

Original Article

Investigation of Normally Developing Child-Mother-Father Relationships between 6-17 Years of Age with Special Needs

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Abstract

Background and Aim: Child-parent relationships with sensitive and healthy communication, based on love and warmth, support social relationships in children, and help children develop physically, cognitively and socially. The aim of this study is to examination of normally developing child-mother-father relationships between 6-17 years of age with special needs.

Methodology: Participants of this descriptive study consisted of a total of 532 mothers and fathers of 266 children between the ages of 6-17 with special needs and 266 normally developing children between the ages of 6 and 17. Personal information form and Child-Mother-Father Relationship Scale (RACS) were used to collect research data. In the analysis of the data, besides descriptive statistical methods, independent sample-T test, Anova and post-hoc analysis were used.

Results and Conclusion: As a result of this study, it was observed that child-parent relationships with special needs were more negative than the normally developing child-parent relationship. It was determined that the age and education of the child with special needs, the age and education level of the mother, family structure and family income create significant differences in the relationships between children and parents ($p < 0.05$). Nursing studies that determine the relationship of children with special needs with their parents and nursing support to parents contribute to the positive development of parent-child relationships.

Keywords: Child with special needs, Normally developing child, Child-parent relationships, Nursing

Introduction

The first individuals that children get in contact with are their mothers and fathers. Children use the gains from these relationships in all their social relationships (Ongider, 2013). Child-parent relationship includes child-parent conflict, communication styles, and bonding between them (Dereli & Dereli, 2017). Child-parent relationships with sensitive and healthy communication (Pancsofor et al., 2008), based on love and warmth, support social relationships in children (Santos et al., 2013), and help children develop physically, cognitively and socially. Having good relationships with their parents is effective in making children feel safe and develop a balanced and harmonious personality with others and at peace with themselves and their environment (Pancsofor et al., 2008).

A healthy parent-child relationship is very important for the social and emotional health of the child and the outcome of healthy communication is child-parent "safety". The child-parent relationship built on warm, affectionate, and trust-based interactions supports social relationships in children, while the child-parent relationship not built on warm, affectionate, and trust-based interactions may reduce children's ability to form healthy relationships, and insecure child-parent relationships may have negative behavioral and emotional consequences in children, as well (Ordway, et al., 2015; Santos, et al., 2013).

Parents of children with typical development can take the necessary responsibilities in meeting the warmth, affectionate, trust and other needs of their children that are essential for their healthy development (Ozsenol et al., 2003), while children's special needs may generate mixed feelings in

families (Erturk, 2018; Cangur, et al., 2013) differentiates the family's lifestyle, parental behavior and attitudes (Demir et al., 2010) and thus, difficulties may be experienced in inter-family communications and child-parent relationships (Seven, 2016; Koksall, 2011).

The families may experience several emotional, physical, social, and economic difficulties in the context of reorganizing their established orders by the needs of their children with special needs and being laid new responsibilities on the family (Sevinc & Babahanoglu, 2016; Yildirim, Sari, 2007). These difficulties increase the stress, grief and anxiety levels of the parents (Chandramuki, Shastry, & Vranda, 2012; Robert, et al., 2003). Whereas inter-family relationships, child-parent relationships and social relationships may change (Gurhopur Turan & Dalgic Isler, 2017).

Every parent who is worried about the future of their child needs support in their inter-family and social relationships (Sen & Yurtsever, 2007) that have deteriorated due to difficulties of maintaining care and psychological, social and economic difficulties-originated extra stressors (Yersel & Durualp, 2019; Avsaroglu & Gilik, 2017; Robert, et al., 2003).

The purpose of pediatric nursing is to ensure that children grow and develop in a healthy, physical, emotional, social and mental sense in the family and society. Parents should be supported as the support that their children need in their healthy growth and development comes primarily from the family. The main purpose of this support is to maintain a positive parent-child relationship (Christian, 2016). It is known that many factors such as the characteristics of the culture of the family, the socioeconomic status of the family, the value that family members give to the child, and the importance they attach to education (Cuceloglu, 2006).

Compared to the past, studies in our country, but indicated that parents begin to communicate more awareness established in children, it is seen that Turkey done enough research in general. Conducting comprehensive nursing studies on how to improve mother-father-child relationships in our country will bring healthier generations to the society.

While the primary question of this study is to determine the relationships between the parents of children between the ages of 6 and 17 who have special needs and who continue their normal development, the secondary question is to determine the relationship between children with special needs and who continue their normal development with the age, gender and education of children and their children. The question of whether the relationship

with the mother and fathers differ significantly according to their ages, education levels, and professions.

Methodology

This descriptive study, all of a province with special needs in providing services to children rehabilitation centers in Turkey and selected by cluster sampling from the first, middle and high school as normal children went 4 with instruction in schools was conducted with parents of children with normal development. There are a total of 744 children aged 6-17 years in the 11 rehabilitation centers where the study was conducted. Schools of normally developing children were selected by cluster sampling method. There are a total of 1,259 children aged 6-17 years in the selected schools.

Research Universe and Sample: The sample of the study consisted of 532 parents of 6-17 year old children studying in special education rehabilitation centers and normal schools. No sample selection was made in special education centers, but 266 literate parents who were volunteering to participate in the study, who were reached between 1 May 2018 and 1 July 2018, were included in the study group. In children with special needs, mental special needs (Mild-Moderate-Severe Mental Special Needs, Down Syndrome, Rett Syndrome, Joubert Syndrome), physical special needs (Language-Vision-Hearing disorders, Cerebral Palsy, Meningocele, Meningomyelocele, Hydrocephalus Mothers of children with special learning difficulties, attention deficit hyperactivity disorder and autism were included in the study. Other than 800 parents who did not want to participate in the study for different reasons, 50 illiterate parents, 68 parents with special needs and 60 parents who could not be included in the study due to the wrong and incomplete forms. It formed 266 mothers and fathers. The study was conducted with a total of 520 mothers, including 240 mothers with special needs children, 26 fathers, 234 mothers and 32 fathers with normally developing children.

Data gathering tools: Data were collected using the Child-Parent Personal Information Sheet and the Child-Parent Relationship Scale (CPRS).

Child-Parent Personal Information Sheet: The child parent personal information form was prepared by the researcher by reviewing the literature. Age, gender, educational status and whether the child has special needs, such as the age of 4 and the child's age, education, profession, family structure, the number of children in the family, the number of children in the family, where they live, the monthly income of the family, the expenditure made for your child, The questions, consisting of 14 questions in total, 14 of which belong to the parents, are aimed at

determining the socio-demographic characteristics of both the child and the parent.

Child-Parent Relationship Scale (CPRS): The Child Parent Relationship Scale was developed by Robert C. Pianta in 1992 to determine the level of relationship between children and parents. The original version of the scale, which consists of 30 items and 3 sub-dimensions (attachment, conflict, positive relationship), was reduced to 24 items and 2 sub-dimensions (conflict and positive relationship) in the Turkish adaptation study conducted by Akgun and Yesilyaprak (2010). The scale describes child-parent relationships in developmental periods from childhood to adolescence. The minimum score to be obtained from the five-point Likert type scale is 24 and the maximum score is 120. A high total score of the scale indicates a negative relationship, and a low score indicates a positive relationship. The conflict sub-dimension of this study was Cronbach alpha.85, positive correlation was Cronbach alpha 57, and total score was Cronbach alpha.85.

Applying the Data Collection Tools: While collecting data, mothers and fathers of children in private and public rehabilitation centers were reached first. The management rooms were used as interview rooms and the researcher collected data from the parents with face-to-face interview method, when they bring their children to the institution. The forms were sent to the parents of children age 6-17 with typical development and were received from the managers of the institutions after the parents responded the forms.

Analysis: Statistical analysis of the collected data was made using the SPSS 17.0 (Statistical Package for Social Sciences) program. In addition to descriptive statistical methods, the Independent Samples T-test, One-way ANOVA Test was used for data analysis. Post-hoc analyses were applied after statistically significant comparisons. In the study, the significance level was considered as $p < 0.05$.

Ethical Approval: Each stage of the research was conducted in accordance with ethical principles. To carry out the study, ethical approval (dated 30.04.2018 and numbered 2018-04/24) was obtained from the Noninvasive Clinical Research Ethics Committee of the Sivas Cumhuriyet University and written consent (dated 16.06.2018 and numbered 92255297-605.01-E.11834816) was obtained from Sivas Provincial Directorate for National Education. Verbal and written consent was obtained from the parents included in the sample.

Results

In this section, the statistical results of the obtained data are included.

Of the mothers of children with typical development, 63.2% were aged between 33-43 years, 60.9% were elementary school graduates, 11.7% were employed; of the mothers of children with special needs, on the other hand, 53.4% were aged between 33-43 years, 65.4% were elementary school graduates, 7.5% were employed (Table 2).

Of the fathers of children with typical development, 69.2% were aged between 33-43 years, 43.2% were elementary school graduates, 96.6% were employed; of the fathers of children with special needs, on the other hand, 51.1% were aged between 33-43 years, 49.2% were elementary school graduates, 85.7% were employed.

Of the children with typical development, 96.2% reside in city center, 35% had a family income level between 1500-2500 Turkish Liras; of the children with special needs, on the other hand, 83.1% reside in city center, 36.5% had a family income level between 1500-2500 Turkish Liras.

Of the children with typical development; 52.6% were in the 6-9 age group, 55.6% were female, 71.8% were studying at a primary school; of the children with special needs, on the other hand, 41% were in the 6-9 age group, 57.1% were male, 33.8% were attending a private rehabilitation center, 66.1% were inclusive students at primary and secondary school programs, 50.4% had mental special needs, 49.2% received special education, and 50.8% did not receive special education (Table 1).

The CPRS overall mean scores of the parents of children with special needs were found to be 60.98 ± 11.66 , while it was 47.51 ± 12.43 for the parents of children with typical development. Moreover, a statistically significant difference was found between the CPRS overall and subscale mean scores of parents of children with typical development and parents of children with special needs ($p < 0.000$) (Table 2).

There was no statistically significant difference between the age of children with typical development and the CPRS mean scores ($p > 0.05$), while a statistically significant difference ($p < 0.05$) was found between the age of children with special needs and the CPRS positive relationship subscale ($p = 0.000$) and overall mean scores ($p = 0.001$); it was determined in the post-hoc comparison that the difference was stemmed from the parents of children aged between 10-13 years. In both two groups, it was observed that positive relationship subscale and overall mean scores of parents of children aged 10-13 and 14-17 years were lower than parents of children aged 6-9 years (Table 3).

No statistically significant difference was found between educational levels of children with special needs and the CPRS conflicts subscale ($p=0.214$), while there was statistically significant difference in positive relationship subscale ($p=0.000$) and overall scores ($p=0.003$). According to the post hoc comparison, the difference was due to children who were not attending school. Positive relationship subscale (24.62 ± 8.58) and overall scores (63.61 ± 10.70) of parents of children who were not attending school were found to be higher than the CPRS overall scores (60.91 ± 12.00) of parents of children in the elementary schools and positive relationship subscale (20.03 ± 7.22) and overall scores (56.84 ± 11.38) of parents of children in secondary school. No statistically significant difference was found between the educational levels of children with typical development and the CPRS positive relationship subscale ($p=0.367$) and overall scores ($p=0.179$); while there was a statistically significant difference in conflicts subscale ($p=0.017$). Post-hoc comparisons revealed that the CPRS mean scores (27.68 ± 8.02) of parents of children in the secondary schools were lower than the CPRS mean scores (30.78 ± 9.96) of parents of children in the elementary schools.

There was no statistically significant difference between the ages of mothers of children with special needs and the CPRS conflicts subscale ($p=0.276$), while a statistically significant difference was found between positive relationship subscale ($p=0.012$) and overall scores ($p=0.006$). The CPRS positive relationship subscale (23.73 ± 7.72) and overall scores (63.91 ± 11.61) of mothers aged between 22-32 years were found to be higher than the positive relationship subscale (19.61 ± 5.70) and overall scores (56.40 ± 12.06) of mothers in the other age groups. There was no statistically significant difference between the ages of mothers of children with typical development and their conflicts ($p=0.393$) and positive relationship ($p=0.515$) subscales and overall ($p=0.722$) scores ($p>0.05$). Post-hoc comparisons indicated that difference stemmed from mothers aged between 22-32 years (Table 4).

No statistically significant difference was found between educational levels of mothers of children with special needs and the CPRS conflicts ($p=0.373$) and positive relationship ($p=0.948$) subscales and overall mean scores ($p=0.276$) ($p>0.05$). While there was no difference between educational levels of mothers of children with typical development and the CPRS conflicts subscale ($p=0.173$), a significant difference was found in positive relationship subscale ($p=0.01$) and overall scores ($p=0.02$). According to post-hoc comparisons, the difference was due to mothers in the elementary school group. It was observed that the CPRS overall scores (49.79 ± 12.74) of elementary school graduate mothers and the CPRS overall scores (44.64 ± 11.65) of secondary school graduate mothers were higher than overall scores (41.92 ± 9.38) of mothers with university education.

It was seen that the CPRS overall mean scores (60.10 ± 11.42) of parents of children with special needs having a nuclear family type were lower than those having extended family (64.22 ± 12.08). In terms of family structure, while there was no statistically significant difference in positive relationship subscale ($p=0.492$), a statistically significant difference was found in conflicts subscale ($p=0.042$) and overall mean scores ($p=0.018$) ($p<0.05$). In terms of family structures of parents of children with typical development, there was no statistically significant difference in conflicts and positive relationship subscales and overall scores ($p>0.05$) (Table 5).

No statistically significant difference was found between family income levels of children with special needs and the CPRS conflicts ($p=0.451$) and positive relationship ($p=0.082$) subscales, while there was a statistically significant difference between income levels and the CPRS overall mean scores ($p=0.029$) ($p<0.05$). There was no statistically significant difference between income levels of parents of children with typical development and the CPRS conflicts subscale ($p=0.536$), positive relationship subscale ($p=0.621$) and overall mean scores ($p=0.372$) ($p>0.05$).

Table 1: Some Characteristics of the Children Included in the Study (n = 532)

	Child With Normal Development (n=266)		Child With Normal Development (n=266)		
	n	%	n	%	
Child Age	6-9	140	52.6	109	41.0
	10-13	41	15.4	67	25.2
	14-17	85	32.0	90	33.8
Gender	Female	148	55.6	114	42.9

	Male	118	44.4	152	57.1
Education Status	Special Education	-		90	33.8
	Primary Education	191	71.8	119	44.7
	Secondary Education	75	28.2	7	1.4
Child's Special Requirement	ADHD and SLI			26	9.8
	Otizm			52	19.5
	Physical Special Requirement *			54	20.3
	Mental Special Requirement **			134	50.0
Getting Special Education	Yes****			131	49.2
	No			135	50.8

*Language-Vision-Hearing disorders, Cerebral Palsy, Meningocele, Meningomyelocele, Hydrocephalus
 **Mild-Moderate-Severe Mental Special Needs, Down Syndrome, Rett Syndrome, Joubert Syndrome, Developmental Disorder, Behavioral Disorder, Epilepsy, Asthma, Speech Disorder, Microcephaly, Gait Disorder, Heart Anomalies, Swallowing and Nutrition Disorder, Dental Problems, Phenylketonuria
 ****Individual Education, Physical Therapy, Physiotherapy, Language-Speech Therapy, Fine-Gross Motor Skills Training, Swimming Training, Hydrotherapy, Psychiatry-Psychologist Support

Table 2: Mean Scores of the Child-Mother-Father Relationship Scale (n=532)

	Child with Normal Development (n=266)			Child With Special Needs (n=266)		
	Conflict	Positive Relationship	Total	Conflict	Positive Relationship	Total
$\bar{x} \pm SD$	38.95±11.15	22.03±7.22	60.98±11.66	29.90±9.54	17.61±6.64	47.51±12.43
T	10.055	7.340	12.881	10.055	7.340	12.881
P		.000			.000	

*t=test

Table 3: Child-Parent Relationship According to Children's Age and Education (n=532)

	Child with Normal Development (n=266)			Child With Special Needs (n=266)			
	Conflict	Positive Relationship	Total	Conflict	Positive Relationship	Total	
	$\bar{x} \pm SD$	$\bar{x} \pm SD$	$\bar{x} \pm SD$	$\bar{x} \pm SD$	$\bar{x} \pm SD$	$\bar{x} \pm SD$	
Age							
6-9 (n=109)	39.84±11.94	24.21±7.73	64.05±10.60	6-9 (n=140)	30.99±9.93	17.30±6.91	48.30±12.66
10-13 (n=67)	38.31±10.98	21.00±5.69	59.31±11.14	10-13 (n=41)	29.19±9.33	17.73±7.93	46.92±13.67
14-17 (n=90)	38.36±10.31	20.15±6.66	58.52±12.53	14-17 (n=85)	28.45±8.83	18.05±5.45	46.51±11.46
Total (n=266)	38.95±11.15	22.03±7.22	60.98±11.66	Total (n=266)	29.90±9.54	17.61±6.64	47.51±12.43
F	.580	9.216	6.745	F	2.013	.345	.596
P	.561	.000	.001	p	.136	.709	.552
Child Education Status							
Not Going to School (n=90)	38.98±12.11	24.62±8.58	63.61±10.70	Not Going to School -			
Primary education (n=191)	39.96±11.15	21.02±5.24	60.99±12.00	Primary education (n=191)	30.78±9.96	17.38±7.00	48.16±12.93
Secondary education (n=75)	36.80±9.30	20.03±7.40	56.84±11.38	Secondary Education (n=75)	27.68±8.02	18.20±5.63	45.88±10.99
Total (n=266)	38.95±11.15	22.03±7.22	60.98±11.66	Total (n=266)	29.90±9.54	17.61±6.64	47.51±12.43
F	1.552	9.719	6.098	F	5.783	.815	1.819
p	.214	.000	.003	p	.017	.367	.179

*F=Anova Test

Table 4: Child-Parent Relationship Scale Mean Scores of Mothers by Age and Education Level (n=532)

	Special Needs Child (n=266)			Child with Normal Development (=266)			
	Conflict	Positive Relationship	Total	Conflict	Positive Relationship	Total	
	$\bar{x} \pm SD$	$\bar{x} \pm SD$	$\bar{x} \pm SD$	$\bar{x} \pm SD$	$\bar{x} \pm SD$	$\pm SD$	
Mother Age							
22-32 (n=67)	40.17±12.45	23.73±7.72	63.91±11.61	22-32 (n=80)	30.78±10.40	16.90±5.40	47.68±12.51
33-43 (n=142)	38.99±10.63	22.23±7.35	61.23±11.18	33-43 (n=168)	29.30±9.26	17.89±7.18	47.20±12.55
44-54 (n=52)	36.78±10.89	19.61±5.70	56.40±12.06	44-54 (n=18)	31.55±7.95	18.11±6.47	49.66±11.42
55 and above (n=5)	44.20±8.16	18.40±3.20	62.60±10.43	55 and Above (n=)-			
F	1.296	3.749	4.282	F	.937	.665	.326
P	.276	.012	.006	p	.393	.515	.722
Mother Education Status							
Illiterate (n=19)	39.52±10,39	21.52±6,12	61.05±11,59	Illiterate (n=5)	29.80±8,98	15.00±3,80	44.80±11,90
Primary education (n=174)	38.70±10,78	21.96±7,14	60.67±11,67	Primary education (n=162)	30.88±9,77	18.90±7,60	49.79±12,74
Secondary education (n=61)	40.39±12,22	22.45±8,07	62.85±11,38	Secondary education (n=73)	3.69±9,49	94±4,07	44.64±11,65
University and above (n=12)	34.41±11,96	21.58±5,91	56.00±12,65	University and above (n=26)	7.19±7,74	4.73±3,99	1.92±9,38
F	1.046	.121	1.297	F	1.675	5.766	5.179
p	.373	.948	.276	p	.173	.001	.002

*F=Anova Test

Table 5: Child-Mother-Father Relationship Scale Score Averages by Family Structure and Income Level (n = 532)

	Conflict	Positive Relationship	Total	Conflict	Positive Relationship	Total	
	$\bar{x} \pm SD$	RelationSDss	$\bar{x} \pm SD$	$\bar{x} \pm SD$	Relationship $\bar{x} \pm SD$	$\bar{x} \pm SD$	
Family structure							
Nuclear family (n=209)	3.23±10.84	21.87±7.37	60.10±11.42	Nuclear family (n=209)	29.80±9.50	7.50±6.21	31±12.31
Extended family (n=57)	1.61±11.96	22.61±6.67	64.22±12.08	Extended family (n=57)	26±9.78	3.01±8.07	48.28±12.95
F	2.039	.688	2.385	F	.318	.518	.521
p	.042	.492	.018	p	.751	.605	.603
Family Income Level							
1000-1500 ₺ (n=77)	38.20±10.46	20.74±5.78	58.94±11.70	1000-1500 ₺ (n=41)	29.97±11.07	17.26±6.49	47.24±13.67
1500-2500 ₺ (n=97)	39.61±11.05	22.20±7.64	61.82±11.44	1500-2500 ₺ (n=93)	28.77±8.47	17.06±5.91	45.83±11.01
2500-3500 ₺ (n=75)	39.66±11.50	23.52±7.81	63.18±10.84	2500-3500 ₺ (n=76)	30.75±9.92	17.82±6.73	48.57±12.50

3500 and above ₺ (n=17)	35.47±13.23	20.29±7.15	55.76±14.06	3500 and above ₺ (n=56)	30.58±9.57	18.48±7.76	49.07±13.56
F	.883	2.260	3.042	F	.728	.591	1.048
P	.451	.082	.029	p	.536	.621	.372

*F=Anova Test

Discussion

In this study, the relationship between children aged 6-17 years with typical development and special needs and their parents was examined and it was concluded that the relationship between children with typical development and their parents were more positive compared to the relationship between the children with special needs and their parents (Table 2). Studies of last decade on child-parent relationships in Turkey revealed that child-parent relationships have an important effect on the social development and behavior of the child and there are many variables belonging to the child and the parent that affect this relationship. Mothers' and fathers' age groups, their educational levels, mothers' employment status, family structure and family income levels affect the behaviors of mothers and fathers (Kirman & Dogan, 2017).

It was stated that having a child with special need changes the life styles of all family members and relationship of family members with each other (Kirman & Dogan, 2017). It was emphasized that domestic conflicts were experienced due to special needs of the child (Koksal, 2011) and a child with special needs influence parental relationships (Kok & Unal, 2018).

It was observed that the majority of the mothers within the scope of this study were between the ages of 33-43, and they were at similar ages in most studies (Demir, Ozcan, & Kizilirmak, 2010; Ozturk, 2011; Ozmen & Cetinkaya, 2012; Sengul & Baykan, 2013; Saygi & Uyanik Balat, 2013; Bilir Topcu & Sop, 2016; Alpgan, 2018). It was determined that educational levels of mothers were elementary school level in both groups (60.9% of mothers of children with typical development and 65.4% of mothers of children with special needs), and the education levels of mothers were elementary school level in similar studies as well (Kaçan Softa, 2012; Ayyildiz, Sener Konuk, Kulakci, & Veren, 2012; Sengul & Baykan, 2013; Lafci, Oztunç, & Alparslan, 2014; Kaytez, Durualp, & Kodan, 2015; Avsaroglu & Gilik, 2017). It was found that 88.3% of the mothers of children with typical development and 92.5% of the mothers of children with special needs were not working.

Children with typical development in all age groups were found to have more positive relationships with

their parents compared to children with special needs in all age groups; whereas there was a statistically significant difference between the ages of children with special needs and their parents' positive relationship subscale and scale overall mean scores ($p < 0.05$) (Table 3). It was observed that the relationships of parents having children with typical development with their children did not change by age (Kok & Unal, 2018) and the older the children, the more conflicting their relationships with their parents were (Saygi, 2011). Increasing care needs of children with special needs as they get older negatively affects the physical and psychological health of parents and therefore their relationship with their children (Kumas, Altundag & Sumer, 2017). The child-parent relationships are negatively affected at the stage of new diagnosis of children with special needs, in the family's adaptation process to the child, and when the child has care needs such as diet and education that vary with age (Gurhopur Turan & Isler Dalgic, 2017).

In this study, it was found that there was a statistically significant difference between attending of children with typical development the school and scale overall score and conflicts subscale score ($p < 0.05$), and that the relationships of the children attending the secondary schools with their parents were more positive than the other children. In children with special needs, on the other hand, a statistically significant difference was observed between positive relationship and scale overall mean scores ($p < 0.05$) (Table 3). It was observed that the subscales and scale overall scores of the parents who had children in secondary schools were the lowest and their relationships were more positive. The relationships of parents having children with special needs who are not attending the school with their children were found to be more negative compared to parents having children attending the school. Children's failure to attend the school, high burden of home care, parents' constant responsibility to care for their child causes parents to mostly spend time at home and to be isolated from social life, and these factors increases the physical and emotional burden of mothers (Turan Gurhopur & Isler, Dalgic, 2017). Children's attending the school allows the social burden in families to partially reduce, enables especially mothers to spare time for themselves, to build relationships with new people, and to

participate in social programs, and increases the resilience of parents and contributes positively to their relationships with their children. It was observed that most of the mothers experienced social loneliness due to their children with special needs and that their communication with the individuals around them decreased (Ayyildiz et al., 2012).

As in this study (Table 3), the fact that genders of children with special needs and typical development did not affect their parent relationships ($p>0.05$) was stated in the conclusions of other studies as well (Çoşkun, 2013, Bilir Topcu & Sop 2016; Kok & Unal 2018). The fact that gender does not make difference in child-parent relationship may be associated with disappearing gender factor through the changing and developing family structure (Bilir Topcu & Sop, 2016) and thus, it can be said that child gender is not a determining factor in child-parent relationship.

In this study, there was no correlation between the diagnosis of children with special need and child-parent relationship ($p>0.05$) (Table 5), while it was found that the lowest scores (58.81 ± 10.91) of the scale were obtained by parents of children with physical special needs. The diagnosis of children with special needs influences both parents' accepting the child and the child-parent relationship, as well (Erturk, 2018). It was concluded that the relationships of children with Down syndrome and intellectual disability with their parents were more positive than the relationships of parents having children with cerebral palsy (Alpgan, 2018).

It was determined that there was a relationship between the age of mothers of children with special needs and the child-parent relationship ($p<0.05$), and that the group with the highest overall score was mothers aged between 22-32, and the group with the lowest overall score was mothers aged between 44-54, in other words, the relationships of young mothers with their children were found to be negative compared to older mothers (Table 4). In a study, it was found that mother's age does not affect child-parent relationships, and that as mothers matured, they were more patient, tolerant and affectionate towards their children and this attitude positively affected the child-parent relationships (Kok & Unal, 2018).

In this study, it was concluded in both groups that the higher the education level of the mothers, the more positive the relations of the mothers with their children ($p<0.05$) (Table 4). Education is a system that supports the knowledge, skills and motivation of parents to cope with difficulties (Ravindronadan & Raju, 2007). Since mothers with a high level of education can access information more quickly and

have more application opportunities, they will meet the needs of their children more easily. Some studies in the literature revealed that mothers of children with typical development establish positive relationships with their children as their education level increases (Alpgan, 2018; Ozyurt, 2011; Gonsel, 2010; Usta, 2014).

It was determined that mother's higher levels of education allow her to boost her interest and understanding towards her family and to display more positive attitudes and behaviors (Arslanturk, 2009; Ozyurek & Tezel Sahin, 2010). It was stated that the higher the education level, the more positive relationships the mothers developed with their children and they refrain from conflicts for healthy communication and act solution-oriented in their relationships with their children (Alpgan, 2018). It was observed that mothers with a high level of education were more interested in the references about the diagnosis of their child with special needs, and that they were more conscious (Toy & Kesici, 2020) of how to build relationship with their child and they follow their children's development better (Ozyurek & Tezel Sahin, 2010). Mothers with a high level of education can look at their children with special needs from different aspects, and they do not set their children apart from the children with typical development and offer the same rights (Toy & Kesici, 2020).

In this study, it was found that there was no correlation between the child-parent relationship and the employment status of mothers of children both with special needs and typical development ($p>0.05$) (Table 4) (Kacan Softa, 2012; Ayyildiz, Sener Konuk, Kulakci, & Veren 2012; Lafci, Oztunc, & Alparslan, 2014; Kaytez, Durualp, & Kodan, 2015; Avsaroglu & Gilik, 2017; Kok & Unal, 2018). In the traditional Turkish family, mothers are figures representing those who mostly do not work and are responsible for the care of their children at home (Ayyildiz et al., 2012).

Besides, factors such as taking full responsibility for the care of the child with special needs, not taking care of her other children, and her increased stress and anxiety due to being isolated from society and experiencing loneliness negatively affect the mother's relationship with her child. It was stated that mothers who were not working had more negative relationships with their children (Demiriz & Ogretir, 2007), parents' employment status directly affects the child's quality of life (Russell & Thornton, 2009) and that mothers who do not work have higher depression scores (Kacan & Softa, 2012).

It can be said that the quality of time spent in the mother-child relationship was important rather than the length of time (Kok & Unal, 2018). It was stated

that working mothers do not sever their ties with their social circles, do not feel lonely and do not experience despair (Yildiz, 2015). It can be said that working mothers have positive relationships with their children on the grounds that their education levels are high, their social relationships are strong, and they have more support booster.

Although not presented in the tables, it was observed that there was no significant difference between the education and employment status of the fathers participating in this study and the relationship between parents and children with special needs and typical development.

However, scale overall scores of fathers who were at a university graduation and have children with special needs were found to be low (58.37 ± 11.67). Unuvar, underlined that fathers with lower education levels regarded spending time with the children is a task of mother and that the higher levels of education, the more positive the relationship between the fathers and their children (Toy & Kesici, 2020). Arslan determined that fathers with a high level of education have more warm, affectionate and closer relationships and interactions with their children. They concluded that the education level of the father was not effective in the child-parent relationship (Uyanik, Kaya, Kiziltepe Inal, & Yasar Can, 2015; Kok & Unal, 2018).

It is seen that the higher the education level of the fathers, the more democratic attitude they have, the more knowledge they have about raising children, and the more active they participate in childcare (Secer Celikoz & Yasa, 2007; Uyanik, Kaya, Kiziltepe Inal, & Yasar Can, 2015).

In this study, it was concluded that the child-parent relationships were more positively affected with the increasing income levels of families who have children with special needs ($p < 0.05$) (Table 5). Having a child with special needs affects the family economically as well as emotionally and socially. Since meeting the child's medical care, education, and special physical arrangement needs would bring additional burdens in economic terms, these families may have to spend more financial expenditures compared to other families (Ayyildiz, Sener Konuk, Kulakci, & Veren, 2012; Ozmen & Cetinkaya, 2012; Coskun, 2013). As the child's disability increases, the child's dependency level increases, and economic problems increase with the emergence of additional needs in matters such as diet and care (Gurhopur Turan & Dalgic Isler, 2017).

It was determined that the income of families with low income levels was not sufficient for the expenses (Cetinkaya, 2012). Families with high income are able to adapt to new situations more quickly, and they can contribute positively to the differences of their children (Citil & Dogan, 2019).

Despite difficulties in caring for a child with special needs, trainings of parents by nurses will contribute to parents' acceptance of children with special needs, eliminating the lack of knowledge, and establishing healthy relationships with their children (Kacan Softa, 2012; Ayyildiz, Sener Konuk, Kulakci, & Veren, 2012; Alpgan, 2018).

Limitations: Our study had some limitations. First, the sample size was relatively small. Second, the parents of children with special needs in guidance research centers and parents of children with normal development in schools close to guidance research centers were included in the study. This study due to be made in a province with registered parents to guide research center located in Turkey, the results Guidance Research Center and can not be generalized to non-communication with parents in the whole country. Third, research data were collected by quantitative data collection tools based on parents' self-reports.

Conclusion: It was concluded that; the relationship of children with typical development with their parents was better than the relationship between children with special needs and their parents, there was no significant difference between the age and education of children with typical development and their relationships with their parents, while the relationship of children with special needs with their parents were affected by their ages and educations, there was no correlation between child-parent relationships with the age of the mothers in terms of children with typical development, the child-parent relationship was affected by the age of mother in terms of children with special needs ($p < 0.05$), while the child-parent relationship did not change by the mothers' education levels, the positive relationship increases as the education level of the mothers of the children with typical development increases.

The child-parent relationship was not affected by the family structure and family's income levels in terms of children with typical development, while child-parent relationship was associated with the family structure and family's income levels in terms of children with special needs. Based upon these results; it seems that preparing training programs supporting inter-family communication skills for mothers and fathers with low education, non-working and younger age, and ensuring parents' involvement in these programs would be beneficial in changing the child-parent communication in a positive way. In this regard, nurses need to know that they are responsible for the initiation and maintenance of a positive child-parent relationship, and that they have significant roles in identifying situations in which child-parent communication cannot be established properly, in preventing

negative developments that may affect the child's entire life, and in preventing potential risks.

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