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The Effect that Care Given to Preschool Children by Different Individuals has on the Quality of Life and Self-Care Skills

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Abstract

Background; The purpose of this study is to investigate the effect that care given to preschool children by different individuals has on the quality of life and self-care skills.
Methods; Data were collected between November 2008 and February 2009 from mothers of 255 children; 85 children being cared for by their mothers, 85 children being cared for by baby-sitters, and 85 children being cared for in a nursery. An identification form, defining the descriptive characteristics of mother, father, and child; the KINDL Quality of Life Questionnaire, and the Self-Care Skills Control List were used to gather data for this study.
Results; In this study, the scores of children being cared for in a nursery for the sub-scales "Dressing," "Personal Care" skills, and the "Self-Esteem" of the Quality of Life Questionnaire were significantly higher in comparison to children being cared for by their mothers and by baby-sitters ($p<0.05$). There was a statistically significant difference between the type of care given to children and the score means of the Self-care Skills Control List, excluding eating skills ($p<0.05$).
Conclusions; Taking into consideration that some of the score means related to the quality of life and self-care skills of children attending nursery are higher, it is suggested that the number of organisations that provide preschool education should be increased, healthcare personnel should train families about quality care, and experienced and certified baby-sitters should be preferred for child care.

Key words: Child Care, Life Quality , Self Care, Family, Care-giver

Introduction

The preschool period is important in terms of a child's physical, mental, social, and emotional development. Attention should be paid to the preschool period, which should be a healthy, conscious, and meaningful period (Aydın, 2005; Gander & Gardiner, 2007).

Self-care skills are those that need to be learnt in order to live an easy life and to meet personal needs without the help of others. Self-care skills training, given to children during the preschool period to meet their own basic needs, have a positive effect on their physical health and independence. It also enables the child to become aware of their own physical capacity and plays an important role in establishing "self-confidence" in the child based on the positive selfhood concept of "looking after yourself" (Önder, 2003). A child that does not develop self-care skills may be faced with numerous unfavourable situations and may not establish self-esteem (Bender et al., 1996).

Therefore, children should be assisted to gain self-care skills to enhance their quality of life and socialisation, by their mothers, baby-sitters, and official organisations such as nurseries (Demiriz & Dinçer, 2000).

The government and family play an important role in enabling childcare. The number and quality of preschool organisations in the east of Turkey are not yet at the desired level. The number of trained and certified baby-sitters available for childcare is extremely limited. Children, particularly those with working mothers, should be able to receive quality care but few choices are available to enable them to spend this period in a healthy manner. Unemployed mothers and housewives who take care of their own children tend to bring their children up next to family elders in the extended family, a part of traditional culture; they do not pay much attention to their children and are often unable to achieve healthy communication with their children. As this situation generally results in the mother losing control of their child, the mother looking after the child also affects the quality of care (Gürsoy et al., 2004; http://www.genelforum.gen.tr). As it is important and necessary to sustain the quality of care children receive from birth so that their health is both preserved and supported, it is very important to investigate the quality of the care children receive. While there are a vast number of studies that scrutinise the daily care preschool children receive (Brosco, 2003; Diane et al., 2005; Koblinsky & Todd, 1989; Matza et al., 2004; Ravens-Sieberer & Bullinger, 1998; Rezende et al., 2005; Ravens-Sieberer et al., 2006; Zoritch et al., 1998), there are limited studies in Turkey regarding the quality of care given to preschool children, and those investigating its effects on the child (Demiriz & Dinçer, 1998, 1999, 2001).

Methodology

The purpose of this study was to investigate the effect care given to preschool children by different individuals has on the quality of life and self-care skills.

Data Collection and Analysis

This study was designed as a descriptive and comparative study. The study took place in Central Erzurum, located in the east of Turkey. The study population comprised children aged between 3 and 6, chosen from the regions of Yenişehir and Yildizkent Health Centre using a simple random sampling method. The sample group comprised 269 children–87 who were cared for by their mothers, 89 who were cared for by baby-sitters, and 93 who attended nursery; a total of 255 children participated in the study as 14 mothers refused to participate. Data were collected between November 12, 2009 and February 19, 2009 from the regions of Yenişehir and Yıldızkent Health Centres, for children cared for by their mothers and baby-sitters; and from Atatürk University Aziziye Education and Research Hospital Nursery and 5 private nurseries for children attending nursery. Because only families with a high socio-economic and culture level in the region send their children to nursery, the study population was chosen from health centres with a high socio-economic level, located in Central Erzurum, in order to conduct the study under equal terms. Researchers chose children aged between 3 and 6 by visiting the health centre twice a week and using a nonprobability sampling method.

Measures

The KINDL Quality of Life Questionnaire

KINDL is a general quality of life questionnaire used for paediatric populations and adolescents, originally prepared by Ravens-Sieberer and Bullinger (Ravens-Sieberer et al., 2008) in 1994. The original questionnaire is in German but Eser et al. (Eser et al., 2008) translated the questionnaire into Turkish. There are various forms directed at children and families. The KINDL questionnaire consists of 24 Likert-scaled items associated with six domains: physical well-being, emotional well-being, self-esteem, family, friends, and everyday functioning (school or nursery school/kindergarten).

The sub-scales of these six dimensions can be combined to produce a total score. Every item is scored from 1 to 5, depending on the answer provided by the family. The worst answer is scored as "1," while the best answer is scored as "5" (1 = never, 2 = rarely, 3 = occasionally, 4 = frequently, 5 = always). Scores from every sub-scale are added together to produce the overall questionnaire score. The lowest score obtainable from the questionnaire is "0," and the maximum score obtainable is 100. While "0" indicates the worst state of health, "100" indicates the best state of health. Scoring higher marks from the questionnaire reflects a higher quality of life.

The Self-Care Skills Control List

The "Self-Care Skills Control List," developed by Konya (Konya, 2007), was used to measure the children's self-care skills. The Control List comprises three sections: Eating Skills (14 items), Dressing Skills (19 items), and Self-Care Skills (9 items). Researchers evaluate the state and degree of children applying self-care skills by observing them while they eat, dress, and wash their hands, and so forth. The control list has five possible answers to determine the development level of skills; fully competent, competent, slightly competent, incompetent, totally incompetent. Every answer is scored from 1 to 5; depending on the child's competency level. In conclusion of this evaluation; a child that was able to perform a skill independently (without the help of anyone else) was marked as "fully competent," a child that was able to perform a skill by following adult instructions was marked as "competent," a child that was able to perform a skill by copying an adult was marked "slightly competent," a child that was able to perform a skill with physical support from an adult was marked "incompetent," and a child that was able to perform a skill only when an adult provided full physical support was marked "totally incompetent." Fully competent received "5 scores," competent received "4 scores," slightly competent received "3 scores," incompetent received "2 scores," and totally incompetent received "1 scores."

Analytic Strategy

Data were analysed using SPSS software, version 11.5 for Windows. In terms of analysing data percentages and means were used for definitive analysis; the *t* test in independent groups, Kruskal Wallis, the Mann-Whitney U test were used to compare score means obtained from the Quality of Life Questionnaire and Self-Care Skills Control List based on the socio-demographic characteristics of parents. Variance analysis was used to compare score means obtained from the Quality of Life Questionnaire and Self-Care Skills Control List by children cared for by their mothers, children cared for by baby-sitters, and children attending nursery. P-values less than 0.05 were regarded as statistically significant.

Ethical Considerations

Verbal and written approvals were obtained from health centres and related organisations before initiating the study. Ethical approval was obtained from the Research Ethics Committee at the university. Mothers were informed about the purpose of the research, and assured of their right to refuse to participate, or to withdraw from the study at any stage. Mothers were informed that participation in the study was voluntary.

Results

For children being cared for by their mothers, the study concluded that 30.6% of children were aged 3, 52.9% were boys, 50.6% of mothers were aged between 31 and 41, 71.8% of mothers were primary school graduates, 70.6% of families were nuclear families, and 37.6% had a second child. For children being cared for by baby-sitters, the study concluded that 31.8% of children were aged 3, 57.6% were boys, 52.9% of mothers were aged between 31 and 41, 72.9% of mothers were university graduates, 88.2% of families were nuclear families, and 50.6% only had one child.

As illustrated in Table 2 the score mean for the "Self-Esteem" sub-scale of the Quality of Life Questionnaire for children attending nursery (70.95±18.03) was higher in comparison to the score mean for the "Self-Esteem" sub-scale of the Quality of Life Questionnaire for children being cared for by their mothers (58.25±24.17) and

children being cared for by baby-sitters (63.45±23.25); the difference was statistically significant ($p<0.05$).

For children being cared for by their mothers, this study concluded that the mother's education level had an effect on the score mean of the "Family" sub-scale of the Quality of Life Questionnaire; the family type had an effect on the score mean of the "Physical well-being" and "Emotional well-being" sub-scales of the Quality of Life Questionnaire; the number of children in the family had an effect on the score mean of Physical Well-Being of children ($p<0.05$). For children being cared for by baby-sitters, this study concluded that the gender of the child had an effect on the score mean of the "Social Relations" sub-scale of the Quality of Life Questionnaire; the mother's age had an effect on the score mean of the "Family" sub-scale of the Quality of Life Questionnaire ($p<0.05$) (see Table 3).

In this study, the score means for "Eating" (55.37±9.00), "Dressing" (71.25±12.73), and "Personal Care Skills" (37.11±6.45) sub-scales for children attending nursery was significantly higher in comparison to the score means for children being cared for by their mothers and children being cared for by baby-sitters ($p<0.05$).

For children being cared for by their mothers, this study concluded that the age of the child had an effect on the total score means for Self-Care Skills, the mother's age had an effect on the total score means for Personal Care Skills, and the number of children in the family had an effect on the total score means for Eating Skills sub-scale ($p<0.05$). For children being cared for by baby-sitters, this study concluded that there was a statistically significant difference between the age of the child and the total score means for Self-Care Skills, and the mother's level of education and the total score mean for Dressing Skills ($p<0.05$).

Discussion

The quality of life for children is a broad concept that includes personal well-being as well as the state of their personal health (Eser et al., 2008). This study concluded that children attending nursery had a higher score mean of the "Self-Esteem" sub-scale of the Quality of Life uestionnaire in comparison to children being cared for by their mothers and children being cared for by baby-sitters ($p<0.05$, Table 2).

In their study, Saatli et al. (Saatli et al., 2007) reported that there was a statistically significant difference between the score mean of "Self- Esteem" sub-scale of the Quality of Life Questionnaire for children attending nursery and the score mean of "Self-Respect" for children not attending nursery. This result supports findings of our study. In their study, Brosco (2003) and Zoritch et al. (1998) compared children attending nursery with a control group; they concluded that children attending nursery had a higher level of intelligence than other 5-year-olds, they earned more money in later years, and they committed less crime.

Our study concluded that children cared for at nursery had a lower "Physical Well-Being" total score mean in comparison to children being cared for by their mothers and children being cared for by baby-sitters ($p>0.05$). In their study, Oğuz and Karabayır (Karabayır and Oğuz, 2007) identified that children attending nursery were more prone to infectious illnesses. This result is related to the fact that the physical well-being of children is adversely affected as a result of their health deteriorating due to being in crowded environments.

It is a known fact that various characteristics of the mother and family affect the quality of care given to the child. This study concluded that the mother's education level, the family type, and the number of children in the family had an effect on the Quality of Life of children being cared for by their mothers ($p<0.05$). In their study, Eser et al., (2008) found a significant difference between the score mean of the "Family" sub-scale of children, based on the mother's education level. The score mean of the "Social Relations" sub-scale of girls

being cared for by baby-sitters was higher, as well as the score mean of the

Table 1 Socio-demographic characteristics of children and parents (n = 85)

Variables	Number of children cared for by their mothers		Number of children cared for by baby-sitters		The number of children attending nursery	
	No.	%	No.	%	No.	%
Age of child						
3	26	30.6	27	31.8	19	22.4
4	19	22.4	26	30.6	25	29.4
5	24	28.2	20	23.5	27	31.8
6	16	18.8	12	14.1	14	16.5
Gender of child						
Girl	40	47.1	36	42.4	36	42.4
Boy	45	52.9	49	57.6	49	57.6
Age of mother						
20–30	39	45.9	37	43.5	29	34.1
31–41	43	50.6	45	52.9	55	64.7
42–50	3	3.5	3	3.5	1	1.2
Education of mother						
Primary school	61	71.8				
High school	18	21.2	23	27.1	13	15.3
University	6	7.1	62	72.9	72	84.7
Education of father						
Primary school	34	40.0	2	2.4		
High school	32	37.6	20	23.5	15	17.6
University	19	22.4	63	74.1	70	82.4
Mother's Occupation						
Employee	8	9.4				
Worker			76	89.4	66	77.6
Other	77	90.6	9	10.6	19	22.4
Father's Occupation						
Worker	78	91.8	1	1.2	3	3.5
Employee	7	8.2	53	62.4	53	62.4
Unemployed			2	2.4	3	3.6
Other			29	34.1	26	30.6
Type of family						
Extended family	25	29.4	10	11.8	3	3.5
Nuclear family	60	70.6	75	88.2	82	96.5
Number of children						
1	20	23.5	43	50.6	48	56.5
2	32	37.6	33	38.8	30	35.3
3	19	22.4	9	10.6	7	8.2
4	14	16.5				

**Column percentage taken.*

Table 2 Comparison of the score means of Quality Of Life Questionnaire sub-group based on different individuals providing care for children

Sub-scales of the Quality of Life Questionnaire	Children cared for by their mothers	Children cared for by baby-sitters	Children attending nursery	*P* value
Physical Well-Being	40.6±18.0	37.5±14.5	36.7±13.4	0.73
Emotional Well-Being	41.0±13.8	42.1±15.4	37.2±14.4	2.37
Self-Esteem	58.2±24.1	63.4±23.2	70.9±18.0	<0.05
Family	48.8±14.1	55.0±13.7	53.0±10.3	2.62
Social Relations	62.9±17.1	64.5±15.3	65.5±14.9	0.30
Total	49.3±7.3	50.5±6.9	50.7±6.1	0.46

Table 3 Comparison of score means obtained from the self-care skills control list based on the individual providing the child with care

The sub-scale of the self-care skills control list	Children cared for by their mothers	Children cared for by baby-sitters	Children attending nursery	*P* value
Eating skills	52.5±7.9	53.8±10.2	55.3±9.0	1.14
Dressing skills	70.3±13.3	65.0±16.7	71.2±12.7	<0.05
Personal care skills	36.7±7.3	33.9±7.9	37.1±6.4	<0.05

"Family" sub-scale for children with mothers aged between 31 and 41 ($p<0.05$). In their study, Saatli et al. (Saatli et al., 2007). identified that the score mean of the "Social Relations" sub-scale for boys was higher in comparison to the score mean of the "Social Relations" for girls; they indicated that the difference was statistically significant.

The score mean of the "Self-Esteem" sub-scale for children attending nursery with university graduate mothers, the score mean of the "Physical Well-Being" sub-scale and the score mean of the Quality of Life total for children with extended families were all high ($p<0.05$). Numerous studies state that children with working mothers and mothers with a higher education level have a healthier personality and display social behaviour at a higher extent (Güleç 1998; Karacan, 2000).

The most important learning to be given to children during the preschool period, the first six years of their lives, is teaching them about basic habits (Aydın, 2005; Oktay, 2000). This study concluded that children attending nursery had a

high score mean of "Dressing Skills" and "Personal Care Skills" sub-scale in comparison to children being cared for by their mothers and children being cared for by baby-sitters ($p<0.05$, table 3).

In their study, Demiriz and Dinçer (Demiriz & Dinçer, 1998) observed children attending preschool education organisations; they concluded that having the opportunity to repeat self-care skills as part of a daily routine and making the most of systematic education had a positive effect on the self-care skills of attending children. These results put forth the importance of all children benefiting from preschool education in order to develop their self-care skills.

This study concluded that self-care skills increased with age for children being cared by their mothers ($p<0.05$). The literature states that children need to grow up and reach a certain maturity in order to gain self-care skills (Oktay, 2000).

Conclusions

It is recommended that childcare training is offered to mothers that have children aged between 3 and 6; policies that provide working mothers with social support are developed and actualised; places providing care and education, such as nurseries, play schools, and kindergartens, are opened in work places; the number and quality of organisations providing preschool education are increased; and certified baby-sitters are preferred for providing childcare.

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