\bar{X}=28.53$), and the mean scores of the children of the mothers aged 41 and above were ($\bar{X}=31.64$). In the dressing sub-dimension, the mean scores of the children of the mothers aged 20-25 were ($\bar{X}=24.73$), whereas the mean scores of the children of the mothers aged 26-30 were ($\bar{X}=24.65$), the mean scores of the children of the mothers aged 31-35 were ($\bar{X}=24.26$), the mean scores of the children of the mothers aged 36-40 were ($\bar{X}=23.89$), and the mean scores of the children of the mothers aged 41 and above were ($\bar{X}=24.74$). In the cleanliness sub-dimension, the mean scores of the children of the mothers aged 20-25 were ($\bar{X}=42.50$), the mean scores of the children of the mothers aged 26-30 were ($\bar{X}=42.84$), the mean scores of the children of the mothers aged 31-35 were ($\bar{X}=41.76$), the mean scores of the children of the mothers aged 36-40 were ($\bar{X}=41.14$), and the mean scores of the children of the mothers aged 41 and above were ($\bar{X}=42.00$). In the neatness sub-dimension, the mean scores of the children of the mothers aged 20-25 were ($\bar{X}=17.89$), whereas the mean scores of the children of the mothers aged 26-30 were ($\bar{X}=18.59$), the mean scores of the children of the mothers aged 31-35 were ($\bar{X}=17.50$), the mean scores of the children of the mothers aged 36-40 were ($\bar{X}=17.70$), and the mean scores of the children of the mothers aged 41 and above were ($\bar{X}=17.12$). Whether there were significant differences among

the mean scores of the groups or not was investigated using one-way variance analysis. The results of the analyses are given in Table 4.

Table 4: The Results of the One-Way Variance Analyses of the Self-Care Skills Scores of the Children Attending Preschool Education by their Mothers' Age Variable

Self-Care dimensions	Skills	Sub- vk	sd	kt	ko	F	p	Significant Difference	
Eating			Intergroups	4	168.033	42.008	.663	.618	
			Intragroups	319	20219.631	63.384			-----
			Total	323	20387.664				
Self-Protection Dangers	from		Intergroups	4	53.338	13.335	.438	.781	
			Intragroups	319	9717.908	30.464			-----
			Total	323	9771.247				
Toilet			Intergroups	4	412.711	103.178	3.158	.014	31-35 years old/41and above
			Intragroups	319	10422.434	32.672			
			Total	323	10835.145				
Dressing			Intergroups	4	33.783	8.446	.665	.617	
			Intragroups	319	4050.967	12.699			-----
			Total	323	4084.750				
Cleanliness			Intergroups	4	129.465	32.366	1.135	.340	-----
			Intragroups	319	9099.902	28.526			
			Total	323	9229.367				
Neatness			Intergroups	4	85.169	21.292	1.431	.223	-----
			Intragroups	319	4746.124	14.878			
			Total	323	4831.293				

When the results of the variance analysis given in Table 4 are examined, it is seen that there are significant differences in the toilet sub-dimension of the self-care skills scale [$F=3.158$ $p<.05$]. According to the results of the Scheffe test, which was conducted to determine in what groups

there were differences in the self-care skills of the students attending preschool education by their mothers' age variable, it is seen that the mothers aged 31-35 years old and 41 years old and above exhibited variations.

Table 5. N, \bar{X} , SS Values of the Self-Care Scores of the Children Attending Preschool Education by the Variable of their Mothers' Level of Education

Self-Care Skills Sub-dimensions	Level of Education	N	\bar{X}	Ss
Eating	Literate	43	46.25	16.92
	Primary School	91	45.28	4.47
	Secondary School	41	42.36	6.60
	High School	56	43.16	6.00
	University	59	43.11	5.00
	Master's and higher	34	44.20	4.97
	Total	324	44.16	7.94
Self-Protection from Dangers	Literate	43	22.88	5.93
	Primary School	91	22.08	5.24
	Secondary School	41	24.34	5.57
	High School	56	19.85	5.54
	University	59	20.20	4.29
	Master's and higher	34	22.05	5.83
	Total	324	21.74	5.50
Toilet	Literate	43	29.55	6.32
	Primary School	91	30.74	4.47
	Secondary School	41	29.63	6.43
	High School	56	28.85	5.51
	University	59	27.25	6.38
	Master's and higher	34	28.91	6.02

	Total	324	29.29	5.79
Dressing	Literate	43	24.90	2.90
	Primary School	91	25.06	3.70
	Secondary School	41	24.04	4.07
	High School	56	24.14	3.64
	University	59	23.30	3.35
	Master's and higher	34	24.88	3.05
	Total	324	24.41	3.55
Cleanliness	Literate	43	42.27	5.14
	Primary School	91	43.01	5.55
	Secondary School	41	43.14	5.23
	High School	56	41.58	5.11
	University	59	39.93	4.69
	Master's and higher	34	42.50	5.79
	Total	324	42.07	5.34
Neatness	Literate	43	19.06	3.51
	Primary School	91	18.16	4.18
	Secondary School	41	19.12	3.62
	High School	56	17.57	3.66
	University	59	16.16	3.20
	Master's and higher	34	17.47	4.10
	Total	324	17.86	3.86

When the n , ss , \bar{X} values of the self-care skills scores the students attending preschool education received from the subscales are examined by their mothers' level of education, in the eating sub-dimension, the mean scores of the children of the literate mothers were ($\bar{X}=46.25$), whereas the mean scores of the children of the mothers with primary level education were ($\bar{X}=45.28$), the mean scores of the children of the mothers with secondary level education were ($\bar{X}=42.36$), the

mean scores of the children of the mothers with high school level education were ($\bar{X}=43.16$), the mean scores of the children of the mothers with university level education were ($\bar{X}=43.11$) and the mean scores of the children of the mothers with master's and higher level education were ($\bar{X}=44.20$). In the self-protection sub-dimension, the mean scores of the children of the literate mothers were ($\bar{X}=22.88$), whereas the mean scores of the children of the mothers who graduated from primary school were ($\bar{X}=22.08$), the mean scores of the children of the mothers who graduated from secondary school were ($\bar{X}=24.34$), the mean scores of the children of the mothers who graduated from high school were ($\bar{X}=19.85$), the mean scores of the children of the mothers who graduated from university were ($\bar{X}=20.20$) and the mean scores of the children of the mothers who had master's or a higher degree were ($\bar{X}=22.05$). In the toilet sub-dimension, the mean scores of the children of the literate mothers were ($\bar{X}=29.55$), whereas the mean scores of the children of the mothers with primary school diplomas were ($\bar{X}=30.74$), the mean scores of the children of the mothers with secondary education diplomas were ($\bar{X}=29.63$), the mean scores of the children of the mothers with high school diplomas were ($\bar{X}=28.85$), the mean scores of the children of the mothers with university diplomas were ($\bar{X}=27.25$) and the mean scores of the children of the mothers with master's or higher diplomas were ($\bar{X}=28.91$). In the dressing sub-dimension, the mean scores of the children of the literate mothers were ($\bar{X}=24.90$), whereas the mean scores of the children of the mothers with primary school diplomas were ($\bar{X}=25.06$), the mean scores of the children of the mothers with secondary school diplomas were ($\bar{X}=24.04$), the mean scores of the children of the mothers with high school diplomas were ($\bar{X}=24.14$), the mean scores of the children of the mothers with university diplomas were ($\bar{X}=23.30$) and the mean scores of the children of the mothers with master's and higher diplomas were ($\bar{X}=24.88$). In the cleanliness sub-dimension, the mean scores of the children of the literate mothers were ($\bar{X}=24.41$), whereas the mean scores of the children of the mothers with primary school diplomas were ($\bar{X}=42.27$), the mean scores of the children of the mothers with secondary school diplomas were ($\bar{X}=43.01$), the mean scores of the children of the mothers with high school diplomas were ($\bar{X}=43.14$), the mean scores of the children of the mothers with university diplomas were ($\bar{X}=41.58$) and the mean scores of the children of the mothers with master's and higher diplomas were ($\bar{X}=39.93$). In the neatness sub-dimension, the mean scores of the children of the literate mothers were ($\bar{X}=19.06$), whereas the mean scores of the children of the mothers with primary school diplomas were ($\bar{X}=18.16$), the mean scores of the children of the mothers with secondary school diplomas were ($\bar{X}=19.12$), the mean scores of the children of the mothers with high school diplomas were ($\bar{X}=17.57$), the mean scores of the children of the mothers with university diplomas were ($\bar{X}=16.16$) and the mean scores of the children of the mothers with master's and higher diplomas were ($\bar{X}=17.47$). Whether or not there were significant differences among and within the groups was examined through one-way variance analysis. The results of the analyses are given in Table 6.

Table 6: One Way Variance Analysis Results of the Self-Care Skills Scores of the Children Attending Preschool Education by the Variable of Their Mothers' Level of Education

Self-Care Skills Sub-dimensions	vk	sd	kt	ko	F	p	Significant Difference
Eating	Intergroups	5	556.112	111.222	1.783	.116	
	Intragroups	318	19831.552	62.363			-----
	Total	323	20387.664				
Self-Protection from Dangers	Intergroups	5	686.013	137.203	4.802	.000	Secondary school-High School/secondary school-university
	Intragroups	318	9085.234	28.570			
	Total	323	9771.247				
Toilet	Intergroups	5	461.063	92.213	2.827	.016	
	Intragroups	318	10374.083	32.623			Primary school-university
	Total	323	10835.145				
Dressing	Intergroups	5	138.720	27.744	2.236	.051	
	Intragroups	318	3946.030	12.409			Primary school-university
	Total	323	4084.750				
Cleanliness	Intergroups	5	418.823	83.765	3.023	.011	Primary school-university
	Intragroups	318	8810.545	27.706			
	Total	323	9229.367				
Neatness	Intergroups	5	315.095	63.019	4.437	.001	Literate-university/secondary school/university
	Intragroups	318	4516.198	14.202			
	Total	323	4831.293				

When the results of the variance analysis in Table 6 are examined, it is seen that there are significant differences in the self-protection from dangers sub-dimension [$F=4.802$, $p<.05$], in the toilet sub-dimension [$F=2.827$, $p<.05$], in the cleanliness sub-dimension [$F=3.023$, $p<.05$], and in the neatness sub-dimension [$F=4.437$, $p<.05$] of the self-care skills scale. According to the results of the Scheffe test, which was conducted to find among which groups there were differences in the self-care skills of the students attending preschool education according to their mothers' level of education, there were significant differences in the self-protection sub-dimension among secondary school-high school/secondary school-university, in the toilet sub-dimension between

primary school and university. in the cleanliness sub-dimension between primary school and university. and in the neatness sub-dimension among literate-university/secondary school-university.

Table 7: t Test Results of the Self-Care Skills Scores of the Children Attending Preschool Education by their Mothers' Employment Status

Sub-dimensions	Employment status	N	X	S	sd	t	p
Eating	Not working	157	44.25	10.16	322	.186	.313
	Working	167	44.08	5.06			
Self-Protection from Dangers	Not working	157	22.08	5.73	322	1.066	.237
	Working	167	21.43	5.26			
Toilet	Not working	157	29.71	5.69	322	1.267	.571
	Working	167	28.89	5.87			
Dressing	Not working	157	24.21	4.03	322	-.982	.013*
	Working	167	24.60	3.04			
Cleanliness	Not working	157	41.91	5.30	322	-.502	.326
	Working	167	42.21	5.39			
Neatness	Not working	157	18.14	3.63	322	1.232	.145
	Working	167	17.61	4.06			

When the analyses in Table 7 conducted using the independent t test regarding the self-care skills scores of the children attending preschool education by the variable of their mothers' duration of employment are examined. it is seen that in the eating sub-dimension. according to the variable of whether the mothers worked or not. the mean scores of the children whose mothers did not work were ($\bar{X}=44.25$). whereas the mean scores of the children of the working mothers were ($\bar{X}=44.08$). In the self-protection from dangers sub-dimension. the mean scores of the children whose mothers did not work were ($\bar{X}=22.08$). whereas the mean scores of the children of the working mothers were ($\bar{X}=21.43$). In the toilet sub-dimension. the mean scores of the children whose mothers did not work were ($\bar{X}=29.71$). whereas the mean scores of the children of the working mothers were ($\bar{X}=28.89$). In the dressing sub-dimension. the mean scores of the children whose mothers did not work were ($\bar{X}=24.21$). whereas the mean scores of

the children of the working mothers were ($\bar{X}=24.60$). In the cleanliness sub-dimension. the mean scores of the children of the mothers who did not work were ($\bar{X}=41.91$). whereas the mean scores of the children of the working mothers were ($\bar{X}=42.21$). In the neatness sub-dimension. the mean scores of the children of the mothers who did not work were ($\bar{X}=18.14$). whereas the mean scores of the children of the working mothers were ($\bar{X}=17.61$). In terms of whether the mothers worked or not. the self-care skills dressing sub-dimension scores exhibited variation at a significance level of 0.05. It was found that as far as the self-care skills scores were concerned. the dressing skills of the children of the working mothers were higher than those of the children of the mothers who did not work.

Table 8. The Results of the Simple Correlation Aimed at Determining the Relationship between the Mothers' Perfectionisms and the Children's Self-Care Skills

		Eating	Self-Protection from Dangers	Toilet	Dressing	Cleanliness	Neatness
Perfectionism	Pearson Correlation	.098	.209	.151	.104	.119	.176
	P	.077	.000	.006	.063	.032	.001
	N	324	324	324	324	324	324

In Table 8. when the results of the Pearson correlation analysis conducted to determine the relationship between the perfectionism levels of the students attending preschool education and the students' self-care skills are examined. it is observed that the mothers' perfectionisms and the children's self-care skills are highly. positively and significantly correlated in the self-protection from dangers sub-dimension ($r=.209$. $p<.01$). in the toilet sub-dimension ($r=.151$. $p<.01$). in the cleanliness sub-dimension ($r=.119$. $p<.01$). and in the neatness sub-dimension ($r=.176$. $p<.01$). However. the correlation is negative and insignificant in the eating sub-dimension ($r=.098$. $p>.01$) and in the dressing sub-dimension ($r=.104$. $p<.01$).

Discussion

According to the results obtained from the study. when whether the self-care skills of the children attending preschool education varied by the age variable or not is examined. it is seen that the self-care skill exhibited a significant difference at the level of 0.05 in terms of the toilet sub-dimension scores. It was found that the toilet self-care skills of the children aged 5-6 were higher in comparison with the children aged 3-4.

It can be said, on the basis of this finding, that preschool education is an important factor in the acquisition of proper toilet habit self-care skill and that as the children's age increases, they get more successful in their toilet self-care skills.

When we looked at whether the self-care skills of the children attending preschool education varied by their mothers' ages or not, we saw that there were significant differences in the toilet sub-dimension of the self-care skills scale [$F=3.158$ $p<.05$]. According to the results of the analyses which were conducted to find between which groups the differences by the mothers' ages existed, it is seen that in the toilet sub-dimension, the mothers aged 31-35 years old/41 and older differed. These results may be related to the fact that as the mothers got older, their experiences regarding motherhood also increased. The fact that the uninformed and inexperienced attitudes of especially the mothers who had children at an early age concerning toilet training decreased as they got older can be explained by taking into account the fact that as they got older, their knowledge about toilet training also increased.

When we looked at whether the self-care skills of the children attending preschool education varied by their mothers' level of education or not, we saw that there were significant differences in the self-protection from dangers sub-dimension [$F=4.802$, $p<.05$], in the toilet sub-dimension [$F=2.827$, $p<.05$], in the cleanliness sub-dimension [$F=3.023$, $p<.05$], and in the neatness sub-dimension [$F=4.437$, $p<.05$] of the self-care skills scale. According to the results of the analysis conducted to find between which groups the differences in the self-care skills of the students attending preschool education existed by their mothers' level of education, it was seen that there were significant differences between secondary school-high school and secondary school-university in the self-protection from dangers sub-dimension, between primary school-university in the toilet sub-dimension, between primary school and university in the cleanliness sub-dimension, between literate-university and secondary school-university in the neatness sub-dimension.

Education occurs when information learned throughout life is put into practice. Therefore, the results above can be associated with the fact that as mothers' level of education increased, their knowledge about child education also increased and put this knowledge into practice. Moreover, as the mothers' level of education increased, so did their awareness of their children's level of development and education. In a study conducted by Çakır (2002), when the distributions of mothers according to their level of education were examined, it was found that the mothers who were university graduates devoted more time to their children and took more interest in them.

As far as the employment status of mothers is concerned, there was a significant difference at the level of 0.05 in the dressing sub-dimension scores in terms of the self-care skills of the children attending preschool education. It was found that the dressing self-care skills scores of the children of the working mothers were higher than those of the children of the mothers who did not work.

The most important problems of the working mothers are as follows. 1. The nervousness the mother experiences because of arriving home late from work due to traffic 2. The panic caused by panic to prepare dinner. 3. Feeling of guilt caused by a failure to devote more time to child.

All these problems can be solved if the mother can manage her time properly. A mother who has taken time under control will have the habit of efficiently using her time which she devotes to her work and children and therefore will not experience panic and feeling of guilt.

Making the best of her diploma and feeling professionally satisfied positively affect the mental health of a working mother. This situation is also reflected in her behaviors. By contrast, a mother who does not work feels distressed due to not doing her job and engaging in routine house chores and at times reflects her distress to her children. In this context, when a working mother has control over time and uses her time efficiently, then she can devote more time to her children than a mother who does not work (Yavuzer, 1996, s.78).

In a study they conducted, Demiriz and Dinçer (2001b) found a statistically significant difference between the level of acquiring many behaviors connected with self-care skills such as eating, dressing-undressing, cleanliness, toilet, neatness and self-protection from dangers, and whether their mothers worked or not. It was found that total self-care skills scores of the children of the working mothers were higher than those of the children of the mothers who did not work (p.58). Likewise, in a study conducted by Demirtaş (2001), it was shown that the children of the working mothers were superior to the children of mothers who did not work in terms of self-care skills. Therefore, working is a factor for mothers positively affecting their children's self-care skills (Demirtaş, 2001, sf.91).

When the results of the correlation studies conducted to determine the relationship between the perfectionism levels of the mothers of children attending preschool and the students' self-care skills are examined, it is observed that the relationship between the mothers' perfectionisms and the self-protection from dangers sub-dimension ($r=.209$, $p<.01$), the toilet sub-dimension ($r=.151$, $p<.01$), cleanliness sub-dimension ($r=.119$, $p<.01$), and the neatness sub-dimension ($r=.176$, $p<.01$) of their children's self-care skills are high, significant and significant. However, it is observed that there is a negative and insignificant relationship in the eating sub-dimension ($r=.098$, $p>.01$) and dressing sub-dimension ($r=.104$, $p<.01$).

Perfectionist parents have high expectations of their children without taking into account their true capacity. They always demand perfect performance. They want their children to be successful and often compare and contrast them with other children. They are never contented with their children's performance. They always explain to their children how they will be more successful or efficient. Their expectations of their children are not usually realistic and in accordance with their ages, levels of development and skills. Seeing that there are differences between their skills and achievements and their parents' expectations of them, children consider themselves worthless and unimportant because they can never attain the goal their parents have set for them. When these parents acquire certain opportunities, they try to prepare the best environment for their children without taking into account their ages, levels of development and capacity. They orientate their children in accordance with their own desires in this environment which they try to establish. Some parents, on the other hand, wish their children to attain the goals which they once wanted to achieve but for various reasons failed to do so. Therefore, they direct their children in line with their own desires and have high expectations of them to succeed or put pressure on them to be successful (Çağdaş, 2012, p.138; Yavuzer, 1996, p.125).

Implementation of toilet training depends on a certain level of physical maturity. Without this maturity level being attained, giving toilet training may do more harm than good. Parents expect their children to meet their toilet needs on their own from an early age on. Yet, since this behavior requires adequate level of muscular control, it is important that children not be forced in this regard. The most common reason behind various behavioral problems arising from toilet training is forced training. The most prominent characteristic observed in perfectionist parents is that they have a strict parenting style (Kawamura, Frost, & Harmatz, 2002; Rice, Ashby, & Preusser, 1996). Some of the forced children grow to be enuretic children who wet their beds in the future while some others may exhibit various behavioral and adaptation disorders (Yavuzer, 1996, p.145).

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