INVESTIGATING PRESCHOOLERS' SELF-CARE BEHAVIORS: TEACHER AND PARENT REPORTS

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ABSTRACT

INVESTIGATING PRESCHOOLERS' SELF-CARE BEHAVIORS: TEACHER AND PARENT REPORTS

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The purpose of the study was to investigate and compare teachers' and parents' beliefs about children's self-care behaviors considering child (*age, gender, having sibling*), parent (*socioeconomic status*) and teacher-related (*teaching experience*) characteristics and to investigate and compare the beliefs about the self-care implementations. Explanatory mixed-methods design was used. The data was gathered from 208 early-childhood educators in nine central districts of Ankara and 531 parents whose children were educated in these teachers' classrooms. Quantitative data were collected with the "The Beliefs on Young Children's Self Care Behaviors Survey" and "demographic information form". Then, semi-structured interviews were done with 10 preschool teachers and 11 parents on a voluntary basis. According to results of the study, teachers believed the development of self-care behaviors as children grow, despite no dramatic changes in their observations according to age. The parents also had similar beliefs, and their observations about the certain behaviors changed. Considering children's gender, the participants believed girls having better self-care skills, despite no dramatic differences in their observations.

Considering the “having sibling”, parents’ observations differed in certain behaviors unlike teachers’ observations. Participants believed positive impact of having sibling on self-care. Moreover, as considering SES, teachers’ observations did not change according to SES unlike parents’ observations. Participants had different beliefs about the effect of SES on self-care. Besides, according to teaching experience, the observation of “self-protection from accidents” behaviors increased systematically. Additionally, some problems were encountered in self-care implementations. The participants’ belief about the factors negatively effecting the implementations were similar.

Keywords: self-care, children’s age gender and having sibling, socioeconomic status, teaching experience, school implementations

ÖZ

OKUL ÖNCESİ DÖNEM ÇOCUKLARIN ÖZBAKIM DAVRANIŞLARININ İNCELENMESİ: ÖĞRETMEN VE VELİ RAPORLARI

ALTAŞ, Elif Naz
Yüksek Lisans, Temel Eğitim, Okul Öncesi Eğitimi Bölümü
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Bu çalışmanın amacı çocukların özbakım davranışlarına ilişkin öğretmen ve veli inançlarını çocuk (*yaş, cinsiyet, kardeşe sahip olma*), veli (*sosyoekonomik seviye*) ve öğretmenle (*deneyim yılı*) ilgili özellikleri göz önünde bulundurarak incelemek; özbakım gelişimine yönelik uygulamaları öğretmen ve veli raporları üzerinden incelemek; bu inanç ve raporları karşılaştırmaktır. Araştırmada, açımlayıcı sıralı karma desen kullanılmıştır. Veriler Ankara'nın merkez ilçelerindeki devlet okullarında öğretmenlik yapan 208 okul öncesi öğretmeninden ve çocuğu bu öğretmenlerin sınıfında eğitim gören 531 veliden toplanmıştır. Nicel veriler "küçük çocukların özbakım davranışlarına ilişkin inançlar anketi" ve "demografik bilgi formu" ile toplanmıştır. Anketi cevaplayanlardan, gönüllü 10 okul öncesi öğretmeni ve 11 veli ile yarı yapılandırılmış görüşmeler gerçekleştirilmiştir. Çalışmanın sonuçlarına göre, öğretmenler, gözlemlerinde yaşa göre büyük değişimler olmamasına karşın çocuklar büyüdükçe özbakım davranışlarının geliştiğine inanmaktadır. Benzer inanca sahip olan velilerin bazı davranışlara ilişkin gözlemleri çocukların yaşlarına göre değişmektedir. Çocukların cinsiyeti göz önünde bulundurulduğunda öğretmen ve veli gözlemlerinde ciddi farklar olmasa da

katılımcılar kız çocuklarının daha iyi özbakım becerilerine sahip olduklarına inanmaktadır. Kardeşe sahip olma durumu göz önünde bulundurulduğunda, öğretmenlerin gözlemleri herhangi bir grubun lehine değilken; velilerin gözlemleri bazı davranışlarda kardeş durumuna göre farklılık göstermektedir. Katılımcılar çocuğun kardeşinin olmasının özbakım davranışlarını olumlu yönde etkilediğine inanmaktadır. Ayrıca, öğretmen gözlemlerine göre çocukların özbakım davranışları SES'e göre değişmezken, velilerin bazı davranışlara ilişkin gözlemleri SES'e göre değişiklik göstermiştir. Katılımcılar SES'in özbakıma etkisi konusunda farklı inançlara sahiplerdir. Deneyim yılına göre, "tehlike ve kazalardan korunma" davranışlarının gözlemi sistematik olarak artmıştır. Ek olarak, özbakım becerilerinin desteklenmesine ilişkin uygulamalarda birtakım sorunlarla karşılaşılmaktadır. Katılımcıların uygulamaları olumsuz yönde etkileyen faktörler hakkındaki inançları benzerdir.

Anahtar Kelimeler: özbakım, çocuğun yaşı cinsiyeti ve kardeş durumu, sosyoekonomik seviye, deneyim yılı, okul uygulamaları

Dedicated
to children who can take care of themselves
and to parents and teachers who raise these children...

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

MoNE	Ministry of National Education
ECE	Early Childhood Education Program
TUIK	Turkish Statistical Institute

CHAPTER I

INTRODUCTION

Early childhood education is an important period in all education process of an individual (Baran et al., 2007) because it establishes a ground for other education levels. The aim of the early childhood education is to provide a basis for harmonious and active life and to provide cognitive, emotional and social development (Sevinç, 2006). From this aspect, early childhood education is directly linked to child development. Child development is the transformation of a child from being dependent on caregivers to making sense of information and responding to it (Sheridan, 2007). During the development process, children actively discover their environment for learning because of their natural curiosity. The interactions and communication while discovering the environment define children's behaviors. Berk (2006) states the behaviors acquired in early childhood years shape children's beliefs, values and attitudes. In this regard, the behaviors acquiring in early years shape children's future life. In other words, children learn most of the behaviors and habits that will influence their future life in early childhood years (Gündoğan, 2002). This period is critical because it underpins other periods due to the rapid development and transfer of the skills learned during this period throughout life (MoNE, 2013).

Although children's development is observed as a whole, it includes cognitive, language, social-emotional, motor and self-care developmental domains (MoNE, 2013). Children's cognitive development encompasses all mental activities that enable interaction with the environment starting from birth, enable understanding of the world, and help acquisition, usage, storage, interpretation, and evaluation of knowledge (Aral& Baran, 2011, as cited in Türkoğlu & Uslu, 2016). Moreover, language development is a process that includes acquiring and storing sounds, words,

numbers, symbols, and using them in accordance with the rules of the language (Seçer et al., n.d.). In other words, it is the process of understanding and using language structure. Furthermore, social- emotional development is the process of individuals getting to know themselves and their emotions, living in harmony with society, and having healthy identity by gaining self-confidence, independence, entrepreneurship and success (Gültekin, 2014). Besides, motor development is progressive change in motor (fine and gross motor) behaviors throughout the life cycle determined by the interaction between the requirement of movement tasks, biological characteristics, conditions of the environment (Gallahue et al., 2014, as cited in Dereobalı & Çandır, 2021). Lastly, self-care development is the process of learning fundamental habits required for maintenance of health and life, initiated and carried out by the individual for herself. All developmental domains interact with each other and have a reciprocal relationship. In this sense, children's development in a certain domain affect their development in other domains. For instance, self-care development is closely associated with cognitive and motor development. Children may perceive the necessity of self-care habits with their cognitive development. Also, learning self-care skills is the fundamental indicator of children becoming independent from their caregivers (Çelik, 2019). These children are self-confident and feel free while interacting with the environment (Çelik, 2019). In this sense, children's self-care development positively affect children's social-emotional development. As considering the interaction of different developmental domains, focusing on each developmental domain specifically is crucial. In this sense, the current study examines children's self-care development.

Identifying self- care is essential for considering the scope of the study. Self-care is the ability to look after one's own basic needs without any assistance (Cobuild, n.d.). Besides, self-care skills are the fundamental habits required for maintenance of health and life, initiated and carried out by the individual for herself (McFerran & Martin, 2017). Acquirement of self-care skills are the fundamental indicator of children becoming independent from their caregivers (Çelik, 2019). Being independent in self-care skills provides for successful transition to adulthood (Zhu et al., 2022).

It is also thought that social environment has a critical role in the acquisition of self-care skills. Children's social environment consists of their parents and teachers in early years. In this sense, parents' characteristics (their beliefs, social conditions etc.) and teachers' characteristics (beliefs, professional knowledge, teaching strategies, classroom decisions etc.) might influence children's self-care development. Some pioneers support this idea, they emphasize the importance of self-care development in early years and the effect of environment on children's development. For instance, Erik Erikson, in the psychosocial theory, defines eight developmental crises and their effects on children's personality. Three of these occur in early childhood years, namely "trust vs. mistrust", "autonomy vs. shame and doubt", and initiative vs. guilt". The second crisis, autonomy vs. shame and doubt occurs between 18 months and age 3. To support the sense of autonomy in this stage, a reassuring and independent environment should be provided by parents. In other words, caregivers should allow children to explore their surroundings and perform some tasks on their own. In this sense, Erikson states that some self-care skills (e.g. toilet-training) should be taught to children in this period. Allowing children to undertake some self-care tasks independently is ideal to support sense-of autonomy in children. Getting undressed without help, toilet training, brushing teeth are some of these tasks. From this perspective, psychosocial theory proves the importance of self-care development for children's personality and future life.

Furthermore, Bronfenbrenner, in the ecological systems theory, gives emphasis to children's interaction with their social environment and the impact of the environment on their life and development. He defines five systems to express the environment of children., specifically a microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Bronfenbrenner, 1989, as cited in Ermiş Atasever, 2020). According to Bronfenbrenner (1979), the child is the center of these systems, and child development is linked to the interaction of the systems with each other and with the child. As a first layer, the microsystem consists of the children's home and school environment including teachers, peers, parents and siblings (Bronfenbrenner, 1979). The microsystem defines the individual's conditions that affect the life of the child. In this sense, parenting style, parents' health, occupations, social and demographic status and nutrition are indicators of the individual's conditions and

life, all of which are important, and directly affect the child (Krishnan, 2010; Ermiş Atasever, 2020). It follows that teachers' and parents' characteristics may directly affect self-care development. From this perspective, ecological systems theory proves the impact of social environment on children's self-care development.

As contributors to children's social environment, the beliefs of teachers and parents have a critical role in learning of self-care skills. From this perspective, teachers' and parents' beliefs need to be analyzed. Children mostly engaged with their teachers during the day after starting the school (Akbaş, 2005). In this sense, teachers can follow children's development closely, and they have valuable knowledge about children's self-care development. They might predict the factors influencing children's self-care skills. In other words, teachers have some beliefs about children's self-care behaviors. Teachers' beliefs affect their classroom decisions and teaching strategies (Rentzou & Sakellariou, 201; Vartuli, 1999; Fang, 1996). In this regard, teachers' beliefs can affect children's daily routines and the self-care implementations. From this perspective, teachers' beliefs about children's self-care development are valuable.

Besides, the education starts to be given within the family in the first days of life (Ceka & Murati, 2016), as children interact with their family from the moment they are born (Dereli & Dereli, 2017). In this sense, parents are people having the most interaction with their children. In this sense, they can also follow their children's development closely. They might have knowledge about children's skills and factors influencing children's self-care development. In other words, parents have beliefs about their children's self-care development that affect their behaviors toward children and may affect their implementations at home. For instance, parents' beliefs about their children's self-care development can affect their indoor implementations to support the self-care skills. There are some studies focused on the impact of parents' behaviors and attitudes on children's self-care behaviors (Demirtaş, 2001; Turan et al., 2010). Given the impact of beliefs on behavior, parents' beliefs can affect children's self-care development. From this perspective, parents' beliefs about children's self-care development are valuable.

In order to reach common goals in children's education, teachers and parents should have common beliefs. Similarities in beliefs are the indicators of shared vision. On the other hand, differences in beliefs cause different expectations from the child. Inconsistencies in the expected skills might result in stress and maladjusted behaviors in children (Piotrkowski et al., 2000). Moreover, if teachers and parents do not have a shared vision of the development of children, children cannot be encouraged to acquire certain skills, attitudes and attributes (West et al, 1993). In other words, such disagreements make it difficult to achieve success in children's education, while agreement between teachers' and parents' beliefs about children's self-care behaviors appears to encourage children to comply. Also, it might negatively affect their self-care development. In this regard, investigating teachers' and parents' beliefs about children's self-care development and making comparison between these beliefs is thought crucial.

Many previous studies have treated teachers' and parents' beliefs as reliable sources for investigatigating children's development. Studies focusing on children's self-care generally investigated the relationship between self-care skills and demographic variables. Gender, (Demiriz & Dinçer, 2001; Ünüsan, 2004; Çetin Doğan, 2019), age (Orçan Kaçan et al., 2019), parents' education level (Taşdemir Yiğitoğlu et al., 2018), mothers' working situation (Demiriz & Dinçer, 2000; Küçük, 2009), number of sibling (Taşdemir Yiğitoğlu et al., 2018), and socioeconomic status (Kingston, 1995; Orçan Kaçan et al., 2019) are some of demographic variables that researchers examined. Moreover, some researchers developed home-based and school-based self-care intervention programs based upon teachers' and parents' implementations. In the light of these studies, it can be stated that teachers and parents are reliable sources for investigation of children's self-care development particularly. In this sense, the current study also depends on teachers' and parents' beliefs as reliable sources.

Different from the series of studies mentioned above, the present one compares teachers' and parents' beliefs about children's self-care behaviors and investigate children's self-care behaviors by considering demographic variables. As explained above, children's self-care development is thought crucial for their future life.

Furthermore, psychosocial theory and ecological systems theory point out the importance of self-care development and the effect of environment on self-care skills. Investigating teachers' and parents' beliefs was one of the ways providing a perspective related to children's self-care development. Moreover, making comparison between teachers' and parents' beliefs about children's self-care is essential to create common goals for children's education. In this sense, the current study primarily focuses on teachers' and parent's beliefs about children's self-care behaviors and investigates the differences and similarities between these beliefs.

1.1 The Role of Self-Care Development and Skills in the Turkish Early Childhood Education Program

The early childhood period is critical because this period underpin other periods due to the rapid development and transfer of the skills learned during this period throughout life (MoNE, 2013). In this sense, early childhood education is important in terms of teaching basic skills and habits (Duran & Arslan, 2021). In order to introduce these skills and habits, different early childhood education programs for 36-72 months children were developed in Turkey, and the self-care development domain became gradually visible in early these programs (Duran & Aslan, 2021). This means that the number of objectives and indicators was gradually increased. Great emphasis was put on self-care in program devised in 2013, where the acquirement of self-care skills is one of the purposes, and self-care development is one of the developmental domains. Clearly, self-care development is vital for the Turkish ECE program.

The content of the current ECE program and how to implement it are taught to pre-service teachers attending early childhood education programs at universities in Turkey. Likewise, in-service teachers in the early childhood education field are expected to be well-equipped about the national ECE program and to utilize the program in their professions. In this sense, teachers are aware of the importance of self-care development for children's development and its place in the program. Considering goals and objectives regarding self-care, teachers go about planning the self-care activities, including self-care skills into daily routines, and observing and

evaluating children's self-care behaviors. They follow children's self-care development closely, and they have a belief system regarding children's self-care behaviors. For this reason, investigating teachers' belief system regarding children's self-care behaviors is important.

Clearly, the degree to which children acquire self-care skills is way in which the early childhood education program is implemented in the schools by teachers. The implementation of the curriculum in schools might differ for various reasons. Several studies were conducted about the factors affecting curriculum implementations (Azzi-Lessing, 2009; Babaroğlu, 2018; Ilechukwu Chukwbikem, 2013; Arslan Karaküçük, 2008; Lieber et al., 2009; Teberg, 1999) and the challenges teachers faced (Akinrotimi & Olowe, 2016; Cisneros Cohernour et al., 2000; Gündoğan, 2002; Erden, 2010; Kandır et al., 2009; Ntumi, 2016). Infrastructure, physical environment, staff-child ratio and the characteristics of teachers, child, and family were some of the factors affecting school implementations. Although there is a series of study investigating the factors affecting general school implementation, according to the current knowledge of the researcher, no study specifically focuses on the factors influencing the implementations regarding a particular developmental domain. Çelik (2019) examined the execution levels of self-care and language development objectives, but she did not focus on the factors affecting the implementation. Whereas, teachers' self-care development-oriented implementations in the school might be affected by certain factors. In other words, they might face with different problems in self-care development-oriented implementations. Therefore, the school implementations regarding self-care development should be examined in detail. Teachers are the practitioner of the program in the school, and parents are observers and participators of the implementations in schools. From this perspective, teachers' and parents' beliefs about the school implementations were valuable. In this sense, the current study also focuses on teachers' and parent's beliefs about the school implementations regarding self-care development.

1.2 Purpose of The Study

The purpose of the study is to investigate and compare teachers' and parents' beliefs about young children's self-care behaviors and the implementations regarding self-care development. In detail, the current study examines three main objectives. Firstly, the study aims to investigate teachers' and parents' beliefs about young children's self-care behaviors in terms of child, parents, and teacher related characteristics. Secondly, it aimed to examine teacher's and parents' beliefs about the implementations regarding self-care development. Thirdly, the purpose of the study is to examine to what extent teachers' and parents' beliefs about young children's self-care behaviors in terms of child, parent and teacher related characteristics and school implementations regarding self-care development differ. In accordance with the aim, the research questions are addressed as follows:

RQ 1: What are the beliefs of teachers and parents about young children's self-care behaviors as considering the child, parent and teacher-related characteristics?

1.a. What are the beliefs of teachers and parents about young children's self-care behaviors as considering the child's age, gender, and having sibling?

1. b. What are the beliefs of teachers and parents about young children's self-care behaviors as considering the parents' socioeconomic status?

1. c. What are the beliefs of teachers and parents about young children's self-care behaviors as considering the teachers' years of experience?

RQ 2: What are the beliefs of teachers and parents about the implementations regarding self-care development?

RQ 3: To what extent do teachers' and parents' beliefs about young children's self-care behaviors in terms of child, parent and teacher related characteristics and implementations regarding self-care development differ?

1.3 Significance of The Study

This study aims to investigate and compare teachers' and parents' beliefs about young children's self-care behaviors and the school implementations regarding self-care development. This study is significant for following reasons: its contribution to

provide knowledge about primary contributors' beliefs about children's self-care behaviors, its contribution to provide knowledge about the differences and similarities in the beliefs of primary contributors, its provision of up-to-date knowledge about children's developmental features, its offering both policy makers and program developers a comparative perspective depending on the investigation of different demographic characteristics, and its provision of up-to-date information about how implementation of the curriculum in terms of self-care development and the factors affecting self-care development oriented implementations in the schools.

The first contribution of this study is to provide knowledge about primary contributors' beliefs about children's self-care behaviors. Children initially met with their teachers and began to engage with the teachers as a primary contributor after they started to school (Akbaş, 2005). Children mostly made interaction with their teachers in a day. Therefore, teachers might focus on and follow the self-care development of children. Also, they might predict the factors influencing children's self-care skills. In this sense, teachers have a belief system about children's self-care development. Moreover, they might have some beliefs about the effects of certain characteristics (gender, age, having sibling, SES, etc.) on children's self-care. Teachers' beliefs affect their teaching strategies and classroom decisions (Rentzou & Sakellariou, 2011; Vartuli, 1999; Fang, 1996). In this sense, teachers' beliefs have a critical role on children's self-care development. Investigating teachers' beliefs about children's self-care through considering certain characteristics might assist teachers to define their teaching strategies and to support children's self-care with developmentally appropriate practices. It might also be a reference point for administrators to arrange in-service training for improving the knowledge of teachers on the certain topic. In this sense, investigating the beliefs of primary contributors is significant when considering its contribution to provide knowledge about teachers' beliefs about children's self-care behaviors.

As the acquirement of self-care skills starts at home, parents as the other primary contributors follow their children's self-care development closely, and they also have some beliefs about their children's self-care level. These beliefs affect child rearing (Okagaki & Sternberg, 1993; Stenvenson et al., 1990). Parents' beliefs affect their

behaviors toward children (Çekiç, 2015), and these beliefs and related behaviors have an impact on children's development (Bornstein& Cheah, 2006). In this sense, parents' beliefs and associated behaviors might shape children's self-care behaviors (Demirtaş, 2001; Turan et al., 2010). Also, parents might have some beliefs about the effects of certain characteristics (gender, age, having sibling, SES, etc.) on children's self-care. This might affect their home-based implementations. In this sense, parents' beliefs have a critical role on children's self-care development. Investigating parents' beliefs about children's self-care through considering certain characteristics might help to guide parents to arrange their home-based implementations to support children's self-care behaviors. Also, it might be a reference point for teachers to support children's self-care development considering parents' beliefs and home-based practices. This might also guide teachers and administrators to encourage home-school cooperation to support children's self-care development. In this sense, investigating the beliefs of primary contributors is significant considering its contribution to provide knowledge about parents' beliefs about children's self-care behaviors.

The second contribution of this study is to provide knowledge about the differences and similarities in the beliefs of primary contributors. The school-based and home-based implementation might be different depending on teachers' and parents' beliefs. In order to reach the common goals in children's education, teachers and parents should have common beliefs. Similarities in beliefs are indicators of shared vision. On the other hand, belief differences cause different expectations from the child. Inconsistencies in the expected skills might result in stress and maladjusted behaviors in children (Piotrkowski et al, 2000). Moreover, if teachers and parents do not have shared vision about children's development, children cannot be encouraged to learn certain skills, attitudes and attributes (West et al., 1993). In other words, disagreements make it difficult to achieve success in children's education. In this sense, teachers and parents' different beliefs about children's self-care development might prevent their encouragement of children during the acquisition of self-care skills. From this perspective, comparison of teachers' and parents' beliefs and finding out differences and similarities between them will enable all concerned to set common goals for children's education. Also, it enables the necessary collaborations

for achieving these goals. For instance, collaboration between teachers and parents might prevent maladjusted behaviors in children along with an appropriate education program including home-school continuity in teaching of self-care skills. In this regard, this study is significant considering its contribution to provide knowledge about the differences and similarities in the beliefs of teachers and parents as primary contributors to children's life.

The third contribution of this study is to provide up-to-date knowledge about children's developmental features. Focusing on the primary contributors' beliefs give a clue to children's contemporary developmental features. Within the context of this study, teachers' and parents' beliefs provide information about contemporary levels of children's current self-care development. In the Turkish early childhood education program, the self-care skills which children can do are grouped according to age. For instance, a 36-48 months old child can get dressed with help while a 48-60 months old child can do so without help (MoNE, 2013). In another example, a 48-60 months old child can tie their shoelaces with help while a 60-72 months old child can do this task without help (MoNE, 2013). Whereas, children's current levels might be different from this general judgement. Having knowledge about children's contemporary developmental features regarding self-care enables stakeholders to focus on different educational goals to support children. It also enables them to adjust the educational environments to achieving new goals considering children's contemporary levels. In this regard, this study is significant considering its provision of up-to-date knowledge about children's developmental features.

A fourth contribution of this study is to offer both policy makers and program developers a comparative perspective depending on the investigation of different demographic characteristics. The characteristics of children, parents, and teachers have impact on children's development. Children's gender, age, and having sibling or not are demographic characteristics that might affect children's development (Demiriz & Dinçer, 2001; Ünüsan, 2004; Çetin Doğan, 2019; Orçan Kaçan et al., 2019, Taşdemir Yiğitoğlu et al., 2018). Also, parents' occupations, educational levels, income are elements of parents' demographic characteristics that can shape children's home background and affect children's development and education

(Taşdemir Yiğitoğlu et al., 2018, Kingston, 1995; Orçan Kaçan et al., 2019; Cisneros Cohernour et al., 2000). The demographic characteristics of teachers include their professional development and years of experience. When considering the impact of teachers' characteristics on their implementation, we might find that they too affect children's development and education. The current study therefore investigates children's self-care development by considering different demographic characteristics. Examining the different demographic characteristics offers both policy makers and program developers a comparative perspective. This enables them to provide a more equitable educational environment for children who are affected by different demographic characteristics. In this regard, the present study potentially offers both policy makers and program developers a comparative perspective depending on the investigation of different demographic characteristics.

The final contribution of this study is to provide up-to-date information about how implementation of the curriculum in terms of self-care development and the factors affecting self-care development-oriented implementations in the schools. The researchers mostly focused on the factors affecting school implementations with a holistic view (Ntumi, 2016; Kandır et al., 2009; Babaroğlu, 2018; Gündoğan, 2002; Huntsman, 2008). Teaching and learning materials, physical conditions, number of children and child-staff ratio, in-service training were reported as the factors affecting school implementations in a series previous study. Although there is a series of study investigating the factors affecting school implementation with general view, according to current knowledge of the researcher, no study specifically focuses on the factors influencing the implementations regarding self-care development. Çelik (2019) examined the execution levels of self-care and language development objectives in the school, but she also did not focus on the factors affecting the implementation. Whereas, the self-care development oriented implementation in schools might differ from that specified in the curriculum for various reasons. In other words, they might face with different problems. Investigating teachers' self-care development-oriented implementations will highlight problems that they might have faced in their practice. This also shows the differences between what is set out in the curriculum and its implementation. This offers program developers a broad perspective to shape the curriculum depending on the requirements. Also, this

provides authorities a road map to improve and arrange the school environment for implementation of the ideal curriculum. In this regard, this study is significant considering its provision of up-to-date information about how the ECE curriculum in terms of self-care development is being implemented and the factors involved.

Explicitly, the present study is significant given its potential to provide knowledge about primary contributors' different and parallel beliefs about children's self-care behaviors, and of up-to-date knowledge about children's developmental features. It also offers policy makers and program developers a comparative perspective depending on the investigation of different demographic characteristics, and up-to-date information about how implementation of the curriculum in terms of self-care development and the factors affecting self-care development-oriented implementations in the schools are undertaken.

1.4 My Motivation for The Study

I worked in a private kindergarten as an early childhood education teacher for an academic year during 2018-2019. Full-time schooling was implemented. Therefore, I had a chance to observe children's daily routines as a whole. At that time, I realized that teachers' implementations and teaching styles differed according to their experiences, and characteristics. Also, children's behaviors were affected by their teachers' characteristics. For instance, a teacher had an overprotective behavior, and children in her class started to be withdrawn while going down a ladder. In another example, a teacher was a tidy person, and children in her class started to behave like her. Moreover, according to my observations, teachers gave importance to different self-care behaviors, and their attitudes regarding self-care behaviors were different.

Furthermore, I also observed different parental attitudes. For instance, when a father brought his son and daughter to the school, he helped his son to put on his shoes but not his daughter, because had learned this task without help even though she was younger. The older child had not tried to learn the task, because he always got help. In this case, I also realized how children's self-care behaviors were affected by their parents' attitudes and beliefs. For instance, a child stated that he preferred to hold the

spoon like his father although he knows how to use the spoon properly. In the light of these observations, I realized how young children's self-care behaviors were shaped depending on their teachers' and parents' beliefs and behaviors. Also, teachers and parents might have different beliefs about the skills that children can perform. This motivated me to think about the role of primary contributors in children's self-care development, and their impact on children's self-care behaviors.

Moreover, I had a chance to compare the differences between the program and the school implementations during my internships as a preservice teacher and as an in-service teacher. I realized that certain skills such as combing hair, brushing teeth, and using cutlerly during mealtimes were not implemented in the schools for different reasons although they were included in the program. This also motivated me to think and search about the school implementations regarding self-care development. With this mindset, I decided to search children's self-care behaviors within the basis of teachers' and parents' beliefs and by considering child, parent, and teacher related characteristics. Also, I decided to investigate the school implementations regarding self-care development.

1.5 Definitions of Terms

Self-care: Self-care is looking after one's own basic needs without needing any help (Cobuild, n.d.).

Self-care skills: Self-care skills are the fundamental habits required for maintenance of health and life, initiated and carried out by the individual for herself (McFerran & Martin, 2017).

Self-care behaviors: The term "self-care behavior" is defined differently from "self-care skills" due to the nature of the study. The behaviors are the things that people can observe in daily life. The current study depends on the teacher and parent reports including their observations. In this sense, self-care behavior is the term that express teachers' and parents' observations about children's self-care.

Socioeconomic Status (SES): The term "socioeconomic status" is used to describe people's social standing based on financial factors, education level, and occupation (Porta & Last, 2018).

School Implementation: In the field of education, there is no consensus definition of the "implementation" term (Viennet & Pount, 2017). This is a complex term. On the other hand, Cambridge University Press (2011) described "implementation" term as a term for acting on or processing to put a decision or plan to action. In the present study, school implementations means the action plan to execute the ECE curriculum across five development domains.

Belief: According to Pajares (1992), identifying the "belief" term was difficult because the term was used interchangeably with concepts such as attitudes and values. Therefore, a "belief" should be operationally identified. According to LaParo, Siepak, and Scott-little (2009), beliefs ere a subjective exposition depending on perception, ratiocination, and communication. Additionally, Pajares (1992) reported that beliefs depended on evaluation and judgement. The current study interiorized these definitions.

CHAPTER II

LITERATURE REVIEW

In this chapter, the theoretical background of the study and related literature are presented., starting with Erikson's Psychosocial Development Theory and Bronfenbrenner's Ecological Systems Theory. The review then sets out how self-care development and behaviors are defined and categorized in related literature. Thereafter, the place of self-care skills in Turkish Education Programs and current knowledge on the factors influencing school implementations are discussed, and studies focusing on children's self-care skills are presented. Lastly, the importance of teachers' and parents' beliefs, and the comparison of these beliefs are explained.

2.1 Theoretical Background

This study was carried out within context of psychosocial development theory and ecological systems theory. The former is practical to express the development of self-care in a life cycle and its impact on development of personality, and how children's environment affects this development. Ecological systems theory is useful to express how parents, teachers, and social circumstances effect children and their development.

2.1.1 Psychosocial Development Theory

Human development is considered as biopsychosocial process by Erik Eikson (Greene, 2008). It occurs throughout life, and it is affected by external forces. Within the scope of this perspective, psychosocial theory is a theoretical approach explaining development throughout the life cycle as a result of personality contact with the social environment (Greene, 2008). In other words, the theory investigates

human behaviors resulting from the interaction of individual needs with abilities, and interaction between social expectations and responsibilities (Greene, 2008).

Human development is systematic and within a pattern (Erikson, 1976). Erikson uses the term "epigenetic principle" to define this pattern. Epigenetic principle suggests that a person grows in a ground plan. The growth occurs systematically, and each developmental period grounds on one another. Moreover, retreating or regressing to the previous period is impossible (Erikson, 1976). Erikson divides human life cycle into eight periods: infancy (birth to 12-18 months), early childhood (18 months to 3 years old), childhood (3 to 6 years old), school age (6 to 11 years old), adolescence, young adult, adulthood/ maturity, and old age (Erikson, 1959/1980, as cited in Greene, 2008). According to him, each period in the life cycle accompanied by a psychosocial crisis, and personality is the outcome of these crises (Greene, 2008). There are two peaks in the psychosocial crisis that occurs during each developmental period, namely ego quality and core pathology (Greene, 2008). Ego quality refers to the positive outcome that emerges following a psychosocial crisis, whereas core pathology describes a negative one. These serve to guide to individual's behaviors in the next period. Therefore, positive resolution of a crisis is critical. A summary of psychosocial crises associated with developmental periods, and related ego quality and core pathology are presented in Table 2.1.

Table 2. 1 *Psychosocial Crises and The Peaks in The Periods Across the Life Cycle*

Period Across the Life Cycle	Psychosocial Crisis	Ego Quality	Core Pathology
Infancy	Trust vs. mistrust	Hope	Withdrawal
Early Childhood	Autonomy vs. shame and doubt	Will	Compulsion
Childhood	Initiative vs. guilt	Purpose	Inhibition
School Age	Industry vs. inferiority	Competence	Inertia
Adolescence	Individual identity vs. identity confusion	Fidelity to others	Repudiation
Young Adulthood	Intimacy vs. isolation	Love	Exclusivity
Adulthood/ Maturity	Generativity vs. stagnation	Care	Projectivity
Old Age	Integrity vs. despair	Wisdom	Disdain

Note: Based on Identity and the Life Cycle, by E. H. Erikson, 1968, New York: Norton; *Basic Theoretical Principles,* by R. R. Greene, 2008, In B. A. Thyer, 2008, New Jersey.

The first three psychosocial crises occur during the first 6 years of life including infancy, early childhood, and childhood periods, while other crises emerge in later years. Within the scope of this study, psychosocial crises occurring within the first three periods are explained below, along with their respective ego qualities and core pathologies.

2.1.1.1 Infancy Period (Trust versus Mistrust)

The first 18 months of life is referred to as the infancy period, wherein the trust versus mistrust psychological crisis occurs. Erikson describes this crisis as the keystone of a healthy personality (Erikson, 1968). In this period, "trust" is the fundamental prerequisite. It means the basic wholeness. The child with basic trust has a sense of trustworthiness about herself and others. Positive interaction with caretakers support infants' sense of trust, as when experiencing the warmth of being

cuddled, a child perceives people as dependable (Crain, 2014). On the other side, mistrust is damage of basic trust. This might occur if the child feels threatened or moved away from their caregiver. The resolution for the period is to develop trust and mistrust (Greene, 2008). Positive resolution of this periods provides hopefulness, and the child has a sense of confidence. On the other hand, a negative resolution results in her tendency to withdraw, and have a sense of social disconnection.

2.1.1.2 The Early Childhood Period (Autonomy versus Shame and Doubt)

This period occurs between 18 moths and age 3. The psychological crises that emerge in this period concern autonomy vs. shame and doubt. The sense of trust is necessary for the development sense of autonomy (Greene, 2008). In this period, autonomy is an inner sense, whereby the child starts to elicit greater control over herself depending on her biological maturation and immediate surroundings (Crain, 2014). Therefore, autonomy is described as sense of control. In this this sense, a reassuring and independent environment has positive impact on the sense of autonomy. On the other side, "shame" emerges from the awareness of social expectations and pressure (Crain, 2014). The child perceives herself as unsuccessful and unassured if she is overly criticized and inhibited. The positive resolution of this period provides "will" power for children. This is the resolve necessary for achieving goals. Erikson describes this term as an unbroken dedication to exercise both free choice as well as self-restraint (Erikson, 1964, as cited in Crain, 2014). On the other hand, the negative resolution results in "compulsion" and repetitive ritual behaviors whereby the child might feel that she has less control over her own world.

Depending on the period and its features, some self-care skills are taught in this period. For instance, toilet training is given in this stage. According to Freudian philosophy, mothers should permit their children to enjoy their anality with pleasure, but they tend to toilet-train their children using shaming to deter them from unwanted behavior (Crain, 2014). Erikson and his theory support this idea. Enjoying their anality gives children sense of control, and autonomy. On the other hand, children's awareness of mothers' pressure and social expectation might cause sense of shame in child. Erikson emphasizes the importance of toilet training in this period,

and he states that the conflicts taken place in a number of areas (Crain, 2014). Insistent requests from the child to feed herself and intervention of parents to regulate behavior for preventing mess is an example of these conflicts (Crain, 2014). To support the sense of autonomy in this stage, a reassuring and independent environment should be provided by parents (Greene, 2008). In this sense, caregivers should allow children to explore their surroundings and perform some tasks on their own. Allowing children to undertake the tasks regarding self-care is ideal for achieving this goal. Getting undressed without help, toilet training, brushing teeth are some of these tasks.

2.1.1.3 Childhood Period (Initiative versus Guilt)

This period occurs between age 3 and 6. Children more interested in play and the activities of their own selecting (Erikson, 1977) in this period. In this sense, this stage is also named as the "play age period". The psychological crisis that emerges in this period is initiative versus guilt. According to Erikson, this crisis allows children to find out what kind of an individual they will be (Greene, 2008). Activities such as planful exploration are indicative of "initiative". A child with a sense of initiative might set some goals, make plans and insist on achieving their goals (Crain, 2014). On the contrary, if parents tend to inhibit such planned behaviors and independent play, a child might fear disapproval and have a sense of guilt. The positive resolution of the crisis is "purpose" that results from supporting the child in her explorations and planful activities. It means being willing to go after things for a purpose. Children with a sense of purpose can set some goals and try to achieve them (Crain, 2014). On the other side, a negative resolution of the crisis is defined as "inhibition". The sense of guilt can lead to inhibition, whereby children refrain from trying to achieve things. However, a child with too much purpose and with little sense of guilt can lead to ruthlessness in later periods, as when a person tries to achieve her goals without considering the ways she uses to do this. For this reason, the sense of balance is essential in this stage.

According to Erikson, strength and weakness in the earlier stages affect other stages. In other words, the theme of an earlier period might emerge in next steps when a

strength did not sufficiently develop during the intended period. However, there is a possibility of further resolution of the crisis in the following periods with the support of the environment. This is the proof of the impact of environment on the individual. In addition, Erikson states that psychosocial crises in these periods are universal. However, the solutions are unique in every culture (Greene, 2008). This also proves the effect of environment on the individual's development. In early years, children's environment consist of their parents. Therefore, parents' beliefs and attitudes toward children in psychosocial crisis affect development and children's personality. Considering some self-care skills in the second stage, the attitudes towards the child while teaching self-care behaviors and being successful in these skills positively affect children's entire life and their personality. In this regard, Erikson's theory emphasizes the importance of the acquirement of self-care behaviors in early years of life.

All in all, the psychosocial theory specifies some developmental conflicts during the early childhood period. These crises and their positive or negative resolutions contributes to shape children's personality. Autonomy vs. shame and doubt is one of developmental crisis that occurs in the early childhood period. Given that self-care skills are learned in early childhood, parents should encourage and allow children to do the self-care tasks independently in order to support their sense of autonomy. Undressing without help, toilet training, brushing teeth are examples of some of these tasks. Erikson also emphasizes the importance of toilet training during this period. In this regard, the theory is associated with children's self-care skills and this study.

2.1.2 Ecological Systems Theory

Ecological systems theory is another theory which represents the theoretical framework of the current study. Child development is a multidimensional system. In this sense, children cannot be isolated from society. They interact with the environment, and they are affected by it (Krishnan, 2010). In fact, this affection does not include only physical factors. Children are also affected by their environment socially. In this sense, Bronfenbrenner highlights the interaction between the child

and other individuals. With this perspective, he formulates "Ecological Systems Theory". The "ecology" term refers to the institutions and settings where children live. "System" refers to the personal, social, and political systems in which children live (Wahedi & Khanam, 2012). Bronfenbrenner specifically calls these systems: microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Bronfenbrenner, 1989, as cited in Ermiş Atasever, 2020). The child is the center of these systems, whose development is linked to the interaction of the systems with each other and with the child. (Bronfenbrenner, 1979).

Microsystem: This system is the first layer in ecological systems theory. It directly interacts with child. It includes children's family, school, teachers and peers. Bronfenbrenner (1979) defends that the ingredients of a microsystem are in relationship and affected by each other. Therefore, strong relationships should be connected between the child and the ingredients of the microsystem for healthy development. In this system, individuals' conditions and life also affects the child. Parenting style, parents' health, occupations, social and demographic status and nutrition are the indicators of the individual's conditions and life, all of which are important and directly affect the child (Krishnan, 2010; Ermiş Atasever, 2020).

Mesosystem: This system is a second layer in ecological systems theory, and it includes relation of two or more microsystems. Children's life is not independent from these relationships. Bronfenbrenner (1979) defines some models that include the connection between microsystems: relationship between family and daycare, family and school, family and other settings. For instance, the illness of a parent might affect the child' school environment.

Exosystem: The third layer includes the relationship between two or more systems. In other words, it consists of the relationship between the microsystem and the mesosystem. The exosystem does not directly affect child. However, it has impact on the child's development. For instance, families' socioeconomic status affects the school choice, and this indirectly affects child's development (Marshall, 2004). As another example, parents might not attend the school activities or pick up their child

late from the school because of their work hours. They might affect the child's development indirectly.

Macrosystem: This system includes cultures, and other social contexts such as belief systems, lifestyles, and policies (Bronfenbrenner, 1989 as cited in Ermiş Atasever, 2020).). In this sense, the macrosystem also affects child's development indirectly. For instance, if the maternity live and breast-feeding permission is a policy in a country, this affects mothers' care of their children and has indirect and positive impact on children's development. As another example, a patriarchal family structure encourage parents to assign different responsibilities to their daughters and sons. This too affects child's development indirectly.

Chronosystem: This system is the final layer in ecological systems theory. It consists of short and long spans of time that influence the development of children (Bronfenbrenner, 1989, as cited in Ermiş Atasever, 2020). Over time, people's life, rules and other settings change. This also affects children's development and life. For instance, during the COVID-19 pandemic period, people's life completely changed, and it affected children. As another example of a long span of time, children's development and life during times of war and nowadays are different.

Consequently, ecological systems theory proves the impact of the social environment on children's self-care development. According to this theory, the systems around the child are in relationship with each other, and they affect the child's development. As microsystem variables, family, teachers, their characteristics, and these components' relationship with each other directly affect children. In this sense, family income, education level, patriarchal family structure as ingredients of the systems have impact on children's development. From this perspective, children's self-care behaviors might be affected by parents' socioeconomic status, teachers' experiences, teachers' and parents' lifestyles and their belief systems. In this sense, the theory is associated with this study.

2.2 Educational Approaches related with Self-Care Skills

There is a series of educational approaches that was offered by some pioneers. Montessori approach is one of them, and it is related with children's self-care development and self-care skills as well as the theories that mentioned above. In this part, the relation of Montessori approach with children's self-care development was explained.

2.2.1 Montessori Approach and Its Relationship with Children's Self-Care Development

With the modern education system, child-centered approaches started to be defended (Özerem & Kavaz, 2013). Montessori approach is also child centered. It meant the minimum intervention to children in their actions (Mertala, 2020). In this sense, Montessori approach enable children to learn with control-free way. In other words, children can decide what and how they do (Özerem & Kavaz, 2013). They can also choose the materials that they needs for learning. According to Montessori, children have absorbent mind and they can learn from environment effortlessly during the first six years of life (Isaacs, 2018). Therefore, it is critical to provide opportunities for children's optimum development. The structured environment is crucial for the optimum development. In this sense, according to this approach, teachers should be good observers and prepared the environment for children. Also, they can intervene and guide children if children need this. In this sense, children have a chance to investigate freely and learn from the experiences. In other words, they can learn by doing.

Montessori approach have three main objectives, which are the affective education, language education and motor education (Özerem & Kavaz, 2013). Affective education means the development of senses while language education includes the realization of sounds and learning of the relationship between sound and language. Moreover, motor education consists of daily skills such as bathing, dressing, sweeping, arranging and carrying staff (Özerem & Kavaz, 2013). In detail, children are encouraged to feed themselves, to take responsibility to prepare snack, to clear

their own plates, to clean up and arrange the environment, to develop toileting skills, and to put on their shoes and wear the coats (Isaacs, 2018). They are taught to do these tasks without any adult help. These tasks are the self-care skills. In this sense, it is clear that Montessori approach mainly supports children's self-care skills. From this perspective, the Montessori approach overlapped with the scope of this study.

2.3 Definition of Self-Care and Self-Care Skills

Collins Advanced English Dictionary describes "self-care" as looking after one's own basic needs without need of any help (Cobuild, n.d.). Also, in Oxford Advanced Learners' Dictionary of Current English, Hornby (2005) defines the term "self-care/self-help" as the act of caring for oneself. On the other hand, self-care skills should be defined due to the scope of the study. In a Dictionary of Nursing, the term "self-care skills" is defined as the fundamental habits required for maintenance of health and life, initiated and carried out by the individual for herself (McFerran & Martin, 2017). These are the definitions of self-care and self-care skills found in the dictionary.

On the other hand, the researchers used different terms when implying self-care skills in their study although the definitions were same. Hong and the colleagues defined self-care skills as "functional living skills", which were required for being an independent person in the community (Hong et al., 2017).

In some research, "daily living skills" term was used when explaining self-care skills (Zobel-Lachiusa, 2015; Hong et al., 2015). Daily living skills referred being competent to have self-sufficiency and autonomy (Hong et al., 2015). The lack of these skills resulted in being dependent on others in the society. Hong and the colleagues (2015) reported certain sub dimensions of daily living skills: personal (eating, washing, toileting, dressing), domestic (household chores), and community skills (time management, occupation skills etc.). The ingredients of personal and domestic living skills were in correspondence to the scope of the study. In addition, Klein and Bell (1982) named self-care skills as "activities of daily living". Their

definition included such basic functions as “dressing”, “eating”, and “bathing and hygiene”.

As different from other researchers, Wallace and Shubert (2008) used the term “self-care” in their study. They defined self-care skills as ability for taking care of fundamental needs regarding feeding, dressing, toileting, grooming and hygiene for independent existence.

Explicitly, the definitions and the context were same while implying self-care skills although the terms were different with each other. The several definitions included such functions as eating, toileting, dressing, and bathing. These definitions overlapped with the scope of the present study.

2.4 The Categorization of Self-Care Behaviors

There is a series of self-care behaviors such as washing hands, brushing teeth, using a towel, holding a spoon or fork, taking off a jacket and putting on shoes. When some researchers searched for self-care skills in their study, they had to focus on specific self-care behaviors, because focusing on all self-care behaviors was not possible. In this sense, the categorization of self-care behaviors were essential. In this part, the categorization of self-care behaviors based upon their context are presented.

The self-care behaviors were grouped based upon their context in several studies conducted abroad and Turkey. In 1982, Klein and Bell developed “the Klein-Bell ADL scale” to measure old people’s level of independence in basic activities of daily living (self-care) (Klein & Bell, 1982, as cited in Dahlgren et al, 2013). They divided the self-care behaviors into six groups: dressing, elimination, mobility, bathing and hygiene, eating, and emergency telephone use.

On the other hand, Mann (1974) created four subgroups while explaining the self-help skills in handicapped young children. These were feeding, dressing, toileting, and grooming. Similarly, Booth and the colleagues (1981) categorized self-help skills while presenting training activities for handicapped children. They divided the

self-care skills into five groups: dressing, toileting, eating, bathing, and management of independent activities. Moreover, Bender and the colleagues (2008) categorized self-care skills when explaining the teaching of a student with disabilities. They grouped self-care skills under four subgroups: toileting, eating and drinking, dressing and undressing, and personal cleanliness and grooming. Furthermore, in other research about promoting self-care skills in handicapped children, self-care skills were categorized as eating, dressing, toileting and grooming and maintaining good hygiene (Wallace & Shubert, 2008).

On the other hand, Trawick-Smith (2018) categorized self-care skills for toddlers. She focused on eating and toileting. "Eating" included holding a spoon, shoveling food into the mouth, while "toileting" consisted of bladder and bowel control and using the toilet independently. Moreover, while explaining the development of preschoolers, self-care skill tasks were mentioned under personal and family life skills. They included dressing, arranging, bathing, eating and personal hygiene.

There were several studies which categorize the self-care behaviors based upon the context. Varol (2007) categorized self-care skills detailed for early childhood years. She divided self-care skills into four groups: toileting, eating, dressing, and daily living skills. "Toileting" skill referred to controlling the bladder and bowel and using the toilet independently (Varol, 2007). It included the behaviors such as going to toilet, dressing and undressing for the toilet and using the toilet independently. Moreover, "eating" skill referred to eating and drinking without help and using tools for eating and drinking (Varol, 2007). It included the behaviors such as holding the spoon and fork, shoveling the food into the mouth, holding the glass, drinking the liquid from the glass, using the knife, spreading the butter on the bread, and obeying the dinner table rules. Furthermore, "dressing" referred basic dressing and undressing skills. It included the behaviors such as pulling up trousers, slipping on the shirt, putting on the shoes, buttoning up, fastening up, dressing according to weather, and distinguishing dirty and clean clothes and front and back. Additionally, daily living skills were the required skills in order to protect personal grooming and personal appearance, and to maintain life independently at home and outside (Varol, 2007). It included behaviors such as dusting, sweeping, washing dishes, making up a bed,

choosing appropriate clothes, hanging and holding the dress, bathing, and combing hair.

Similarly, Dinçer and the colleagues (2017) developed a "Preschool Children Self-Care Skill Scale", that included four components: dressing-undressing, eating, and self-cleaning and toileting, arrangement-layout. Dressing-undressing skills included behaviors such as independently dressing, distinguishing the front and back, distinguishing inverted clothes, buttoning up, fastening up, belting, putting on the shoes. Also, "eating" skills included the peeling of fruit, filling a glass with water, moving food on the plate without spilling it, using the spoon and fork and helping with the preparation of the dinner table. Moreover, "self-cleaning and toileting" skills included the behaviors such as going to toilet without reminder, using the toilet independently, flushing the toilet, dressing up without help after toilet, washing hands with soap, and blowing the nose. Additionally, "arrangement-layout" skills included the behaviors such as putting shoes in their place and tidying up.

On the other hand, Bayer (2019) developed "The Assessment of Self Care Skills Test For 3-6 Years Old Children" and grouped self-care skills as "hygiene and self-care", "eating", "relaxation", "dressing", "self-protection from accidents", and "arrangement of the environment".

Explicitly, self-care behaviors were discussed in several studies. Abroad, researchers generally focused on disabled children's self-care behaviors. On the other hand, in Turkey, the researchers focused on typically developed children's self-care behaviors. In these studies, self-care behaviors were generally investigated under four subgroups (Akmeşe, 2020). Additionally, "eating", "dressing", "toileting", and "cleaning/hygiene" subgroups were common in all studies.

2.5 Self-Care Skills in the Turkish Early Childhood Education Program

The early childhood education period is essential in terms of teaching basic skills and habits (Duran & Arslan, 2021). In order to bring in these skills and habits, different early childhood education programs for 36-72 months children were developed in

Turkey. The program developed in 2013 is currently used in our country. The purpose of this program is to provide children's health growth, support all developmental areas, acquirement of self-care skills and readiness for elementary education through enhanced learning experiences (MoNE, 2013). Reporting the acquirement of self-care skills as a purpose proves the emphasis of the self-care development for the Turkish early childhood education. Moreover, self-care development is one of the developmental domains that is placed in the program. This is further evidence of the importance of self-care skills for children and the Turkish early childhood education.

In the Turkish Early Childhood education programs, self-care skills are not categorized based on their content unlike the studies mentioned in the previous part. Instead, they are generally presented in objectives and indicators regarding self-care development. Duran and Arslan (2021) reported the place of self-care skills in objectives and indicators of the Turkish early childhood education programs, and they stated that the objectives and indicators regarding self-care skills gradually increased in the Turkish ECE programs. There are 5 goals and 19 objective regarding self-care skills in 2002 program, while there are 5 goals and 26 objectives in 2006 program, and there are 8 objectives and 40 indicators in 2013 program (Duran & Aslan, 2021). Moreover, the researchers examined the teacher's guide books (in 2002 and 2006) and activity books (in 2013 and 2018) published as supplementary sources. In 2002, the teacher's guidebook does not include any activity regarding self-care skills, while there are 7 activities in the teacher's guidebook published in 2006. Also, the activity book published in 2013 includes only one activity regarding self-care, while the one published in 2018 provides 42 activities regarding self-care skills (Duran & Aslan, 2021). Accordingly, the number of sample activities including self-care development gradually increased in the Turkish early childhood education programs. With this reference, the importance of self-care skills was gradually realized in Turkish early childhood education, and the place of the objectives, indicators, and the activities regarding self-care skills became more visible in the program over time. In this sense, examining objectives and indicators regarding self-care skills in 2013 ECE program is essential.

There are eight objectives in 2013 ECE program (Duran & Arslan, 2021). The objectives are listed as follows: “performing cleaning rules for the body”, “making necessary arrangements in their living places”, “eating healthily and adequately”, “doing the works for dressing”, “expressing the importance of having a rest”, “protecting themselves from the dangers and accidents”, “using the necessary tools for daily life skills”, and “taking precautions for their health” (MoNE, 2013). Moreover, there are forty indicators under the objectives. Some of these indicators can be listed as follows: Brushing teeth, washing hand and face, taking off and putting on clothes, fastening/unfastening buttons, zipping/unzipping, using/picking/wrapping/hanging/and putting the things in away at home and at school, eating and drinking sufficiently, avoiding unhealthy foods, telling/participating in restful activities, using cutlery during nourishment, telling of dangerous situations and protecting themselves from danger, being aware of safety rules and performing necessary tasks to keep healthy (MoNE, 2013). While examining the objectives and indicators in the Turkish 2013 ECE program, all behaviors regarding self-care are extensively covered, although they are not strictly categorized as in the studies mentioned above.

In short, the place of self-care development and the skills gradually increased in early childhood education programs in Turkey. The most emphasis on self-care was made in 2013 program. Considering the content of objectives and indicators regarding self-care skills and the acquirement of self-care skills as a purpose of the currently used ECE program, self-care development is seen as vital to the Turkish ECE program. On the other hand, it is critical that teachers know the place and importance of self-care development in the national early childhood education program.

In the early childhood education programs of the universities, the content of the 2013 ECE program and how to implement it in their profession are taught to pre-service teachers. In Turkey, in-service teachers in the early childhood education field utilize the national program. In this sense, in-service teachers in Turkey are aware of the importance of self-care development for children’s development and its place in the program. Also, in service teachers are supposed to consider goals and objectives regarding self-care, to plan self-care activities, to include self-care skills in daily

routines, and observing and evaluating children's self-care behaviors. In this sense, teachers are the people who follow children's self-care development closely, and they have some beliefs regarding children's self-care development and behaviors. In this regard, investigating teachers' beliefs and observations regarding children's self-care behaviors is essential.

2.6 The School Implementations

The way in which the early childhood education program is implemented in the schools is as critical as itself. In this sense, investigating school implementations regarding the curriculum is essential. In this part, the curriculum implementations in the schools are presented.

Early childhood education is the most intense period of learning. Children are recipient in this period, and they are open to all negative or positive things that might come from the environment (Erden, 2010). Therefore, the implementation of the early childhood education program in the best way is essential. In this regard, teachers' role is critical to implementation of the curriculum in the classrooms (McDonnell, 1999; Lundin, 2000).

Several factors may affect the teachers' implementations in the schools. The researchers considered teachers-related *(individual characteristics, perspective and ideology, professional knowledge and development, teaching experience*), child and family-related (*children's abilities and home background, parents' conditions, beliefs, attitudes*), and school-related factors (*support of school administration, staff-child ratio, funding, in-service training, infrastructure*) while examining the ingredients affecting school implementations. On the other hand, they mostly focused on the impact of these factor on general school implementation. They did not directly focus on the impact of these factors on self-care development-oriented implementations. When considering self-care development as a part of the national early childhood education program in Turkey, examining the factors that influence the quality of self-care development-oriented implementations in the schools is essential.

2.6.1 Teacher Related Factors

The key to successful implementation is the teachers (Akinrotimi & Olowe, 2016). In this regard, teachers' individual characteristics, their perspectives and ideology, their professional knowledge and development, and their teaching experience might affect the school implementations. In this part, the impact of these factors on school implementations and their potential impact on self-care development-oriented implementations were explained.

Teachers' individual characteristics affect the curriculum implementations (Lieber et al., 2009; Erden, 2010). Teachers who are organized, fully motivated, responsible, open to learning can implement the curriculum better than unmotivated teachers (Lieber et al., 2009; Goodman & Brand, 2009). In this regard, teachers with fully motivated, responsible and open to learning can perform better curriculum implementation regarding children's self-care development.

Another teacher related factor is the perspectives and ideology of the teacher. Teachers have past experiences, and this affects their perceptions regarding children's development and learning and the quality of school implementations (Ntumi, 2016). In addition, some researchers defends this view, and they state that teachers' perceptions on teaching and learning is a remarkable factor influencing the implementation of the ECE curriculum in the school settings (Kern et al., 2007, as cited in Ntumi, 2016). In this sense, teachers' perspective and ideology can affect their activity implementation regarding self-care development.

Moreover, teachers' professional knowledge and development affect the curriculum implementations in the schools (Goble & Horm, 2010; Federal Republic of Nigeria, 2013, as cited in Akinrotimi & Olowe, 2016). According to Goble and Horm (2010), professional development is universal for all professions, and people must enhance their knowledge and their sense of professionalism throughout their careers, because this affects the implementation of the research-based practices. They (2010) emphasize the central role of professional development in early childhood education field for children's positive outcome. Professional development affects the quality of

teachers. No education system can outperform the quality of its teachers (Federal Republic of Nigeria, 2013, as cited in Akinrotimi & Olowe, 2016). If the teachers are unskilled and poorly trained, other factors such as materials, management, and resources become useless (Jibril, 2007). Teachers' comprehensiveness on the theoretical and practical framework of the curriculum is critical for the curriculum implementation (Park, 2008, as cited in Akinrotimi & Olowe, 2016). In this sense, teachers' professional knowledge can affect their implementation regarding self-care. If teachers do not know the theoretical knowledge, this may result in wrong implementations. For instance, if a teacher does not know children's self-care development according to age, s/he may force children to achieve some goals.

In addition, teaching experience is a factor influencing the school implementation. Teachers' professional development occurs throughout their career (Globe & Horm, 2010). In this regard, professional development is affected by teaching experience of teachers. Webster-Stratton, Jamila Reid, and Stoolmiller (2008) implies the effect of teaching experience of preschool teachers on their curriculum implementation. In this sense, teaching experience can affect teachers' self-care development-oriented implementation. Their behaviors and attitudes can change toward some situations as they observed more children within the period of time.

2.6.2 Child and Family Related Factors

Children's abilities and their home background which is shaped by parents' social conditions and beliefs might affect the school implementations. In this part, the impact of these factors on school implementations and their potential impact on self-care development-oriented implementations are explained.

Children are the other critical component while implementing the early childhood curriculum (Ntumi,2016). Each child in the classroom has different characteristic and background. Teachers' implementations are affected by these differences. In this regard, the implementation of the curriculum might be quite different from the official curriculum (Ntumi,2016). While implementing the curriculum, teachers choose teaching activities and learning experiences by considering children's

different characteristics and requirements. In this regard, children's characteristics including their abilities and requirement may also affect self-care development-oriented implementations in the school. According to Ntumi (2016), the actual curriculum is determined by children's home background as well as their abilities. As considering that children's home background is shaped by their families' belief systems and social conditions (their income, working status, education levels etc.), it can be stated that families' conditions and beliefs may also affect self-care development-oriented implementations in the school.

2.6.3 School Related Factors

The school related factors include the support of school administration, infrastructure (sources, facilities, materials, and funding), and staff-child ratio. In this part, the impact of these factors on school implementations and their potential impact on self-care development-oriented implementations are explained.

The support of the school administration affects the curriculum implementation. Teberg (1999) implied the importance of administration support by stating the requirement of teachers for encouragement to reach the goals in the program. Additionally, Desimone, Payne, Fedoravicius, Henrich, and Finn-Stevenson (2004) reported administration support as a key factor for being successful in the curriculum implementation. The support of administration provides collaborative environment, and it affects the teachers' implementation (Desimone et al., 2004). In order to support teacher' professional development, the school administration can arrange in-service training. However, the content of in-service training might be problematic. In the study conducted by Gündoğan (2002), insufficiency of in-service training is reported. She stated that the trainings organized by school administration are not sufficient to abreast teachers about current trends in ECE curriculum. Therefore, in-service trainings are not supportive to answer teachers' questions about curriculum implementation. With this reference, support of teachers by the school administration in every way is critical for implementation of the curriculum. In this regard, it can be stated that support of the administration regarding self-care development is essential. Organizing in-service training about how to improve children's self-care and

arrangement of the physical environment to support self-care development-oriented implementations may directly affect self-care implementations in the school and indirectly impact children's self-care development.

Another school related factor is infrastructure including sources, facilities, materials, and funding. Infrastructure is essential in education, and it provides a base for other factors (Azzi-Lessing, 2009). The infrastructure determines the capacity of the school system to implement the curriculum (Chukwbiem, 2013). In this sense, the problems about infrastructure might result in other problems and negatively affect school implementations. There can be no purposeful teaching and learning without adequate materials. In this sense, the adequate materials and physical facilities (libraries, classrooms etc.) should be supplied by Ministry of Education to schools for successful implementation of the curriculum (Ntumi, 2016). Funding is essential to provision of required sources, educational materials, training of staff, school meals among others (Alabi & Ljaiya, 2014). According to the annual report prepared by Department of Internal Auditing Unit of Ministry of Education in Turkey, the most remarkable problem is high rate of physical inadequacy and lack of materials (Bielh, 2011, as cited in Barbaroğlu, 2018). In addition, a series of research found insufficiency in the physical environment of early childhood education institutions in Turkey (Yıldız & Perihanoğlu, 2004; Baran et al., 2007, Arslan Karaküçük, 2008). In this sense, insufficiency in the physical environment and materials may also impact self-care development-oriented implementation in the school. For instance, no usage of kitchen, having small classrooms and entrance, and insufficiency in the number of cupboards for children's belongings may affect self-care development-oriented implementations in the schools.

The child-staff ratio is also a school-related factor influencing the curriculum implementation. Higher staff-child ratio means lower number of children for per staff. According to Huntsman (2008), higher- staff- child ratio enables better interaction between child and staff. Thus, the staff can feel less stress and give more support to each child according to their needs and development. In other respects, the lower staff- child ratio results in less attention to children. The staff cannot give optimal performance to support children. This might result in poorly development of

children in all domains (Akinrotimi & Olowe, 2016). With this reference, high number of children in the schools may negatively affect children's self-care development because the staff feel more stress because of excessive child number and give less attention to children's self-care requirements. Also, they may do impetuous interventions to children's daily routines, and these negatively affect children' self-care development.

Consequently, the school implementations and the problems regarding these implementations should be analyzed in order to enhance the efficiency of school implementations and accomplish the high-quality standards (Erden, 2010). In this sense, a series of studies were conducted into the problems in curriculum implementations. The researchers reported several factors (teacher-related, child and family related, and school related factors) influencing the teacher' implementations in classroom even if there was an ideal curriculum plan. The researchers mostly focused on the factor affecting general school implementations, whereas they did not directly focus on the factors influencing self-care development-oriented implementations in the school. Given that self-care development is a part of the national early childhood education program in Turkey, examining the factors on the self-care development-oriented implementations in the schools is essential. In this sense, the current study is expected to contribute to the analysis of school implementation regarding self-care development and related problems.

2.7 The Studies Conducted about Self-Care Skills

Self-care development and skills affect individuals' all life. For this reason, the researchers examined self-care skills for different ages, which were early childhood years, elementary school, high school years, and old ages. Within the scope of the present study, the studies conducted for the early childhood period are mentioned in this part.

Children's self-care development and skills were examined in terms of different perspectives. Some researchers focused on self-care skills of children with disability or diseases. For instance, Duhanyan and the colleagues (2019) examined preference

for performing self-care skills by four children with autism. According to result of the study, two children's choice on high-preference materials was associated with improved independent tooth brushing when compared to low preference materials. Furthermore, there was not any difference in children's choices for the materials in the way of their independent tooth brushing skills. Besides, the researchers suggested the choice of the materials alone as a good strategy for caregivers of children with skills deficits and neurodevelopmental disease. Similary, Zobel-Lachiusa, Andrianopoulos, Mailloux, and Cermak (2015) conducted another study with the participation of 34 children with autism and 34 children with normal development, on the difference between the participants' sensory processing and behavioral problems regarding eating. At the end of the study, a positive correlation was found between eating problem behaviors and processing difficulties in children with autism.

Moreover, some researchers focused on self-care skills of children with mental disability. For instance, Demirel (2008) investigated the impact of balance training exercises for mentally disabled children on certain self-care skills. The balanced training program was implemented through eight weeks. At the end of the study, children in the experimental group learned the skills faster than children in the control group. On the other hand, both groups reached the required level to do the tasks independently. Similarly, Ela Kızılkaya (2016) focused on children with mental disability. The researcher investigated whether mentally disabled children's family used reinforcement when teaching daily life skills. Also, reinforcement preferences and their effectiveness were examined. 48 families participated in the study which revealed the use of reinforcement by all families when teaching. Also, families mostly used positive reinforcement although a few families used negative reinforcements and punishment. In addition, the families not educated about the topic find reinforcements beneficial.

Furthermore, some researchers focused on children with cerebral palsy. For instance, Phipps (2011) investigated the effect of the types and level of cerebral palsy on the self-care, mobility, and social functions. 2768 people between 0-19 years old were the participants of the study. According to results, type of cerebral palsy did not have

impact on self-care, mobility, and social functions. However, level of cerebral palsy did. Similarly, Guidetti (2001) also focused on children with cerebral palsy. The researchers examined the change of dressing skills in children with cerebral palsy after a 10-weeks occupational therapy intervention program. 5 children were the participants in the study. At the end of the program, four of the 5 children's dressing skills had developed. Also, children's undressing skills significantly improved.

Besides, Nalbant (2011) focused on children with down syndrome. The researcher conducted an experimental study and implemented 14-weeks physical activity program to examine children's daily life skills and motor skills. The study was conducted with participation of children aged 6-10 years old. At the end of the study, the daily life and motor skills of children in the experimental group developed. In other study conducted by Faulkner and Chang (2007), the researcher focused on children and adolescent with Type 1 Diabetes and investigated how family influence self-care, quality of life (QoL), and metabolic control of 99 school-aged children and adolescents with Type 1 Diabetes. According to the result of the study, children's self-care behaviors and QoL was predicted by families' caring and warm behaviors. Additionally, in another study conducted by Chien and the colleagues (2012), the researchers did not focus on a specific disability. They examined the role of real-life hand skill performance on the self-care skills of 114 disabled and 130 non-disabled children. It was reported that children's real-life hand skill performance contributes their self-care skills. As different from other studies, Kellegrew (1994) focused on the effect of daily routines and conditions on disabled children's self-care skill performance. This study found that disabled children may be unable to perform self-care skills due to a lack of opportunity in their daily routines rather than a lack of ability. Also, mothers' perceptions regarding the skills performance of their child had an important role on the type of opportunity offered to the disabled child.

On the other hand, some researchers focused on children's self-care skills as considering certain characteristics. For instance, Demiriz and Dinçer (2001) investigated the self-care skills as considering "children's gender" and "getting early childhood education". The data was collected from parents of 252 girls and 261 boys. At the end of the study, there was no significant difference in children's self-

care skills in terms of gender. However, children receiving early childhood education had significantly different self-care skills than other children. Similarly, Ünüsan (2004) made a study by considering the same variables with the participation of 240 parents. At the end of the study, a significant difference was found between children's self-care and their gender. There was also significant difference between getting early childhood education and self-care. Likewise, Çetin Doğan (2019) also focused on children's gender in the study, but she focused on the expectations. The researcher investigated mothers' expectations regarding self-care skills according to children's gender. Also, the researcher examined the performing of self-care skills in school and at home depending on children's gender. The data was collected by the mothers of 30 girls and 30 boys. According to the result of the study, Self-care skills of girls and boys showed a difference in school and at home. In addition, mothers' expectations from their daughter regarding arrangement of the environment was significantly different from expectations from their son. The researcher also found out the reasons for this difference with content analysis. The reasons were ordered as follows: non existence of arrangement skills in boys, girls' enthusiasm for this kind of skills, not expecting this kind of skills from boys, taking as a model of mother by girls, women being responsible for housework. In another study, Taşdemir Yiğitoğlu, Kıray Vural, and Körükçü (2018) examined children's self-care skills according to a number of demographic variables while investigating the relationship between children's social development level and their self-care skills. The variables were gender, birth order, starting age of early childhood education, number of siblings, parents' education level, occupation of mother, age of parent. In the study, the data was gathered from 227 children. At the end of the study, there was a significant difference in children's self-care skills according to gender, birth order, and starting age to early childhood education. They found that girls' eating, and dressing skills were significantly different than boys. Also, depending on the birth order, first children's dressing behaviors were worse than second children. On the other hand, there was no significant difference in children's self-care skills in terms of parents' education level, mothers' occupation, and parents' age. Similarly, Orçan Kaçan, Ata, Kimzan, and Karayol (2019) investigated mothers' supportive implementation for their children according to similar demographic variables, which are gender, age, type of the school, fathers' age, education level, and socioeconomic status. 330

mothers were the participants of the study. The finding revealed that mothers' supportive implementations were related with children's age and school type. Children's age and going to private school impacted mothers' implementations regarding self-care skills. Mothers' supportive implementations decreased as children grew up. In addition, the results were the favor of mothers attending the private schools.

In another study, Demiriz and Dinçer (2000) examined the self-care skills of children according to mothers' working situation. The data gathered from 298 working mothers and 216 not working mothers. According to result of the study, children having working mothers were more successful in self-care skills. Similarly, Küçük (2009) focused on the self-care skills of children whom their mothers gave the care, children whom caretaker gave the care, and children whom day nursery gave the care, while evaluating children's self-care skills and their life quality. According to result of the study, dressing and personal grooming skills of children whom the day nursery gave the care were significantly higher than other children. Additionally, children's dressing skills were significantly different depending on mothers' education level.

In some studies, the researchers focused on children's starting school age while investigating self-care skills. For instance, Çetinkaya (2012) examined the possible difference between self-care skills of children who started to school at 5-6 years old and children who started aged 3-4 years old. At the end of the study, the researcher found that self-care skill levels of children starting school at 3-4 years old were better than others. In other words, there was a relationship between children's age of starting school and their self-care skill levels. Similarly, Başar (2013) investigated the self-care level of children who started school 60-66 months old. The data was collected by 26 teachers. At the end of the study, the researchers reported that children starting the school who were 60-66 months old did not have the required self-care skills to start primary school.

Further, some researchers focused on mothers' opinions, behaviors and attitudes when investigating children's self-care skills. For instance, Demirtaş (2001)

examined the relationship between children's self-care skills and mothers' attitudes. This study found a relationship between mothers' overprotective attitudes and children's self-care skills. Also, democratic attitudes had positive impact on children's self-care skills. Similarly, Turan and the colleagues (2010) investigated the effect of parents' behaviors on children's social and self-care behaviors. 534 mothers were the participants in the study. At the end of the study, the researchers reported that parents' behaviors had positive but weak impact on children's self-care and social behaviors. Additionally, Ramazan and Sakai (2017) focused on opinions of mothers from different nationality. They compared the opinions of 300 Japanese and 300 Turkish mothers about preschool expectations and the acquisition age of self-care skills. As a result of the study, the researcher reported early acquirement of self-care skills in Japanese children. In addition, mothers' expectation from early childhood education was different. As different from other studies, in a study conducted by Dinçer, Demiriz and Ergül (2017), the researchers investigated which self-care skills preschool teacher gave importance. According to result of the study, teachers think the skills regarding hygiene and toileting significant.

On the other hand, some researchers investigated only one self-care skill. Some focused on only the "*nutrition"* skills of children. For instance, Schott (2017) investigated the effect of initiative eating on children's eating habits. The experimental study was conducted with participation of 14 children, and the researcher implemented a 4 weeks nutrition program. At the end of the study, children can set the consumption amount of nutrition. Also, children started to eat different meals. Similarly, Sütcü (2006) investigated the effectiveness of a program on *eating habits*. The researcher examined the impact of creative drama education on 80 children's eating habits. It was seen that creative drama education had positive impact on children's eating habits. In addition, children's eating habits did not change according to gender, mothers' working or not, and their education level. Cason (2001) evaluated the effectiveness of an early childhood nutrition program. In the study, 46 teachers implemented this program to 6,102 children over 12 weeks. At the end of the study, children's knowledge on the sorts of foods and amount these they should consume increased. Also, according to the interviews with parents, the amount of children's food consumptions increased, and they started to eat different

sort of foods. Likewise, Shannon and Chen (1988) conducted an experimental study and implemented a nutrition program over three years (9-12 weeks in each year). At the end of the study, the points of children getting nutrition education was higher than the points of children in the control group. Ünver and Ünüsan (2005) also investigated the impact of nutrition education on to children. According to results of the study, nutrition education given in early childhood education institutions increased children's knowledge regarding nutrition and positively affected children's eating habits. In another study conducted by Kaya (1999), the researcher examined the impact of nutrition education with support of parents on 50 children's knowledge and behaviors regarding nutrition. According to result of the study, nutrition education had positive impact on children's nutrition. On the other hand, Poyraz (1987) investigated preschool's nutrition programs and teachers' knowledge on nutrition education with the participation of 220 teachers. It was seen that teachers could not execute the nutrition implementations sufficiently, although they had fundamental nutrition knowledge. The researcher suggested that parents and teachers should be closely interested in children' nutrition education as like other developmental domains.

In another study, Dereli (2006) examined the *nutrition behaviors* of healthy children and family interaction. 185 mothers were the participants of the study. According to results, families' eating behaviors affected children's behaviors regarding eating, and families' attitudes and knowledge on children's nutrition shaped children's eating behaviors. Also, socioeconomic status affected families' eating behaviors. In another study conducted by Lawatsch (1990), the researcher investigated the effect of teachers' nutrition knowledge, and the effect of rewarding and threatening on children. At the end of the study, a positive effect of rewarding was observed.

Moreover, some researchers focused on only children's *handwashing as a hygiene behavior* and tested the effectiveness of certain "*hygiene training programs*". For instance, Geiger and the colleagues (2000) conducted a study for acquirement of "washing hand" skills by children. They prepared an activity program to teach the washing of hands. The program included teaching implementations with singing, playing, and guiding. At the end of the study, they observed that children learned the

skills more easily with these implementations. Similarly, Şahin, Vural, Vurallı, Yüksel, Yıldız and Aslan (2008) conducted a study to determine 102 children's hand-hygiene behaviors before and after the training program. A control list was implemented before and after the training. The list included 20 steps for handwashing. At the end of the study, children's hand-washing skills improved in 9 of 20 steps. In other study conducted by Balaban (2011), the researcher tested the effectiveness of a training program to get children adopt the hygiene behaviors. 44 children and their families were the participants of the study. At the end of the study, the researcher reported that the training program was effective in terms of children's hygiene behaviors at school.

In the certain studies, the researchers focused on only children's *dental hygiene*. For instance, Çavuş (2010) investigated the effect of parent attitudes and eating habits on children's mouth and dental health. 520 children and their families were the participants in the study. According to result of the study, the foods that children ate in the snacks affected their dental health. Also, parents' education levels and occupations affected their behaviors and attitudes regarding mouth and dental health. Working parents gave more importance to dental health. Similarly, Verlinden and the colleagues (2019) searched the socioeconomic inequality in oral health from childhood to young adulthood in 540 children. At the end of the study, the percentage of the children with decayed teeth were higher in low SES.

Furthermore, some researchers focused specifically on children's *toileting behaviors*. For instance, Hauck (1988) compared children's toileting skills according to age and gender and investigated the toilet training strategies used by parents. At the end of the study, the researcher reported that age and gender predicted children's toileting independent level. Also, parents reported that girls had higher levels of toileting independence at younger ages than boys although there was no statistical difference between children. In addition, most parents used modeling and praising strategies to teach toileting skills, and they identified these strategies as best working. In other study, Kingston (1995) developed a 12-weeks toilet training program and tested the effectiveness of the program with four children in the study. At the end of the study, researcher reported the effectiveness of the program. Likewise, Greer (2013)

evaluated a toileting training procedure. The procedure included three components. These were "underwear", "a dense schedule of sits on the toilet", and "reinforcement". The researcher examined the combined and individual effects of these component. When combining all components, five of six children' toileting performance improved as overall. Also, overall improvements were observed in two of four children when exposing only "underwear" component. On the other hand, "a dense schedule of sits on the toilet", and "reinforcement" did not have individual effect. Another study conducted by Romero (2018) systematically replicated an intensive toilet training procedure defined by LeBlanc and the colleagues in 2005. The researcher tested the effectiveness of this training procedure. They study was conducted with seven children and the effectiveness of the toilet training procedure was confirmed. Five of seven subject in the procedure showed rapid performance acquisition that can be maintained in the preschool classroom.

In some studies, the researchers focused on parents' knowledge and opinions about *toilet training*. For instance, Hooman (2013) investigated 566 parents' views about appropriate age and toilet training strategies. Most parents stated the appropriate age for toilet training as 1-2 years old. 52% of parents used intensive methods while others used child-oriented strategy. Also, there was an inverse relationship between fathers' education level and using punishment as a teaching strategy. Similarly, Deniz (1997) investigated parents' knowledge and implementations regarding toilet training. 200 mothers were the participants in the study. At the end of the study, the researcher reported that most mothers started the toilet training at the wrong period of time. The rate of to know appropriate age for toilet training increased according to mothers' education level. Also, there was not significant difference in mothers' knowledge and implementations regarding toilet training according to mothers' age. On the other hand, the rate of using the wrong implementation increased as number of children increased.

Additionally, some researchers focused on children's *overall self-care skills* and tested the effectiveness of different programs. For instance, DeGraaf (1991) investigated the acquisition process of self-care skills and effectiveness of home-based parent training program. The study was conducted with 7 children and their

parents. The program was affective to acquire self-care skills regarding the morning routines. In this sense, the program was effective by considering the observation of parents' teaching strategies. In other study, Gazezoğlu (2007) compared play-based and traditional method for teaching self-care skills which the participation of 40 children. An 8-weeks training program was implemented with an experimental group. The program included 16 games. At the end of the program, the researcher compared children's skills regarding hygiene, dressing, nutrition, relaxation, and self-protection from the accidents. The results were in favor of children in the experimental group. Similarly, Konya (2007) investigated the impact of cooperative learning activities on acquisition of self-care skills with the participation of 29 children. After a 15 week program, cooperative learning activities positively affected children's self-care skills. In another study, Yıldız (2018) investigated the impact of a "Montessori Mother Support Program" on the mathematic and daily life skills of children who were receiving education with the Montessori approach. The study was conducted with the participation of 19 children (8 children in the experimental group and 8 children in a control group). At the end of the study, there was no significant difference between daily life skills of both groups. On the other hand, the program positively affected the mathematic skills of children in the experimental group. Likewise, Bayer (2015) also investigated the effectiveness of the Montessori approach on acquisition of self-care skills with participation of 40 children. According to result of the study, the program positively affected children's eating, relaxation, dressing, cleaning and personal care. On the other hand, there was not any difference in children's skills regarding "arrangement of the environment" and "self-protection from accidents". The researcher reported the contribution of Montessori approach to children's self-care skills, and she stated this approach was more effective than the Turkish early childhood education program.

Lastly, some researchers focused on the *factors influencing self-care skills and self-care skills' reflection on daily life*. For instance, Akmeşe (2020) compared the quality of preschools regarding self-care implementations and the physical environment. The researcher examined 10 public independent schools and 10 public nursery classes within the primary schools. It was found that the quality levels of the schools were different in terms of physical environment and self-care

implementations. The implementations regarding eating and toileting militated in favor of public independent preschools. Also, in all factors, the quality scores of public independent preschools were equal for higher than the scores attained in nursery classes. In other study was conducted by Polat (2018), the researcher investigated including of self-care activities in pre-service teachers' daily-plans. The study was conducted with participation of 52 preservice teachers. Who were seen to give importance to acquisition of self-care skills, but needed support with how to teach these skills to children. Their daily plans did not include adequate objectives regarding self-care. Pre-service teacher's knowledge, experience, planning and implementation levels depended on their age and the class size of the internship schools. Preservice teachers' views and implementations were different from each other. In another study, Çelik (2019) investigated execution levels of objectives regarding self-care and language development from the views of teachers and parents. 51 teachers and 132 parents were the participants of the study. According to teachers, they reflected the objectives regarding self-care and language development in their implementations to a high level. Similarly, according to parents, language development objectives were implemented at a very high level, and self-care objectives were implemented at a high level. Also, according to participants, "Showing awareness for reading and writing" was the least applied objective in language development. In addition, "taking precautions regarding health" was the least applied objective in self-care development.

All in all, the researchers investigated children's self-care skills in terms of different perspectives. The studies conducted abroad mostly focused on disabled children's self-care skills (Duhanyan et al., 2019; Zobel-Lachiusa et al., 2015; Phipps, 2011; Guidetti, 2001; Faulkner & Chang, 2007; Chien et al., 2012; Kellegrew, 1994). Moreover, the researchers mostly focused on children's nutrition behaviors (Scoot, 2017; Sütcü 2006; Cason, 2001; Shannon& Chen, 1988; Ünver & Ünüsan, 2005; Kaya, 1999; Poyraz, 1987; Dereli, 2006; Lawatsch, 1990) hygiene behaviors (Geiger et al., 2000; Şahin et al., 2008; Balaban, 2011; Çavuş, 2010) and toileting behaviors (Hauck, 1988; Kingston, 1995; Greer, 2013; Romero, 2018; LeBlanc, 2005; Hooman, 2013; Deniz, 1997). On the other hand, in some studies, the researchers examined on children's overall self-care skills by considering different

characteristics (Demiriz& Dinçer, 2001; Ünüsan, 2004; Çetin Doğan, 2009; Taşdemir Yiğitoğlu et al., 2018; Orçan Kaçan et al., 2019; Demiriz & Dinçer, 2000; Küçük, 2009; Çetinkaya, 2012; Başar, 2013; Dinçer et al., 2017). Moreover, some researchers tested the effectiveness of different programs on children's self-care skills (DeGraaf, 1991; Gazezoğlu, 2007; Konya, 2007; Yıldız, 2018; Bayer, 2015), while some researchers investigated the factor influencing self-care skills (Akmeşe, 2020) and self-care skills' reflection on daily life (Polat, 2018; Çelik, 2019). On the other side, the researchers only focused on teachers' or parents' beliefs, while they investigated children's self-care skills in terms of different perspectives. According to the current knowledge of the researcher, no study investigates and compares both teachers' and parents' beliefs with mixed method. Whereas, making comparison between teachers' and parents' beliefs is crucial to specify common goals for children's self-care development. In this regard, the current study will examine and compare teachers' and parents' beliefs about children's self-care behaviors.

2.8 Beliefs of Teachers

Examining beliefs can bring out the knowledge without observation of people (Mclntyre, 1999), because they reflect personal experiences depending on the topic (Lavrakas, 2008). Beliefs have an unobservable nature (Kagan, 1992), and can be inferred considering what people do and say (Pajares, 1992). According to Pajares (1992), identifying the term "belief" is difficult because the term is used interchangeably with concepts such as attitudes and values. Therefore, term "belief" should be operationally identified. In this sense, there are different definitions for this term.

Belief is generally described as powerful cognitive filters across which teaching practice decisions were informed, maintained and altered to some degree (Munby, 1982; Clark & Peterson, 1986; Fang, 1996; Richardson, 1996; Nespor, 1987; Isenberg, 1990; Pajares, 1992; as cited in Han, 2012). According to Subramaniam (2001), term "belief" is "the filters through which experience is screened for meaning which influences classroom decision making and actions which in turn determine the classroom atmosphere experienced by students" (p.61). Moreover,

according to LaParo, Siepak, and Scott-little (2009), belief is a subjective exposition depending on perception, ratiocination, and communication. Additionally, Pajares (1992) reported that beliefs depend on evaluation and judgement. In the current study, the definitions of Pajares, and LaParo and the colleagues are interiorized, because the results of the surveys and the interviews are the consequence of teachers' and parents' perceptions, evaluation and judgement.

Examining the teachers' beliefs is an important element of educational research because thet affect their teaching strategies and classroom decisions (Rentzou & Sakellariou, 2011; Vartuli, 1999; Fang, 1996). Researchers conducted several studies to investigate teachers' beliefs focusing on different topics. There is a general assumption regarding the impact of beliefs on behaviors (Sak, 2013). However, there is not any strong evidence to prove the relationship between belief and practices (Wen et al, 2011). For instance, in a study conducted by Stipek and Byler (1997), the researchers investigated teachers' beliefs on several topics such as the goals of ECE, how children are taught, and their actual practices. At the end of the study, most teachers reported that their implementations did not depend on their beliefs, and they implemented the program as basic-skill oriented. Similarly, Wilcox-Herzog (2010) investigated the relationship between preschool teachers' beliefs and their behaviors, and they did not find any relationship between these concepts. In other respects, in the study conducted by Gürşimşek and Göregenli (2004), a positive relationship was found between the concepts of the relationship between early childhood teachers' normative-humanistic orientations attitudes and their discipline beliefs.

Moreover, some studies have found both results about consistency and inconsistency of beliefs and practices. An investigation of the consistency between Chinese early childhood educators' curriculum beliefs and their self-reported practices (Wang et al., 2008) found a moderate relationship between these concepts. Also, there was a significant correlation between teachers' beliefs and their professional training and education, school location, and the classroom size. Similarly, Wen and the colleagues (2011) investigated the consistency of preschool educators' curriculum beliefs with actual practices. They also focused on the child-teacher ratio and teachers characteristics such as professional training and teaching experience. At the

end of the study, the researchers reported more consistency between belief and practices of experienced teachers with more training. Moreover, Buldu and Tantekin-Erden (2017) found a strong relationship between teachers' beliefs and their practices in the study investigating teachers' beliefs and practices depending on assessment. In other respects, in a study investigating the connection between mathematic teachers' beliefs and their practices, researchers found inconsistency between the beliefs and the practices (Yurekli et al., 2020). Similarly, in another research (Öneren Şendil & Erden, 2019), the researchers investigated to what extent teachers' beliefs and their practices related to young children's peer relationship problems consistent. As a result, researchers reported some inconsistencies between the beliefs and practices.

Furthermore, some researchers (Haupth et al., 1995; Heisner & Lederberg, 2011) investigated in-service training programs' impact on the beliefs of teachers. In a study conducted by Haupt and the colleagues (1995), the researchers investigated the impact of in-service training about DAP on teachers' beliefs. At the end of the study, the teachers' belief scores were higher than their practice score despite the increase of self-practice score. Similarly, Heisner and Lederberg (2011) investigated the effectiveness of "Child Development Associate" training on early childhood educators' beliefs and their practices. At the end of the study, researchers reported an increase appreciation of developmentally appropriate beliefs and practices.

Additionally, some researchers (Ihmeideh, 2009; Öztürk & Tantekin Erden, 2011) focused on the beliefs and practices of early childhood teachers regarding certain topics. For instance, in a study conducted by Ihmeideh (2009), the researcher examined the beliefs and practices of early childhood educators' regarding the use of computer in reading and writing instruction. The moderate result was found regarding teachers' belief and practices about usage of computer technology in literacy teaching. In another example, Öztürk and Tantekin Erden (2011) examined the beliefs of early childhood teachers on the integrated curriculum and integration of visual arts. At the end of the study, the researchers revealed that teachers did not tend to integrate visual art activities with subject despite teachers' positive beliefs on the integrated curriculum. They also reported the significant impact of teachers'

seniority and educational background on their beliefs about the incorporation of art activities.

Lastly, some researchers highlighted counterviews about changes in teachers' beliefs. For instance, Brown (2005) defended those beliefs of teachers who were resistant to the changes. On the other hand, Caudle and Moran (2012) investigated the beliefs of early childhood educators throughout four years. This span of time included a "pre-service teacher", "intern teacher", and "in-service teacher" period. At the end of the study, the researchers reported instability and immaturity of teachers' beliefs. In the first years, there was a change of interaction between beliefs and practices, and this change resulted in an increase in deliberate action while entering in-service years. In other words, the relationship between their beliefs and practices increased depending on the years.

All in all, several studies were conducted to investigate teachers' beliefs and the impact of their beliefs on practices. Some researchers found an effect of beliefs on practices, while some studies reported inconsistencies and a non-relationship between them. Independently from the results, all studies show the importance and the place of teachers' beliefs in the education system. In this sense, investigating teachers' beliefs about some specific issues is relevant. Therefore, the current study investigates teachers' beliefs about children's self-care behaviors and their beliefs about school implementations regarding self-care development.

2.9 Beliefs of Parents

Beliefs affect child rearing (Okagaki & Sternberg, 1993; Stenvenson et al., 1990). Parents beliefs direct their behaviors (Çekiç, 2015), and the beliefs and the behaviors of parents have an impact on children's development (Bornstein& Cheah, 2006). Parents' beliefs are influenced by multiple factors (Luster & Okagaki, 1993). These can be categorized as internal (e.g., characteristics of child and parents, marital relationship, parenting style) and external factors (parents' social networks, culture, socioeconomic status) (Luster & Okagaki, 1993).

2.9.1 Child Rearing Practices of Parents

As an internal factor, parenting style is one of the important factors influencing child rearing. There is a close relationship between children's behaviors and parenting styles (Alizadeh et al., 2011). In this sense, parenting styles can also influence children's self-care behaviors. Baumrind defined four types of parenting styles, which are authoritative, authoritarian, permissive, and neglectful. Several studies reported the positive effect of authoritative parenting style (Palmer, 2009; Pellerin, 2005; Odubote, 2008) while some reported the negative impact of other kinds of parenting styles (Wu, 2009; Sommer, 2007; Dearing et al., 2006). On the other hand, in the recent years, new parenting style terms emerged. One of them is the helicopter parenting, which is defined as interfering with and pay too much attention to their children, solving their problems for them and trying to be overprotective (Set, 2020). It is commonly believed that the helicopter parenting style may cause negative consequences in children's development, and negative aspects gets interest of researchers (Set, 2020). In this regard, this parenting style may also negatively impact children's self-care behaviors. According to the study conducted by Yılmaz (2020), one-third of mothers and one-seventh of fathers in Turkey have such parenting style. Accordingly, it can be stated that helicopter parenting can impact children's self-care in Turkey.

As an external factor, culture can also affect parental beliefs and child rearing. Hoffman (1988) stated that children satisfy different needs for parents, and culture is a reason for this difference. Hoffman (1988) used the data from a cross-national study that consisted of parents from different nationalities. She found two most common needs that children meet for their parents. These were economic utility and love and affection need. In countries (e.g., Turkey) where children are valued for the economic utility, parents are more likely to desire their children to be obedient instead of independent (Okagaki & Divecha, 1993). On the other side, in those countries where children are valued due to love and affection, parents want their children to be warm, outgoing and cheerful (Okagaki & Divecha, 1993). In addition, Okagaki, Sternbeg and Divecha (1990) investigated parental beliefs across cultures (as cited in Okagaki & Divecha, 1993). At the end of their study, they reported that

parents born in US gave more importance to development of independent behaviors instead of conforming behaviors. On the contrary, all parents from immigrant groups reported the conforming behaviors as most important behaviors to raise in children. Culture is also an effective factor influencing family structure and gender roles. People are born as male or female, but they grow up learning to be a girl or boy within the framework of roles that society expects specific to their gender (Terzioğlu & Taşkın, 2008). In this sense, girls and boys learn the roles appropriate to their genders and gain gender identity. This is firstly determined by the distribution of the roles in the family. For instance, there is a patriarchal structure in Turkey. Depending on this, cliché gender roles were followed in the families. According to stereotypes regarding gender roles, the man is a breadwinner, and this is the most important role for him. On the other hand, the most important role for a woman is taking care of her children and providing a regular family life with domestic work such as cooking and cleaning (Günay & Bener, 2011). In this sense, parents' expectations from their children become different (Çetin Doğan, 2019).

Socioeconomic status is other external factor influencing parental beliefs and child rearing. Socioeconomic status defines the social classes depending on the parents' condition. According to seminal study by Kohn (1963, 1979), parents' social classes affect their parenting practices because they hold different values for their child. All parents desired their child to be successful in life. However, their beliefs were different in terms of what behaviors their child needed to be successful (Kohn, n.d., as cited in Okagaki & Divecha, 1993). Additionally, other types of parental beliefs are related to parents' social classes (Okagaki & Divecha, 1993). For instance, a study conducted by Schafer and Edgerton (1985) reported that socioeconomic status was negatively related to confirmatory and authoritarian beliefs (as cited in Okagaki & Divecha ,1993).

Another factor is parents' occupation. The researchers (Bronfenbrenner, Alvarez & Henderson, 1984) found that parents' values and perceptions on their children are affected by their job. According to an earlier finding by Bronfenbrenner and the colleagues (1984), maternal employment may affect mothers' perceptions of daughters versus son. Full-time working mothers having with higher education

depicted the least complimentary portrait of a son and the most flattering picture of their daughters. In other words, increase maternal education resulted in a link between mothers' employment and parental perceptions of daughters, whereas it resulted in a reverse relationship for sons and for daughters of poorly educated mothers. Moreover, these differences were more common in families with only one sex child.

All in all, several factors such as characteristics of child and parent, culture, SES, and parents' occupations have impact on parents' beliefs. Parents' beliefs shape their child-rearing style and behaviors towards children, and these affect children's development. In other words, parents' beliefs affect children's development. In this regard, investigating parents' beliefs about some specific issues is crucial. Therefore, the current study investigates parents' beliefs about children's self-care behaviors and their beliefs about school implementations regarding self-care development.

2.10 The Comparison of Teachers' and Parents' Beliefs

In order to achieve the defined goal for children's development while children grow up, teachers and parents should have similar visions. If they do not have a shared vision of the development of children, children cannot be encouraged in certain skills, attitudes and attributes (West et al., 1993). In other words, teachers' and parents' expectations from children might be different if they do not have shared vision. Inconsistencies in the expected skills might result in stress and maladjusted behaviors in children (Piotrkowski et al., 2000). On the other hand, parents' beliefs might create barriers for teachers' implementation whereas sometimes inspiring teachers (Konca & İlhan, 2021). For this reason, investigating and comparing teachers' and parents' beliefs is crucial. There are several studies comparing teachers' and parents' beliefs about different topics.

Piotrkowski and the colleagues (2000) investigated kindergarten teachers', preschool teachers', parents' beliefs about school readiness of children. According to result of the study, parents had similar beliefs independently of their education and ethnicity. Also, teachers and parents were agreed on some issues such as being healthy and

socially competent. On the other hand, classroom-related-sources and language skills were more important for parents. Also, preschool teachers gave more importance to knowledge than kindergarten teachers. Similarly, in two different study, the researchers investigated the beliefs of teachers and parents on children's readiness (Harris & Lindauer, 1988; West et al., 1993). They reported that parents gave more importance to academic-oriented skills than teachers. In addition, Harradine & Clifford (1996) investigated and compared preschool teachers', parents', and kindergarten teachers' beliefs about children's school readiness. They stated that participants had different concerns. Kindergarten teachers emphasized the ability for not disrupting the class, whereas other groups highlighted the importance of academic-oriented skills. In another study conducted by Hatcher, Nuner, and Paulsel (2012), teachers' and parents' beliefs on kindergarten readiness was investigated in terms of the programs. At the end of the study, participants expressed the importance of play for the curriculum, while parents more emphasized specific skills as indicators of readiness. Also, teachers believed that the program is sufficient in terms of school readiness but were ensure whether parent have the same opinion.

Moreover, some studies were conducted on the beliefs of developmentally appropriate practices. For instance, Ernest (2001) compared teachers' and parents' beliefs on DAP. At the end of the study, teachers and parents had shared beliefs. They stated that the practices should be motivating and problem-solving activities. On the other hand, Demircan and Tantekin Erden (2014) handled the topic from a different perspective. They examined the relationship between DAP and the parent involvement beliefs of teachers and parents. As a result, there was a relationship between teachers' and parents' parental involvement beliefs and their DAP and DIP beliefs.

On the other hand, some researchers investigated the beliefs of teachers and parents about the technology. For instance, Neumann, Merchan, and Vurnett (2018) investigated the beliefs of teachers and parents on usage of a tablet computer. At the end of the study, they reported the positive perspectives of teachers and parents about the usage of tablets by children. Participants stated they do not want children to be left behind in learning the new technologies, but they have some concerns about

potential overuse. In other respects, Kaban (2021) investigated the perceptions of teachers, students, and parents toward social media through metaphors. The participant's perceptions were generally negative toward social media. Additionally, Monterio, Fernandes, and Rocha (2022) investigated the view of teachers and parents on screen time exposure. At the end of the study, parents stated that their children use the vocabularies from different languages at home, while teachers believed that children had more problems about language development.

All in all, several studies were conducted to compare teachers' and parents' beliefs about different topics. Some studies reported the parallel beliefs of teachers and parents, whereas some studies implied different beliefs. In order to create common goals for children's development and support their development well, parents and children's should have parallel beliefs. Converse beliefs about children's development may cause differences in expected skills from child. Also, this causes the difference in teachers' and parents' practices. For instance, a teacher who gives importance to social-emotional development may focus on the development of empathy and relationship skills of children, whereas a family who give importance to cognitive development may focus on the development of academic performance. According to West and the colleagues (1993), if teachers and parents do not have shared vision of development of children, children cannot be encouraged in certain skills, attitudes and attributes, because inconsistencies in the expected skills might result in stress and maladjusted behaviors in children (Piotrkowski et al., 2000). In this sense, comparing teachers' and parents' beliefs about different topics is crucial.

Given that children's development are generally examined under five developmental domains, comparing teachers' and parents' beliefs about children's development in each domain is essential to reveal the current situation regarding the converse beliefs and create common goals for children's whole development. In this regard, the current study compares teachers' and parents' beliefs about children's self-care development.

2.11 Summary of the Literature Review

In the dictionary of nursing, self-care skills are defined as the fundamental habits required for maintenance of health and life, initiated and carried out by the individual for herself (McFerran & Martin, 2017). Children's self-care skills develop in early childhood years. In this sense, psychosocial theory is practical to explain the development of self-care in a life cycle and its impact on development of personality, and how children's environment affect this development. Also, ecological systems theory is useful to express the how parents, teachers, and social circumstances effect children and their self-care development.

The researchers used "daily living skills", "functional living skills", "activities of daily living", "self-care" terms while explaining "self-care skills" concept in their study. Despite the different terms, the definitions and their context are same. There is a series of self-care behaviors, and researchers categorized them within the scope of their study. Self-care behaviors have generally been investigated under four subgroups in previous studies, namely "eating", "dressing", "toileting", and "cleaning/hygiene".

Although the self-care skills are not strictly divided to subgroups in the Turkish Early Childhood Education program, the program includes a self-care developmental domain, and the skills are generally presented in objectives and indicators under this domain. Also, acquisition of self-care behaviors is one of the purposes of this program. This is the evidence that self-care development is vital for the Turkish early childhood education program. On the other hand, the way in which this program is implemented in the schools is as essential as itself. There are some factors influencing the school implementations. Several studies were conducted to examine the factors affecting general school implementations. These are categorized as teachers-related, child and family-related, and school-related factors. On the other hand, to the current knowledge of the researcher, there is no study that focuses specifically on the factors influencing self-care development-oriented implementations in schools. As self-care development is considered a part of national early childhood education program in Turkey, examining the factors

influencing the self-care development-oriented implementations in the schools is crucial.

Teachers' role is critical to implementation of the curriculum in the classrooms (McDonnell, 1999; Lundin, 2000, Akinrotimi & Olowe, 2016). Early childhood teachers learn the purposes and the ingredients of the program during their pre-service years. In this sense, teachers are aware of the importance of self-care skills for children and the place of these skills in the program. Therefore, they are supposed to consider the goals and objectives regarding self-care when planning self-care activities, including the integration of self-care skills into daily routines, and observing and evaluating children's self-care behaviors. In this case, teachers might have a belief system regarding children's self-care development. The researchers (Rentzou & Sakellariou, 2011; Vartuli, 1999; Fang, 1996) reported that teachers' beliefs affects their teaching strategies and classroom decisions. In this sense, teachers' beliefs might impact children's self-care development and behaviors. Moreover, parents' beliefs have an impact on children's development (Bornstein & Cheah, 2006), because the beliefs shape their behaviors towards children and child-rearing style. In this regard, parents' beliefs about self-care development may affect children's self-care behaviors. In order to create common goals for children's self-care development, teachers and parents should have parallel beliefs. If teachers and parents do not have shared vision of development of children, children cannot be encouraged in the certain skills, attitudes and attributes (West et al., 1993) because inconsistencies in the expected skills might result in stress and maladjusted behaviors in children (Piotrkowski et al., 2000). In this sense, investigating teachers' and parents' beliefs and making comparison between the beliefs about children's self-care development are crucial.

Several studies were conducted to investigate children's self-care skills based upon teachers' or parents' beliefs and reports. The researchers examined children's self-care skills in terms of different perspectives. The studies conducted abroad mostly focused on disabled children's self-care skills. Moreover, the researchers mostly investigated children's nutrition, hygiene, and toileting behaviors. Besides, some researchers tested the effectiveness of different programs on children's certain self-

care skills, whereas a series of studies examined on children's overall self-care skills by considering different characteristics (gender, age, working situation, getting early childhood education etc.), Furthermore, some studies investigated factors influencing self-care skills and self-care skills' reflection on daily life. Although there are several studies on children's self-care skills, according to the current knowledge of the researcher, no study investigates and compares both teachers' and parents' beliefs with mixed method. Whereas, making comparison between teachers' and parents' beliefs is crucial to specify common goals for children's self-care development.

In the light of the knowledge mentioned above, the current study is supposed to contribute the related literature by examining teachers' and parents' beliefs about children's self-care behaviors and the school implementations regarding self-care development and making comparison between these beliefs.

CHAPTER III

METHOD

This chapter describes the methodology of the current study. Firstly, the purpose of the study and research questions were expressed. Secondly, research design was stated, and sample and population were described. Moreover, the data collection instruments, and the methods used to provide reliability of the tools were expressed. Besides, data collection procedure were explained. Lastly, data analysis procedure, ethical issues and limitations were expressed.

3.1 Purpose of the Study

The purpose of the study was to investigate and compare teachers' and parents' beliefs about young children's self-care behaviors and the school implementations regarding self-care development. In order to achieve this goal, the research questions asked in the current study are provided in the following section.

3.2 Research Questions

There were three research questions in the present study. First research question also included three sub-questions. They were presented as follows:

Research Question 1: What are the beliefs of teachers and parents about young children's self-care behaviors as considering the child, parent and teacher-related characteristics?

1.a. What are the beliefs of teachers and parents about young children's self-care behaviors as considering the child's age, gender, and having sibling?

1. b. What are the beliefs of teachers and parents about young children's self-care behaviors as considering the parents' socioeconomic status?

1. c. What are the beliefs of teachers and parents about young children's self-care behaviors as considering the teachers' years of experience?

Research Question 2: What are the beliefs of teachers and parents about the implementations regarding self-care development?

Research Question 3: To what extent do teachers' and parents' beliefs about young children's self-care behaviors in terms of child, parent and teacher related characteristics and implementations regarding self-care development differ?

3.3 Design of the Study

In this study, the explanatory mixed methods design was used. This type of research is comprised of two data sets, which may include survey and interview intruments. According to Creswell (2012), if the researcher had both quantitative and qualitative data, both forms of the methods might be used to answer the research question. In this sense, a mixed method research design that combines qualitative and quantitative methods can be used in a single study to analyze the data and answer the research question (Creswell & Plano Clark, 2011). Besides, the explanatory mixed methods design specifically aimed to collect the quantitative data, analyze it, and conduct qualitative part according to the quantitative results to answer the research questions (Creswell, 2012). Correspondingly, in the present study, the information on the surveys and demographic forms were primarily analyzed. Then, semi-structured interviews were conducted by considering the results in the surveys. Using the explanatory mixed method design also revealed the second research question in the present study. The detailed information about emerging of second research question was given under "The Data Collection Procedure for The Survey".

3.4 Population and Sample

The information on population and sample were presented under the four major aspects. Firstly, the target population, the accessible population and the sampling method were expressed for the survey participation. Secondly, for this sample, the

way in which sample size determined was explained. Then, the criteria considered to determine the participants for the interview was expressed. Lastly, sample size was stated for the semi-structured interview protocol.

The target population of the present study was all 36-72 months old children's teachers and parents in Turkey. On the other side, the accessible population was a number of teachers and parents of 36-72 months old children attending the public preschools in ten districts in Ankara. In the present study, purposive sampling method was used to select the sample. The purposive sampling was a conscious choice of participants depending on the qualifications of the individuals (Etikan et al., 2016). In this sense, the socioeconomic status was an important qualification of the participants in the present study. Therefore, choosing the participants by considering socioeconomic status was essential. In order to make choice of participants more controllable, firstly the districts was chosen by considering the districts' socioeconomic development status. SEGE-2017 was the study ordered Turkey's districts according to their socioeconomic development status. In the SEGE-2017 (2019), the districts in Ankara were categorized under the four groups. In this regard, Çankaya, Altındağ and Yenimahalle were in first group. Second group consisted of Keçiören, Etimesgut, Kazan, Gölbaşı, Sincan, Polatlı, Mamak, Akyurt, Beypazarı, Elmadağ, Ayaş and Kızılcahamam. Çubuk, Evren, Şereflikoçhisar, Pursaklar, Kalecik, Güdül, and Nallıhan were in third group. Bala, Çamlıdere, and Haymana were in fourth group. Depending on it, ten districts were determined to choose the participants for the survey. These districts were Çankaya, Yenimahalle, and Altındağ from 1st group; Sincan, Mamak, Etimesgut, Pursaklar, Keçiören, and Gölbaşı from 2nd groups; and Çubuk from 3rd group. After determination of the districts, the schools were specified. The list of the preschools in these districts were obtained from Ministry of National Education, and the data was collected from 43 public preschools in the districts. After defining the sample, the sample size were specified for the survey participation.

While sample size increased, the sampling error decreased and the generalizability of the data increased (Biemer & Lyberg, 2003). There were different beliefs on what sample size should be. Comrey and Lee (2013) expressed the sample size based upon

the number of people in the study. In this manner, 50 people were very poor; 100 people were poor; 200 people were fair; 300 people are good; 500 people were very good; and 1000 people and more were excellent in terms of the adequacy of the sample size (Comrey & Lee, 2013). Moreover, Bryman and Cramer (2002) stated the necessity to provide 5 participants for each variable/item and more than 100 people for each analysis. Additionally, Nunnally (1978) defended the sample size should be 10 times larger than the number of items. In the present study, a survey with fifty items was used (as cited in Pearson & Mundform, 2010). Accordingly, the sample size were specified as 531. The data was collected from 208 teachers (207 female and a male) and 531 parents (516 mothers and 15 fathers) for 531 children's information.

For the interview protocol, the participants were chosen based upon three criteria. The first criterion was their having filled out the survey and being a volunteer for the interview protocol. Creswell (2012) recommended that participants in the interviews should be the same people who filled out the survey. The second criterion was being matched. In other words, teachers and parents should fill out the surveys for the same child in the first phase. The last criteria was having the same rate on the participant distribution according to the districts. In other words, based upon the rate of participation from each district in the survey, the same rate of participation was tried to provide for the interview protocol. For instance, most of the survey participants were from Altındağ. Therefore, the most participants were chosen from Altındağ for the interviews. However, no parent was volunteer in some districts for the interview protocol. In this case, the researcher interviewed with other volunteers from a different district by considering socioeconomic development groups in SEGE-2017. In this manner, for the interviews with parents, a participant was selected from Keçiören instead of Etimesgut because these districts' groups were same in SEGE-2017. As considering all criteria, the interview data was collected from 10 schools in Çankaya, Yenimahalle, Mamak,Etimesgut, Keçiören, Gölbaşı, and Altındağ. The distribution of participants according to the schools and the districts were presented in Table 3.1.

Table 3. 1 *Distribution of Participants According to the Districts*

		Quantitative Sample			Qualitative Sample		
		Frequency			Frequency		
		School	**Teachers**	**Parents**	**School**	**Teachers**	**Parents**
Valid	Çankaya	5	17	50	1	1	1
	Yenimahalle	6	33	79	1	1	2
	Sincan	2	15	33	0	0	0
	Mamak	4	21	45	1	1	0
	Etimesgut	7	33	79	2	2	2
	Pursaklar	1	6	14	0	0	0
	Çubuk	2	11	29	0	0	0
	Keçiören	8	34	77	1	1	2
	Gölbaşı	2	7	19	1	1	1
	Altındağ	6	31	106	3	3	3
	Total	43	208	531	10	10	11

The sample size were specified, after determination of the sample for the interview protocol. According to Creswell (2012), the researcher must pay attention to the size of two samples in explanatory design. The sample size would be smaller for the qualitative sample in the explanatory design (Creswell, 2012). Therefore, the smaller sample size were determined for the interview protocol. For a qualitative study, there were different beliefs on what sample size should be. According to Dukes (1984), sample size should be between 3 and 10 people. On the other side, Polkinghorne (1989) stated the number of participants as 5 to 25 people. Accordingly, 10 teachers and 11 mothers were chosen for the interview protocol.

3.4.1 The Sample Characteristics

In this part, the information about child, parent, and teacher-related characteristics were presented. Child-related characteristics included children's age, their gender, and having sibling. Also, parent-related characteristic consisted of socioeconomic status. Additionally, teacher-related characteristic involved the years of teaching experience. The information about the certain characteristics were offered respectively.

3.4.1.1 Child-related Characteristics

In this part, the information about child-related characteristics, which were gender, age and having sibling, was presented depending on the teachers' and parents' reports about 531 children.

According to the teachers' and parents' reports about 531 children, there were 269 (50,7%) girls and 262 (49,3%) boys in the present study. Moreover, these children were also in different ages. 52 (9,8%) children were three years old while 169 (31,8%) children were four years old, and 310 (58,5) children were five years old. Furthermore, most children had siblings. 373 (70,2%) had siblings while 158 (29,8%) children were an only child in their family. Distribution of the child-related characteristics, which were age, gender, and having siblings were presented in Table 3.2.

Table 3. 2 *Distribution of Child-Related Characteristics*

		Age			Gender		Having Sibling	
		Age 3	**Age 4**	**Age 5**	**Girl**	**Boy**	**Only child**	**Having sibling**
Valid	Frequency	52	169	310	269	262	158	373
	Percent	9.8	31.8	58.4	50.7	49.3	29.8	70.02
	Valid percent	9.8	31.8	58.4	50.7	49.3	29.8	70.02
	Cum. percent	9.8	41.6	100	50.7	100	29.8	100

3.4.1.2 Parent-related Characteristic

In this part, families' socioeconomic status as a parent related characteristic was revealed. Firstly, the ways in which families' socioeconomic status (SES) was explained. Then, the distribution of families' socioeconomic status was presented.

3.4.1.2.1 Determining Socioeconomic Status

Socioeconomic status cannot be measured directly (Oakes & Rossi, 2003). Some indicators should be used to measure it. In this part, the ways in which parents' socioeconomic status determined and categorized were presented.

The most general indicators of socioeconomic status were parents' education level, income, and occupation (Krieger et al., 1997; Oakes & Rossi, 2003). Accordingly, in present study, parents' education level, income, and occupations were asked to parents to measure socioeconomic status. However, parents in the study were from quite wide occupational groups. This resulted in having difficulty giving a point for each parent's occupation to determine SES. A criterion should be set to give points for occupation. The categorization of the occupations according to the sectors was

the criterion in the present study. The highest income were in service sector, industry sector, building trade, and agricultural sector respectively (TUIK, 2021). Unfortunately, in the study, some participants did not write their occupation in the forms or did not write them specifically. For instance, some participants remarked on their professionals as electricity, elevator, and hosiery. This also resulted in experiencing difficulty in categorizing the occupations according to the sectors. Additionally, parents who wrote their occupation were mainly from the service sector. It might result in the wrong categorization while identifying families' SES. Therefore, parents' occupation was not considered when determining SES even though it was asked to parents in the forms. On the other hand, education level, and income were considered as general indicators in the present study.

Moreover, additional indicators can be used to determine SES. For instance, Güleç and her colleagues (2000) in their study asked the participants' family type and home ownership as well as income, education level, and occupations while determining SES. With this reference, in the current study, home ownership and family types were asked to determine SES of the parents. However, there were only 20 (3.8%) extended families in the study. This might result in wrong categorization while identifying families' SES. For this reason, the family type were excluded from the indicators. On the other hand, the home ownership were stayed as indicators in the present study. All in all, parents' education levels, income, and home ownership were the factors considered while determining SES of the families.

After deciding indicators to determine SES, categorization was made based on the points given for each indicator. The income levels of the parents considering their education levels were listed from lowest to highest as follows: illiterate people, people who do not finish any school, primary and middle school graduates, high school graduates, and higher education graduates (TUIK, 2021). With this reference, parents' education levels were graded from 1 point to 5. In this regard, 2 points were the lowest, and 10 points were the highest score given for education level by considering both parents of each child.

Moreover, family income was categorized based on the points given to the indicator. In order to categorization, subsistence wage, hunger threshold, and poverty threshold were benefitted. The hunger threshold referred the cost of staple foods that a person needs to survive. Besides, the poverty threshold was the cost of staple food and the compulsory expenditure (e.g., housing, education, health, clothing, transportation, etc.) (Yar, 2015; TÜRK-İŞ, 2021). Subsistence wage, hunger threshold, and poverty threshold in November 2021 were considered while categorizing the income, because the data was collected from September to November in 2021. In November 2021, the minimum wage was 2825₺ (Turkish liras) while the hunger threshold was 3192₺, and the poverty threshold was 10396₺ (TÜRK-İŞ, 2021). Considering these charges, family income was graded from 1 to 3 points. Accordingly, 1 point was given for incomes between 0₺ and 5650₺, which is two subsistence wages. 2 points were given for the income between 5651₺ and 10396₺, and 3 points were given for 10397₺ and above. In this regard, 1 point was the lowest, and 3 points were the highest score given for the family income by considering both parents of each child.
Besides, home ownership was categorized based on the points. Home ownership was graded from 1 to 2 points. 1 point was given for the families living in a rented house, and 2 points was given for the homeowners. In this regard, 1 point was the lowest, and 2 points were the highest score for the home ownership indicator in each case.

Considering possible scores for the indicators while categorizing SES, the highest score might be 15 points, while the lowest score might be 4 points. On the other hand, the scores were between 10 and 15 in present study. Therefore, the scores were grouped within itself to define SES of current sample. In this case, the families with 10 and 11 points were accepted as having low SES, while families with 11 and 12 points were recognized as having middle SES, and families with 13 and 14 points were considered as having high SES.

3.4.1.2.2 The Distribution of Families' Socioeconomic Status

Depending on the points were given to each case, socioeconomic status were determined. Families in the study were from different socioeconomic statuses (SES). There were 170 (32.0%) families in low SES, 193 (36.3%) families in middle SES,

and 168 (31.6%) families in high SES. Distribution of families' socioeconomic status (SES) was presented in Table 3.3.

Table 3. 3 *Distribution of Families' Socioeconomic Status (SES)*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Low	170	32.0	32.0	32.0
	Middle	193	36.3	36.3	68.4
	High	168	31.6	31.6	100.0
	Total	531	100.0	100.0	

3.4.1.3 Teacher-related Characteristic

In this part, the information about teachers' years of experience as a teacher-related characteristic was revealed.

There were 208 preschool teachers in the study, and they had different years of experience. In order to make analysis more controllable, teachers' years of experience were grouped based upon 5-year intervals. In this sense, 57 (10.7%) teachers had 1 to 5 years of experience. The teaching experiences of 121 (22.8%) teachers were between 6 and 10 years. 231 (43.5%) teachers had 11 to 15 years of experience, while 69 (13.0%) teachers had 16 to 20 years of experience, and 53 (10.0%) teachers had 21 to 25 years of experience. Distribution of teachers according to their teaching experience is presented in Table 3.4.

Table 3. 4 *Distribution of Teachers According to Their Teaching Experience*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-5 years	57	10.7	10.7	10.7
	6-10 years	121	22.8	22.8	33.5
	11-15 years	231	43.5	43.5	77.0
	16-20 years	69	13.0	13.0	90.0
	21-25 years	53	10.0	10.0	100.0
	Total	531	100.0	100.0	

3.5. Data Collection Instruments

In the present study, the demographic information form, which was prepared by the researcher, "The Beliefs on Young Children's Self Care Behaviors Survey", and semi-structured interview protocol were used. The instruments were explained in detailed as follows.

3.5.1 Demographic Information Forms

The demographic information forms for teachers and parents were prepared by the researcher. Teachers' and parents' forms included different questions. The teachers' demographic information form consisted of the questions about teachers' gender, years of experience, the name of the school who they work, the district of the school, and the age group that they teach. On the other hand, the parents' demographic information form included the questions about children's age, gender, birth date, the name of the school that children attend, number of siblings, parents' gender, occupations, education level, the number of people in the family, family type, home ownership, and monthly income. Additionally, there was a common question in both demographic information forms. Researcher asked whether participants were

volunteer for the interview. Teachers' and parents' demographic information forms were presented in Appendix F and G.

3.5.2 The Beliefs on Young Children's Self Care Behaviors Survey

"The Beliefs on Young Children's Self Care Behaviors Survey" was used to receive the beliefs of teachers and parents about young children's self-care behaviors. The survey included 50 items about self-care skills. Also, there were 8 sub-groups: cleaning and personal grooming, toileting, eating-drinking, adequate and balanced nutrition, relaxation, dressing, self-protection from accidents, and arrangement of environment. Besides, the items in the survey were answered in 4-point Likert Scale, which were never, seldom, often, and always. Additionally, "not observed" choice were added as an option. In this sense, 200 points were the highest, and 0 point was the lowest score in the present study.

3.5.2.1 "The Assessment of Self Care Skills Test For 3-6 Years Old Children"

The items in the survey were taken from "The Assessment of Self Care Skills Test For 3-6 Years Old Children" due to the statistical imperativeness. The information about the scale was presented in this part.

At the beginning of the study, the researcher planned to use "The Assessment of Self Care Skills Test For 3-6 Years Old Children", which was developed by Bayer, Çağdaş and Kayılı in 2019. The scale consisted of 50 items and 6 sub-categories: "hygiene and self-care", "relaxation", "eating", "dressing", "the arrangement of environment", and "self-protection from accidents" (Bayer et al., 2019). Also, 5-point Likert Scale was used in the instrument. In that case, 250 points were the highest, and 50 points were the lowest score in the scale.

To ensure the validity and reliability of the scale, the researchers collected data from the preschool teachers for 211 children. The teachers in the study filled out the scale up to number of children in their class. On the other hand, the number of teachers attended to the study was not stated. In the study, explanatory factor analysis was

made to ensure validity of the scale. The sub-dimensions were separately put into analysis. According to the explanatory factor analysis, factor loads in sub-dimensions were .781, .737, .394, .730, .588, and .658 respectively. Besides, the confirmatory factor analysis were made. RMSEA value were 0.032 in this analysis. On the other hand, Cronbach Alpha value was checked to ensure the reliability. The Cronbach Alpha values were calculated for each age group. It was found as .88 for age 3, .80 for age 4, .85 for age 5, and .85 for age 6. The results of the analysis to ensure the validity and reliability were approved by researchers.

3.5.2.2 Adaptation of "The Assessment of Self Care Skills Test For 3-6 Years Old Children" For the Parents

The purpose of the present study was to investigate and compare teachers' and parents' beliefs on young children's self-care behaviors and the school implementations regarding self-care development. To achieve the purpose, the researcher should gather data from parents as well as teachers. With this purpose, the researcher got contact with developers of the scale mentioned in previous title. Whether the scale can be implemented to parents were asked. The developers stated any statistical process were not conducted to implement the scale to the parents, and they suggested adaptation of the scale. For this reason, the process to adapt the scale for the parents started.

While examining the items in the scale, researcher decided to exclude no item from the scale, because the items were not only address the teachers but also parents. In order to adapt the scale to the parents, the researcher collected data from 220 parents in Konya. The explanatory factor analysis was conducted with this data. Firstly, the appropriateness of data for the factor analysis was tested with Barlett's test of spherity. Barlett's test of spherity should be significant ($p<.05$), and it was significant ($\chi 2\ (1225)= 8065.443$, $p<0.001$) in the study. Then, the Kaiser-Mayer-Olkin (KMO) was tested to determine whether sample size was sufficient for the factor analysis. KMO should be higher than .6 to conduct factor analysis (Tabachnick & Fidell, 2012). KMO was also appropriate (KMO=.852) in the study. After checking

appropriateness of data for the factor analysis, the other results in the analysis were examined.

Maximum Likelihood Analysis evinced eleven components with eigenvalues greater than 1. They were explained 34.267, 39.901, 44.934, 49.541, 53.339, 56.729, 59.903, 62.762, 65.362, 67.659, and 69.780 of total variance respectively. This meant the factor number should be 11 in the adapted scale. On the other side, using Kaiser criterion might result in finding too many components. Therefore, checking the scree plot was essential (Pallant, 2016). In the scree plot, the elbows in the shape of the plot should be considered.

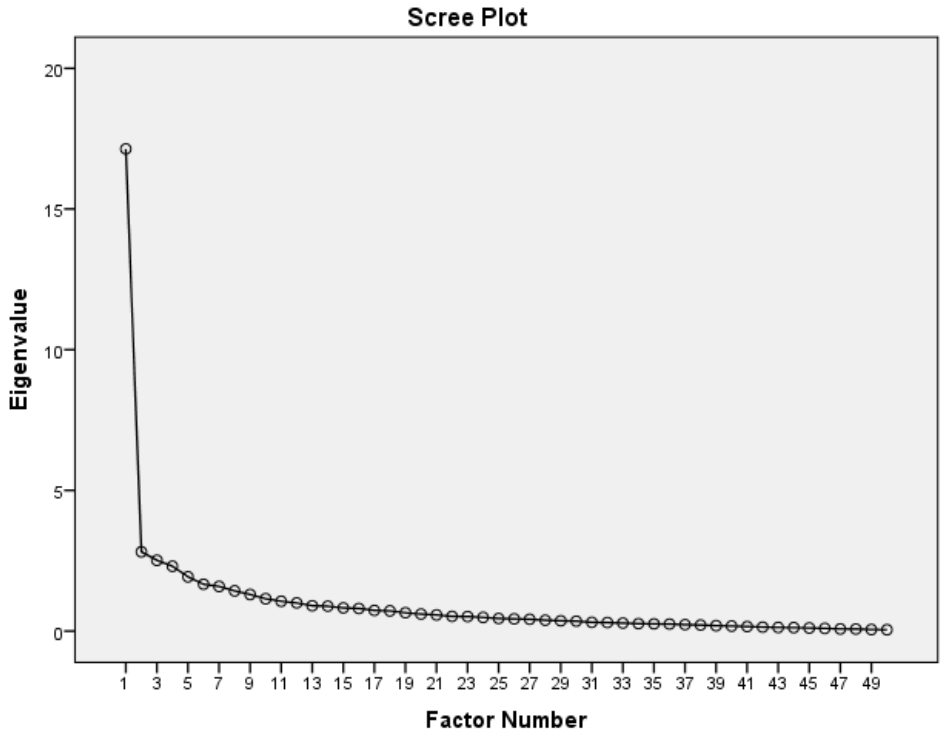

Figure 3.1 *Scree Plot of The Study*

According to the scree plot in Figure 3.1, component 1 explained much more of the variance than other components. When examining other elbows, the factor structure was likely to be more appropriate for the five-factor solution.

On the other hand, researchers should put different number of factors to the test until revealing the satisfying factor number (Tabachnick & Fidell, 2012). The satisfactory

factor number might be determined with several techniques, which were Catell's scree test, and Horn's parallel as well as Kaiser's criterion (Pallant, 2016). While Kaiser's criterion and the Catell's scree test were criticized due to their tendency to exaggeration the factor numbers, Horn's parallel analysis became a popular technique in especially social sciences field (Pallant, 2016). Therefore, Horn's parallel analysis was conducted to reveal a satisfactory factor number. MonteCarloPCA program was used to conduct the parallel analysis. In the parallel analysis, the eigenvalues indicated in "Total Variance Explained" table should be compared with the results of the parallel analysis. The only components having higher eigenvalue than the result of the parallel analysis should be considered (Pallant, 2016). The comparison of the results was presented in Table 3.5.

Table 3. 5 *The Comparison of Maximum Likelihood Analysis and the Parallel Analysis*

Component Number	Eigenvalue in Maximum Likelihood Analysis	Eigenvalue in the Parallel Analysis	Decision
1	17.134	2.0849	Accepted
2	2.817	1.9668	Accepted
3	2.516	1.8766	Accepted
4	2.304	1.8011	Accepted
5	1.929	1.7345	Accepted
6	1.665	1.6757	Denied
7	1.587	1.6246	Denied
8	1.430	1.5725	Denied
9	1.300	1.5224	Denied
10	1.149	1.4738	Denied
11	1.060	1.4305	Denied

According to the "Total variance Explained" table, the eleven components were higher than 1. The values of these components were 17.134, 2.817, 2.516, 2.304, 1.929, 1.665, 1.587, 1.430, 1.300, 1.149, and 1.060 respectively. On the other hand, the random eigenvalue of the components in the parallel analysis were 2.0849, 1.9668, 1.8766, 1,8011, 1.7345, 1.6757, 1.6246, 1.5725, 1.5224, 1.4738, and 1.4305 respectively. In this sense, only five components were higher than the results of parallel analysis. It meant the five-factor solution was likely to be more appropriate in the scale. Finally, pattern matrix table should be checked before deciding on the factor number. Pattern matrix table was presented in Appendix A.

According to Pallant (2016), at least three items should be loaded to a factor. Also, if an item were loaded to two factors, the difference between the factor loads should be higher than .10 to decide the place of the item. As considering the pattern matrix table, the number of loaded items was 2 in 1st factor, 6 in 2nd factor, 5 in 3rd factor, 2 in 4th factor, 5 in 5th factor, 2 in 6th factor, 1 in 7th factor, 4 in 8th factor, 2 in 9th factor, 3 in 10th factor and 5 in 11th factor. In this case, 1st, 4th, 6th, 7th, and 9th factors should not be considered because of number of loaded items. In addition, items 2, 7, 9, 10, 28 and 46 were not loaded to any factor. In this case, the six-factor solution was likely to be appropriate. But then, the items loaded to factors were not similar. For instance, items 4, 5, 6, 26, and 27 were loaded to the same factor, which is relaxation. However, 26th and 37th items were about "eating", while 4th, 5th and 6th items were about "hygiene and self-care" in the original form of the scale. Another example was about 13th, 14th, 32nd, 42nd, and 43rd items loaded to the same factor, which is self-protection from accidents. In the original form of the scale, 13th and 14th items were under the "hygiene and self-care", while 32nd item were under in "relaxation" and, 42nd and 43rd items were under the "dressing" in the original form of the scale. Consequently, the items loaded to the factors did not have similar content. In other words, factor structure was not appropriate.

In the present case, depending on the parallel analysis and the scree plot, five-factor solution was likely to be more appropriate. On the other hand, pattern matrix showed the appropriateness of six-factor solution, Normally, the data should be forced to five-factor solution. However, in the present study, there was a six-factor solution in

the original form of the scale. Therefore, the factor structure was forced to six-factor solution. The pattern matrix should be examined again after forcing the structure. (Pallant, 2016). The pattern matrix table with the data forced six-factor solution was presented in Appendix B.

Considering the pattern matrix table with the data forced six-factor solution, the number of loaded items was 10 in 1st factor, 4 in 2nd factor, 5 in 3rd factor, 4 in 4th factor, 8 in 5th factor, and 5 in 6th factor. In this case, some items were not loaded to any factor unlike in the original scale. Furthermore, the items loaded to factors did not have similar content. For instance, items 19, 20, 22, and 30 were loaded to "hygiene and self-care" factor. However, 19th, 20th and 22nd items were in "eating", and 30th item was under the "relaxation" in the original form of the scale. Another example was about 32nd, 45th, 49th and 50th items loaded to "dressing" factor. In the original form of the scale, 32nd was under "relaxation", while 45th item were under the "self-protection from accidents", and 49th and 50th items were under "arrangement of environment".

Consequently, the factor structure could not be provided, because the items loaded to the factors did not have contextual similarity, and the scale was not appropriate for the six-factor solution. Therefore, the scale could not be adapted to parents. This blocked to compare the beliefs of teacher and parents on self-care behaviors due to the incapable of usage the same instrument. Depending on the adverse outcome, the instrument was used as a survey.

3.5.2.3 The Modification Made on The Instrument

Some modifications were made to adapt the scale to the survey. In this part, the modifications made on the instrument were presented.

The number of items did not change while adapting the scale to the survey. On the other hand, the first modification was made in Likert Scale. In "The Assessment of Self Care Skills Test For 3-6 Years Old Children", the items were answered with 5-point Likert Scale. It included quality-related options, which were very sufficient,

sufficient, moderate, weak, very weak (Brown, 2010). On the other hand, the frequency of behaviors was important in the present study, because the data regarding young children's self-care behaviors was gathered from teachers and parents, the data based on the observation of teachers and parents. Therefore, 4-point Likert Scale was used in the current study, and it included frequency-related options, which were always, often, seldom, never (Brown, 2010). Additionally, not-observed option were added to the survey depending on the result of the pilot study.

Second modification was about defining the sub-groups. While adapting the scale to the survey, the items were meaningly categorized according to the type of the skills. In this regard, some subgroups were added to the survey as different from the scale. In the present study, the survey consisted of eight subgroups, which were cleaning and personal grooming, toileting, eating-drinking, adequate and balanced nutrition, relaxation, dressing, self-protection from the accidents, and arrangement of the environment.

Another modification was made in the items' place. The place of some items were change by considering new subgroups. As a first subgroup, "*Cleaning and the personal grooming"* included first 9 items. While other items were under the same factor, 7th item was under the relaxation in the scale. This item was "she washes her face after relaxation". In the survey, this item's place were changed, because it was related to grooming (Booth et al., 1981).

Moreover, "*toileting*" as a second subgroup included 4 items, which were the items from 10th to 13th. These items were under "hygiene and self-care" factor in the scale. However, all items were related to specifically toileting (Bender et al., 2008). Depending on it, these items were placed in "toileting" subgroup in the survey.

Furthermore, "*eating- drinking"* included 8 items, which were the items from 14th to 21st. These items were under the "eating" factor in the scale. The place of these items were not changed in the survey. On the other hand, the name of the sub-group changed as "eating- drinking".

"*Adequate and balanced nutrition*" included 3 items, which were items from 22nd to 24th. All items were under the "eating" factor in the scale. However, these items were related to adequate and balance nutrition (Varol, 2007). Depending on it, the items were placed in "adequate and balanced nutrition" subgroup in the survey.

"*Relaxation*" included 2 items, which were items from 25th to 26th. All items were also under the "eating" factor in the scale. Therefore, their place were not changed in the survey.

"*Dressing*" included 10 items, which were items from 27th to 36th. While other items were under the same factor, 27th item was under the "hygiene and self-care" in the scale. This item was "looking herself on the mirror and straightening if it is necessity". In the survey, the item's place were changed because it was related to dressing (Varol, 2007).

"*Self-protection from the accidents*" included 3 items, which were items from 37th to 39th. All items were under the "eating" factor in the scale. Therefore, the items' place were not changed in the survey.

"*Arrangement of the environment*" included 11 items, which were items from 40th to 50th. While other items were in the same factor, 44th was under "relaxation", 45th and 46th items were under "dressing", and 47th, 48th, 49th, 50th was under the "hygiene and self-care" in the scale. However, 44th, 45th, 46th,47th, and 48th, items were related to inuring daily life skills to children (Varol, 2007), while 49th and 50th items were related to independent routines (Booth et al., 1981). Therefore, these items' place were placed in "arrangement of the environment" in the survey.

After changing the items' place and defining the subgroups, the survey was used for gathering data from teachers and parents in the study. The survey was presented in Appendix C.

3.5.3 Semi-structured Interviews

Semi-structured interview protocol was another instrument in the study. In this part, the information about the format of the interview, and sample questions were presented.

Fetterman (1998) defined interviews as the most important method in the data collection. The researcher could receive data by using semi-structured interviews because of its flexibility to find out participants' feeling (Fraenkel& Wallen, 2006). Moreover, participants could be interviewed to learn their unobservable thoughts (Patton, 2002). On the other hand, semi-structured interviews gave participants more freedom in responding to the questions (Edwards & Holland, 2013). Accordingly, the semi-structured interviews were conducted with teachers and parents in the present study. The interview format consisted of open-ended questions.

In the sequential mixed methods design, Creswell (2012) recommended identifying the quantitative results required further explanation and use the results as a guide for the data collection questions in the interview protocol. In this sense, in the present study, there was a need more detailed explanations regarding participants' beliefs on self-care behaviors' relation with the certain characteristics. Therefore, the interview questions were prepared to get more detailed information from the participants. Additionally, the same questions were asked both teachers and parents in order to compare their beliefs on self-care behaviors based on the certain characteristics. The semi-structure interview questions were also offered in Appendix D. The examples of the interview questions were offered in Table 3.6.

Table 3. 6 *Sample Questions from The Semi-Structured Interviews*

Aims	Sample Questions
• The beliefs on young children's self-care behaviors according to age group	-Do you think that children's self-care behaviors might be related to their age? -Why do you think so?
• The beliefs on young children's self-care behaviors according to their gender	-Do you think that children's self-care behaviors might be related to their gender? -How do you evaluate the self-care behaviors of girls and boys?
• The beliefs on young children's self-care behaviors according to having siblings	-What would be the factors affecting children's self-care behaviors? -What would be the reasons why child's self-care behaviors are beyond the expected skill level of that age group?
• The beliefs on young children's self-care behaviors according to the families' socioeconomic status (SES)	-Do you think that children's self-care behaviors might be related to socioeconomic status of family?
• The beliefs on young children's self-care behaviors according to teachers' teaching experience	- Do you think that children's self-care behaviors might be related to teachers' years of experience?
• The beliefs on the school implementations regarding self-care development	-What do you think about the school implementations regarding improving children's self-care skills? -What kind of activities applied to improve children's self-care? - Dou you think they are sufficient?

3.6 Validity and Reliability

The validity and reliability concepts should be considered when designing the data collection instruments in the research (Fraenkel & Wallen, 2006). Accordingly, the concerns about the validity sand reliability were regarded in this part, and the certain approaches were taken to improve the integrity.

3.6.1 Validity and Reliability of the Survey

"Validity refers to appropriateness, meaningfulness, correctness, and usefulness of the inferences a researcher makes" (Fraenkel & Wallen, 2006, p. 150). To ensure the validity, a pilot study was conducted.

To ensure the effectiveness and the clarity of the questions, the pilot study was implemented to 100 teachers and 100 parents in Ankara during 2021-2022 fall semester. The people filled out the consent form were the participants in the pilot study.

A modification was made in the survey at the end of the pilot study. While examining the answers in the instrument, there was a pattern in unanswered items filled out by teachers. In other words, unanswered questions in teachers' survey were generally same. The researcher thought that this might result from a specific reason based upon teachers' implementations. Therefore, "not-observed" option was added to both survey for the main study. This situation also revealed the second research question.

Other modification was made in parents' demographic information form. In pilot study, parents were asked their child's birthday. However, some parents did not write the birth years. Therefore, the question asking children's age was added to the parents' information form for the main study.

To ensure the internal validity in the survey, some procedures were followed. In the present study, the scale should be filled out by teachers for each child separately. However, filling out the survey for all children might increase the workload of

teachers. This might result in loss of the subject. According to Fraenkel and Wallen (2006), loss of the subject threated the internal validity because this caused the change of the results in remaining data. In order to prevent the loss of the subject and ensure the internal validity, each teacher filled out the survey for 3 to 5 children in their class.

3.6.2 Trustworthiness of Interview Protocol

To ensure the trustworthiness of the interview protocol, some specific approaches were implemented. The procedures followed to ensure the validity and consistency in the interview protocol were presented respectively.

3.6.2.1 Validity

To ensure the validity in the interview protocol, "expert opinion" and "the pilot study" methods were used. Firstly, expert opinion was expressed. Then, pilot study for the semi-structured interview were explained.

3.6.2.1.1 Expert Opinion

Expert opinion was the most common technique to evaluate the content of the instrument (Fraenkel & Wallen, 2006). In this sense, the expert opinion was taken from the four experts in the early childhood education field. Afterwards, the questions were rearranged.

3.6.2.1.2 Pilot Study for The Interview Protocol

The pilot study for the interview protocol was conducted. Merriam (2009) recommended pilot interviews to determine whether the questions were appropriate and efficient. To ensure the clarity and efficiency of the questions and the process, the pilot study was conducted in Ankara during 2021-2022 fall semester with 3 teachers and 3 parents. Before starting the interview, the consent form were read to the participants and received their permission. In the pilot study, before asking the

questions, the definition of the self-care and socioeconomic status (SES), and sub-groups in the self-care behaviors (cleaning and personal grooming, toileting, eating-drinking, adequate and balanced nutrition, relaxation, dressing, self-protection from the accidents, arrangement of the environment) were mirrored to the screen.

A modification was made in the process based on the pilot study. Participants could not comprehend all behaviors under the subgroups during the pilot interview. Therefore, all behaviors under the subgroups were mirrored to the screen in the main study. On the other hand, no change was made in the interview questions. At the end of the process, the interview protocol included 6 questions and lasted about 20-25 minutes with each participant.

3.6.2.2 Consistency (Reliability)

"Reliability referred to the consistency of scores and answers from one administration of an instrument to another, and from one set of items to another" (Fraenkel & Wallen, 2006, p. 150). To ensure the reliability issue in interview protocol, inter-coder agreement method was used. Intercoder agreement referred to reconciling of two or more coders about coding disagreements though discussion (Campbell et al., 2013). In the present study, intercoder reliability/ agreement was provided with two coders. First coder was the researcher, and the other coder was a person who has graduate degree in early childhood education field. In order to make easier coding process, the transcript material might divide into a certain thematic area, and each area might be coded separately (Campbell et al., 2013). In the current study, researcher used this method. Child, parent, and teacher-related characteristics were the themes in the coding process. The transcript material were divided according to the themes before coding process, and they were conveyed to the second coder. After coding process, the Kappa statistics was measured, and Cohen's Kappa value was calculated for the interview protocol. Viera and Garrett (2005) entitled the level of agreements based on the scores as follows: chance agreement (less than zero); slight agreement (.01- 0.20); fair agreement (0.21- 0.40); moderate agreement (0.41- 0.60); substantial agreement (0.61-0.80); and almost perfect agreement (0.81-0.99). In the present study, Cohen's Kappa value was found as .89

for the teachers' interview data. This value was also found as .87 for the parents' interview data. Accordingly, intercoder reliability was admitted being in almost perfect agreement.

3.7 Data Collection Procedure

Data collection procedures were explained under three major aspects. Firstly, the procedures regarding the necessary permissions and approval were presented. Then, the data collection procedure for the survey was explained. Lastly, the procedure for the interview protocol was offered.

The data was collected during the fall semester of the 2021-2022 academic year. The surveys were collected between September and November 2021. Then, the interviews was conducted in December 2021. Before collecting the data, some necessary permissions were obtained. Firstly, the necessary permission was gathered from Bayer, Çağdaş and Kayılı, who were the developer of "The Assessment of Self Care Skills Test For 3-6 Years Old Children". Secondly, the approval of the ethics board was gathered from Middle East Technical University to implement the instruments. Afterwards, researcher obtained the permission from Ministry of National Education for implementing the instruments in the public schools in Ankara.

3.7.1 The Data Collection Procedure for The Survey

After the necessary permissions, the researcher studied on the adaptation of the scale for the parents. To achieve this goal, the data gathered from 220 parents in Konya via google forms. The data was collected between May and June 2021. Because of the adverse outcome of the adaptation the scale to the parents, the instrument was decided to use as a survey as mentioned above.

After necessary changes on the survey, the data collection process started in Ankara. First 100 data from both groups, which were teachers and parents, was used for the pilot study. In pilot study process, the researcher got contact with the administrator

of the school for visiting and informing teachers about the purpose of the study and the procedure. Then, the researcher handed the instruments to the classroom teachers. The classroom teachers were responsible to fill out the forms for three to five children in their class. They were also responsible to send the parent-related forms to these children's parents. In other words, the researcher did not directly contact with parents while handing the forms. To prevent the confusions while handing the forms, the researcher labeled the forms before giving them to the teachers. For instance, a teacher's form was labeled as "1A", while labeling the parent form as "1a". Also, a similar thing was requested from the teachers. Teachers wrote children's surname or different nicknames to the forms. Thus, teachers' and parents' forms for each child was correctly matched. The researcher got contacted with administrator of the schools in a certain interval to get back the forms. In one or two weeks, the schools were visited again to retrieve the returned forms. Some schools were visited three times because of the delay of the returning. While examining the answers in the instrument after the pilot study, there was a pattern in unanswered items filled out by teachers. In other words, unanswered questions in teachers' survey were generally same. The researcher thought that this might result from a specific reason based upon teachers' implementations. Therefore, "not-observed" option was added to both survey for the main study. This situation also revealed the second research question.

Following the completion of the pilot study and the necessary modifications, the data was collected for the main study. A similar procedure was implemented while collecting data for the main study. Firstly, the forms were labeled as in the pilot study before distributing them to the schools. The researcher made contact with the school administrators to visit the schools and handing out of the forms. The data collection forms were handed to the classroom teachers who volunteered to attend the study. The instruments were conveyed to the teachers by the school administrators in some schools because of the COVID-19 pandemic. All teachers were responsible to fill out the forms for three to five children in their class. They were also responsible for handing the parent-related forms to the parents and giving all forms to the administrator of the school. After conveying the forms to the schools, the researcher contacted with the school administrators at two weeks intervals to collect the completed forms. With the agreement of the administrators, the schools

were visited again to retrieve the completed forms. Some schools were visited up to three times due to delays of in returning the forms. After collecting the instruments, the data analysis was made.

3.7.2 The Data Collection Procedure for The Interview

Depending on the descriptive analysis, the tentative interview questions were arranged and finalized. Thereafter, the researcher obtained opinions from the four experts in early childhood education field for the interview questions. The questions were rearranged according to the direction of expert opinions. After finalizing the questions, the demographic information forms were examined, and the potential participants were chosen for the interview protocol by considering being matched and the rate of participants according to the districts.

Then, the researcher contacted 3 teachers and 3 parents for the pilot interview. After arranging a time, the pilot interviews were made via a video conferencing platform. During the interview, the definitions of self-care and socioeconomic status were read to participants before asking the related questions. Also, the definitions and self-care subgroups were reflected to the screen.

After conducting the pilot study for the interview protocol, a necessary modification was made. Then, the similar procedure was implemented to conduct the interviews for the main study. The potential participants were chosen by considering being matched and the participants' rated according to the districts. Researchers made contact with the volunteers. After arranging a time, the interviews were made with 10 teachers and 11 parents via a video conferencing platform.

3.8 Data Analysis

The data analysis in the present study were presented under four major aspects. Firstly, the data analysis procedure was expressed. Secondly, preliminary analysis were revealed. Then, the primary data analysis for the survey was presented. Lastly, the primary data analysis for the interview was explained.

In the explanatory design, the data collection involved gathering survey data as first, analyzing it, collecting interview data depending on the result of first phase (Creswell, 2012). With this reference, the interviews were conducted, after the surveys and the demographic information forms were analyzed in the present study. Creswell (2012) stated that "the intent of this design is not to merge or compare the data as in the convergent procedure". Therefore, in the present study, the results of the surveys and interviews were not compared. By conducting the semi-structured interviews, the researcher tried to get more detailed information about beliefs of teachers and parents about young children's self-care behaviors. On the other side, the comparison was made between teachers' and parents' data to understand the extent to which teachers' and parents' beliefs differ.

3.8.1 Preliminary Analysis

Preliminary analysis was conducted before analyzing the data. In the scope of the study, missing value analysis was fulfilled as a preliminary analysis. The analysis was performed using IBM SPSS 24.0 package program.

3.8.1.1 Missing Value Analysis for The Demographic Information Form and Survey

In this part, the ways in which missing value analysis made were presented. Firstly, missing value analysis for the demographic information form was mentioned. Then, the analysis for the teachers' survey explained. Lastly, the analysis was presented for the missing values in the parents' survey.

Missing data was one of the common problems in the data analysis process. It should be addressed and solved before the analysis because this problem may affect the results (Tabachnick & Fidell, 2012). In this study, the data was collected from 564 parents and 220 teachers. There were some missing data in the demographic information forms and the surveys. Primarily, the researcher solved the missing value problem in the demographic information forms.

In the demographic information form, parent's education levels, occupations and monthly income were asked to calculate families' socioeconomic status. There were 33 missing data on monthly income. Also, these respondents did not answer the questions about their education levels and occupation. Determining the socioeconomic status for these respondents was not possible. Therefore, no method was used to cope with missing data in demographic information. The cases were directly excluded from the data set. The researcher worked on 531 cases when handling missing data in the surveys.

On the other hand, there were some missing values in the teachers' and parents' surveys. There were several methods to handle missing data. Examples of conventional methods were pairwise, listwise deletion, dummy-variable adjustment, and imputation. In other respects, "maximum likelihood" and "multiple imputation" were examples of the more contemporary methods to handle missing data (Allison, 2009). Primarily, the preliminary analysis should be performed to determine which method should be used for missing values.

The pattern of missing values, which was whether the missing data was distributed as random or nonrandom, was more serious than its amount (Tabachnick & Fidell, 2012). If the distribution of missing data was random, they were predictable from other variables by using different methods. On the other hand, prediction was not possible if the distribution was nonrandom (Tabachnick & Fidell, 2012). In this sense, the MCAR test (missing completely at random test) was carried out to decide whether the missing values were completely random or nonrandom (Little, 1988). In the data set, the missing values could be estimated by using the imputation method if the proportion of missing values was less than 5%, and the distribution of missing values was random in the MCAR test (χ^2MCAR, $p > .05$) (Little, 1988, Allison, 2009, Tabachnick & Fidell, 2012).

In the current study, the proportion of the missing values in the teachers' survey was less than 5%. The results also showed the random distribution of the missing values (χ^2MCAR, (df= 3639) =3176.345 $p > .05$). Therefore, mean substitution, a conventional method, was used to handle missing values in the teachers' survey. The

mean substitution method referred calculating the means from available data and replacing them with missing values. This method was useful for the researcher because there was no requirement to guess missing values due to mean stability (Tabachnick & Fidell, 2012). However, the variable's variance was reduced, and it resulted in the reduction of correlation with other variables. It depended on the amount of missing data (Tabachnick & Fidell, 2012). In order to cope with that problem, a compromise was to use the group mean for the missing values (Tabachnick & Fidell, 2012). Accordingly, the data were grouped considering the age groups, and the group means were inserted for the missing values.

On the other hand, a different method was used to handle missing values in the parents' survey. The missing values in the parents' survey were less than 5%. However, the result also revealed that the missing data was not randomly distributed (χ^2MCAR, (df= 2984) =3322,713 $p < .001$). Therefore, using the conventional methods may not be useful (Allison, 2009). On the other side, the maximum likelihood method could be reliable if the MCAR was not satisfied (Allison, 2009; Hendricks Brown, 1983; Rubin, 1976). Accordingly, the EM algorithm, a type of maximum likelihood, was used to estimate missing values in the parents' survey.

3.8.1.2 The Primary Data Analysis for The Survey

After collecting the survey, the data were entered to IBM SPSS Statistics 24 manually. Numerical values were appointed for the demographic parts and the rating scale parts. Afterwards, the data was screened to detect missing values, and cleaned. Then, socioeconomic status was calculated, and the numerical values were entered to IBM SPSS Statistics 24. After entering and screening data, the different SPSS files were created to analyze the data based on child, parent and teacher-related characteristic. Then, the descriptive statistics were performed based upon each characteristic, and the frequencies, percentages and point averages were calculated considering the self-care subgroups in the surveys.

The analysis were interpreted depending on the point averages in each sub-group. Due to the nature of the survey, there is no way to discuss meaningfulness of the

difference between the point averages. However, the comments on the points' highness/lowness for each item might be made. In other words, if the point average was higher in a subgroup, it meant that the participants gave higher points for the items in that subgroup. The data was analyzed based on this fact.

For the point averages, a grading key was used to make comments more manageable. Participants graded children's self-care behaviors from 0 to 4 points in the surveys. In this case, the highest point average might be between 3 and 4 points, while the lowest point average might be between 0 and 1. Accordingly, the observations of teachers and parents about young children's self-care behaviors were accepted higher as the point average got closer to 4. In the present case, the observed behaviors were categorized as rarely (from 0 to1 point), seldomly (1 to 2 points), moderately (2 to 3 points), and frequently (3 to 4 points) observed based on the point averages of the subgroups. While interpreting the data, the researcher only considered the differences resulting in the change in observed-behavior levels. For instance, if the point average in a subgroup increased from 2.8 (moderately observed) to 3.4 (frequently observed) based on the age, the participants' observations on related behaviors dramatically increased while children grow. While this kind of changes was considered, the changes in same observed-behavior level was not discussed.

3.8.1.3 The Primary Data Analysis for The Interview

After conducting the interviews, the interview data was transcribed by using Microsoft Word. Then, the transcripts were transferred to MAXQDA 2020 software program. The data was analyzed by using this program. According to Merriam (2009), the researchers should start to analyze the data when collecting the data. With this reference, the data analysis began after conducting the first interview. Thus, the analysis process took less time for the researcher. Additionally, missing data was prevented with this method. According to Merriam (2009), the coding should be used to determine the specific parts in the broad data. In this sense, the data was classified by creating the themes, categories, codes, and sub-codes. Then, some figures and tables were created to explain the data. At the end of the analysis process, the transcripts were sent to the second coder to ensure intercoder reliability.

Then, the Cohen' Kappa value was calculated. The intercoder reliability was ensured with .89 in teachers' data and .87 in parents' data.

3.9 Limitations and Assumptions

Limitations are uncontrollable potential weaknesses in the study, while the assumption are the accepted things as real or true (Leedy & Ormrod, 2015). There were some limitations and assumption in the present study. They were explained respectively.

There were two three limitations in the present study. First limitation was about determination of the families' socioeconomic status. In the demographic information form, parents' occupations were asked to determine socioeconomic level. However, the information on occupation could not be used due to problems with categorization. In a different sample, this information would be used to determine the socioeconomic status. The second limitation was choosing participants from the central districts of Ankara. Because of accessibility, the study was conducted in only 10 districts of Ankara. Additionally, the study was made in only public preschools. Therefore, the generalizability was limited to these districts and the schools. Besides, there was only one male teacher who completed the survey. The third limitation was about taking expert opinion for the adapted survey. In this study, the expert opinion was not taken for the adapted survey due to the nature of survey and the expression of the items. In the further studies, expert opinion might be taken for survey items.

There was an assumption in the present study. The researcher assumed that all teachers and parents stated their own beliefs on young children's self-care behaviors and its change in terms of child, parent, and teacher-related characteristics honestly.

CHAPTER IV

FINDINGS

4.1 Introduction

The findings in this chapter were offered by considering the research questions, respectively. Firstly, the beliefs of teachers and parents about young children's self-care behaviors were analyzed as considering the child, parent, and teacher related characteristics. Secondly, the beliefs of teachers and parents about the school implementations regarding self-care development were examined. Additionally, in order to answer the third research question, the extent to which teachers' and parents' beliefs about young children's self-care behaviors differ depending on certain characteristics were analyzed under each title.

4.2 The Beliefs of Teachers and Parents about Young Children's Self-Care Behaviors as Considering Child, Parent, and Teacher-Related Characteristics

In this part, firstly the descriptive findings were offered without considering young children, parent, and teacher related characteristics. Then, as considering first research question, the findings on the beliefs of teachers and parents about young children's self-care behaviors as considering child, parent, and teacher-related characteristics were presented respectively.

4.2.1 Descriptive Findings on The Beliefs of Teachers and Parents about Young Children's Self-Care Behaviors

In this section, firstly the descriptive findings (without considering young children, parent, and teacher related characteristics) for teachers were explained. Then, the findings for parents were expressed. Afterwards, the descriptive findings for teachers and parents were compared. The findings were interpreted based on the point averages in the subgroups (cleaning and personal grooming, toileting, eating-drinking, adequate and balanced nutrition, relaxation, dressing, self-protection from accidents, arrangement of environment). The points averages were interpreted out of four points. In this sense, the averages between 2 and 3 points represented the moderately observed behaviors. On the other hand, the averages between 3 and 4 points symbolized the frequently observed behaviors. They were presented in Table 4.1.

Table 4. 1 *Descriptive Findings Without Considering the Children, Parent, and Teacher Related Characteristics*

Subgroup	**Teachers**		**Parents**	
	n	**$\bar{x}$**	**n**	**$\bar{x}$**
SG1- Cleaning and personal grooming	531	2.66	531	3.05
SG2- Toileting	531	3.44	531	3.46
SG3- Eating-drinking	531	2.64	531	3.01
SG4- Adequate and balanced nutrition	531	2.86	531	2.42
SG5- Relaxation	531	2.76	531	2.91
SG6- Dressing	531	2.55	531	2.86
SG7- Self-protection from accidents	531	2.61	531	2.87
SG8- Arrangement of environment	531	2.38	531	2.40

According to the point averages based on teachers' reports, teachers frequently observed (between 3 and 4 points) the behaviors regarding toileting (3.44). On the other hand, they moderately observed (between 2 and 3 points) all behaviors in other

subgroups, which were cleaning and personal grooming (2.66), eating and drinking (2.64), adequate and balanced nutrition (2.86), relaxation (2.76), dressing (2.55), self-protection from accidents (2.61) and arrangement of the environment (2.38).

According to the point averages based on parents' reports, parents frequently observed (between 3 and 4 points) the behaviors regarding cleaning and personal grooming (3.05), toileting (3.46), and eating-drinking (3.01). On the other hand, they moderately observed (between 2 and 3 points) the behaviors in other subgroups, which were adequate and balanced nutrition (2.42), relaxation (2.91), dressing (2.86), self-protection from accidents (2.87), and arrangement of the environment (2.40). Consequently, teachers and parents had parallel beliefs about young children's self-care behaviors in other subgroups, while they had different beliefs about young children's behaviors regarding "cleaning and personal grooming", and "eating-drinking". Teachers moderately observed (between 2 and 3 points) these behaviors in children. On the contrary, parents frequently observed (between 3 and 4 points) related behaviors in cleaning and personal grooming", and "eating-drinking" subgroups.

4.2.2 The Beliefs of Teachers and Parents about Young Children's Self-Care Behaviors as Considering Child-Related Characteristics

This part offered the findings on the beliefs of teachers and parents about young children's self-care behaviors considering child-related characteristics. The child related characteristics included age, gender, and having sibling. The findings considering these characteristics were presented respectively.

4.2.2.1 The Beliefs of Teachers and Parents about Young Children's Self-Care Behaviors as Considering Children's Age

This part offered the findings on the beliefs of teachers and parents about young children's self-care behaviors considering children's age. The results were presented in a sequence shown in Figure 4.1.

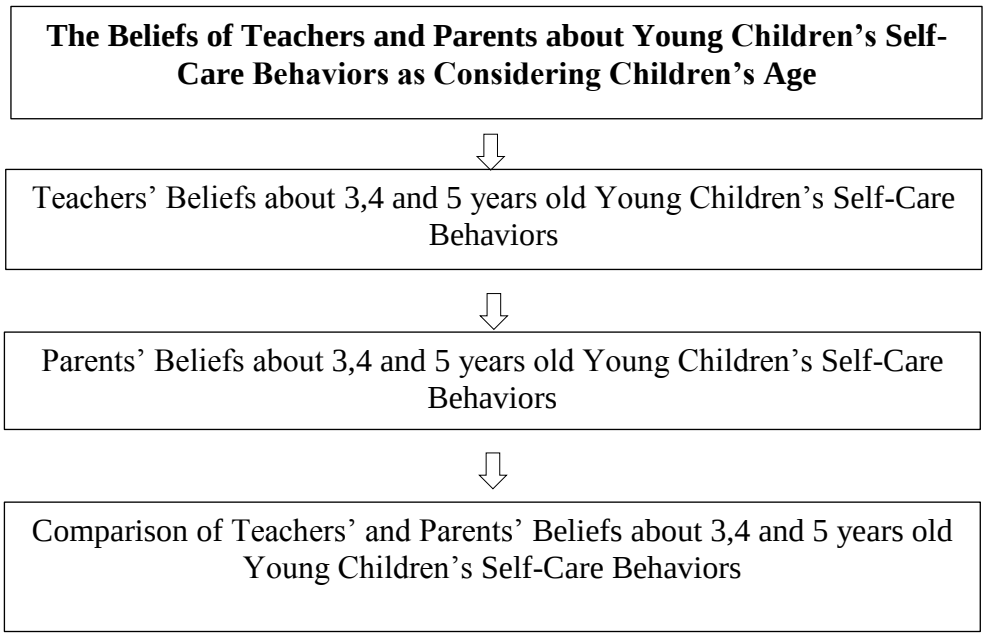

Figure 4.1 *The Sequence of Presenting Findings as Considering Children's Age*

Before explaining the findings, the statistics were offered in tables. The survey and the interview results of the participants' beliefs about 3,4 and 5 years old young children's self-care behaviors were shown in Table 4.2 and 4.3.

Table 4. 2 *The Survey Results of The Participants' Beliefs about 3, 4, and 5 Years Old Children's Self-Care Behaviors*

Sub-groups	**Teachers**						**Parents**					
	Age 3		**Age 4**		**Age 5**		**Age 3**		**Age 4**		**Age 5**	
	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$
Cleaning and personal grooming	52	2.51	169	2.63	310	2.70	52	2.76	169	2.99	310	3.14
Toileting	52	3.40	169	3.42	310	3.45	52	3.14	169	3.45	310	3.53
Eating-drinking	52	2.39	169	2.62	310	2.69	52	2.67	169	3.00	310	3.07
Adequate and balanced nutrition	52	2.90	169	2.78	310	2.88	52	2.23	169	2.36	310	2.48
Relaxation	52	2.75	169	2.64	310	2.81	52	2.81	169	2.92	310	2.91
Dressing	52	2.15	169	2.37	310	2.71	52	2.33	169	2.83	310	2.97
Self-protection from accidents	52	2.48	169	2.56	310	2.66	52	2.56	169	2.78	310	2.97
Arrangement of environment	52	2.18	169	2.31	310	2.43	52	2.09	169	2.41	310	2.45

Table 4. 3 *The Interview Results of The Participants' Beliefs about 3, 4, and 5 Years Old Young Children's Self-Care Behaviors*

Teachers	**f**	**p**	**Parents**	**f**	**p**
Improving self-care skills with age	10	100.00	Improving self-care skills with age	9	81.8
			No relationship	2	18.2

4.2.2.1.1 Teachers' Beliefs about 3,4, and 5 Years Old Young Children' Self-Care Behaviors

In this part, teachers' beliefs about 3,4 and 5 years old young children's self-care behaviors were presented. Firstly, the survey results for teachers were interpreted. Then, the interview results were offered.

According to the survey analysis, they frequently observed (between 3 and 4 points) children's behaviors regarding toileting (SG2) in each age. On the other hand, they moderately observed (between 2 and 3 points) children's all behaviors in other subgroups for each age. Indeed, the point averages increased in all subgroups based upon the age groups. It clearly meant that the higher points were given to children as children grow. In other words, teachers started to observe related behaviors more frequent when children grow. However, the result did not dramatically change, and observed behaviors level stayed as moderate.

Besides, the interviews were made with ten teachers to understand the beliefs of teachers on young children's self-care behaviors as considering children's age. The researcher asked a question to teachers. *Do you think that children's self-care behaviors might be related to their age?* According to the interview analysis, all teachers implied a relationship between children's self-care behaviors and their age. They focused on different points when meaning it. While three teachers focused on the maturation of children with age, seven teachers stated the effect of motor development on children's self-care. The theme, categories, codes, and quotations based on teachers' beliefs were presented in Table 4.4.

Table 4. 4 *Teachers' Beliefs about The Relation of Self-Care Behaviors with Age*

Theme	Category	Code	Quotation
Relation of self-care behaviors with age	Improving of self-care behaviors with age (n=10)	Maturation (n=3)	P5: In our school, we divide children into the classes as the four months intervals. Their skills change and improve even in a few months.
			P6: Some skills did not develop at four years old. However, it develops at six years old. A five-year-old child's skills are better than a three-year-old child's.
		Motor development (n=7)	P9: The expectations for two years old child and five years old child cannot be same. Motor developments are required for self-care skills. Children must have a certain motor skill to execute self-care.
			P10: We cannot wait for children to close zippers and button-up before completing gross motor skills and progressing to fine motor skills. Motor development and readiness are required for these skills. This depends on children's age.

Consequently, depending on the teachers' survey results, they frequently observed children's toileting behaviors in each age. On the other hand, they moderately observed other behaviors independently of children's age. Even though the point averages increase as children grow, the results did not dramatically change. Besides, in the interviews, all teachers implied development of self-care behaviors as children grow. While expressing it, their perspective were different.

4.2.2.1.2 Parents' Beliefs about 3,4 and 5 Years Old Young Children's Self-Care Behaviors

In this part, parents' beliefs about 3,4, and 5 years old young children's self-care behaviors were presented. Firstly, the survey results for parents were interpreted. Then, the interview results were offered.

According to the survey analysis, they frequently observed (between 3 and 4 points) toileting behaviors (SG2) in each age. On the other hand, they moderately observed (between 2 and 3 points) children's self-care behaviors in other subgroups independently of children's age. It meant that the results did not dramatically change based on age in these subgroups even though the point averages increased in all subgroups as children grow.

In other respects, the points averages dramatically changed in cleaning and personal grooming (SG1) based upon children's age. Parents with 3- and 4-years old child moderately observed (between 2 and 3 points) the behaviors regarding "cleaning and personal grooming" in their child. However, parents with 5 years old child frequently observed (between 3 and 4 points) the related behaviors in their child.

There was a similar situation for the behaviors regarding eating-drinking (SG2). Parents with three years old child moderately observed (between 2 and 3 points) these behaviors in their children. On the other hand, parents with 4- and 5-years old child frequently observed (between 3 and 4 points) related behaviors. In this sense, parents gave higher points for the behaviors in "cleaning and personal grooming",

and “eating-drinking” subgroups as children grow. In other words, they observed these behaviors more frequent as children grow.

Besides, the interviews were made with eleven parents to understand the beliefs of parents on young children’s self-care behaviors as considering children’s age. The researcher asked a question to parents. *Do you think that children’s self-care behaviors might be related to their age?* According to the interview analysis, eight parents implied a relationship between children’s self-care behaviors and their age. Their perspective were different. Five parents focused on the maturation, while two parents stated the effect of motor development on children’s self-care, and two parents focused on the cognitive development.

On the other side, two parents stated no relation of children’s self-care behaviors with children’s age. They focused on same point when implying this. They emphasized the effect of environment and the peer relationship. The theme, categories, codes and quotations based on parents’ beliefs were presented in Table 4.5.

Table 4. 5 *Parents' Beliefs about The Relation of Self-Care Behaviors with Age*

Theme	Category	Code	Sub-code	Quotation
Relation of self-care behaviors with age	Improving of self-care behaviors	Maturation (n=5)	-	P4: Age positively affects self-care skills. My child needs help taking a shower when he was younger. He recently takes a shower alone. Children become more successful in the tasks as they grow.
		Motor development (n=2)	-	P8: It increases as children grow, because some motor skills develop. Children use their hands and fingers more effectively. Therefore, self-care skills increase according to age.
		Cognitive development (n=2)	Thinking skills (n=2)	P5: My daughter needs more support because she is younger. When I ask my children to brush their teeth, she feels that she is playing a game. However, my son can comprehend the necessity of the behavior for his health. Children's self-care skills improve depending on their thinking skills and age.
	No relationship with age (n=2)	Environment and peer relation (n=2)	-	P3: It depends on environment and peer relation instead of age. My son learns better when he saw a thing from his environment. When child interact with his peers, the environment becomes more efficient. He learns it from his peers when he were behind in a skill.

Consequently, the points averages "cleaning and personal grooming", and "eating and drinking" dramatically changed with children's age. In this sense, parents gave higher points for the behaviors in these subgroups as children grow. In other words, they observed these behaviors more frequent as children grow. However, the results did not dramatically change based on age in other subgroups even though the point averages increased in all subgroups as children grow. Besides, in the interviews, nine parents implied development of self-care behaviors as children grow, while two parents defended no relationship between self-care behaviors and children's age. Their perspective were different while expressing it.

4.2.2.1.3 Comparison of Teachers' and Parents' Beliefs About 3,4, and 5 Years Old Young Children's Self-Care Behaviors

In this part, the comparison of teachers' and parents' beliefs about 3,4, and 5 years old young children's self-care behaviors was reported. The comparison of the teachers' and parents' survey results was offered separately for each age group, whereas the comparison of the interview results were generally presented.

According to the comparison of teachers' and parents' survey results for three years old children, all participants moderately observed (between 2 and 3 points) related skills in each subgroup (cleaning and personal grooming, eating-drinking, toileting, adequate and balanced nutrition, relaxation, dressing, self-protection from accidents, and arrangement of the environment).

On the other hand, teachers and parents had different beliefs on 4 years old children's self-care behaviors regarding "eating-drinking". According to the comparison of teachers' and parents' survey results, teachers moderately observed (between 2 and 3 points) the behaviors regarding "eating-drinking", while parents frequently observed (between 3 and 4 points) these behaviors. On the contrary, all participants had the same beliefs about the behaviors in other subgroups. All participants frequently observed (between 3 and 4 points) the toileting behaviors in 4 years old children, while they moderately observed (between 2 and 3 points) the behaviors in other subgroups (cleaning and personal grooming, adequate and

balanced nutrition, relaxation, dressing, self-protection from accidents, and arrangement of the environment).

Furthermore, teachers and parents had different beliefs about 5 years old children's self-care behaviors in the "cleaning and personal grooming", and "eating-drinking" subgroups. According to the comparison of teachers' and parents' survey results, teachers moderately observed (between 2 and 3 points) the behaviors regarding cleaning and personal grooming", and "eating-drinking", while parents frequently observed (between 3 and 4 points) related skills. On the other hand, all participants had the same beliefs in other subgroups. They frequently observed (between 3 and 4 points) toileting behaviors in 5 years old children, while they moderately observed (between 2 and 3 points) the behaviors in other subgroups (adequate and balanced nutrition, relaxation, dressing, self-protection from accidents, and arrangement of the environment).

Additionally, when examining the increase of point averages based on children's age, all participants gave children higher points for the behaviors in all subgroups as children grow. In other words, they observed the behaviors more frequent as children grow. However, the results did not dramatically change in all subgroups.

Besides, the interviews were made with teachers (n=10) and parents (n=11) to understand the their beliefs about the relation of young children's self-care behaviors with children's age. According to the comparison of teachers' and parents' interview results, all teachers (n=1) and the most parents (n=9) reported the relation of self-care behaviors with children's age. They had the similar perspective when implying this. Three teachers and five parents focused on the effect of children's maturation on self-care behaviors, while seven teachers and two parents concentrated on the effect of children's motor development. As different from teachers, two parents focused on children's thinking skills as a part of cognitive development when expressing the relation of self-care behaviors with children's age.

On the contrary, a parent (n=1) stated no relationship between children's self-care behaviors and their age. According to her, the improvement of self-care behaviors were related to environment and peer relationship instead of age.

4.2.2.2 The Beliefs of Teachers and Parents about Young Children's Self-Care Behaviors as Considering Children's Gender

This part offered the findings on the beliefs of teachers and parents about young children's self-care behaviors as considering children's gender. The results were presented in a sequence shown in Figure 4.2.

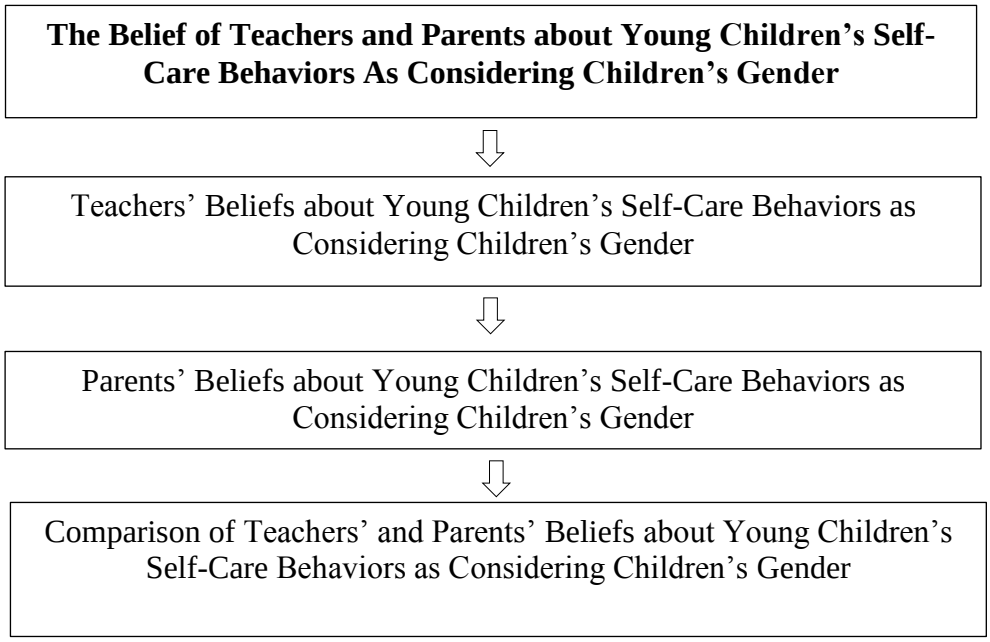

Figure 4.2 *The Sequence of Presenting Findings as Considering Children's Gender*

Before explaining the findings, the statistics were offered in tables. The survey and the interview results of the participants' beliefs about young children's self-care behaviors as considering children's gender were presented Table 4.6 and 4.7.

Table 4. 6 *The Survey Results of The Participants' Beliefs about Young Children's Gender*

Sub-groups	**Teachers**				**Parents**			
	Girls		**Boys**		**Girls**		**Boys**	
	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$
Cleaning and personal grooming	269	2.72	262	2.59	269	3.10	262	3.01
Toileting	269	3.50	262	3.38	269	3.51	262	3.41
[illegible]	269	2.69	262	2.60	269	3.02	262	3.00
Adequate and balanced nutrition	269	2.94	262	2.76	269	2.40	262	2.43
Relaxation	269	2.83	262	2.67	269	2.91	262	2.91
Dressing	269	2.61	262	2.48	269	2.91	262	2.82
Self-protection from accidents	269	2.66	262	2.55	269	2.83	262	2.90
Arrangement of environment	269	2.45	262	2.29	269	2.48	262	2.32

Table 4. 7 *The Interview Results of The Participants' Beliefs about Young Children's Self-Care Behaviors as Considering Children's Gender*

Teachers	**f**	**p**	**Parents**	**f**	**p**
Relationship with gender	8	80.0	Relationship with gender	7	63.64
No relationship with gender	2	20.0	No relationship with gender	4	36.36

4.2.2.2.1 Teachers' Beliefs about Young Children's Self-Care Behaviors as Considering Children's Gender

In this part, teachers' beliefs about young children's self-care behaviors as considering children's gender were presented. Firstly, the survey results for teachers were interpreted. Then, the interview results were offered.

According to the survey analysis, they frequently observed (between 3 and 4 points) children's behaviors regarding toileting (SG2) in both genders. On the other hand, they moderately observed (between 2 and 3 points) children's all behaviors in other subgroups independently of children's gender. Indeed, the point averages were higher for girls in all subgroups. In other words, teachers observed all self-care behaviors more frequently in girls. However, the result did not dramatically change, and observed behaviors level stayed same in all subgroups for both genders.

Besides, the interviews were conducted with ten teachers to understand the beliefs of teachers on young children's self-care behaviors as considering children's gender. The researcher asked a question to teachers. *Do you think that children's self-care behaviors might be related to their gender?* According to the interview analysis, eight teachers implied a relationship between children's self-care behaviors and children's gender, and they expressed girls have better self-care behaviors. They focused on different points when stating this. Two teachers focused on children's nature while two teachers concentrated on family structure, and three teachers

focused on children's motor development. Also, a teacher stated the effect of maturation on children's self-care behaviors.

On the other side, two teachers reported no relationship between children's self-care behaviors and their gender. These teachers also stated the effects of family structure on children's self-care behaviors. However, they had a different perspective from other teachers who stated the relation of self-care with gender The theme, categories, codes, subcodes, and quotations based on teachers' beliefs were presented in Table 4.8.

Table 4. 8 *Teachers' Beliefs about The Relation of Self-Care Behaviors with Children's Gender*

Theme	Category	Code	Sub-code	Quotation
Relation of self-care behaviors with gender	Relationship with gender (n=8)	Girls being better at self-care behaviors (n=8	Children's nature (n=2)	P2: Girls are better at self-care skills due to their nature. When getting ready to go home, girls think about all kind of stuff like wearing a coat unlike boys. Their gender makes changes in self-care.
			Family structure (n=2)	P9: Depending on the patriarchal family structure, mothers expect their daughters to help them with domestic responsibilities, whereas they do not expect their sons to do the same tasks. Therefore, girls have better self-care skills.
			Motor development (n=3)	P4: Boys have more difficulty button-up and closing zippers than girls. When girls tie the laces without help, boys need support to do it. This is related to their fine motor development.
			Maturation (n=1)	P6: Girls are better in self-care skills. They are more heedful in everything. Boys are more focused on their own games instead of class games and activities.
	No relationship with gender (n=2)	Family structure (n=2)	-	P10: Families expect from their daughter to help the housework whereas they don't expect the same thing from their sons. Therefore, girls' self-care skills more develop. If the perspectives were the same, children's self-care skills would be same.

Consequently, depending on the teachers' survey results, they frequently observed children's toileting behaviors in both genders. On the other hand, they moderately observed other behaviors independently of children's gender. Even though the point averages were higher for girls in all subgroups, the results did not dramatically change. Besides, in the interviews, eight teachers reported better self-care behaviors of girls, while two teachers stated no relationship between self-care behaviors and children's gender. Their perspective were different while expressing it.

4.2.2.2.2 Parents' Beliefs about Young Children's Self-Care Behaviors as Considering Children's Gender

In this part, parents' beliefs about young children's self-care behaviors as considering children's gender were presented. Firstly, the survey results for parents were interpreted. Then, the interview results were offered.

According to the survey analysis, they frequently observed (between 3 and 4 points) the cleaning and personal grooming (SG1), toileting (SG2), and eating-drinking (SG3) behaviors in both genders. On the other hand, they moderately observed (between 2 and 3 points) the self-care behaviors in other subgroups independently of children's gender.

Indeed, the point averages were higher for girls in all subgroups. In other words, parents with daughter observed all self-care behaviors more frequent in their children. However, the result did not dramatically change, and observed behaviors level stayed the same in all subgroups for both genders.

Besides, the interviews were conducted with eleven parents to understand the beliefs of parents on young children's self-care behaviors as considering children's gender. The researcher asked a question to them. *Do you think that children's self-care behaviors might be related to their gender?* According to the interview analysis, *seven* parents implied a relationship between children's self-care behaviors and their gender, and they expressed girls have better self-care behaviors. They focused on different points when stating this. Two parents focused on children's nature while a

parent concentrated on family structure, and a parent focused on children's motor development. Also, three parents stated the effect of maturation on children's self-care behaviors.

On the other side, four parents reported no relationship between children's self-care behaviors and gender. Two parents focused on the necessity of the self-care behaviors for life, while two parents also stated the effects of family structure on children's self-care behaviors. However, they had a different perspective from other parents who stated the relation of self-care with gender. The theme, categories, codes, and quotations based on parents' beliefs were presented in Table 4.9.

Table 4. 9 *Parents' Beliefs about The Relation of Self-Care Behaviors with Gender*

Theme	Category	Code	Sub-code	Quotation
Relation of self-care behaviors with gender	Relationship with gender (n=7)	Girls being better at self-care behaviors (n=7)	Children's nature (n=2)	P8: Girls have better self-care skills. Probably, this is an innate characteristic for girls. Girls are inclined to self-care skills. For instance, my daughter has better skills than my son.
			Family structure (n=1)	P1: Girls have better self-care skills, because they take their mothers as a model and imitate their mothers' routine. However, boys take their father as model, and fathers don't pass their time at home too much, and don't help the housework.
			Motor development (n=1)	P2: Girls have better fine motor skills. For instance, at five years old, girls are more skillful when boys get behind in some skills such as button-up. I think girls are better at these skills.
			Maturation (n=3)	P5: Girls are generally more attentive. Girls are more curious to arrange the environment. Boys don't pay attention to these things like girls. For instance, my son's best friend is a girl. She chooses her own clothes and does her work. However, I never observe these skills in my son. He never demands it.
	No relationship with gender (n=4)	Family structure (n=2)	-	P9: I believe this is related to child-rearing. Gender does not matter. For instance, we can teach arranging skills to all children. It is related to parents and family.
		Necessity of self-care behaviors (n=2)	-	P11: I don't think there is a relationship between self-care and gender. Self-care is the necessary thing independently of gender. Consequently, we wash our hands with soap without noticing gender.

Consequently, depending on the parents' survey results, they frequently observed "cleaning and personal grooming", "toileting", and "eating- drinking" behaviors independently of chilren's gender. On the other hand, they moderately observed other behaviors in both genders. Even though the point averages were higher for girls in all subgroups, the results did not dramatically change. Besides, in the interviews, seven parents reported better self-care behaviors of girls, four parents stated no relationship between self-care behaviors and children's gender. Their perspective was different while expressing it.

4.2.2.2.3 Comparison of Teachers' and Parents' Beliefs about Young Children's Self-Care Behaviors as Considering Children's Gender

In this part, the comparison of teachers' and parents' beliefs about young children's self-care behaviors as considering children's gender was reported. The comparison of the teachers' and parents' survey results was offered separately for each gender, whereas the comparison of the interview results were generally presented.

According to the comparison of teachers' and parents' survey results as considering children's gender, teachers and parents had different beliefs about girls' cleaning and personal grooming (SG1) and eating and drinking (SG3) behaviors. Teachers moderately observed (between 2 and 3 points) these behaviors in girls, whereas parents frequently observed (between 3 and 4 points) the related behaviors in their daughters.

There was a similar situation for boys. Teachers and parents had different beliefs about boys' cleaning and personal grooming (SG1) and eating and drinking (SG3) behaviors. Teachers moderately observed (between 2 and 3 points) these behaviors in boys, while parents frequently observed related behaviors in their son.

On the other hand, teachers and parents have same beliefs children's self-care behaviors in other groups. All participants frequently observed (between 3 and 4 points) toileting behaviors in both genders. Additionally, they moderately observed

(between 2 and 3 points) the behaviors in other subgroups independently of children's gender.

Additionally, when examining the increase of point averages based on children's gender, both teachers and parents gave higher points for girls' self-care behaviors in all subgroups. However, the result did not dramatically change, and observed behaviors level stayed same in all subgroups for both genders.

Besides, the interviews were made with teachers (n=10) and parents (n=11) to understand their beliefs about the relation of young children's self-care behaviors with children's gender. According to the comparison of teachers' and parents' interview results, eight teachers and seven parents reported the relation of self-care behaviors with children's gender, and they stated that girls have better self-care behaviors. Their perspective were similar when implying this. Two teachers and two parents concentrated on children's natures, while two teachers and a parent concentrated on family structure. Also, three teachers and a parent focused on the motor development, and a teacher and three parents concentrated on maturation of children.

On the contrary, two teachers and four parents reported no relationship between children's self-care behaviors and their gender. They have similar perspectives. Two teachers and two parents stated the effect of family structure, while two parents focused on the necessity of self-care independently of gender.

4.2.2.3 The Beliefs of Teachers and Parents about Young Children's Self-Care Behaviors as Considering Having a Sibling

This part offered the findings on the beliefs about teachers and parents about young children's self-care behaviors as considering having sibling. The results were presented in a sequence. It was shown in Figure 4.3.

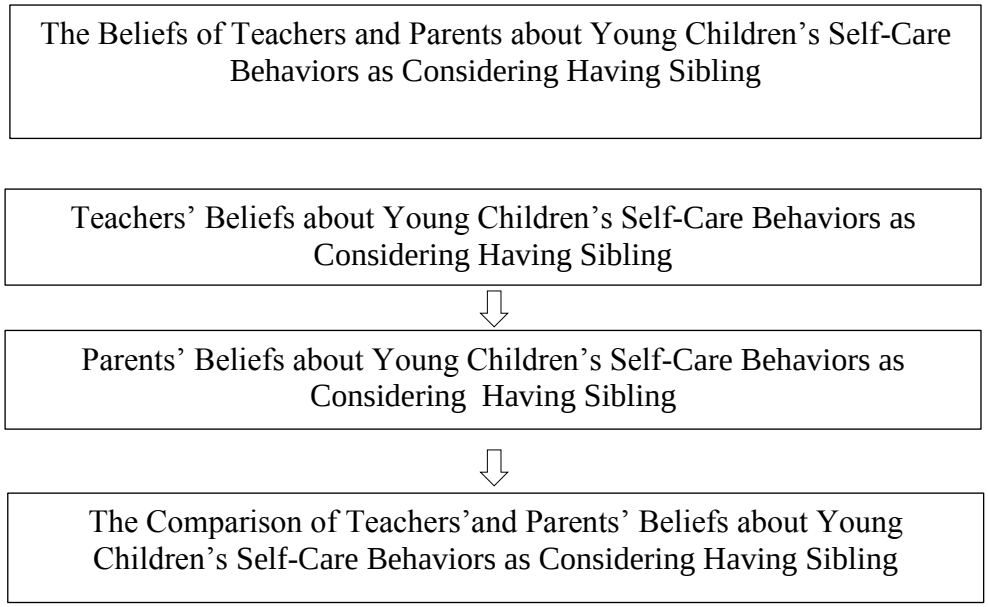

Figure 4.3 *The Sequence of Presenting Findings as Considering Having Sibling*

Before explaining the findings, the statistics were offered in tables. The survey and the interview results of the participants' beliefs about young children's self-care behaviors as considering having sibling were presented Table 4.10 and Table 4.11.

Table 4. 10 *The Survey Results of The Participants' Beliefs about Young Children's Self-Care Behaviors as Considering Having Sİbling*

Sub-groups	**Teachers**				**Parents**			
	Only Child		**Having Sibling**		**Only Child**		**Having Sibling**	
	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$
Cleaning and personal grooming	158	2.69	373	2.64	158	2.98	373	3.08
Toileting	158	3.43	373	3.44	158	3.31	373	3.53
Eating-drinking	158	2.66	373	2.63	158	2.93	373	3.04
Adequate and balanced nutrition	158	2.92	373	2.82	158	2.37	373	2.44
Relaxation	158	2.66	373	2.79	158	2.87	373	2.92
Dressing	158	2.54	373	2.55	158	2.79	373	2.90
Self-protection from accidents	158	2.64	373	2.60	158	2.89	373	2.86
Arrangement of environment	158	2.34	373	2.38	158	2.36	373	2.42

Table 4. 11 *The Interview Results of The Participants' Beliefs about Young Children's Self-Care Behaviors as Considering Having Sİbling*

Teachers	**f**	**p**	**Parents**	**f**	**p**
Having sibling	2	20.00	Having sibling	2	18.18
Readiness of children	6	60.00	Being model	4	36.36
Giving chance	10	100.00	Giving chance	5	45.45
Encouraging verbally	2	20.00	Directing child	4	36.36
Child's own verbalization	1	10.00	Children's nature	3	27.27
Parents' education	1	10.00	Parents' education	1	9.09
Establishing cause and effect relationship	1	10.00	Repeating the skill	1	9.09

4.2.2.3.1 Teachers' Beliefs about Young Children's Self-Care Behaviors as Considering Having Sibling

In this part, teachers' beliefs about young children' self-care behaviors as considering having sibling were presented. Firstly, the survey results for teachers were interpreted. Then, the interview results were offered.

According to the survey analysis, teachers frequently observed (between 3 and 4 points) the behaviors regarding toileting (SG2) in all children with siblings and no siblings. On the other hand, teachers moderately observed (between 2 and 3 points) the behaviors regarding other subgroups in all children with siblings and no siblings. Additionally, when analyzing the point averages in subgroups, the changes of point averages in the subgroups were not in any groups' favor.

Besides, the interviews were conducted with ten teachers to understand the beliefs of teachers on young children's self-care behaviors as considering having siblings. The researcher asked an indirect question to teachers. *What would be the reasons why a child's self-care behaviors are beyond the expected skill level of that age group?* The

researcher did not ask the question directly as “Do you think there is a relationship between children’s self-care behaviors and having siblings”, because this question might affect the answers of participants. According to the interview analysis, two teachers reported “having siblings” as a factor why a child’s self-care behaviors are beyond the expected skill level. Their perspectives were different when stating this. A teacher defended the positive effect of having an older sibling, while a teacher reported the positive effect of having a younger sibling. The theme, categories, codes, and quotations based on teachers’ beliefs were presented in Table 4.12.

Table 4. 12 *Teachers’ Beliefs about Relation of Self-Care Behaviors with Having Sibling*

Theme	**Category**	**Code**	**Quotation**
Relation of self-care behaviors with having sibling	Positive effect of having sibling on self-care	Having older sibling (n=1)	P4: If a child isn’t an only child in the family and has older siblings at home, they guide children in self-care skills. It might be a reason.
		Having younger sibling (n=1)	P5: If a child has a younger sibling, she learns the related skills fast because she tries to do the tasks by himself while parents care for the younger child. If she is an only child, the mother doesn’t give the child a chance to do so.

Consequently, depending on the teachers’ survey results, they frequently observed toileting behaviors in all children. On the other hand, they moderately observed the behaviors regarding other subgroups in all children. When analyzing the point averages in the subgroups, the changes of point averages in the subgroups were not in any groups’ favor. Besides, in the interviews, two teachers stated the positive effect of having siblings. Their perspective were different while expressing this.

4.2.2.3.2 Parents' Beliefs about Young Children's Self-Care Behaviors as Considering Having Sibling

In this part, parents' beliefs about young children's self-care behaviors as considering having sibling were presented. Firstly, the survey results for parents were interpreted. Then, the interview results were offered.

According to the survey analysis, parents frequently observed (between 3 and 4 points) toileting behaviors (SG2) in all children with sibling or not. On the other hand, they moderately observed (between 2 and 3 points) the behaviors regarding adequate and balanced nutrition (SG4), relaxation (SG5), dressing (SG6), self-protection from accidents (SG7), and arrangement of the environment (SG8) in all children with sibling or not. Additionally, when analyzing the point averages in these subgroups, the changes of point averages in the subgroups were not in any group's' favor.

On the other hand, parents had different beliefs about children's cleaning and personal grooming (SG1) and eating drinking (SG3) behaviors. Parents with two or more children frequently observed (between 3 and 4 points) these behaviors in their children, while parents with only child moderately observed (between 2 and 3 points) related behaviors in their child.

Besides, the interviews were conducted with eleven parents to understand the beliefs of parents on young children's self-care behaviors as considering young children's having sibling. Ten interviewed parents had two or more children, whereas one parents had only child. The researcher asked an entrance question to parents. *Which self-care behaviors are* your child *beyond the expected skill level of that age group?* After parents expressed their beliefs, the researcher asked an indirect question. *What would be the reasons why your child's these self-care behaviors are beyond the expected skill level of that age group?* The researcher did not ask the question directly as "Do you think there is a relationship between children's self-care skills and having sibling", because this question might affect the answers of participants. According to the interview analysis, two parents reported "having sibling" as a factor

why a child's self-care skills are beyond the expected skill level. Their perspectives were same when stating this. Both parents reported the positive effect of having an older sibling. The theme, categories and codes based on parents' beliefs were presented in Table 4.13.

Table 4. 13 *Parents' Beliefs about Relation of Self-Care Behaviors with Having Sibling*

Theme	Category	Code	Quotation
Relation of self-care behaviors with having sibling	Positive effect of having sibling on Self-care skills (n=2)	Having older sibling (n=2)	P6: My daughter is not an only child. She has an older sister. She may imitate her sister. An older one may guide my younger child.
			P10: My daughter has two older sisters. She observes and imitates them. I think it is effective.

Consequently, from parents' survey results, it can be seen that they had same beliefs about children's behaviors in "toileting", "adequate and balanced nutrition", "relaxation", "dressing", "self-protection from accidents", and "arrangement of environment" subgroups. Additionally, when analyzing the point averages in these subgroups, the changes of point averages in the subgroups were not in any groups' favor. On the other hand, there was a different situation for cleaning and personal grooming", and "eating-drinking" subgroups. Parents with two or more children and parents with only children had different beliefs about these behaviors. Parents with two or more children gave their children higher points for these subgroups. Besides, in the interviews, two parents stated the positive effect of having siblings. Their perspectives were same while expressing it.

4.2.2.3.3 Comparison of Teachers' and Parents' Beliefs about Young Children's Self-Care Behaviors as Considering Having Sibling

In this part, the comparison of teachers' and parents' beliefs about young children's self-care behaviors as considering having sibling was reported. The comparison of

the teachers' and parents' survey results was separately offered as having a sibling and being an only child, whereas the comparison of the interview results were generally presented.

According to the comparison of teachers' and parents' survey results as considering having sibling, parents with two or more children and teachers of these children had different beliefs about cleaning and personal grooming (SG1) and eating and drinking (SG3) behaviors. Teachers moderately observed (between 2 and 3 points) these behaviors in children having sibling, whereas parents frequently observed (between 3 and 4 points) related behaviors in their children. However, parents with only child and teachers of these children had the same beliefs about these behaviors. They moderately observed (between 2 and 3 points) related behaviors in children.

On the other hand, all participants had same beliefs about children's behaviors regarding other subgroups. All participants frequently observed (between 3 and 4 points) toileting behaviors in all children. Also, they moderately observed (between 2 and 3 points) the behaviors regarding other subgroups in all children.

Besides, interviews were made with teachers (n=10) and parents (n=11) to understand their beliefs about the relation of young children's self-care behaviors with having sibling. According to the comparison of teachers' and parents' interview results, two teachers and two parents reported having a sibling as a positive factor affecting self-care behaviors. A teacher and two parents stated positive effect of having an older sibling, while a teacher reported the positive effect of having a younger sibling.

4.2.2.4 The Beliefs of Teachers and Parents about Young Children's Self-Care Behaviors as Considering The Parents' Socioeconomic Status

This part offered the findings on the beliefs of teachers and parents about young children's self-care behaviors as considering socioeconomic status (SES) as a parent-related characteristic. The results were presented in a sequence shown in Figure 4.4.

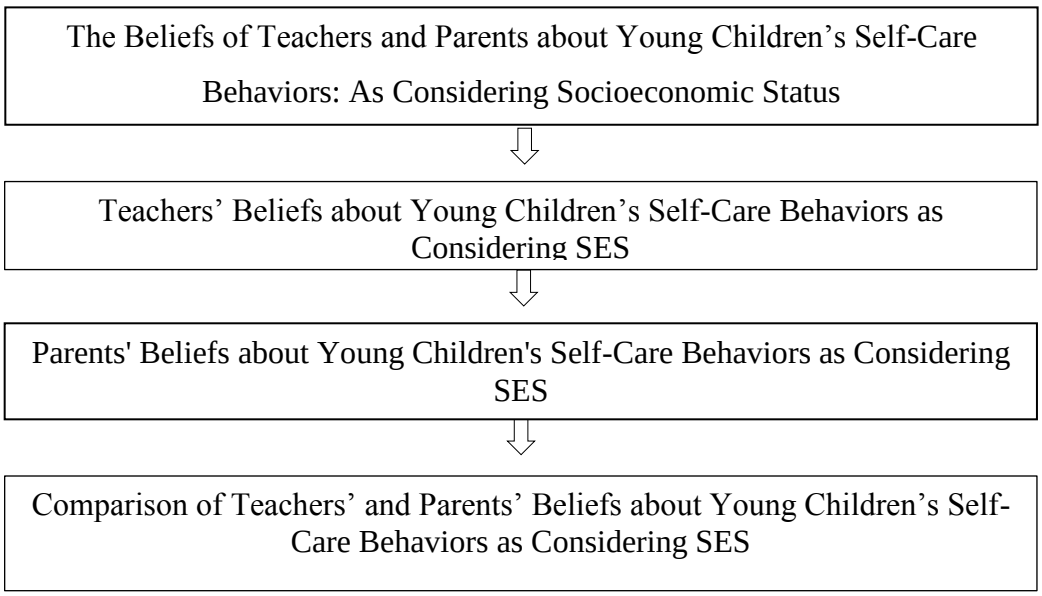

Figure 4.4 *The Sequence of Presenting Findings as Considering Socioeconomic Status (SES)*

Before explaining the findings, the statistics were offered in tables. The survey and the interview results of the participants' beliefs about young children's self-care behaviors as considering socioeconomic status were presented in Table 4.14 and 4.15.

Table 4. 14 *The Survey Results of The Participants' Beliefs about Young Children'S Self-care Behaviors as Considering Socioeconomic Status (SES)*

Sub-groups	**Teachers**						**Parents**					
	Low SES		**Middle SES**		**High SES**		**Low SES**		**Middle SES**		**High SES**	
	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$
Cleaning and personal grooming	170	2.60	193	2.63	168	2.75	170	3.15	193	3.07	168	2.93
Toileting	170	3.23	193	3.53	168	3.55	170	3.57	193	3.46	168	3.36
[illegible]	170	2.54	193	2.67	168	2.72	170	3.06	193	3.03	168	2.93
Adequate and balanced nutrition	170	2.82	193	2.83	168	2.91	170	2.48	193	2.39	168	2.39
Relaxation	170	2.64	193	2.66	168	2.97	170	2.86	193	2.97	168	2.89
Dressing	170	2.55	193	2.54	168	2.56	170	2.95	193	2.91	168	2.72
Self-protection from accidents	170	2.59	193	2.64	168	2.70	170	2.87	193	2.90	168	2.83
Arrangement of environment	170	2.35	193	2.29	168	2.48	170	2.51	193	2.43	168	2.26

Table 4. 15 *The Interview Results of The Participants' Beliefs about Young Children's Self-care Behaviors as Considering Socioeconomic Status (SES)*

Teachers	**f**	**p**	**Parents**	**f**	**p**
Relationship with SES	8	80.00	Relationship with SES	4	36.36
No relationship with SES	2	20.00	No relationship with SES	7	63.64

4.2.2.4.1 Teachers' Beliefs about Young Children's Self-Care Behaviors As Considering Socioeconomic Status (SES)

In this part, teachers' beliefs about young children's self-care behaviors as considering socioeconomic status (SES) were presented. Firstly, the survey results for teachers were interpreted. Then, the interview results were offered.

According to the survey analysis, teachers frequently observed (between 3 and 4 points) toileting behaviors in all children independently of families' SES. Also, they moderately observed (between 2 and 3 points) the behaviors regarding other subgroups in all children independently of SES. Additionally, while examining the point averages in the subgroups, the changes in the averages were not in any groups' favor.

Besides, the interviews were conducted with ten teachers to understand the beliefs of teachers on young children's self-care behaviors as considering socioeconomic status. The researcher asked a question to teachers. *Do you think that children's self-care behaviors might be related to socioeconomic status of family?* According to the interview analysis, eight teachers implied the relationship between children's self-care behaviors and families' socioeconomic status. Their perspectives were different. Three teachers reported a linear relationship of self-care and SES. A teacher focused on the chance to offer more opportunity in families with high SES, while two teachers focus on the positive effect of parents' education level. Also, five teachers expressed the inverse relationship, and they stated on positive effect of financial difficulties. On the other side, two teachers defended no relationship between children's self-care behaviors and families' socioeconomic status. They reported taking care of the child as an effective factor. The theme, categories, codes, sub-codes, and quotations were presented in Table 4.16.

Table 4. 16 *Teachers' Beliefs about The Relation of Self-Care Behaviors with Socioeconomic Status*

Theme	Category	Code	Sub-code	Quotation
Relation of self-care behaviors with SES	Relationship with SES (n=8)	Linear relationship (n=3)	The chance to offer more opportunity (n=1)	P6: I worked in a village school and Antalya in previous years. Three years old children in Antalya had better self-care skills than six years of children in village. They were better in what we do in dangerous situations and eating behaviors. The opportunities were limited in the village.
			Parents' education level (n=2)	P9: Children with educated parents are better in self-care. Some mothers in my class don't give their child a chance. They directly take the jacket before child even try to take off. Educated parents don't behave like this. Therefore, their children are better in self-care.
		Inverse relationship (n=5)	Positive effect of financial difficulties (n=5)	P3: Self-care decreases while SES increases. In a family with financial difficulty, mothers have to work and can't care for children or find someone to care for them. Thus, children start to do the tasks by themselves. However, families with high SES can find a caregiver for their child. Then caregiver starts to do something for the child.
	No relationship with SES (n=2)	Taking care with child (n=2)	-	P1: It is about giving responsibility. Conscious parents with low SES can give responsibility to their children. Thus, their children's self-care skills become better. It is about taking care.

Consequently, depending on the teachers' survey results, they frequently observed toileting behaviors all children independently of SES. Also, they moderately observed the behaviors regarding other subgroups in all children independently of SES. Additionally, when examining the point averages in the subgroups, the changes in the averages were not any groups' favor. Besides, in the interviews, eight teachers reported the relation of self-care behaviors with SES, while two teachers stated no relationship between these concepts.

4.2.2.4.2 Parents' Beliefs about Young Children's Self-Care Behaviors As Considering SES

In this part, parents' beliefs about young children's self-care behaviors as considering SES were presented. Firstly, the survey results for parents were interpreted. Then, the interview results were offered.

According to the survey analysis, all parents frequently observed (between 3 and 4 points) toileting behaviors in their children independently of SES. Also, independently of socioeconomic status, all parents moderately observed (between 2 and 3 points) the behaviors regarding "adequate and balanced nutrition", "relaxation", "dressing", "self-protection from accidents", and "arrangement of the environment". Additionally, when examining the point averages in these subgroups, the changes in the averages were not any groups' favor.

On the other hand, parents had different beliefs about their children's behaviors regarding "cleaning and personal grooming", and "eating-drinking". Parents with low and middle SES frequently observed (between 3 and 4 points) these behaviors in their children, while parents with high SES moderately observed (between 2 and 3 points) related behaviors in their children. In other words, parents with high SES gave lower points to their children for these subgroups, they observed related behaviors less.

Besides, interviews were conducted with eleven parents to understand the beliefs of parents on young children's self-care behaviors as considering families'

socioeconomic status. The researcher asked a question to parents. *Do you think that children's self-care behaviors might be related to socioeconomic status of family?* According to the interview analysis, four parents implied the relationship between children's self-care behaviors and families' socioeconomic status, and they reported the linear relationship between these concepts. Additionally, their perspective was same. All parents focused on the chance to offer more opportunity in families with high SES.

On the other side, seven parents defended no relationship between children's self-care behaviors and families' socioeconomic status. Their perspectives were different. Four parents stated self-care behaviors were related to taking care with child. Also, three parents mentioned the necessity of self-care behaviors for life. The theme, categories, codes, sub-codes and quotations based on parents' beliefs were presented in Table 4.17.

Table 4. 17 *Parents' Beliefs about The Relation of Self-Care Behaviors with Socioeconomic Status*

Theme	Category	Code	Sub-code	Quotation
Relation of self-care behaviors with SES	Relationship with SES (n=4)	Linear relationship (n=4)	The chance to offer more opportunity (n=4)	P8: With high income, a child can see more stimulating material. She can have both lace-up and laceless shoes, and she can have more opportunities to make comparisons and learn. It is a simple example. I think SES is an important factor.
	No relationship with SES (n=7)	Taking care with child (n=4)	-	P1: Parents might be primary graduates, but a child can be good at self-care. This is not related to education level, income, or other things. It is totally related to taking care with child and parents' instructions.
		Necessity of self-care (n=3)	-	P3: Self-care decreases while SES increases. In a family with financial difficulty, mothers have to work and can't care for children or find someone to care for them. Thus, children start to do the tasks by themselves. However, families with high SES can find a caregiver for their child. Then caregiver starts to do something for the child.
		Taking care with child (n=2)	-	P7: For instance, a child may not have a private room, but can learn tidy the room, fold dresses and wear their own pajamas even if three siblings stay in the same room. It does not depend on the economic situation. There are water and soap in everyone's home. All people wash their hands independently of SES.

Consequently, depending on the parents' survey results, they frequently observed children's toileting behaviors independently of SES. Also, they moderately observed their children's behaviors regarding adequate and balanced nutrition, relaxation, dressing, self-protection from accidents, and arrangement of the environment independently of socioeconomic status. When examining the point averages, the changes in averages were not any groups' favor for these subgroups. On the other hand, parents had different beliefs about children's behaviors regarding cleaning and personal grooming, and eating-drinking. Parents with high SES gave lower points to their children for these subgroups, and they observed related behaviors less. Besides, in the interviews, four parents defended the relationship between self-care skills and socioeconomic status, while seven parents stated no relationship between the concepts. Their perspective were different while expressing it.

4.2.2.4.3 Comparison of Teachers' and Parents' Beliefs about Young Children's Self-Care Behaviors as Considering SES

In this part, the comparison of teachers' and parents' beliefs about young children's self-care behaviors as considering families' socioeconomic status was reported. The comparison of the teachers' and parents' survey results was offered separately for each socioeconomic status, whereas the comparison of the interview results were generally presented.

According to the comparison of teachers' and parents' survey results as considering SES, parents with low SES and teachers had different beliefs about children's behaviors regarding "cleaning and personal grooming", and "eating-drinking". Teachers moderately observed (between 2 and 3 points) these behaviors in children with low SES, while these children's parents frequently observed (between 3 and 4 points) related behaviors in their children.

There was a similar situation between the beliefs of parents with middle SES and teachers. Parents with middle SES and teachers had different beliefs about children's behaviors regarding "cleaning and personal grooming", and "eating-drinking". Teachers moderately observed (between 2 and 3 points) these behaviors in children,

while parents with middle SES frequently observed (between 3 and 4 points) same behaviors in their children.

On the contrary, there was a different situation between the beliefs of parents with high SES and teachers. Parents with high SES and teachers had same beliefs about children's behaviors in "cleaning and personal grooming", and "eating-drinking" subgroups. They moderately observed (between 2 and 3 points) related behaviors in children.

On the other hand, teachers and parents had same beliefs about children's self-care behaviors in other groups. All participants frequently observed (between 3 and 4 points) children's toileting behaviors independently of socioeconomic status. Additionally, they moderately observed (between 2 and 3 points) the behaviors in other subgroups independently of SES.

Besides, the interviews were made with teachers (n=10) and parents (n=11) to understand their beliefs about the relation of young children's self-care behaviors with families' socioeconomic status. According to the comparison of teachers' and parents' interview results, eight teachers and four parents reported the relation of self-care behaviors with SES. Three teachers and four parents stated linear relationship between these concepts. Their perspective were similar. A teacher and all parents focused on the chance to offer more opportunity, while two teachers focused on the effect of parents' education level on children's self-care behaviors when stating linear relationship. Furthermore, five teachers expressed an inverse relationship between self-care behaviors and families' SES, and they focused on the positive effect of financial difficulties.

In other respects, two teachers and seven parents reported no relationship between self-care behaviors and socioeconomic status. They had similar perspectives. While two teachers and four parents expressed the relation of self-care behaviors with taking care with child at home, while three parents focused on the necessity of self-care behaviors for life.

4.2.2.5 The Beliefs of Teachers and Parents about Young Children's Self-Care Behaviors as Considering Teacher's Years of Experience

This part offered the findings on the beliefs of teachers and parents about children's self-care behaviors as considering teachers' years of experience as a teacher-related characteristic. The results were presented in a sequence shown in Figure 4.5.

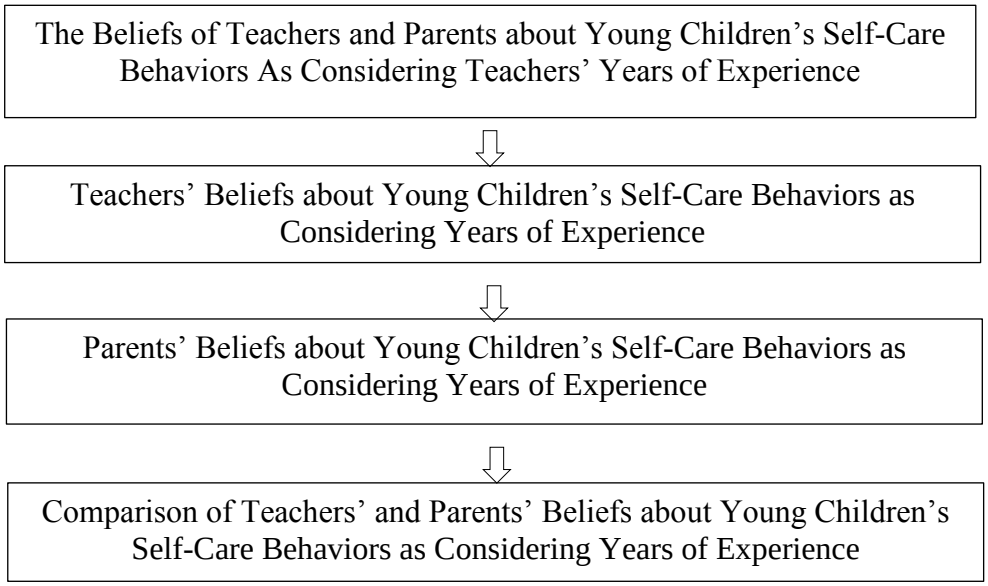

Figure 4.5 *The Sequence of Presenting Findings as Considering Teachers' Years of Experience*

Before explaining the findings, the statistics were offered in tables. The survey and the interview results of the participants' beliefs about young children's self-care behaviors as considering teachers' years of experience were presented in Table 4.18, 4.19 and 4.20.

Table 4. 18 *The Survey Results of The Teachers' Beliefs about Young Children's Self-Care Behaviors As Considering Teachers' Years of Experience*

Sub-groups	**Teachers**									
	0-5 years		**6-10 years**		**11-15 years**		**16-20 years**		**21-25 years**	
	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$
Cleaning and personal grooming	57	2.48	121	2.66	231	2.68	69	2.72	53	2.64
Toileting	57	3.17	121	3.29	231	3.50	69	3.60	53	3.59
Eating-drinking	57	2.47	121	2.44	231	2.67	69	2.76	53	2.98
Adequate and balanced nutrition	57	2.69	121	2.61	231	2.93	69	3.05	53	2.98
Relaxation	57	2.12	121	2.58	231	2.86	69	3.19	53	2.80
Dressing	57	2.44	121	2.39	231	2.58	69	2.67	53	2.70
Self-protection from accidents	57	1.98	121	2.39	231	2.65	69	2.96	53	3.12
Arrangement of environment	57	1.94	121	2.30	231	2.47	69	2.49	53	2.39

Table 4. 19 *The Survey Results of The Parents' Beliefs about Young Children's Self-Care Behaviors As Considering Teachers' Years of Experience*

Sub-groups	**Parents**									
	0-5 years		**6-10 years**		**11-15 years**		**16-20 years**		**21-25 years**	
	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$
Cleaning and personal grooming	57	3.06	121	3.10	231	3.07	69	2.95	53	2.99
Toileting	57	3.36	121	3.49	231	3.50	69	3.43	53	3.40
Eating-drinking	57	3.11	121	2.99	231	3.03	69	2.86	53	3.05
Adequate and balanced nutrition	57	2.35	121	2.41	231	2.49	69	2.26	53	2.41
Relaxation	57	2.77	121	2.78	231	3.02	69	2.80	53	3.00
Dressing	57	2.84	121	2.97	231	2.86	69	2.71	53	2.86
Self-protection from accidents	57	2.69	121	2.93	231	2.87	69	2.87	53	.290
Arrangement of environment	57	2.37	121	2.38	231	2.44	69	2.37	53	2.39

Table 4. 20 *The Interview Results of The Participants' Beliefs about Young Children's Self-Care Behaviors as Considering Teachers' Years of Experience*

Teachers	**f**	**p**	**Parents**	**f**	**P**
No relationship	1	10.00	No relationship	6	54.5
The positive effect of teaching experience	9	90.00	The positive effect of teaching experience	4	36.4
			The negative effect of teaching experience	1	9.1

4.2.2.5.1 Teachers' Beliefs about Young Children's Self-Care Behaviors as Considering Years of Experience

In this part, teachers' beliefs about young children's self-care as considering the years of experience were presented. Firstly, the survey results for teachers were interpreted considering each subgroup. Then, the interview results were offered.

According to the survey analysis, regardless of their years of experience, teachers had same belief on children's self-care behaviors in "toileting", "cleaning and personal grooming", "eating and drinking", and "dressing" subgroups independently of years of experience. Teachers frequently observed (between 3 and 4 points) toileting behaviors in children. Also, they moderately observed (between 2 and 3 points) the behaviors regarding "cleaning and personal grooming", "eating and drinking", and "dressing". Additionally, when analyzing the point averages, the averages were not in any group's favor for these subgroups.

There was a different situation in the "adequate and balanced nutrition" subgroup. Teachers had different beliefs about children's self-care behaviors when years of experience were considered. Teachers with 16-20 years of experience moderately observed (between 2 and 3 points) the behaviors in adequate and balanced nutrition, while other teachers frequently observed (between 3 and 4 points) related behaviors in children.

There was a similar situation in the “relaxation” subgroup. Teachers with 16-20 years of experience moderately observed (between 2 and 3 points) the behaviors regarding relaxation, while other teachers frequently observed (between 3 and 4 points) these behavior in children.

Additionally, in the “arrangement of the environment” subgorup, teachers with 0-5 years of experience seldomly observed (between 1 and 2 points) behaviors regarding arrangement of the environment, other teachers moderately observed (between 2 and 3 points) related behaviors in children.

On the contrary, there was a different situation in the “self-protection from accidents” subgroup. While teachers with 0-5 years of experience seldomly observed (between 1 and 2 points) these behaviors, teachers with 6-10, 11-15 and 16-20 years of experience moderately observed (between 2 and 3 points) related behaviors. Moreover, teachers with 21-25 years of experience frequently observed (between 3 and 4 points) related behaviors in children. When examining the points averages in the “self-protection from accidents” subgroup, teachers gave higher points for the related behaviors in this subgroup as their years of experience increase. In other word, they started to observe related behaviors more frequent as their years of experience increased. The “Self-protection from the accident” was the only subgroup where teachers’ points systematically increased.

Besides, interviews were conducted with ten teachers to understand the beliefs of teachers on young children’s self-care behaviors as considering teachers’ years of experience. The researcher firstly asked a question to teachers. *Do you think that children’s self-care behaviors might be related to teachers’ years of experience?* According to the interview analysis, nine teachers implied a relationship between children’s self-care behaviors and teachers’ years of experience. All teachers stated the positive effect of years of experience.

On the other side, a teachers said there was no relationship between them. However, she did not explain deeply her idea. The theme, categories, codes, and quotations based on teachers’ beliefs were presented in Table 4.21.

Table 4. 21 *Teachers' Beliefs about Relation of Self-Care Behaviors with Teachers' Years of Experience*

Theme	Category	Code	Quotation
Relation of self-care behaviors with teachers' years of experience	Relationship	Positive effect of experience (n=9)	P2: Of course, it affects. Being a teacher is like being a mother. A mother grows up with her child. She learns by doing and from her mistakes. Being a teacher is like being a mother. In the early years, teachers are inexperienced. Therefore, the early years are difficult for a new teacher. She can make mistakes, and it may negatively affect children's behaviors. However, the important thing is learning from the mistakes. We understand the proper behavior and don't do it again. P4: Yes, it is definitely related. You can be sure that teacher does everything for the children in her early years. We embrace them too much. We don't give a chance to them to do some tasks. Eventually, we realized that it is not beneficial for children. Even, the first year and second year are different. We learn from mistakes. So, self-care skills are related to years of experience.
	No relationship	-	P7: I don't' think so. I think it is not related.

Consequently, teachers had same beliefs about children's behaviors regarding "cleaning and personal grooming", "toileting", "eating- drinking", and "dressing" independently of their years of experience. On the other side, there were some differences in other subgroups. Although the point averages change based on the teachers' years of experience, the changes were not systematic. On the contrary, there was a different situation in "self-protection from accidents" subgroup. Teachers gave higher points for the related behaviors in the "self-protection from accidents" subgroup as their years of experience increase. "Self-protection from the accident" was the only subgroup that teachers' points systematically increased. Besides, in the

interviews, nine teachers expressed a relation of self-care behaviors with teachers' years of experience, whereas a teacher stated no relationship between these concepts.

4.2.2.5.2 Parents' Beliefs about Children's Self-Care Behaviors as Considering Years of Experience

In this part, parents' beliefs about young children's self-care behaviors as considering teachers' years of experience were presented. Firstly, the survey results for parents were interpreted. Then, the interview results were offered.

According to the survey analysis, parents had same belief on children's self-care behaviors in "toileting", "adequate and balanced nutrition", "dressing", "self-protection from the accidents", and "arrangement of the environment" subgroups independently of years of experience. Parents frequently observed (between 3 and 4 points) toileting behaviors in children. Also, they moderately observed (between 2 and 3 points) the behaviors regarding "adequate and balanced nutrition", "dressing", "self-protection from accidents". Additionally, when analyzing the point averages, the averages were not in any group's favor for these subgroups.

There was a different situation in the "cleaning and personal grooming" subgroup. Parents moderately observed (between 2 and 3 points) related behaviors in their children whose teacher had 16-20 and 21-25 years of experience, while other parents frequently observed (between 3 and 4 points) these behaviors in their children having other teachers.

There was a similar situation in "eating-drinking" behaviors. Parents moderately observed (between 2 and 3 points) related behaviors in their children whose teacher had 6-10 and 16-20 years of experience, while other parents frequently observed (between 3 and 4 points) these behaviors in their children having other teachers.
Additionally, in the "relaxation" subgroup, parents moderately observed (between 2 and 3 points) related behaviors in their children whose teacher had 0-5, 6-10, and 16-20 years of experience. while other parents frequently observed (between 3 and 4 points) these behaviors in their children with other teachers.

Interpreting parents' survey results depending on teachers' years of experience was difficult. The only result was that the point averages were not in any group's favor. In other words, the averages did not systematically increase or decrease in any subgroup.

Besides, the interviews were conducted with eleven parents to understand the beliefs of parents on young children's self-care behaviors as considering teachers' years of experience. The researcher firstly asked a question to parents. *Do you think that children's self-care behaviors might be related to teachers' years of experience?* According to the interview analysis, five parents implied a relationship between children's self-care behaviors and teachers' years of experience. Four parents stated a linear relationship, and they stated a positive effect of teaching experience. Whereas, a parent reported an inverse relationship, and she stated a positive effect of enthusiasm in unexperienced teachers.

On the other side, six parents stated no relationship between children's self-care behaviors and teachers' years of experience. Five parents reported teachers' professional competence as an effective factor, while a parent concentrated on necessity of self-care behaviors for life. The theme, categories, codes, and quotations based on parents' beliefs were shown in Table 4.22.

Table 4. 22 *Parents' Beliefs about The Relation of Self-Care Behaviors with Teachers' Years of Experience*

Theme	Category	Code	Sub-code	Quotation
Relation of self-care behaviors with teachers' years of experience	Relationship with years of experience (n=5)	Linear relationship (n=4)	Positive effect of teaching experience (n=4)	P7: A doctor can define the illnesses correctly depending on the years of experience. The same thing is valid for teachers. They educate a lot of children. After years, getting to know children becomes easy for them. So they can know how to behave children and teach.
		Inverse relationship (n=1)	Enthusiasm in unexperienced teachers (n=1)	P2: I think new teachers are more successful because they have more enthusiasm. They are more concerned with children. Children love their teachers and do whatever their teacher say, and they learn.
	No relationship with years of experience (n=6)	Professional competency (n=5)	-	P5: If the teacher has awareness, she positively affects self-care. It is related to liking being a teacher, understanding and getting to know children, and understand their feelings. If a teacher does not have them, her teaching experience doesn't matter.
		Necessity of self-care skills (n=1)	-	P4: Having 5 or 10 years of experience does not matter. I believe self-care is a necessity for life. Every person should learn the skills for self-sufficiency. Both teachers with 1 or 10 year of experience can realize if a child has a problem in self-care and teach that behavior.

Consequently, interpreting the parents' survey results depending on teachers' years of experience was difficult. The only result was that the point averages were not in any group's favor. In other words, the averages did not systematically increase or decrease in any subgroup. Besides, in the interviews, five parents reported the relation of self-care behaviors with teachers' years of experience, while six parents stated no relationship between these concepts. Their perspective were different.

4.2.2.5.3 The Comparison of Teachers' and Parents' Beliefs about Young Children's Self-Care Behaviors as Considering Teachers' Years of Experience

In this part, the comparison of teachers' and parents' beliefs about young children's self-care behaviors as considering teachers' years of experience was reported. The comparison of the teachers' and parents' survey results was offered separately for each subgroup, whereas the comparison of the interview results were generally presented.

According to the comparison of teachers' and parents' survey results as considering teachers' years of experience, teachers and parents had parallel beliefs about young children's dressing and toileting behaviors. Also, both teachers and parents moderately observed (between 2 and 3 points) the behaviors regarding "dressing". Moreover, both teachers and parents frequently observed (between 3 and 4 points) "toileting" behaviors.

On the other hand, teachers and parents had different beliefs about children's self-care behaviors in other subgroups. In cleaning and personal grooming, both teachers and parents moderately observed (between 2 and 3 points) related behaviors, while parents frequently observed these behaviors in their children whose teacher had 0-15 years of experience.

There was a similar situation for the behaviors regarding eating-drinking. All teachers moderately observed (between 2 and 3 points) related skills, while parents frequently observed (between 3 and 4 points) these behaviors in their children whose teachers had 0-5, and 11-15 years of experience.

Moreover, in the “adequate and balanced nutrition” subgroup, teachers with 16-20 years of teaching experience frequently observed (between 3 and 4 points) the related behaviors in children, while parents of the same children moderately observed (between 2 and 3 points) these behaviors.

Similarly, for the “relaxation” subgroup, teachers with 16-20 years of teaching experience frequently observed (between 3 and 4 points) related behaviors in children. However, parents of the same children moderately observed (between 2 and 3 points) these behaviors. On the other hand, teachers with 11-15 and 21-25 years of experience moderately observed (between 2 and 3 points) the relaxation behaviors, while parents frequently observed (between 3 and 4 points) these behaviors.

In the “self-protection from accidents” subgroup, teachers with 0-5 years of experience seldomly observed (between 1 and 2 points) related behaviors in children. In contrast, these children’s parents moderately observed (between 2 and 3 points) these behaviors in their children. In addition, teachers with 21-25 years of experience frequently observed (between 3 and 4 points) related behaviors, whereas these children’s parents moderately observed (between 2 and 3 points) these behaviors in their children.

In the “arrangement of the environment” subgroup, teachers with 0-5 years of experience seldomly observed (between 1 and 2 points) related behaviors in children. However, parents of children moderately observed (between 2 and 3 points) these behaviors in their child.

Besides, the interviews were made with teachers (n=10) and parents (n=11) to understand their beliefs about the relation of young children’s self-care behaviors with teachers’ years of experience. According to the comparison of teachers’ and parents’ interview results, nine teachers and five parents reported the relationship between self-care behaviors and teachers’ years of experience. All teachers and four of parents stated a relationship between the concepts. They implied the positive effect of teaching experience. They stated that teachers might have more opportunities to observe children and learn how to behave and teach as their teaching experience increased. Furthermore, a parent reported an inverse relationship when

expressing the relationship between self-care and teaching experience. She reported a positive effect of enthusiasm in unexperienced teachers.

On the other side, a teacher and six parents reported no relationship between self-care skills and teachers' years of experience. The teacher did not give any detail about her belief. Also, five parents stated the importance of professional competence instead of years of experience. Additionally, a parent concentrated on the necessity of self-care for life.

4.3 The Beliefs of Teachers and Parents about School Implementations Regarding Self-Care Development

This part offered the findings on the beliefs of teachers and parents about school implementations regarding self-care development. The results were presented in a sequence. It was shown in Figure 4.6.

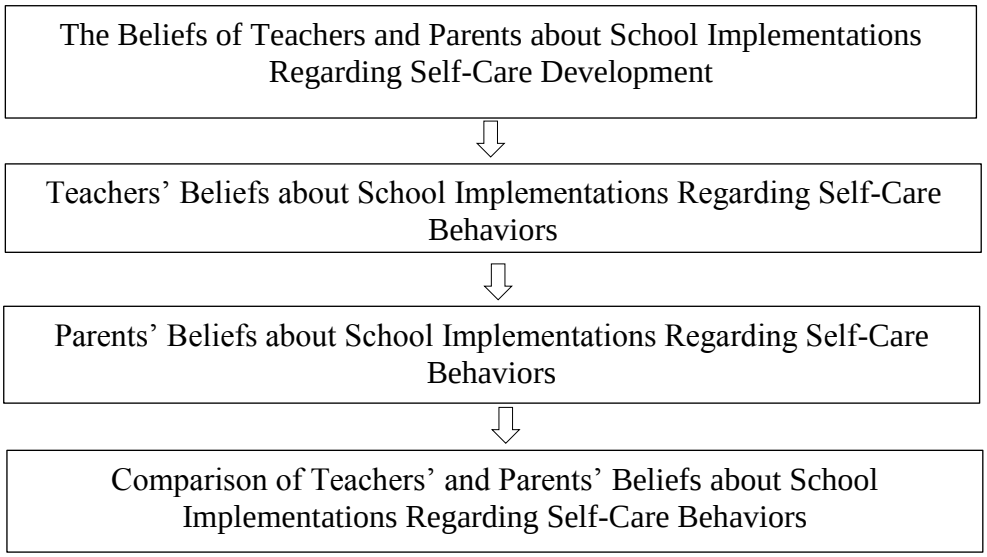

Figure 4.6 *The Sequence of Presenting Findings on School Implementations regarding Self-Care Development*

Before explaining the findings, the statistics were offered in tables. When examining the answers of the participants to the survey, "not observed" was the most marked choice in the certain items. The survey results were presented by considering these items. The results were presented in Table 32 and Table 33. Table 32 showed the teachers' reports regarding the certain items with the highest rate of "not observed" choice. Furthermore, Table 33 included parents' reports regarding the certain items

with the rate of higher percent of a 10 in the “not observed” choice. Additionally, the interview results of participants were presented in Table 4.23, 4.24 and 4.25.

Table 4. 23 *The Survey Results regarding the Items in Sub-Groups*

SG1- Cleaning and Personal Grooming										
	Not Observed		**Never**		**Sometimes**		**Usually**		**Always**	
	f	**p**	**f**	**p**	**f**	**p**	**f**	**p**	**f**	**p**
Item 3	186	35.0	9	1.7	53	10.0	93	17.5	190	35.8
Item 4	276	52.0	5	0.9	21	4.0	125	23.5	104	19.6
Item 7	247	46.5	13	2.4	49	9.2	96	18.1	126	23.7
Item 8	262	49.3	52	9.8	94	17.7	79	14.9	44	8.3
SG3- Eating-Drinking										
Item 16	210	39.5	18	3.4	91	17.1	109	20.5	103	19.4
Item 18	252	47.5	46	8.7	88	16.6	78	14.7	67	12.6
Item 19	249	46.9	17	3.2	88	16.6	100	18.8	77	14.5
SG5- Relaxation										
Item 26	180	33.9	8	1.5	37	7.0	130	24.5	176	33.1
SG6- Dressing										
Item 32	132	24.9	42	7.9	96	18.1	123	23.2	138	26.0
Item 34	171	32.3	64	12.1	124	23.4	97	18.3	75	14.1
Item35	154	29.0	94	17.7	155	29.2	64	12.1	64	12.1
SG7- Self-Protection from the Accidents										
Item 39	183	34.5	90	16.9	143	26.9	63	11.9	52	9.8
SG8- Arrangement of The Environment										
Item 44	291	54.8	20	3.8	66	12.4	86	16.2	68	12.8
Item 45	170	32.0	17	3.2	107	20.2	121	22.8	116	21.8
Item 47	275	51.8	65	12.2	79	14.9	61	11.5	51	9.6
Item 48	190	35.8	44	8.3	106	20.0	96	18.1	95	17.9
Item 50	274	51.6	60	11.3	77	14.5	59	11.1	61	11.5

Table 4. 24 *Parents' Survey Results regarding the Items In Sub-Groups*

SG1- Cleaning and Personal Grooming										
	Not Observed		**Never**		**Sometimes**		**Usually**		**Always**	
	f	**p**	**f**	**p**	**f**	**p**	**f**	**p**	**f**	**p**
Item 8	87	16.4	124	23.4	221	41.6	57	10.7	42	7.9
SG3- Eating-Drinking										
Item 16	58	10.9	56	10.5	216	40.7	104	19.6	97	18.3
SG6- Dressing										
Item 32	54	10.2	44	8.3	128	24.1	120	22.6	185	34.8
Item 34	75	14.1	89	16.8	172	32.4	94	17.7	101	19.0
Item35	73	13.7	173	32.6	185	34.8	50	9.4	50	9.4
SG7- Self-Protection from the Accidents										
Item 39	100	18.8	214	40.3	125	23.5	41	7.7	51	9.6
SG8- Arrangement of The Environment										
Item 40	90	16.9	9	1.7	81	15.3	168	31.6	183	34.5
Item 47	107	20.2	128	24.1	183	34.5	62	11.7	51	9.6
Item 50	83	15.6	110	20.7	221	41.6	63	11.9	54	10.2

Table 4. 25 *The Beliefs of Participants on The School Implementations Regarding Self-Care Development*

Teachers	**f**	**p**	**Parents**	**f**	**P**
Sufficient	4	40.00	Sufficient	5	45.5
Insufficient	6	60.00	Insufficient	5	45.5
			No idea	1	9.09

4.3.1 Teachers' Beliefs about School Implementations Regarding Self-Care Development

In this part, teachers' beliefs about school implementations regarding self-care development were presented. Firstly, the survey results for teachers were interpreted according to the subgroups. While expressing this, the most-marked items' content and percentiles were presented. Then, the interview results were offered.

In the "cleaning and personal grooming" group, 3rd, 4th, 7th, and 8th items were mostly marked as "not observed". Item 3 was "*combing hair*". 35 percent of teachers remarked this item as not observed. This was the second option remarked as "not observed". Moreover, item 4 was "*brushing the teeth with sufficient paste on the toothbrush and rinsing the mouth with sufficient water*". 52 percent of teachers marked this item as "not observed". This was the most-marked choice for this item. Furthermore, item 7 was "*washing face after relaxation*". 46.5 percent of teachers marked this item as "not observed". It was the most marked choice for item 7. Additionally, item 8 was "*keeping the shoes clean and well-polished*". 49.3 percent of teachers remarked this item as "not observed". It was the most marked choice for item 8.

In "eating-drinking" group, 16th, 18th, and 19th items were mostly marked as "not observed". Item 16 was "*taking the foods to the plate by using tools such as ladle and spatula*". 39.5 percent of teachers marked this item as "not observed". It was the most marked choice for this item. Besides, 18th was "*cutting easy-to-cut materials (cucumber, tomato, etc.) using a knife*". 47.5 percent of teachers marked this item as "not observed". It was the most marked choice for item 18. Additionally, item 19 was "*spreading butter, jam, etc. on bread*". 46.9 percent of teachers marked this item as "not observed". It was also the most-marked choice for item 19.

In "relaxation" sub-group, 26th item was mostly marked as "not observed". Item 26 was "*making required preparations for resting (going to the toilet, wearing pajamas, etc.)*". 33.9 percent of teachers marked it as "not observed". It was the most-marked choice for this item.

In “dressing” sub-group, 32nd, 34th, and 35th items were mostly marked as “not observed”. Item 32 was “*fastening with hooks and eyes*”. 24.9 percent of teachers marked this item as not observed. This was second option remarked as “not observed”. Also, item 34 was “*fastening belt buckle*”. 32.3 percent of teachers marked it as “not observed”. It was the most-marked choice for item 32. Besides, item 35 was “*tying laces*”. 29 percent of teachers marked it as not observed. This was the second option remarked as “not observed”. Therefore, the frequency and percentile of “not observed” choice in item 35 was considerable.

In “self-protection from the accidents” sub-group, 39th item was mostly marked as “not observed”. Item 39 was “*knowing emergency phone numbers*”. 34.5 percent of teachers remarked it as “not observed”. It was the most-marked choice for item 39.

In “arrangement of the environment” group, 44th, 45th, 47th, 48th, and 50th items were mostly marked as “not observed”. Item 44 was “*making the bed after relaxation*”. 54.8 percent of teachers remarked it as “not observed”. It was the most-marked choice. Also, item 45 was “*folding the clothes*”. 32 percent of teachers remarked it as “not observed”. It was the most-marked choice in item 45. Moreover, Item 47 was “*washing small laundry (handkerchief, duster, etc.) using a sufficient amount of cleaner (soap, etc.) and hangs them using clothespin*”. 51.8 percent of teachers remarked it as “not observed”. It was the most-marked choice for item 47. Furthermore, item 48 was “*sweeping the spilled crumbs with a broom and dustpan*”. 35.8 percent of teachers remarked it as “not observed”. It was the most-marked choice in 48th item. Lastly, 50th item was “*washing and rinsing a few pieces of dishes such as dirty plate and glass by using a cleaning product (soap, detergent, etc.)*”. 51.6 percent of teachers marked it as “not observed”. It was the most-marked choice in 50th item.

Besides, the interviews were conducted with ten teachers to understand the beliefs of teachers on school implementation regarding self-care development because of the rate of the marking “not observed” choice in some items. The researcher asked a question to teachers. “*What do you think about the school implementations regarding supporting the self-care development?”* According to the interview analysis, six

teachers expressed insufficiency of the implementations. Their perspectives were different. Two teachers focused on personnel-related problems. One teacher focused on lack of personnel, while other teacher stated the impetuous implementation of personnel. Also, two teachers focused on excessive number of students, while two teachers concentrated on insufficiency in physical condition, and two teachers reported the negative effect of socioeconomic status on the school implementations. Additionally, five teachers focused on the insufficiency based on the scope of daily routine implementations, while three teachers implied insufficiency of the implementations regarding cleaning and personal grooming, and two teachers focused on the implementations about relaxation.

On the other side, four teachers reported the sufficiency of the school implementations. Their perspective were different. Two teachers focused on the sufficiency as considering activity implementation, while two teachers reported convenience of the materials and environment. The theme, categories, codes and quotations based on teachers' beliefs were presented in Table 4.26.

Table 4. 26 *Teachers' Beliefs about The School Implementations on Supporting the Self-Care Development*

Category	Code	Sub-code	Quotation
Sufficient (n=4)	Activity implementation (n=2)	-	P10: They are sufficient. I decide to the activities according to the requirements of children. For instance, I implement an activity if children have problem about washing hands. Then, I repeat it if they need.
	Convenience of the materials and environment for children (n=2)	-	P4: They are sufficient. For instance, the stuffs such as chairs, tables and toilets are convenient for usage of children. Children wear their outfits without help because the environment is convenient for it.
Insufficient (n=6)	Personnel related (n=2)	Lack of personnel (n=1)	P9: We have shortage of personnel. In our school, there is only one teacher's aide. She can only clean up classrooms in a day. She cannot help other things such as caring with children in toilet, feeding, and dressing.
		The impetuous intervention of personnel (n=1)	P5: As teachers, we wait for children to wear their jackets, and take on the shoes. We give time to them. However, teacher's aides doesn't wait for the tasks. They are dressing children's jacket without waiting for their effort.

Table 4.26 (cont'd)

	Number of students (n=2)	-	P6: There are too many children in classes. I wish they were put their meals on the plates by own self. However, the excessive number prevents it. When the classroom size were 8-10, children would have this kind of chance. Private schools can do it.
	Physical condition (n=2)	-	P5: In the dining hall, there would be a place allowing children to service their meals without help. Children would have their personal cupboard to hang their jackets. In our school, teacher's aides do it, because they have to cram in 24 children's stuffs to one cupboard. Hanging/ folding the jacket is one of the objectives in the program. However, children cannot do it, because there is no place.
	Socioeconomic status (n=2)	-	P9: In our school, children bring the foods from the home for the snack. There is a kitchen in our school, but it is not used. It depends on the socioeconomic level. For the kitchen, families should pay a certain amount of money. Some families cannot cover this expense.
	The scope of daily routine implementations (n=5)	Cleaning and personal grooming (n=3)	P8: The implementations such as combing hair and brushing teeth are not made in public preschools, although the program included them. I think children might bring their own comb and combing their own hair.
		Relaxation (n=2)	P6: In our school, there is no sleep time because we implement half-day program. However, there are some children with working parents. They stay to "club time" in the school. 3 and 4 years old children get sleepy at 4 o'clock. A sleeping hour should be for them.

Consequently, depending on teachers' survey and interview results, the rate of "not observed" choice was remarkable in some items. Also, some teachers (n=4) reported the sufficiency of school implementations, whereas other teachers (n=6) defended insufficiency of the school implementations in some topics. The survey and interview results overlapped with each other.

4.3.2 Parents' Beliefs about School-Based Implementations Regarding Self-Care Development

In this part, parents' beliefs about school implementations regarding self-care development were presented. Firstly, the survey results for parents were interpreted according to the subgroups. The items having the rate of higher percent of 10 regarding "not observed" choice was considered. While expressing this, these items' content and percentiles were presented. Then, the interview results were offered.

In "cleaning and personal grooming", item 8 was "*keeping the shoes clean and well-polished*". 16.4 percent of parents remarked this item as "not observed". The rate of the marking "not observed" choice was higher than other items in the subgroup.
In the "eating-drinking" subgroup, 16th item was "*taking the foods to the plate by using tools such as ladle and spatula*". 10.9 percent of parents marked this item as "not observed". The rate of the marking "not observed" choice was higher than other items in the subgroup.

In the "dressing" subgroup, 32nd, 34th and 35th items were considerable. Item 32 was "*fastening with hooks and eyes*". 10.2 percent of parents marked this item as "not observed". The rate of the marking "not observed" choice was higher than other items in the subgroup. Moreover, item 34 was "*fastening belt buckle*". 14.1 percent of parents marked this item as "not observed". The rate of the marking "not observed" choice in this item was higher than other items in the subgroup. Besides, item 35 was "*tying laces*". 13.7 percent of parents marked this item as "not observed". The rate of the marking "not observed" choice in this item was higher than other items in the subgroup.

In the "self-protection from accidents" subgroup, 39th item was "*knowing emergency phone numbers*". 18.8 percent of parents marked this item as "not observed". The rate of the marking "not observed" choice in this item was higher than other items in the subgroup.

In the "arrangement of the environment" subgroup, 40th, 47th, and 50th items were considerable. Item 40 was "*carrying the objects in the class (table, chair, etc.) without harming other people and without making any noise*". 16.9 percent of parents marked this item as "not observed". The rate of the marking "not observed" choice in this item was higher than other items in the subgroup. Moreover, item 47 was "*washing small laundry (handkerchief, duster, etc.) using a sufficient amount of cleaner (soap, etc.) and hangs them using clothespin*". 20.2 percent of parents marked this item as "not observed". The rate of the marking "not observed" choice in this item was higher than other items in the subgroup. Besides, the 50th item was "*washing and rinsing a few pieces of dishes such as dirty plate and glass by using a cleaning product (soap, detergent, etc.)*". 15.6 percent of parents marked this item as "not observed". The rate of the marking "not observed" choice in this item was higher than other items in the subgroup.

Besides, interviews were conducted with eleven parents to understand the beliefs of parents on school implementation regarding self-care development because of the rate of the marking "not observed" choice in some items. The researcher asked a question to parents. "*What do you think about the school implementations regarding supporting the self-care development?"* According to the interview analysis, five parents expressed insufficiency of the implementations. Their perspective were different. A parent focused on personnel related problems, and she stated impetuous intervention of personnel. Also, three parents focused on excessive number of students, while two parents reported insufficiency in physical conditions, and a parent focused on insufficiency due to the scope of daily routine implementations.

On the other side, five parents stated the school implementations was sufficient. They did not specifically focus on anything. Additionally, a parent did not have any idea about the question. The theme, categories, codes and quotations based on parents' beliefs were presented in Table 4.27.

Table 4. 27 *Parents' Beliefs about The School Implementations on Supporting the Self-Care Development*

Theme	Category	Code	Sub-code	Quotation
Implementations on self-care development	Sufficient (n=5)	-	-	P6: There is nothing to say what I wish it be. Everything is sufficient. All required things were done in my child's class. In fact, they made it more than the things done at home.
	Insufficient	Personnel Related (n=1)	Impetuous intervention of personnel (n=1)	P5: When my child was wearing the clothes, a teacher's aide wants dressing him without giving chance to him. She doesn't want to wait for it. The personnel should be more conscious. They should give time children for the tasks.
		Number of students (n=3)	-	P11: There are too many children in the school. There is a small place for changing the shoes at entry of the school. When children change their shoes, they step on the dirty floor. So, staff cannot handle all children.

Table 4.27 (cont'd)

No idea (n=1)	Physical condition (n=2)	-	P11: The place for changing the shoes at entry of the school are too small. So, children step on the dirty floor both shoes and snoozies. This problem wasn't be solved because that area is small.
	The scope of daily routine implementations (n=1)	-	P4: It is not sufficient. For instance, there is no implementation on brushing teeth. The activities are not enough about self-care. Children can be supported about choosy eating issue and eating different kid of foods.
	-	-	P2: We can't enter inside of the school because of COVID-19. We wait at the door when picking up child from the school. My son doesn't talk about the school. So, I don't have any idea about the implementations.

Consequently, depending on parents' survey and interview results, the rate of "not observed" choice was remarkable in some items. Also, some parents think that the school implementations are sufficient, whereas others defended insufficiency of the school implementations in some topics. The survey and interview results overlapped with each other.

4.3.3 The Comparison of Teachers' and Parents' Beliefs about School Implementations Regarding Self-Care Development

In this part, the comparison of teachers' and parents' beliefs about the school implementations regarding self-care development were reported. Firstly, the comparison of the teachers' and parents' survey results was offered. Then, the interview results were presented.

When comparing the answers of teachers and parents to the items in the survey, mostly the same items were marked as "not observed". In the teachers' survey, items 3, 4, 7, and 8 in the "cleaning and personal grooming" subgroup were mostly marked as "not observed". Similarly, item 8 was considerable in the parents' survey. Also, 16th item under the "eating-drinking" subgroup was considerable for both participant groups. Moreover, items 32, 34 and 35 in "dressing" sub-group were common in teachers' and parents' survey. Furthermore, the rate of "not observed" choice in 47th and 50th items under the "arrangement of the environment" subgroup were remarkable in both participant groups.

On the other side, items 4, 7, and 3 under "cleaning and self-grooming", 18 and 19 under "eating-drinking", 26 under "relaxation", 39 under "self-protection from the accidents", and 44, 45 and 48 under "arrangement of the environment" were remarkable in only the teachers' survey. Additionally, Item 40 under "arrangement of the environment" was conspicuous in only parents' data.

Besides, the interviews were conducted to understand the beliefs of participants on the school implementations regarding self-care development. According to the comparison of teachers' and parents' interview results, four teachers and five parents

reported the sufficiency of the school implementations regarding self-care development. Two teachers specifically focused on the convenience of the materials and environment for children, while two teachers evaluated the sufficiency as considering activity implementations. On the other hand, all parents (n=5) stated general things about their pleasure about the school implementations.

In other respects, six teachers and five parents stated the insufficiency of school implementations regarding self-care development. Teachers and parents had similar perspectives. Two teachers and a parent stated the personnel related insufficiency. A teacher and a parent expressed the impetuous intervention of personnel, while a teacher reported the lack of personnel.

Also, two teachers and three parents expressed insufficiency due to excessive number of students. Moreover, two teachers and two parents focused on the insufficiency in physical conditions. Furthermore, five teachers and a parent reported insufficiency of the implementations due to the scope of the daily routine. As different from other participants, a teacher expressed insufficiency of implementations because of the socioeconomic status. Additionally, one parent does not have any idea about the implementations at the school because of the COVID-19 pandemic.

4.4 Summary of The Findings

The purpose of the current study was to investigate and compare teachers' and parents' beliefs about young children's self-care behaviors and the school implementations regarding self-care development. The researcher examined teachers' and parents' beliefs about young children's self-care behaviors with and without considering the certain characteristics (children's age, children's gender, having sibling, families' socioeconomic status, and teachers' years of experience).

According to the findings without consideration of the certain characteristics, teachers and parents had parallel beliefs about children's self-care behaviors regarding toileting, adequate ad balanced nutrition, relaxation, dressing, self-

protection from accidents, and arrangement of the environment. On the other hand, they had different belief about children's "cleaning and personal grooming" and "eating-drinking" behaviors. In addition, teachers gave higher points for the behaviors in "adequate and balanced nutrition" subgroup, whereas parent gave higher points for the behaviors in other subgroup.

According to the findings as considering children's age, teachers and parents have parallel beliefs about children's self-care behaviors regarding toileting, adequate and balanced nutrition, relaxation, dressing, self-protection from accidents, and arrangement of the environment. On the other hand, they had different beliefs about children's "cleaning and personal grooming" and "eating-drinking" behaviors depending on children's age. Moreover, teachers gave higher points for the behaviors in "adequate and balanced nutrition" subgroup, whereas parent gave higher points for the behaviors in other subgroups. In addition, teachers and parents mostly believed that children's age positively affect their self-care behaviors.

According to the findings as considering children's gender, teachers and parents have parallel beliefs about children's self-care behaviors regarding toileting, adequate ad balanced nutrition, relaxation, dressing, self-protection from the accidents, and arrangement of the environment. Moreover, although they had parallel beliefs, teachers gave higher points for the behaviors in "adequate and balanced nutrition" subgroup, whereas parent gave higher points for the behaviors in other subgroups. On the other hand, they had different beliefs about children's "cleaning and personal grooming" and "eating-drinking" behaviors depending on children's gender. In addition, teachers and parents mostly believed that there was a relationship between children's gender and their self-care behaviors, and girls had better self-care.

According to the findings as considering whether children having sibling or not, teachers and parents had parallel beliefs about children's self-care behaviors regarding toileting, adequate ad balanced nutrition, relaxation, dressing, self-protection from the accidents, and arrangement of the environment. Moreover, although they had parallel beliefs, teachers gave higher points for the behaviors in the "adequate and balanced nutrition" subgroup, whereas the point averages in other

subgroups were not in teachers' and parents' favor. On the other hand, they had different beliefs about children's "cleaning and personal grooming" and "eating-drinking" behaviors depending on "having sibling" variable. In addition, some teachers and parents reported having sibling as a positive factor influencing children's self-care behaviors despite the indirect question.

According to the findings as considering families' socioeconomic status, teachers and parents have parallel beliefs about children's self-care behaviors regarding toileting, adequate ad balanced nutrition, relaxation, dressing, self-protection from the accidents, and arrangement of the environment. Moreover, although they had parallel beliefs, teachers gave higher points for the behaviors in "adequate and balanced nutrition" subgroup, whereas the point averages in other subgroups were not teachers' and parents' favor. On the other hand, they had different beliefs about children's "cleaning and personal grooming" and "eating-drinking" behaviors depending on families' SES. In addition, teachers mostly believed the relationship between self-care behaviors and families' socioeconomic status, whereas parents mostly believed no relationship between these concepts.

According to the findings as considering teachers' years of experience, teachers and parents have parallel beliefs about children's self-care behaviors regarding toileting. Moreover, although they had parallel beliefs, teachers gave higher points for the behaviors in the "adequate and balanced nutrition" subgroup, whereas the point averages in other subgroups were not in teachers' and parents' favor. On the other hand, they had different beliefs about children's other behaviors depending on teachers' years of experience. It was necessary to state that interpreting the parents' survey results depending on teachers' years of experience and comparing the results of teachers and parents were difficult. As considering years of experience, the point averages were not any "years of experience" group's favor for teachers and parents survey. The only remarkable result was that "self-protection from accident" was the only subgroup that teachers' points systematically increased. In addition, teachers mostly believed the positive effect of years of experience on children' self-care behaviors, whereas parents mostly believed there is no relationship between these concepts.

In order to achieve the other purpose of the study (investigating and comparing teachers' and parents' beliefs about the school implementations regarding self-care development), teachers' and parents' survey result were also investigated and compared. In the surveys, the remarked items as "not observed" by both teacher and parents were similar. In addition, teachers mostly believed insufficiency of school implementations regarding self-care development whereas parents' answer rate was the same when evaluating the school implementations.

CHAPTER V

DISCUSSION, IMPLICATIONS, AND RECOMMENDATIONS

This study aimed to investigate and compare teachers' and parents' beliefs about young children's self-care behaviors and the school implementations regarding self-care development as considering child, parent, and teacher-related characteristics. In accordance with these aims, this chapter inferred the findings and conclusions, discussed them in the light of related literature, clarified the implications, and provided recommendations for future studies.

5.1 The Beliefs of Teachers and Parents about Young Children's Self-Care Behaviors

First, the findings concerning first research question were discussed without considering child, parent, and teacher-related characteristics. The participants were asked their observations about children's self-care skills. They filled the surveys according to their beliefs and observations. Teachers and parents had parallel beliefs about children's behaviors in most subgroups. According to their reports, they frequently observe (between 3 and 4 points) children's toileting behaviors. Also, they moderately (between 2 and 3 points) observed adequate and balanced nutrition, relaxation, dressing, self-protection from accidents, and arrangement of the environment. On the other hand, teachers and parents had different beliefs about children's behaviors regarding "cleaning and personal grooming" and "eating-drinking". As they reported, the teachers moderately (between 2 and 3 points) observed these behaviors whereas parents frequently (between 3 and 4 points) observed them. There might be three reasons of the different observations regarding "cleaning and personal grooming" and "eating-drinking".

First, Dinçer, Demiriz, and Ergül (2017) found that early childhood education teachers gave more importance to "self-cleaning and toilet training skills" than other skills. People talk more often and focused more on skills that they gave importance. In this sense, they might take a more critical perspective. In the present study, teachers might give more importance to children's "cleaning and personal grooming" and "eating-drinking" behaviors than other self-care behaviors. In this sense, they might focus more on these behaviors, and this makes teachers more critical about the related behaviors. From this point of view, the first reason for the different observations in "cleaning and personal grooming" and "eating-drinking" subgroups might be the giving of more importance to related behaviors than other self-care behaviors.

The second reason might be that parents can observe their children more. Education starts with the first days of a child's life and it is given by the family (Ceka & Murati, 2016), because children interact with their family from the moment they are born (Dereli & Dereli, 2017). Therefore, parents can follow their children's development closely. Moreover, acquirement of self-care skills starts in the family. Therefore, parents might observe their children's self-care skills more closely. In this sense, their closer observations might positively affect their evaluations about their children's self-care behaviors.

Moreover, the third reason might be teachers' professional knowledge about child development. Early childhood teachers are educated on children's developmental domains and implementation of the national curriculum. The Turkish early childhood education program includes children's developmental characteristics (MoNE, 2013). In this sense, teachers are expected to have a professional knowledge about children's development and have a holistic approach about development, while parents can follow children's development depending on their observations. Child development knowledge is considered as foundational for teacher preparation programs (Daniels & Shumow, 2003). Early childhood education teachers should have knowledge about child development and education (Oktay, 1999, as cited in Ural & Ramazan, 2007). In this sense, teachers in Turkey are taught children's developmental features, developmental domains, learning and developmental

theories in pre-service years. Accordingly, teachers have knowledge about following children's development. Thus, they can focus on children's development holistically. On the other hand, child development is a profession, and parents are not supposed to have deep professional knowledge about children's learning and development. For this reason, they can observe their child and peers of the child, and they can make comparison and categorize children's development depending on only their observations. This might cause the differences in teachers' and parents' reports on children's "cleaning and personal grooming" and "eating-drinking" behaviors.

Another remarkable finding was the changes of point averages in subgroups. Except from the "adequate and balanced nutrition" subgroup, parents gave higher points to their children's self-care behaviors than teachers even if the observed behaviors levels were the same in the subgroups. On the other hand, teachers' points were higher than parents' only in behaviors regarding the "adequate and balanced nutrition" subgroup. There might be two reasons for this result.

The first reason for this difference might be teachers' professional knowledge about children's nutrition and obligatory school implementations regarding nutrition. Children attending early childhood institutions spend 1/3 of their day in the school. In this sense, the acquirement of nutrition behaviors in the school is essential (Songür et al., 2017). Having knowledge about children's nutrition and health should be the features of early childhood educators (Oktay, 1999, as cited in Ural & Ramazan, 2007; Songül et al., 2017). In Turkey, early childhood teacher education programs include a course about children's nutrition. Teachers take education about children's nutrition in their pre-service years, and they can have more knowledge about children's nutrition. In this sense, teachers can follow children's adequate and balanced nutrition behaviors. In addition, the schools should follow a monthly nutrition list which is prepared considering children's developmental features and needs (MoNE, 2002). Thus, children are offered healthy and sufficient foods in the schools. On the other hand, parents might have different nutrition routines depending on their sociocultural background. In Turkey, nutrition culture changes according to regions (Maviş, 2003, as cited in Güler, 2010). For instance, people from the Central Anatolian Region prefer the pulses and foods high in carbohydrates. However,

people from the Aegean Region prefer vegetable-based meals with olive oil in their nutrition (Ertaş & Gezmen-Karadağ, 2013). In this sense, parents' perception about healthy nutrition might be affected by their sociocultural background, and they may also reflect these nutrition habits to their children's nutrition. The differences in the implementations might affect children's nutrition behaviors in the school and at home. In this sense, teachers might give higher points to children's behaviors regarding "adequate and balanced nutrition" depending on their observations in the schools, while parents evaluate the nutrition behaviors depending on their observations at home.

The second reason for this result might be parent's attitudes about child nutrition. According to Özyürek, Begde and Özkan (2013), social customs and parents' misconceptions about the foods and child nutrition are the reasons for children's malnourishment and inability to get used to certain foods. In Turkey, parents can force their children to eat because of social custom regarding finishing all food on the plate. Özdoğan, Balaban, and Uçar (2018) reported mothers' pressure on eating which causes malnourishment and eating problems in children (Özdoğan et al., 2018; Kutluay Merdol, 2017). In the light of these references, parents in the current study might pressure their children to eat, and this affects children's "adequate and balanced nutrition" behaviors at home. On the other hand, at school, there may be less pressure to eat, because the nutrition list is prepared considering children's developmental features and needs (MoNE, 2002), and adequate and sufficient foods are offered to children in the schools. Besides, in the interview, a teacher stated that children decide on the amount of food they eat. In this sense, teachers might give higher points to children's behaviors regarding "adequate and balanced nutrition", while parents reported lower points.

5.2 The Beliefs of Teachers and Parents about Young Children's Self-Care Behaviors as Considering Child, Parent, and Teacher-Related Characteristics

The findings in relation to the first research question were also discussed as considering child, parent, and teacher-related characteristics: children's age,

children's gender, having sibling, socioeconomic status, and teachers' years of experiences. These were offered respectively.

5.2.1 The Beliefs of Teachers and Parents about Young Children's Self-Care Behaviors as Considering Children's Age

The participants' observations about children's self-care skills were grouped according to children's age. According to teachers' observations, observed-behavior levels in the subgroups did not change as children grow up even if the teachers' points increased with children's age. On the other hand, in the interviews, all teachers stated improving of self-care skills with age depending on children's maturation (n=3) and motor development (n=7). In sum, teachers believed in the improving of self-care behaviors with age although there is no dramatic difference in their observations as children grow up.

The study conducted by Dinçer, Demiriz and Ergül in 2017 reported the rate of actualization of self-care skills increased as children grow up. In particularly, Hauck (1988) focused on children's toileting skills and reported age as one of the predictors for this skill. In this sense, the interview result is overlapped with the related literature. This might be signal that children's care behaviors change as they grow up. On the other hand, teachers' classroom observations are contrary to this belief, although teachers' beliefs about the impact of age on self-care overlapped with the literature. In other word, teachers' observations did not dramatically change according to children's age.

There might be two reasons why teachers' survey reports did not differ according to age. The first reason might be the change of children's developmental features based upon their age. There is a general judgement that children's self-care skills increase as they grow up, and children can perform certain self-care skills at a particular age. For instance, a 36-48 months old child can wear her clothes with help while a 48-60 months old child can get dressed without help (MoNE, 2013). As another example, 48-60 months old child can tie shoelaces with help while 60-72 months old child can do this task without help (MoNE, 2013). On the other hand, according to teachers'

observations, there is no huge differences in children's behaviors according to children's age. This might be a signal that expected skills based upon children's age might change. Hence, the researchers should be critical about the judgement regarding actualization of certain self-care skills in particular age groups.

Another reason why teachers' survey reports did not differ according to age might be that teachers may not place these skills in children's daily routines and make them a part of natural learning because of the schools' facilities and conditions. The behaviors such as combing hair, brushing teeth, polishing shoes, putting food on a plate using a ladle and spatula, bringing the plate to the table without spilling the food, spreading jam on bread, and using a knife were marked as "not observed" by teachers. In the interviews, some teachers reported the physical conditions were insufficient to enable children to perform the behaviors in the "eating-drinking" subgroup. Also, some teachers expressed that their daily routines did not include combing hair and brushing teeth as a part of "cleaning and personal grooming" subgroup. However, these skills were placed in 2013 Turkish education program, and teachers are supposed to support these skills in the school. In this sense, they are supposed to place these skills in children's daily routines and make them a part of natural learning. Remarking these skills as "not-observed" by teachers might be the indicator that teachers do not or cannot make related implementation in the school. This situation might affect teachers' evaluations about children's "cleaning and personal grooming" and "eating-drinking" behaviors. In addition, in considering teachers' interview reports as mentioned above, school conditions might be a factor affecting teachers' self-care development-oriented implementation. Also, teachers' interview reports as mentioned above are a sign of the truthiness of this view as well as a series of studies investigating the negative effects of physical conditions on teachers' curriculum implementations (Yıldız & Perihanoğlu, 2004; Baran et al., 2007, Arslan Karaküçük, 2008).

Moreover, according to parents' observations, observed-behavior level in "cleaning and personal grooming" is moderate for 3-and 4-year-old children, whereas they frequently observed related behaviors in 5-year-old children. Moreover, parents moderately observed 3 years old children's "eating- drinking" behaviors, whereas

they frequently observed related behaviors in 4-and-5-year-old children. The subgroups changed as children grow up. On the other hand, in other subgroups, the observed behaviors levels did not change although the points given by parents increased. Additionally, most parents (n=9) reported improving self-care skills with age depending on children's maturation (n=5), motor development (n=2), and cognitive development (n=2). In sum, parents' observations regarding "cleaning and personal grooming" and "eating-drinking" behaviors differed according to children's age, while their observations were the same for other behaviors.

The reason of this result might be parents' supportive implementations according to children's age. Orçan Kaçan and the colleagues (2019) reported a deceasing of mothers' supportive implementations regarding self-care skills as children grew up. In the light of this reference, it can be stated that parents' supportive implementations about "cleaning and personal grooming" skills decreased when children are 5 years old. Also, the supportive implementations about "eating-drinking" skills decreased when children are 4 years old. It is an indicator that parents encourage children to gain "eating-drinking" skills in younger ages and decrease their supportive implementations as children grow up.

In comparison of the teachers' and parents' beliefs, it can be seen that their observations differed in behaviors regarding certain subgroups even though their beliefs were parallel in the interviews. They had parallel observations about the self-care behaviors of 3 years old children. On the other hand, teachers' and parents' observations differed for 4-and-5 years old children. They had different observations about the "eating-drinking" behaviors of 4- and 5-year-old children, and the "cleaning and personal grooming" behaviors of 5-years old children.

The reason why teachers and parents had parallel beliefs about related behaviors for 3-years-old children might be children's younger age and mother's more supportive practices. Some studies reported an increase of children's self-care skills with age (Hauck, 1988; Dinçer et al., 2017). Also, Orçan Kaçan and the colleagues (2019) investigated the mothers' practices supporting children's self-care skills according to certain demographic characteristics including children's age, and they reported that

mothers helped their children more with self-care skills in younger ages. In the light of this reference, it can be stated that parents let their children to become freer and give opportunity for them to do the tasks independently as children grow up. Also, they believe that their child can do the tasks without help. Giving chance to children to do the tasks affects children's self-care development in a positive way. In this regard, parents in the study may not give their 3-years old children a chance to perform the related self-care behaviors and help them more in their self-care, while their supporting practices on children's self-care skills might decrease in 4- and 5-years old children. Thus, they might give children more chance to execute the related behaviors. All in all, mothers' more supportive practices for younger children might be a reason for parallel reports about 3-year-old children's self-care as well as inverse reports about 4-and-5-year-old children's' self-care.

Furthermore, the reason why teachers' and parents' beliefs differed for 4-and-5 years old children might be teachers' holistic approach to children's development and professional knowledge about developmental characteristics. The Turkish early childhood education program includes children's developmental characteristics (MoNE, 2013), and teachers are educated about the implementation of this program during their pre-service years. In this sense, teachers have professional knowledge about children's development, and they know what self-care skills children might perform according to their age. In this sense, they might evaluate children's self-care behaviors within the particular age group. On the other hand, parents do not have professional knowledge about child development. In this sense, they may not know the children's developmental features during the early childhood period. Therefore, their knowledge might be limited to their observations. In this regard, parents might evaluate their children's behaviors over long time periods and give their decisions while comparing their children's behaviors in different ages, whereas teachers only evaluate children's behaviors for a particular age. This might cause parent to observe their children's related behaviors more frequently.

5.2.2 The Beliefs of Teachers and Parents about Young Children's Self-Care Behaviors as Considering Children's Gender

The participants' observations about children's self-care skills were grouped as considering children's gender. According to teachers' observations, observed behavior levels did not change depending on children's gender. However, teachers gave higher points to girls than boys in all subgroups. Moreover, in the interviews, most teachers (n=8) reported girls being better in self-care behaviors depending on girls' nature (n=2), family structure (n=2), girls' early motor development (n=3), and girls' early maturation (n=1). On the other hand, two teachers reported no relationship between gender and self-care, but they (n=2) also reported the effect of family structure on children's development and self-care behaviors.

Furthermore, according to parents' observations, observed behavior levels did not change depending on children's gender. However, parents gave higher points to girls than boys in all subgroups. Besides, in the interview, most parents (n=7) reported girls being better self-care behaviors depending on girls' nature (n=2), family structure (n=1), girls' early motor development (n=1), and girls' early maturation (n=3). On the other hand, four mothers reported no relationship between gender and self-care. Two parents reported family structure as an effective factor while two parents expressed the necessity of self-care. In sum, according to teachers' and parents' observations, they gave higher points for girls' self-care behaviors although observed behavior levels did not change depending on children's gender. Also, most teachers and parents believe that girls have better self-care skills. In the present study, teachers' and parents' reports were higher for girls compared to boys as well as interview reports. In the related literature some studies found a difference between girls' and boys' self-care skills (Ünüsan, 2004; Çetin Doğan 2019; Taşdemir Yiğitoğlu et al., 2018) whereas some studies found no difference in children's self-care skills according to their gender (Demirtaş 2001; Demiriz & Dinçer, 2001; Küçük 2009). In the present study, both teachers and parents reported girls as having better self-care behaviors. There might be two interrelated reasons for this result.

The first reason might be the patriarchal structure in our country. People are born as male or female, but they grow up learning to be a girl or boy within the framework of roles that society expects specific to their gender (Terzioğlu & Taşkın, 2008). In this sense, girls and boys learn the roles appropriate to their genders and gain gender identity. This is firstly determined by the distribution of the roles in their family. Depending on the patriarchal family structure in our country, cliche gender roles were followed in the families. According to stereotypes regarding gender roles, the man is a breadwinner, and this is the most important role for him. On the other hand, the most important role for a woman is taking care of her children and providing a regular family life with domestic work such as cooking and cleaning (Günay & Bener, 2011). In this sense, parents' expectations from their daughters become different from their sons (Çetin Doğan, 2019). In this regard, girls might get more responsibility and help with domestic work at home. Also, these girls' behavior patterns reflect on their behaviors in class. This might be the reason why both teachers and parents reports girls as having better self-care behaviors.

Another reason might be reflection of girls' motor development on their self-care skills depending on gender roles. Orçan Kaçan and the colleagues (2019) defended that self-care skills were closely associated with children's motor and cognitive development. In addition, Kıvanç (2020) reported that girls were better to perform fine motor skills because of the responsibilities and expectations imposed on children according to gender roles. In the present study, three teachers reported boys having more difficulty in some self-care skills such as buttoning-up, closing a zipper, and wearing shoes. These skills were related children's motor development. In this sense, girls might have better motor skills due to taking more responsibility about domestic works at home depending on the patriarchal structure and gender roles in the family. This positively affect their self-care behaviors. All in all, the patriarchal family structure (with its different expectations from girls and boys and giving more responsibility to girls at home depending on cliche gender roles) might be the reason why both teachers and parents in the present study report girls as having better self-care behaviors.

5.2.3 The Beliefs of Teachers and Parents about Young Children's Self-Care Behaviors as Considering Having Sibling

The participants' observations about children's self-care skills were grouped considering whether children have a sibling or not. According to teachers' observations, observed behavior levels did not change depending on whether children have siblings. In addition, the changes of point averages in the subgroups were not in any groups' favor (children with sibling or no sibling). On the other hand, in the interviews, two teachers reported the positive effect of having siblings on children's self-care by expressing the effect of having an older sibling (n=1) and having a younger sibling (n=1). In related literature, there were some studies investigating the effect of having sibling, birth order, number of siblings on children's self-care (Taşdemir Yiğitoğlu, 2018; Küçük, 2009; Demiriz et al., 2017), and they found different results. In the present study, some teachers reported the positive effect of having sibling on children's self-care although there is no differences in teachers' observations.

The reason for this situation might be the stereotypes about having sibling. Mancillas (2006) stated that "It is commonly assumed that for a child to develop normally, he or she should have siblings and that, in itself, the position of being an only child has detrimental effects on an individual's adjustment, personality, and character" (p. 268). Only child is popularly supposed to being maladjusted (Laybourn, 1990). In Turkey, people generally believe that having a sibling is a good thing for children. This belief might affect teachers' and parents' evaluations about children's self-care. In this sense, this stereotype might be a reason for expressing having sibling as a positive thing for children's self-care in the interviews with teachers although changes of point averages in the subgroups were not in any groups' favor (children with sibling or no sibling).

Furthermore, according to parents' observations, while parents have parallel beliefs about children's related behaviors in other subgroups, they had different observations about their children's "cleaning and personal grooming" and "eating-drinking" behaviors. Parents having two or more children frequently observed these behaviors

while parents having only child moderately observed related behaviors in their children. Moreover, in the interviews, two parents reported the positive effect of having older sibling on children's self-care.

The reason why parents with two or more children more frequently observed some self-care behaviors might be to let a younger sibling to become more free and giving them more chance to do the tasks. Some researchers emphasized the better self-care behaviors of younger sibling (Küçük, 2009; Taşdemir Yiğitoğlu et al., 2018). Küçük (2009) indicated younger siblings' better "eating" skills and reported higher points in eating, dressing, and personal grooming skills for children with two siblings. Also, Taşdemir Yiğitoğlu and the colleagues (2018) reported younger siblings' better dressing skills. Parents are unexperienced in parenting when their first child grows up and give them less responsibility (Taşdemir Yiğitoğlu et al., 2018). In other words, they might be volunteer to satisfy all needs of their children for them, and they may not give their children chance to execute the self-care tasks. In the present study, this might be the reason why parents reported children with siblings as having better self-care behaviors than children with no sibling.

5.2.4 The Beliefs of Teachers and Parents about Young Children's Self-Care Behaviors as Considering Socioeconomic Status

The participants' observations about children's self-care skills were grouped as considering families' socioeconomic status (SES). According to teachers' observations, observed behavior levels did not change depending on families' socioeconomic status. In addition, the changes of point averages in the subgroups were not in any groups' favor. However, in the interviews, eight teachers reported the effect of SES on children's self-care by expressing the linear relationship (n=3), and inverse relationship (n=5). On the other hand, two teachers reported no relationship between SES and self-care. Consequently, teachers believe the effect of SES on children's self-care although there is no difference between the observed behavior levels.

The reason for a difference in teachers' belief about the effect of SES on self-care might be their different perceptions towards SES because of the complex structure of SES. In related literature, the researchers found different results about the effect of SES on children's self-care. Some studies reported the positive effect of higher SES on children's self-care behaviors (Verlinden et al., 2019; Dereli, 2006). On the other hand, Orçan Kaçan and the colleagues (2019) stated that "socioeconomic status" did not directly affect children's self-care. Socioeconomic status has a complex structure including parents' education levels and occupations, and family income. In the interviews, the researcher read the definition of SES (including the components of SES) to the participants. They focused on the topic from different perspectives while expressing the relationship between self-care and SES. For instance, some teachers comment depending on education level, while some teachers focused on only income. This is the evidence that teachers have different perceptions about SES. The difference in their perceptions might affect their beliefs about the impact of SES on children's self-care.

Furthermore, according to parents' observations, while parents have parallel observations about children's related behaviors in other subgroups, they had different observations about their children's "cleaning and personal grooming" and "eating-drinking" behaviors. Parents with low and middle SES frequently observed these behaviors while parents with high SES moderately observed related behaviors in their children. Besides, in the interviews, four parents reported the effect of SES on children's self-care by expressing the linear relationship, while most parents (n=7) expressed no relationship between SES and self-care. Consequently, parents with different SES had different observations about children's self-care although most parents reported no relationship in the interviews. Also, parents with high SES reported lower self-care behaviors in their children. There might be two reasons for this result.

Demiriz and Dinçer (2000) examined children's self-care skills as considering working situation of mothers, and they reported better self-care skills of children with working mothers. Contrary to the research of Demiriz and Dinçer (2000), in the present study, the first reason why parents with high SES observed lower self-care

behaviors might be related to the working situation of mothers. According to a report by TUIK, women's working situation increased when their education level as an indicator of SES increased (TUIK, 2020, as cited in Sar, 2021). In this sense, mothers' working rate get higher with increase of SES. When considered from this perspective, working mothers may have to be in the workplace in daytime. In this sense, they may not observe or less observe their children's routines and behaviors in daytime. This might affect their evaluations about their children's self-care behaviors. This might be the reason why parents with high SES observed lower self-care behaviors in their children.

From another perspective, the second reason for this result might be helicopter parenting of parents with high SES. Helicopter parenting is defined as parenting attitudes that interfere with and pay too much attention to their children, solve their problems for them and try to be overprotective (Set, 2020). Overfondness to children and overly protective attitudes are mostly observed in parents with high SES (Avcı & Güleç Şatır, 2020). In this sense, in the present study, parents with high SES might have a helicopter parenting style. They might have overly protective attitudes and may not give their children to do the self-care tasks independently. They may even do tasks for their children to make their children's life easier. Parents' attitudes shape children's behaviors. This might be the reason why parents with high SES observed lower self-care behaviors in their children.

5.2.5 The Beliefs of Teachers and Parents about Young Children's Self-Care Behaviors as Considering Teachers' Years of Experience

The participants' observations about children's self-care skills were grouped according to teachers' years of experience. According to teachers' observations, observed behavior levels systematically increased in only the "self-protection from accidents" subgroup. In other subgroups, observed behavior levels did not systematically increase or decrease. Besides, in the interviews, most teachers (n=9) reported the positive effect of "years of experience" on children's self-care.

Furthermore, according to parents' observations, observed behavior levels did not systematically increase or decrease in any subgroup. In other words, point averages were not in any groups' favor. Besides, some parents (n=6) reported no relationship between teachers' years of experience and children's self-care by expressing relation of self-care with teachers' characteristics (n=5) and necessity of self-care skills (n=1).

Interpreting parents' observations regarding their children's self-care behavior is difficult while considering teachers' years of experience. On the other hand, teachers' years of experience might directly affect children's behaviors. Webster-Webster-Stratton, Jamila Reid, and Stoolmiller (2008) implied the effect of teaching experience of preschool teachers on their curriculum implementations. Self-care development is the part of Turkish early childhood program where its purpose and related objectives and indicators are described. With the reference of the study of Webster-Stratton and the colleagues (2008), it can be stated that the teaching experience of preschool teachers might affect their self-care development-oriented implementations. In the present study, teachers' observations about "self-protection from accidents" behaviors increased as their teaching experience increased. There might be two reasons for this result.

The first reason might be increase of security value as teachers get older. Schwartz and the colleagues formulated the theory of basic human values (*conformity, tradition, security, power, achievement, hedonism, stimulation, self-direction, universalism, and benevolence*) which is categorized under four groups. These are self-enhancement, openness-to-change, self-transcendence, and conservatism. In a particular developmental period in human life, the particular values may become more or less important (Demirutku, 2021). For instance, Conservatism, defined as the loyalty to traditional values and ideas, increases as people get older (Feather, 1979) and gains more importance (Gouveia et al., 2015). Security value is an ingredient of the "conservatism" group (Schwartz et al.,2012). In this sense, the security value might become more important for teachers as they get older and their work experience increases. According to studies on the systematic relationship between the values and attitudes based upon Schwartz's basic human values

(Demirutku & Güngör, 2017), the teacher's security value might affect their attitudes on children's security. In this sense, they might give more importance to children's security, and they may reflect this attitude on their implementations regarding "self-protection from accidents". Thus, their implementations on "self-protection from accidents" might positively affect children's related behaviors. This might be the reason why teachers made more observation about the related behaviors as their years of experience increased.

The second reason for this result might be the difference in teachers' attitudes on risk situation according to their years of experience. Teachers' perceptions of risk is essential to offer children an opportunity for risk-taking and challenging activities (Sandseter, 2014). In other words, if teachers have a positive attitude on risk-taking, this may reflect on teachers' implementations. In this sense, teachers may enable children to face with dangerous situations and learning how to protect themselves with this way. In the present study, teachers observed "self-protection from accidents" behaviors more as years of experience increased. In this regard, it can be stated that teachers may have more positive attitudes about risk taking according to working experiences. In this sense, teachers may encourage children to risk taking and enable children to face with dangerous situations. Thus, children may learn how to protect themselves from the accidents by taking risks. This might be reason why more experienced teachers observed children's "self-protection from accidents" behaviors more frequently.

5.3 The Beliefs of Teachers and Parents about School Implementations Regarding Self-Care Development

While examining participants' observations about children's self-care skills, the certain items were filled in as "not observed". According to teachers' observations, a series of item (3, 4, 7, 8, 16, 18, 19, 26, 32, 34, 35, 3 44, 45, 47,48, 50) was mostly marked as "not observed", and some of these items were remarkable. Besides, in the interviews, some teachers (n=6) expressed insufficiency in school implementations regarding self-care development due to lack of personnel (n=1), impetuous implementation of personnel (n=1), excessive number of students (n=2), physical

conditions (n=2), negative effect of low socioeconomic status (n=2), and the scope of daily routine implementations (n=5). Also, parents marked a numerous item (8, 32, 34, 35, 39, 40, 47, 50) as "not observed". Besides, in the interviews, some parents (n=5) expressed insufficiency in school implementations regarding self-care development due to impetuous intervention of personnel (n=1), excessive number of students (n=3), physical condition (n=2), and the scope of daily routine implementations (n=1). Teachers and parents reported parallel reasons regarding insufficiency of school implementations related to self-care development. These reasons explain why participants marked the certain items as not observed.

In the present study, item 3 (*combing hair)* and item 4 *(brushing the teeth with sufficient paste on the toothbrush and rinsing the mouth with sufficient water*) are marked as "not observed" by teachers in public schools. The reason of this result might be the scope of daily routine in the public preschools. Turkish early childhood education program states that children should be given chance to use the materials such as the comb and toothbrush. Also, these are the indicators of first objective in self-care development domain (MoNE, 2013). On the other hand, In the interviews, some participants (n=5) reported that related implementations are not made in public preschools although the program included them. In this sense, the implementations such as brushing teeth and combing hair may not be a part of children's daily routine in public schools. This is why teachers marked the items 3 and 4 as "not observed".
Moreover, in the present study, item 7 (*washing face after relaxation*), item 26 (*making required preparations for resting (going to the toilet, wearing pajamas, etc.*) and item 44 (*making the bed after relaxation*) were marked as "not observed" by teachers. The reason might be the scope of the education program in the public preschools. In Turkey, a half-day education program is applied in public preschools. In this sense, there is no relaxation time in the schools. Therefore, teachers cannot observe whether children wash their face after relaxation, make required preparation for resting, and make their bed after relaxation. This is the reason why teachers marked the 7^{th}, 26^{th}, and 44^{th} items as "not observed".

Besides, in a recent study, item 16 (*taking foods to the plate using tools such as ladle and spatula*), item 18 (*cutting easy-to-cut materials (cucumber, tomato, etc.) using a*

knife), item 19 (*spreading butter, jam, etc. on bread*) are not observed by teachers. The first reason might be families' income and funding. Akinrotimi and Olowe (2016) stated funding as a challenge in implementations of early childhood education. In Turkey, the school meals are not funded by the government. According to the regulation of early childhood education (2002), families should pay a certain amount of money for the school meal. In this sense, children might bring their foods from home in some public schools, and they may not have a chance to prepare and service their foods. The interview reports support this idea. In the interviews, some teachers stated that children cannot service their foods because they bring food from home because their families cannot cover this expense

The second reason why teachers marked 16th, 18th, and 19th items as "not observed" might be physical conditions. Erden (2010) reported "physical facilities" as one of the issues that teachers have problems implementing of the curriculum. Also, Ntumi (2016) reported that preschool teachers did not have sufficient materials to implement the curriculum. In the present study, the interview reports support this idea. During the interviews, some teachers stated insufficiency of physical conditions and they reported that there is no place allowing children to service their meals without help.

The third reason why teachers marked 16th, 18th, and 19th items as "not observed" might be the child-staff ratio. Akinrotimi and Olowe (2016) stated child-staff ratio as a challenge in implementations of early childhood education. In the present study, the interview reports support this idea. During the interviews, some teachers reported that they wish children could serve their meals themselves, but this is impossible due to student numbers.

In addition, item 45 (*folding clothes*) is marked as "not observed" by teachers although the program include it. The reason for this might be the insufficiency in physical conditions and child-staff ratio. Physical facility is one of the factors affecting school implementations (Erden, 2010). Also, the child-staff ratio is a challenge for school implementations (Akinrotimi & Olowe, 2016). The interview report supports this idea. During the interview, a participant reported that children

cannot hang up or fold their clothes in school because there are too many children in the school, and they did not have special cupboard. Therefore, the personnel have to do these tasks. Although, the Turkish early childhood education program includes supporting children in folding their clothes, the insufficiency in physical conditions and child-staff ratio might be the reason why teachers did not observe this in children.

Although self-care development is vital in the Turkish ECE program considering its purpose and existing self-care objectives (Duran & Aslan, 2021), the result of this study show that there are some problems in school implementations regarding self-care development. Child-staff ratio and excessive number of children in school, physical conditions, SES, and scope of daily routine might the factors be affecting the self-care development-oriented implementations in the public schools. These factors also reported by several researchers (Ntumi, 2016; Huntsman, 2008; Babaroğlu, 2018; Yıldız & Perihanoğlu, 2004; Karaküçük, 2008; Akinrotimi & Olowe, 2016). In this regard, the result of the present study overlapped with the related literature.

Furthermore, independent from school implementation, there might be some different reasons why parents marked certain items as "not observed". Parents may not give any chance to their children to learn some skills. For instance, parents mostly marked item 32 (*fastening with hooks and eyes*), item 34 (*fastening belt buckle*), and item 35 (*tying laces*) as "not observed". In the interview, a parent reported that they prefer the laceless shoes and sweatpants to make dressing easier at school. Also, some parents stated that their children's teacher asked for easy-to-wear clothing for the school. In this regard, it can be stated that parents did not give a chance to their children for learning some tasks while they try to make these tasks easier to learn. These implementations might delay children's self-care development even though when supported, they make children's daily life and routines easier.

Moreover, parents mostly marked item 47 (*washing small laundry (handkerchief, duster, etc.) using a sufficient amount of cleaner (soap, etc.) and hangs them using clothespin*), and item 50 (*washing and rinsing a few pieces of dishes such as dirty*

plate and glass by using a cleaning product (soap, detergent, etc.) as "not observed". There might be two reasons for this.

The first reason might be a helicopter parenting style. As a feature of such parenting, parents interfere with and pay too much attention to their children, solve their problems for them and try to be overprotective (Set, 2020). Yılmaz (2020) reported that one-third of mothers and one-seventh of fathers in Turkey have such parenting attitude. In this sense, in the present study, the parents might have helicopter parenting and overly protective attitudes and may not give their children opportunity to do self-care tasks independently. Even then, they may do the tasks for their children to make their children's life easier. Parents' attitudes shape children's behaviors. In addition, the interview reports supports this idea. In the interview, while some parents explain why they marked some items as "not observed, they reported that they do not know whether their children to do these tasks because they do not even give any chance to their children to do these tasks. As considering these reports, helicopter parenting might be the reason why parents marked some items as "not observed".

The second reason of this result might be parents' imperfect knowledge about child development. "No parent knows everything about children" (Kiplinger & Browne, 2014, p. 4). Parents are not expected to have professional knowledge about developmental characteristics. In this sense, parents may not know what skills their children can do and which they cannot depending on children's self-care development. Therefore, they may think that their children cannot do the particular task, and they do not give their child a chance to do that task. This might affect parents' implementations at home and children's self-care behaviors.

All in all, this study focused on children's self-care behaviors based upon teacher and parent reports as considering children's age, gender, having siblings, families' socioeconomic status, teachers' years of experience. Also, this study investigated the self-care implementations in the schools based upon teacher and parent reports. In ecological systems theory, Bronfenbrenner defines some systems. Microsystem is one of these systems, and teachers, parents, school and their conditions are the

components of it. The reflections of the ecological systems theory was directly observed in the result and discussion parts. For instance, in discussion part, the researcher expressed the effect of the teachers' and parents' gender-related beliefs, teachers' experience and professional knowledge, parenting attitudes, socioeconomic status and the factors influencing self-care implementations on children's self-care behaviors. These are evidence that the component of the microsystem affect children and their self-care development.

5.4 Implications

Although there are several studies about children's self-care skills, according to current knowledge of researcher, there is no study investigating and comparing the beliefs of teachers and parents on children's self-care behaviors and the school implementations regarding self-care development. From this aspect, the findings of the present study contribute to the early childhood education fields by revealing beliefs of teachers and parents on children's self-care behaviors (as considering the certain characteristics) and the school implementations regarding self-care development. Considering the findings of the study, the implications are discussed in following paragraphs.

This study showed that teachers' and parents' observations regarding children's self-care behaviors only differed in the "cleaning and personal grooming" and "eating-drinking" subgroups with and without considering certain characteristics (children's age, children's gender, having siblings, families' SES, and years of experience). This result revealed that teachers' and parents' perceptions and evaluations were different about some of the children's self-care behaviors. In this sense, this study might be a reference point for school administration in order to work on intervention programs to provide parallel beliefs for teachers and parents. One of these intervention programs might be to arrange parent involvement activities. Moreover, the current study indicated that children have different "adequate and balanced nutrition" behaviors in school and at home. This result might be a reference point for school administrations and early childhood teachers to learn parents' nutrition culture (as a

part of children's background) for gaining children healthy eating habits and adequate and balanced nutrition behaviors.

The present study revealed that there was no difference in observed-behavior levels in self-care subgroups as children grow up according to teachers' observations. In other words, there are no huge differences in children's behaviors according to their age as considering teachers' observations. On the other hand, there is a general judgement regarding performing of certain self-care skills in particular ages. Depending on the result of this study, it can be stated that expected skills according to children's age might change. Hence, the researchers should be critical about the judgement regarding performing of certain self-care skills at a particular age. Moreover, considering parents' reports, this study revealed that parents encourage children to gain "eating-drinking" skills at younger ages in comparison with other self-care skills. In this sense, this result might be a guide for parents to give their children a chance to perform other self-care skills without help in younger ages. This result also might be a reference point for researchers to investigate whether frequency of giving children the chance to do related tasks differed according to children's age.

The current study indicated the teachers' and parents' beliefs regarding better self-care behaviors of girls than boys although there is not a dramatic difference between points averages according to children's gender. In this sense, this study revealed the effect of patriarchal family structure and stereotypes regarding gender roles on children's self-care behaviors. Moreover, this study revealed teachers' and parents' stereotypes about the benefits of having a sibling. In this regard, these results are evidence that teachers and parents require training about gender roles and how to support children's self-care behaviors. Therefore, this might be a guide for authorities to organize intervention programs on this issue.

In the current study, most teachers reported the existence of a relationship between SES and self-care although there is not dramatic differences between children's self-care skills according to SES. This result demonstrated that teachers might have different perceptions towards SES depending on the complex structure of SES. This

might be a reference point for further research to investigate the effect of SES on children's development and teachers' perceptions about SES. On the other hand, according to parents' observations, self-care behaviors of children with high SES are worse than others. This might be a sign of helicopter parenting in high SES. In this sense, this study might be a reference point for researchers to investigate predictiveness of SES on the relationship between children's self-care skills and helicopter parenting. Also, this result revealed that parents with high SES require training in how to support their children's self-care behaviors at home and giving responsibility to children.

The present study also indicated that teachers' observations about "self-protection from the accidents" behaviors increased as their teaching experience increased. This result might be the sign that teachers' attitudes regarding risky situations and their risk perceptions may change depending on their years of experience, and they may allow children to experience risky situations and learn how to protect themselves from danger by experiencing. This might be a reference point for researchers to focus on teachers' perception of risk and risk-taking attitudes according to their years of experience. In this sense, this result might also be a reference point for authorities to prepare intervention programs to train teachers about risk-taking and perception of risk during their early years of work experience. Moreover, this result might be also signal that teachers' security values increased as they get older and their work experiences increase, and this may reflect on their implementations because they give more importance to children's security. In this regard, this result also might be a reference point for researchers to investigate the "security" value as an element of basic human values according to teachers' work experiences.

This study revealed the problems (child-staff ratio, insufficiency in physical conditions, socioeconomic status etc.) affecting self-care development-oriented implementations in public schools. This result is a reference point for policy makers and authorities to prepare intervention programs for the regions with low SES and in the schools where children from low SES attended. Moreover, this result might be guide for authorities in order to prevent excessive number of children, to solve the shortage of personnel, and to improve physical conditions in public schools.

5.5 Recommendations for Further Studies

In this section, the researcher offered recommendations for future studies on young children's self-care development. The recommendations were detailed in the paragraphs that follow.

This study evaluated children's self-care behaviors as considering teachers' and parents' reports. Future studies should also include direct observation of children's self-care behaviors by the researcher as well as considering the reports of teachers and parents. Thus, the observations of teachers and parents can be compared with objective observations, and children's actual self-care level can be determined. Moreover, children's actual self-care levels can be investigated as considering the certain characteristics (SES, age, gender, having sibling, teaching experience etc.).

This study used the "survey" as an instrument and revealed the differences between point averages in teachers' and parents' observations. Due to the nature of the survey, the significance of difference between point averages could not be discussed. In further studies, the scale can be used as a data collection instrument, and the same scale can be applied to both teachers and parents after adaptation. Thus, the results can be compared, and the significance of the differences in the scores can be discussed.

This study was limited to the central districts of Ankara, Turkey. Similar studies might be conducted in other regions of Turkey. Also, the sample of further studies might consist of participants from different regions of Turkey. Thus, a national portrait may show up concerning the children's self-care skills, beliefs of teachers and parents about children's self-care behaviors and school implementations regarding self-care development.

This study was conducted only in public schools. Future studies investigating children's self-care development considering a numerous variable can include both public and private schools. Particularly, further studies focusing on SES should include both private and public schools in order to compare the self-care skills of

children in peak points. Moreover, taking into account the complex structure of "SES", more studies should be conducted in order to understand the effect of SES on children's self-care skills. In addition, conducting up-to-date studies investigating the effect of the components of SES (income, occupation and education level) on children's self-care is strongly suggested.

This study evaluated the school implementations regarding self-care development based upon teachers' and parents' reports. Further studies can directly observe teachers' implementations regarding self-care development. Moreover, examining the sufficiency of the school environment (physical environment, infrastructure, child-staff ratio etc.) in terms of self-care development and implementations is strongly suggested.

This study investigated and compared the teachers' and parents' beliefs about children's self-care behaviors as considering the child, parent, and teacher- related characteristics. Determining the differences and similarities of teachers' and parents' beliefs on children's development is essential to establish common goals for children's education and improve the implementations to achieve these goals. In this sense, the researchers should continue to search and compare teachers' and parents' beliefs about different topics.

This study found out teachers' and parents' different beliefs about some self-care behaviors in children. In considering the impact of beliefs on the implementations, teachers' and parents' implementations might be different at home and in the school. This might affect children's self-care behaviors. In this sense, collaboration between teachers and parents is essential. Further research can therefore compare teachers' and parents' home-based and school-based self-care implementations.

This study focused on children's self-care behaviors as a whole. The result showed that teachers and parents have different beliefs about children's certain self-care behaviors. In this sense, further studies can specifically focus on a particular self-care skill and investigate the effect of demographic variables on their acquisition.

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APPENDICES

A. APPROVAL OF THE METU HUMAN SUBJECTS ETHICS COMMITTEE

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER

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ORTA DOĞU TEKNİK ÜNİVERSİTESİ
MIDDLE EAST TECHNICAL UNIVERSITY

Sayı: 28620816 /

24 Mayıs 2021

Konu : Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi : İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Dr. Öğretim Üyesi H. Özlen DEMİRCAN

Danışmanlığını yürüttüğünüz Elif Naz Altaş'ın "Okul Öncesi Dönemdeki Çocukların Özbakım Gelişimlerine İlişkin Öğretmen ve Aile Raporları: Sosyoekonomik Seviye Önemli mi?" başlıklı araştırmanız İnsan Araştırmaları Etik Kurulu tarafından uygun görülmüş ve **252-ODTU-2021** protokol numarası ile onaylanmıştır.

Saygılarımızla bilgilerinize sunarız.

Dr.Öğretim Üyesi Şerife SEVİNÇ
İAEK Başkan Vekili

B. APPROVAL OF THE MINISTRY OF NATIONAL EDUCATION ETHICS COMMITTEE

T.C.
ANKARA VALİLİĞİ
Milli Eğitim Müdürlüğü

Sayı : E-14588481-605.99-26780527 21.06.2021
Konu : Araştırma izni

ORTA DOĞU TEKNİK ÜNİVERSİTESİ REKTÖRLÜĞÜNE

İlgi: a) 08.06.2021 tarihli ve 314 sayılı yazınız.
b) MEB Yenilik ve Eğitim Teknolojileri Genel Müdürlüğünün 2020/2 nolu Genelgesi.

Üniversiteniz Sosyal Bilimler Enstitüsü Yüksek Lisans Öğrencisi Elif Naz ALTAŞ'ın **"Okul Öncesi Dönemdeki Çocukların Özbakım Gelişimlerine İlişkin Öğretmen ve Aile Raporları: Sosyoekonomik Seviye Önemli mi?"** konulu tezi kapsamında merkez ilçelerdeki okul öncesi eğitim kurumlarında uygulanacak olan veri toplama araçları ilgi (b) Genelge çerçevesinde incelenmiştir.

Yapılan inceleme sonucunda, söz konusu araştırmanın Müdürlüğümüzde muhafaza edilen ölçme araçlarının; Türkiye Cumhuriyeti Anayasası, Millî Eğitim Temel Kanunu ile Türk Milli Eğitiminin genel amaçlarına uygun olarak, ilgili yasal düzenlemelerde belirtilen ilke, esas ve amaçlara aykırılık teşkil etmeyecek, eğitim-öğretim faaliyetlerini aksatmayacak şekilde okul ve kurum yöneticilerinin sorumluluğunda gönüllülük esasına göre uygulanması Müdürlüğümüzce uygun görülmüştür.

Bilgilerinizi ve gereğini rica ederim.

Turan AKPINAR
Vali a.
Milli Eğitim Müdürü

Ek:
Uygulama araçları (22 sayfa)
Dağıtım:
Gereği:
ODTÜ
Bilgi:
9 Merkez İlçe MEM

C. THE BELIEFS ON YOUNG CHILDREN'S SELF-CARE BEHAVIORS SURVEY

1. TEMİZLİK VE KİŞİSEL BAKIM	**0 Gözlemlenmedi**	**1 Asla**	**2 Nadiren**	**3 Sıksık**	**4 Her Zaman**
1. Ellerini sabunlar, durular, kurular.					
2. Yüzünü yıkar, kurular.					
3. Saçlarını tarar.					
4. Diş fırçasına yeterli miktarda macun alarak dişlerini fırçalayıp yeterli miktar su ile ağzını					
5. Burnunu suyla ya da mendille sümkürerek temizler.					
6. Hapşırırken, esnerken, öksürürken ağzını kapatır.					
7. Dinlenme sonrası yüzünü yıkar.					
8. Ayakkabı bakımı yapabilir (ayakkabısını siler, boyar vb.).					
9. Beslenme için yiyeceklerin temizliğine dikkat eder.					
2. TUVALET ALIŞKANLIKLARI	**0 Gözlemlenmedi**	**1 Asla**	**2 Nadiren**	**3 Sıksık**	**4 Her Zaman**
10. Tuvaleti geldiğinde kendiliğinden (uyarıya ihtiyaç duymadan) tuvalete gider.					
11. Tuvalete yardımsız oturur.					
12. Tuvaletini yaptıktan sonra tuvalet kağıdı kullanarak kişisel temizliğini yapar.					
13. Tuvaleti temiz bırakır (sifonu çeker vb.).					

3. YEME İÇME	**0 Gözlemlenmedi**	**1 Asla**	**2 Nadiren**	**3 Sıksık**	**4 Her**
14. Yemek yerken çatal-kaşık kullanır.					
15. Suyu bir kaptan diğerine dökmeden aktarır.					
16. Servisteki yiyecekleri kepçe, spatula, vb. araçlar kullanarak tabağına alır.					
17. Tabağına aldığı yiyeceği dökmeden					
18. Bıçak kullanarak kesimi kolay malzemeleri (salatalık, domates vb.) keser.					
19. Ekmeğin üzerine tereyağ, reçel vb. sürer.					
20 Yemeğini dökmeden yiyip içer.					
21. Yiyecekleri yerken görgü kurallarına uyar (ağzını kapatarak yer, peçete kullanır vb.).					
4. YETERLİ VE DENGELİ BESLENME	**0 Gözlemlenmedi**	**1 Asla**	**2 Nadiren**	**3 Sıksık**	**4 Her**
22. Yiyecek ve içecekleri ayrım yapmadan yiyip içer.					
23. Yiyecekleri yerken sağlıklı–sağlıksız ayrımı yapıp sağlıklı yiyecekleri yer.					
24. Öğün zamanında ve süresinde yemeye özen gösterir.					
5. DİNLENME	**0 Gözlemlenmedi**	**1 Asla**	**2 Nadiren**	**3 Sıksık**	**4 Her**
25. Yorulduğu durumlarda dinlendirici bir etkinliğe katılır.					
26. Dinlenme için gerekli hazırlığı yapar. (tuvalete gider, pijama giyer vb.)					
6. GİYİNME	**0 Gözlemlenmedi**	**1 Asla**	**2 Nadiren**	**3 Sıksık**	**4 Her**
27. Aynada kendini inceleyip gerekli düzeltmeleri yapar (kıyafetini, saçını vb. düzeltir).					

28. Giysilerinin temiz mi yoksa kirli mi olduğunu belirtir.					
29. Duruma ve hava koşullarına uygun giyeceği giyer.					
30. Çıt çıt kapatır-açar.					
31. Düğmeleri kapatır-açar.					
32. Kopçaları takar-çıkarır.					
33. Fermuar kapatır-açar.					
34. Kemer tokasını kapatır-açar.					
35. Bağcıkları bağlar-açar.					
36. Kıyafetini doğru şekilde giyer (ön-arka ayrımı yapar, baş ve kollara dikkat eder vb.).					
7. KENDİNİ KAZALARDAN KORUMA	**0 Gözlemlenmedi**	**1 Asla**	**2 Nadiren**	**3 Sıksık**	**4 Her Zaman**
37. Tehlikeli olan durumlardan uzak durur (yetişkin olmadığı durumlarda da kendini koruyabilir. Örn. Ateşe yaklaşmaz, ilaç-deterjan gibi maddelerden uzak durur vb.).					
38. Herhangi bir tehlike anında yetişkinlerden yardım ister (yangın, yaralanma vb.)					
39. Acil durumlarda başvurulabilecek telefon numaralarını bilir.					
8. ÇEVREYİ DÜZENLEME	**0 Gözlemlenmedi**	**1 Asla**	**2 Nadiren**	**3 Sıksık**	**4 Her**
40. Sınıf içindeki eşyaları **(**masa-sandalye vb.) çevresindekilere zarar vermeden ve gürültü yapmadan taşır.					
41. Kapıyı gürültü yapmadan açar-kapatır.					
42. Oyuncakları ya da materyalleri kullandıktan sonra yerine yerleştirir					

43. İçinde bulunduğu çevreyi temiz tutar ve düzenler.					
44. Dinlenme sonrası yatağını düzenler.					
45. Giysilerini katlar.					
46. Giysilerini asar.					
47. Küçük çamaşırları (mendil, toz bezi vb.) yeterli miktar temizleyici (sabun vb.) kullanarak yıkar ve mandal kullanarak					
48. Dökülen kırıntıları süpürge ve faraş yardımıyla süpürür.					
49. Çevresindeki ulaşımı kolay yerlerin (masa, sandalye, raf vb.) tozunu alır.					
50. Kirli tabak, bardak gibi birkaç parça bulaşığı temizleyici ürün (Sabun, deterjan vb.) kullanarak yıkar ve durular.					

D. INTERVIEW PROTOCOL

Questions for the teachers:

Öğretmenlere öncelikle öz bakım becerilerinin tanımı yapılır.

"Öz bakım, çocuğun tüm yaşamsal becerilerini herhangi bir yardım olmadan sürdürmesi anlamına gelir. Öz bakım ve yaşamsal beceriler deyince çok geniş kalsa da temizlik kurallarını uygulama, giyinme becerisi, yaşam becerilerinde gerekli araç-gereç kullanımı, tehlike ve kazalardan korunma, sağlık ile ilgili önlemleri alma, beslenme, yaşam alanlarındaki düzenlemeler öz bakım becerileri olarak değerlendirilebilir."

1- Hangi okulda öğretmenlik yapıyorsunuz?

2- Şu an hangi yaş grubunda öğretmenlik yapıyorsunuz?

3- Kaç yıldır öğretmenlik yapıyorsunuz?

4- Bir çocuğun öz bakım becerilerinin bu yaş grubundan beklenen beceri düzeyden daha iyi olmasının sebepleri neler olabilir?

5- Bir çocuğun öz bakım becerilerinin bu yaş grubundan beklenen beceri düzeyden daha geride olmasının sebepleri neler olabilir?

6- Çocuğun yaşı ile öz bakım becerilerinin bağlantılı olabileceğini düşünüyor musunuz? Düşünüyorsanız nasıl bir bağlantı olabilir?

7- Çocuğun cinsiyeti ile öz bakım becerilerinin bağlantılı olabileceğini düşünüyor musunuz? Düşünüyorsanız nasıl bir bağlantı olabilir?

Bir sonraki sorumu sormadan önce size yine bir tanım okumak istiyorum.

Sosyoekonomik seviye; genellikle eğitim, meslek ve gelirin bir kombinasyonu olan, bir bireyin/ ailenin/ grubun sosyal konumunu ifade eden terimdir. Meslek ve gelir sosyal durumu tanımlarken; gelir ekonomik durumu tanımlar.

8- Bu tanımı göz önünde bulundurduğunuzda, ailenin sosyoekonomik düzeyinin çocukların öz bakım becerileri ile bağlantılı olabileceğini düşünüyor musunuz? Düşünüyorsanız nasıl bir bağlantı olabilir?

9- Öğretmenin özellikleri ile çocukların öz bakım becerileri arasında bir bağlantı olabileceğini düşünüyor musunuz? Düşünüyorsanız nasıl bir bağlantı olabilir?

9a- Öğretmenin deneyim yılı ile çocukların öz bakım becerileri arasında bir bağlantı olabileceğini düşünüyor musunuz? Düşünüyorsanız nasıl bir bağlantı olabilir?

9b- Öğretmenin cinsiyeti ile çocukların öz bakım becerileri arasında bir bağlantı olabileceğini düşünüyor musunuz? Düşünüyorsanız nasıl bir bağlantı olabilir?

10- Size göre bir çocuğun hangi öz bakım becerilerine sahip olması daha önemlidir? Düşüncelerinizi paylaşır mısınız?

11- Çocukların öz bakım becerilerini genel anlamda desteklemek için sizce neler yapılabilir?

12- Okul öncesi eğitim programını çocukların öz bakım becerilerinin desteklenmesi açısından nasıl değerlendirirsiniz?

13- Okullarda yapılan **bütün çalışmaları** göz önünde bulundurduğunuzda çocukların öz bakım becerilerinin/gelişimlerinin desteklenmesi açısından bu çalışmaları nasıl değerlendirirsiniz?

(Örneğin; etkinlikler, günlük rutindeki uygulamalar vb…)

Questions for the parents:

Ailelere öncelikle öz bakım becerilerinin tanımı yapılır.

"Öz bakım, çocuğun tüm yaşamsal becerilerini herhangi bir yardım olmadan sürdürmesi anlamına gelir. Öz bakım ve yaşamsal beceriler deyince çok geniş kalsa da temizlik kurallarını uygulama, giyinme becerisi, yaşam becerilerinde gerekli araç-gereç kullanımı, tehlike ve kazalardan korunma, sağlık ile ilgili önlemleri alma, beslenme, yaşam alanlarındaki düzenlemeler öz bakım becerileri olarak değerlendirilebilir."

1- Size okuduğum tanımdan yola çıkacak olursak, çocuğunuzun hangi öz bakım becerilerinde daha iyi olduğunu düşünüyorsunuz?

2- Çocuğunuzun belirtiğiniz öz bakım becerilerinde bu yaş grubundan beklenen beceri düzeyinden daha iyi olmasının sebebi sizce neler olabilir?

3- Size okuduğum tanıma göre, çocuğunuzun hangi öz bakım becerilerinde gelişime ihtiyaç duyduğunu düşünüyorsunuz?

4- Belirttiğiniz öz bakım becerilerinde çocuğunuzun bu yaş grubundan beklenen beceri düzeyine göre daha çok gelişime ihtiyaç duymasının sebebi sizce ne olabilir?

5- Çocuğunuzun yaşı ile öz bakım becerilerinin bağlantılı olabileceğini

düşünüyor musunuz? Düşünüyorsanız nasıl bir bağlantı olabilir?

6- Çocuğunuzun cinsiyeti ile öz bakım becerilerinin bağlantılı olabileceğini düşünüyor musunuz? Düşünüyorsanız nasıl bir bağlantı olabilir?

Bir sonraki sorumu sormadan önce size yine bir tanım okumak istiyorum.

Sosyoekonomik seviye; genellikle eğitim, meslek ve gelirin bir kombinasyonu olan, bir bireyin/ ailenin/ grubun sosyal konumunu ifade eden terimdir. Meslek ve gelir sosyal durumu tanımlarken; gelir ekonomik durumu tanımlar.

7- Bu tanımı göz önünde bulundurduğunuzda, ailenizin sosyoekonomik düzeyinin çocuğunuzun öz bakım becerileri ile bağlantılı olabileceğini düşünüyor musunuz? Düşünüyorsanız nasıl bir bağlantı olabilir?

8- Öğretmenin özellikleri (öğretmenle) ile çocukların öz bakım becerileri arasında bir bağlantı olabileceğini düşünüyor musunuz? Düşünüyorsanız nasıl bir bağlantı olabilir?

8a- Öğretmenin deneyim yılı ile çocukların öz bakım becerileri arasında bir bağlantı olabileceğini düşünüyor musunuz? Düşünüyorsanız nasıl bir bağlantı olabilir?

8b- Öğretmenin cinsiyeti ile çocukların öz bakım becerileri arasında bir bağlantı olabileceğini düşünüyor musunuz? Düşünüyorsanız nasıl bir bağlantı olabilir?

9- Size göre bir çocuğun hangi öz bakım becerilerine sahip olması daha önemlidir? Düşüncelerinizi paylaşır mısınız?

10- Çocukların öz bakım becerilerini genel anlamda desteklemek için sizce neler yapılabilir?

11- Okullarda yapılan **bütün çalışmaları** göz önünde bulundurduğunuzda çocukların öz bakım becerilerinin/gelişimlerinin desteklenmesi açısından bu çalışmaları nasıl değerlendirirsiniz?

- **Çocuğunuzun okulunda verilen eğitimi,**
- **Yapılan etkinlikleri,**
- **Günlük rutindeki uygulamaları (yemek saati, tuvalete gidip geliş, el yıkama vb.)**

E. CONSENT FORMS

Teachers' consent form for the survey:

Bu araştırma, ODTÜ Okul Öncesi Öğretmenliği Bölümü Yüksek Lisans öğrencisi Elif Naz Altaş tarafından Dr. Öğretim Üyesi Hasibe Özlen Demircan danışmanlığındaki yüksek lisans tezi kapsamında yürütülmektedir. Bu form sizi araştırma koşulları hakkında bilgilendirmek için hazırlanmıştır.

Çalışmanın Amacı Nedir?

Araştırmanın amacı, okul öncesi dönemdeki çocukların özbakım becerilerini çeşitli değişkenleri göz önünde bulundurarak öğretmenler ve ebeveynlerden toplanacak raporlar üzerinden analiz etmek; çocukların öz bakım becerilerine ilişkin öğretmen ve ebeveyn görüşlerini almak; çocukların öz bakım becerilerine ilişkin öğretmen ve ebeveyn görüşlerini karşılaştırmaktır. Araştırmaya katılmayı kabul ederseniz, sizden beklenen, araştırmacı tarafından size ulaştırılacak olan "Özbakım Becerileri Değerlendirme Anketi"ni sınıfınızdan seçtiğiniz 5 çocuk için doldurmaktır. Her bir test 5 dakikanızı almaktadır. Bu çalışmaya katılım ortalama olarak 25 dakika sürmektedir. Ek olarak, araştırmacının size ulaştıracağı diğer 5 testi seçtiğiniz çocukların ailelerine ulaştırmanız beklenmektedir.

Bize Nasıl Yardımcı Olmanızı İsteyeceğiz?

Araştırmaya katılmayı kabul ederseniz, sizden araştırmacı tarafından size ulaştırılacak olan "Özbakım Becerileri Değerlendirme Anketi"ni sınıfınızdan seçtiğiniz 5 çocuk için doldurmanız beklenmektedir. Yaklaşık olarak 25 dakika sürmesi beklenen test doldurma sürecinde, her bir testte bulunan ve kapalı uçlu şekilde ifade edilen 50 beceriyi seçtiğiniz çocuğun beceriyi gerçekleştirebilme durumuna göre (çok zayıf, zayıf, orta, iyi, çok iyi) işaretlemeniz beklenmektedir. Bu çalışmaya katılım 5 çocuk için doldurulacak testler düşünüldüğünde, ortalama olarak 25 dakika sürmektedir. Ek olarak, araştırmacının size ulaştıracağı diğer 5 testi seçtiğiniz çocukların ailelerine ulaştırmanız beklenmektedir.

Sizden Topladığımız Bilgileri Nasıl Kullanacağız?

Araştırmaya katılımınız tamamen gönüllülük temelinde olmalıdır. Çalışmada sizden kimlik veya kurum belirleyici hiçbir bilgi istenmemektedir. Cevaplarınız tamamıyla gizli tutulacak ve sadece araştırmacılar tarafından değerlendirilecektir. Katılımcılardan elde edilecek bilgiler toplu halde değerlendirilecek ve bilimsel yayımlarda kullanılacaktır. Sağladığınız veriler gönüllü katılım formlarında toplanan kimlik bilgileri ile eşleştirilmeyecektir.

Katılımınızla ilgili bilmeniz gerekenler:

Araştırma, genel olarak kişisel rahatsızlık verecek sorular veya uygulamalar içermemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz çalışmayı yarıda bırakıp çıkmakta serbestsiniz. Böyle bir durumda çalışmayı uygulayan kişiye çalışmadan çıkmak istediğinizi söylemek yeterli olacaktır. Çalışma sonunda, bu araştırmayla ilgili sorularınız cevaplanacaktır.

Araştırmayla ilgili daha fazla bilgi almak isterseniz:

Çalışma sonunda, bu çalışmayla ilgili sorularınız cevaplanacaktır. Bu çalışmaya katıldığınız için şimdiden teşekkür ederiz. Çalışma hakkında daha fazla bilgi almak için Okul Öncesi Öğretmenliği Bölümü öğretim üyelerinden Dr. Öğretim Üyesi Hasibe Özlen Demircan (E-posta: dozlen@metu.edu.tr) ya da yüksek lisans öğrencisi Elif Naz Altaş (E-posta: naz@metu.edu.tr) ile iletişim kurabilirsiniz.

Yukarıdaki bilgileri okudum ve bu çalışmaya tamamen gönüllü olarak katılıyorum.

(Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

İsim Soyad	Tarih	İmza
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Teachers' consent form for the interview:

Bu araştırma, ODTÜ Okul Öncesi Öğretmenliği Bölümü Yüksek Lisans öğrencisi Elif Naz Altaş tarafından Dr. Öğretim Üyesi Hasibe Özlen Demircan danışmanlığındaki yüksek lisans tezi kapsamında yürütülmektedir. Bu form sizi araştırma koşulları hakkında bilgilendirmek için hazırlanmıştır.

Çalışmanın Amacı Nedir?

Araştırmanın amacı, okul öncesi dönemdeki çocukların özbakım becerilerini ve öz bakımı desteklemeye yönelik okul uygulamalarını çeşitli değişkenleri göz önünde bulundurarak öğretmenler ve ebeveynlerden toplanacak raporlar üzerinden analiz etmek; çocukların öz bakım becerilerine ve okul uygulamalarına ilişkin öğretmen ve ebeveyn görüşlerini almak; öğretmen ve ebeveyn görüşlerini karşılaştırmaktır. Araştırmaya katılmayı kabul ederseniz, sizden beklenen, çevrimiçi Zoom platformu üzerinden gerçekleştirilecek olan görüşmede araştırmacı tarafından size yöneltilecek olan 4 kapalı uçlu 5 açık uçlu soruyu cevaplandırmanızdır. Görüşmeye katılım ortalama olarak 10 dakika sürmektedir.

Bize Nasıl Yardımcı Olmanızı İsteyeceğiz?

Araştırmaya katılmayı kabul ederseniz, sizden beklenen, çevrimiçi Zoom platformu üzerinden gerçekleştirilecek olan görüşmede araştırmacı tarafından size yöneltilecek olan 4 kapalı uçlu 5 açık uçlu soruyu cevaplandırmanızdır. Görüşmeye katılım ortalama olarak 10 dakika sürmektedir. Daha sonra içerik analizi ile değerlendirilmek üzere görüşme sırasındaki cevaplarınızın ses kaydı alınacaktır. Görüşme sırasında görüntü açma zorunluluğunuz bulunmamaktadır.

Sizden Topladığımız Bilgileri Nasıl Kullanacağız?

Araştırmaya katılımınız tamamen gönüllülük temelinde olmalıdır. Çalışmada sizden kimlik veya kurum belirleyici hiçbir bilgi istenmemektedir. Cevaplarınız tamamıyla gizli tutulacak ve sadece araştırmacılar tarafından değerlendirilecektir. Katılımcılardan elde edilecek bilgiler toplu halde değerlendirilecek ve bilimsel yayımlarda kullanılacaktır. Sağladığınız veriler gönüllü katılım formlarında toplanan kimlik bilgileri ile eşleştirilmeyecektir.

Katılımınızla ilgili bilmeniz gerekenler:

Araştırma, genel olarak kişisel rahatsızlık verecek sorular veya uygulamalar içermemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz çalışmayı yarıda bırakıp çıkmakta serbestsiniz. Böyle bir durumda çalışmayı uygulayan kişiye çalışmadan çıkmak istediğinizi söylemek yeterli olacaktır. Çalışma sonunda, bu araştırmayla ilgili sorularınız cevaplanacaktır.

Araştırmayla ilgili daha fazla bilgi almak isterseniz:

Çalışma sonunda, bu çalışmayla ilgili sorularınız cevaplanacaktır. Bu çalışmaya katıldığınız için şimdiden teşekkür ederiz. Çalışma hakkında daha fazla bilgi almak için Okul Öncesi Öğretmenliği Bölümü öğretim üyelerinden Dr. Öğretim Üyesi Hasibe Özlen Demircan (E-posta: dozlen@metu.edu.tr) ya da yüksek lisans öğrencisi Elif Naz Altaş (E-posta: naz@metu.edu.tr) ile iletişim kurabilirsiniz.

Yukarıdaki bilgileri okudum ve bu çalışmaya tamamen gönüllü olarak katılıyorum.

(Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

İsim Soyad	Tarih	İmza
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Parent's consent form for the survey:

Bu araştırma, ODTÜ Okul Öncesi Öğretmenliği Bölümü Yüksek Lisans öğrencisi Elif Naz Altaş tarafından Dr. Öğretim Üyesi Hasibe Özlen Demircan danışmanlığındaki yüksek lisans tezi kapsamında yürütülmektedir. Bu form sizi araştırma koşulları hakkında bilgilendirmek için hazırlanmıştır.

Çalışmanın Amacı Nedir?

Araştırmanın amacı, okul öncesi dönemdeki çocukların özbakım becerilerini çeşitli değişkenleri göz önünde bulundurarak öğretmenler ve ebeveynlerden toplanacak raporlar üzerinden analiz etmek; çocukların öz bakım becerilerine ilişkin öğretmen ve ebeveyn görüşlerini almak; çocukların öz bakım becerilerine ilişkin öğretmen ve ebeveyn görüşlerini karşılaştırmaktır. Araştırmaya katılmayı kabul ederseniz, sizden beklenen, çocuğunuzun öğretmeni tarafından size ulaştırılacak olan "Özbakım Becerileri Değerlendirme Anketi"ni ve "Demografik Bilgi Formu"nu çocuğunuz için doldurmaktır. Testi doldurmak 5 dakikanızı almaktadır. Demografik Bilgi Formu'nu doldurmak ise 2 dakikanızı almaktadır. Bu çalışmaya katılım ortalama olarak 7 dakika sürmektedir.

Bize Nasıl Yardımcı Olmanızı İsteyeceğiz?

Araştırmaya katılmayı kabul ederseniz, sizden çocuğunuzun öğretmeni tarafından size ulaştırılacak olan "Özbakım Becerileri Değerlendirme Anketi"ni ve "Demografik Bilgi Formu"nu çocuğunuz için doldurmanız beklenmektedir. Yaklaşık olarak 5 dakika sürmesi beklenen test doldurma sürecinde, testte bulunan ve kapalı uçlu şekilde ifade edilen 50 beceriyi, çocuğunuzun beceriyi gerçekleştirebilme durumuna göre (çok zayıf, zayıf, orta, iyi, çok iyi) işaretlemeniz beklenmektedir. Ek olarak, yaklaşık 2 dakika sürmesi beklenen "Demografik Bilgi Formu" doldurma sürecinde, formda bulunan 10 çoktan seçmeli ve 3 kapalı uçlu soruyu cevaplandırmaktır. Bu çalışmaya katılım ortalama olarak 7 dakika sürmektedir.

Sizden Topladığımız Bilgileri Nasıl Kullanacağız?

Araştırmaya katılımınız tamamen gönüllülük temelinde olmalıdır. Çalışmada sizden kimlik veya kurum belirleyici hiçbir bilgi istenmemektedir. Cevaplarınız tamamıyla

gizli tutulacak ve sadece araştırmacılar tarafından değerlendirilecektir. Katılımcılardan elde edilecek bilgiler toplu halde değerlendirilecek ve bilimsel yayımlarda kullanılacaktır. Sağladığınız veriler gönüllü katılım formlarında toplanan kimlik bilgileri ile eşleştirilmeyecektir.

Katılımınızla ilgili bilmeniz gerekenler:

Araştırma, genel olarak kişisel rahatsızlık verecek sorular veya uygulamalar içermemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz çalışmayı yarıda bırakıp çıkmakta serbestsiniz. Böyle bir durumda çalışmayı uygulayan kişiye çalışmadan çıkmak istediğinizi söylemek yeterli olacaktır. Çalışma sonunda, bu araştırmayla ilgili sorularınız cevaplanacaktır.

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Yukarıdaki bilgileri okudum ve bu çalışmaya tamamen gönüllü olarak katılıyorum.

(Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

İsim Soyad	Tarih	İmza
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Parent's consent form for the interview:

Bu araştırma, ODTÜ Okul Öncesi Öğretmenliği Bölümü Yüksek Lisans öğrencisi Elif Naz Altaş tarafından Dr. Öğretim Üyesi Hasibe Özlen Demircan danışmanlığındaki yüksek lisans tezi kapsamında yürütülmektedir. Bu form sizi araştırma koşulları hakkında bilgilendirmek için hazırlanmıştır.

Çalışmanın Amacı Nedir?

Araştırmanın amacı, okul öncesi dönemdeki çocukların özbakım becerilerini ve öz bakımı desteklemeye yönelik okul uygulamalarını çeşitli değişkenleri göz önünde bulundurarak öğretmenler ve ebeveynlerden toplanacak raporlar üzerinden analiz etmek; çocukların öz bakım becerilerine ve okul uygulamalarına ilişkin öğretmen ve ebeveyn görüşlerini almak; öğretmen ve ebeveyn görüşlerini karşılaştırmaktır. Araştırmaya katılmayı kabul ederseniz, sizden beklenen, çevrimiçi Zoom platformu üzerinden gerçekleştirilecek olan görüşmede araştırmacı tarafından size yöneltilecek olan 4 açık uçlu soruyu cevaplandırmanızdır. Görüşmeye katılım ortalama olarak 10 dakika sürmektedir.

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Yukarıdaki bilgileri okudum ve bu çalışmaya tamamen gönüllü olarak katılıyorum.

(Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

İsim Soyad	Tarih	İmza
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F. PATTERN MATRIX

	Factor										
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
Q45	1,059										
Q44	,704										
Q36		,854									
Q39		,678									
Q37		,665									
Q38		,617	-,358								
Q35		,458					-,364				
Q40		,378									
Q34		,370									
Q28											
Q46											
Q26			,638								
Q5			,635								
Q27			,599								
Q4			,582								,312
Q6			,320								
Q7											
Q31				-,510					,366		
Q23				,463							
Q21		,301		,354							
Q14					,632						
Q42					,591						
Q43					,491	-,319					
Q33				-,384	,464						
Q13					,450						
Q32					,401						
Q48						-,671					
Q47						-,536					
Q49						-,402	,376				
Q9											
Q20							-,711				
Q50						-,313	,348				
Q15								,791			
Q17								,779			
Q16								,582			
Q18								,569			
Q30									,605		
Q29			,418						,493		
Q19									,320	,305	
Q25										,568	
Q22										,498	

Q24				,454	
Q41	,341			,386	
Q11					,645
Q12			,356		,490
Q3					,437
Q8		,303			,417
Q1					,406
Q2					
Q10					

G. THE PATTERN MATRIX WITH THE DATA FORCED SIX-FACTOR SOLUTION

	Factor					
	1	**2**	**3**	**4**	**5**	**6**
Q3	,585					
Q7	,537		-,303			
Q6	,506					
Q33	,499			-,346		
Q12	,490					
Q11	,484					
Q4	,464		-,461			
Q14	,428					,418
Q40	,415				-,339	,315
Q31	,390			-,381		
Q13	,380					
Q8	,372					
Q2	,357					
Q1	,338					
Q10						
Q20		,742				
Q30		,443				
Q44		,425		-,341		
Q22		,380				
Q19		,349				
Q26			-,812			
Q27			-,608			
Q5	,355		-,549			
Q29			-,535			,334
Q25			-,455			
Q49				-,650		
Q50				-,639		
Q45		,355		-,468		
Q47				-,406		,342
Q32				-,353		
Q36					-1,016	
Q37					-,710	
Q38					-,578	

Q35		,472			-,547	
Q39	,401				-,521	
Q41					-,494	
Q48				-,363	-,443	
Q46					-,379	
Q34					-,368	
Q28					-,336	
Q9						
Q42						
Q23						,601
Q21				,308	-,306	,454
Q24			-,355			,416
Q17						,406
Q15						,342
Q43						,333
Q16						
Q18						

H. TURKISH SUMMARY / TÜRKÇE ÖZET

GİRİŞ

Çocukların gelişimi bir bütün olarak görülse de çok sayıda alanı içerir ve tüm gelişimsel alanlar birbirleriyle etkileşim içerisindedir. Bu anlamda çocukların belirli bir alandaki gelişimi, diğer alanlardaki gelişimlerini de etkiler. Örneğin, özbakım gelişimi bilişsel ve motor gelişim ile yakından ilişkilidir. Çocuklar bilişsel yönden geliştikçe özbakım alışkanlıklarının gerekliliğini algılayabilir. Ayrıca özbakım becerilerinin gelişmesi, çocukların bağımsız hale gelmesini sağladığından çevre ile etkileşimini ve sosyal- duygusal gelişimi de olumlu yönde etkileyecektir. Farklı gelişim alanlarının etkileşimi göz önünde bulundurulduğunda, her bir gelişim alanına özel olarak odaklanmak önemlidir. Bu anlamda, mevcut çalışma çocukların özbakım gelişimini incelemektedir.

Çocuğun özbakım becerilerini bağımsız bir şekilde gerçekleştirmesi, yetişkinliğe başarılı bir geçiş sağlar (Zhu ve diğerleri, 2022). Sosyal çevre ise, özbakım becerilerinin gelişmesinde kritik bir role sahiptir. Çocukların sosyal çevresi, erken yaşlarda velileri ve öğretmenlerinden oluşur. Bu anlamda, velilerin ve öğretmenlerin özellikleri çocukların özbakım gelişimini etkileyebilir. Bazı teorisyenler bu fikri desteklemekte; erken yaşlarda özbakım gelişiminin önemine (Psikososyal Gelişim Teorisi) ve çevrenin çocukların gelişimine etkisine (Ekolojik Sistemler Teorisi) vurgu yapmaktadır. Çocukların sosyal çevrelerinin en önemli parçaları olan öğretmenlerin ve velilerin inançları özbakım becerilerinin öğrenilmesinde kritik bir role sahip olduğundan öğretmenlerin ve velilerin inançlarının analiz edilmesi bir gerekliliktir. Öte yandan, eğitimde ortak hedeflere ulaşmak için öğretmenlerin ve velilerin ortak inançlara sahip olması gerekir. İnançlar farklı olduğunda çocuktan beklenenler de paydaşlar arasında farklılık gösterecektir. Bu anlamda, öğretmenlerin ve velilerin çocukların özbakım davranışlarına ilişkin farklı inançları, çocukları özbakım becerileri konusunda teşviklerini ve dolaylı olarak gelişimlerini olumlu

veya olumsuz yönde etkileyebilir. Bu nedenle, öğretmenlerin ve velilerin çocukların özbakım gelişimine yönelik inançlarının araştırılması ve bu inançlar arasında karşılaştırma yapılması önemlidir.

1.1 Türkiye Okul Öncesi Eğitim Programının Okullardaki Uygulanışı

Özbakım gelişimi Türkiye okul öncesi eğitim programında önemli bir role sahiptir. Öte yandan, programın okullardaki uygulanışı kendisi kadar kritiktir. Müfredatın okullardaki uygulanışı çeşitli nedenlerden dolayı ideal versiyondan farklı olabilir. Okul uygulamalarını etkileyen faktörleri araştıran bir dizi çalışma olmasına rağmen, araştırmacının mevcut bilgisine göre, belirli bir gelişim alanına ilişkin uygulamaları etkileyen faktörlere doğrudan odaklanan bir çalışma bulunmamaktadır. Oysa, öğretmenlerin özbakım gelişimine yönelik uygulamaları da bazı faktörlerden etkilenebilir. Öğretmenler programın okulda uygulayıcısı, veliler ise okullardaki bu uygulamaların gözlemcisi ve katılımcısı olduğundan öğretmen ve velilerin uygulamalara yönelik inançlarını incelemek değerlidir.

1.2 Çalışmanın Amacı

Mevcut çalışmanın amacı; çocukların özbakım davranışlarına ilişkin öğretmen ve veli inançlarını çocuk, velilerin ve öğretmene ilişkin özellikler açısından incelemek ve karşılaştırmak; özbakım gelişimine yönelik uygulamaları öğretmen ve veli raporları üzerinden incelemek ve karşılaştırmaktır.

1.3 Araştırma Soruları

AS 1: Çocuk, veli ve öğretmenle ilgili özellikler göz önünde bulundurulduğunda, öğretmen ve velilerin çocukların özbakım davranışlarına ilişkin inançları nelerdir?
1 a. Çocuğun yaşı, cinsiyeti ve kardeş sahibi olması göz önünde bulundurulduğunda, çocukların özbakım davranışlarına ilişkin öğretmen ve veli inançları nelerdir?
1 b. Velilerin sosyoekonomik durumları göz önünde bulundurulduğunda, çocukların özbakım davranışlarına ilişkin öğretmen ve veli inançları nelerdir?

1 c. Öğretmenlerin deneyim yılı göz önünde bulundurulduğunda, çocukların özbakım davranışlarına ilişkin öğretmen ve veli inançları nelerdir?
AS 2: Özbakım gelişimine yönelik uygulamalara ilişkin öğretmen ve veli inançları nelerdir?
AS 3: Öğretmen ve velilerin çocukların özbakım davranışlarına ve özbakım gelişimine yönelik uygulamalara ilişkin inançları ne ölçüde farklılık göstermektedir?

1.4 Çalışmanın Önemi

Öğretmenlerin çocukların özbakımına ilişkin inançlarının belirli özellikler göz önünde bulundurularak incelenmesi, öğretmenlere öğretim stratejilerini belirlemelerinde ve çocukların özbakımlarını gelişimsel olarak uygun uygulamalarla desteklemelerinde yol gösterici olabilir. Ayrıca, öğretmen inançlarının belirli özellikler göz önünde bulundurularak irdelenmesi, öğretmenlerin belirli bir konudaki bilgisini geliştirmek için hizmet içi eğitimler düzenlemeleri konusunda okul yöneticileri için bir referans noktası olabilir.

Öte yandan, velilerin çocukların özbakımına ilişkin inançlarının belirli özellikler göz önünde bulundurularak araştırılması, ev merkezli uygulamaları çocukların özbakım davranışlarını destekleyecek şekilde düzenleme konusunda velilere yol gösterici olabilir. Ayrıca, bu durum çocukların özbakım gelişimini destekleyici uygulamaları, velilerin inançlarını ve ev merkezli uygulamaları dikkate alarak planlamaları konusunda öğretmenlere rehber olabilir. Çocukların özbakım gelişimini desteklemek adına ev-okul iş birliğini teşvik etmek için öğretmenleri ve yöneticileri yönlendirebilir.

Öğretmen ve veli inançları arasındaki farklılıkların ve benzerliklerin ortaya çıkarılması, çocukların eğitimi için ortak hedefler belirlenmesini sağlayacaktır. Ayrıca, bu hedeflere ulaşmak için kurulacak iş birliklerine zemin hazırlayacaktır.

Ayrıca, günümüz çocuklarının gelişim seviyelerinin var olan genel yargıdan farklı olabileceği düşünüldüğünde, çocukların özbakımla ilgili güncel gelişim özellikleri hakkında bilgi sahibi olmak, çocukları desteklemek için farklı eğitim hedeflerine

odaklanmayı sağlayacaktır. Ayrıca çocukların şu anki düzeylerine göre yeni hedeflere ulaşmak için eğitim ortamlarının iyileştirilmesine katkı sunacaktır.

Ek olarak, farklı demografik özelliklerin araştırılması hem politika yapıcılara hem de program geliştiricilere karşılaştırmalı bir bakış açısı sunacaktır. Bu durum, farklı demografik özelliklerden etkilenen çocuklara daha eşitlikçi bir eğitim ortamı sağlanmasına olanak sağlayacaktır.

Ayrıca, özbakıma yönelik okul uygulamalarının incelenmesi, uygulamalarda karşılaşılan sorunları ortaya çıkarabilir ve müfredat ve uygulama arasındaki farklılıkları gösterebilir. Bu durum, program geliştiricilere müfredatı gereksinimlere göre şekillendirmek için geniş bir perspektif sunacaktır. Ayrıca bu, yetkililere müfredatın ideal bir şekilde uygulanması adına okul ortamlarını iyileştirmek ve düzenlemek için bir yol haritası sağlayacaktır.

YÖNTEM

2.1 Araştırma Yöntemi

Öğretmen ve velilerin çocukların özbakım davranışlarına ve özbakım uygulamalarına ilişkin inançlarını incelemeyi ve karşılaştırmayı amaçlayan bu çalışma, açımlayıcı sıralı karma desen çerçevesinde yürütülmüş; veriler demografik bilgi formu, anket ve yarı yapılandırılmış görüşmeler aracılığıyla toplanmıştır. Araştırma yöntemine bağlı olarak, çalışmada öncelikle anketler ve demografik formlar analiz edilmiştir. Sonrasında anket sonuçları dikkate alınarak yarı yapılandırılmış görüşmeler gerçekleştirilmiştir. Çalışmadaki ikinci araştırma sorusu da bu yönteme bağlı olarak ortaya çıkmıştır.

2.2 Katılımcılar

Bu çalışma için katılımcılar amaçlı örnekleme yöntemi kullanılarak seçilmiştir. Araştırmanın nicel kısmına, Ankara'nın sosyoekonomik-seviye açısından farklı ilçelerinden 208 öğretmen ve 531 veli katılmış; 531 çocuğun verisine ulaşılmıştır. Araştırmanın nitel kısmı olan yarı yapılandırılmış görüşmeler için ise 10 öğretmen, 11 veli çeşitli kriterler göz önünde bulundurularak seçilmiştir.

2.4 Veri Toplama Süreci

Araştırmanın nicel kısmı için ilk olarak Ankara'nın çeşitli ilçelerinden veriler yüz yüze toplanmış, toplanan 100 veri ile pilot çalışma yapılmıştır. Pilot çalışma sonrasında katılımcıların cevapları incelenirken öğretmenlerin cevapsız bıraktıkları maddelerde bir örüntü olduğu görülmüştür. Araştırmacı bunun öğretmen uygulamalarına dayalı belirli bir nedenden kaynaklanabileceğini düşünmüş; ana çalışma için her iki ankete de "gözlemlenmedi" seçeneği eklenmiştir. Bu durum çalışmanın ikinci araştırma sorusunu ortaya çıkarmıştır. Anketteki değişiklikten sonra, ana çalışma için anket verileri toplanmıştır.

Verilerin analizi sonrasında, yarı yapılandırılmış görüşme soruları uzman görüşleri alınarak şekillendirilmiştir. Ardından, iletişim bilgisini paylaşan katılımcılar arasından çeşitli kriterlere göre potansiyel katılımcılar belirlenmiş; kabul eden katılımcılarla görüşmeler ayarlanmıştır. Pilot çalışma sonrasında gerekli düzenlemeler yapılmış; ana çalışma için çevrimiçi yarı yapılandırılmış görüşmeler ile nitel veriler toplanmıştır.

2.5 Veri Analizi

Anket verileri için IBM SPSS Statistics 24 kullanılarak tanımlayıcı istatistikler ortaya konulmuştur. Bu analizler, ankette bulunan her bir alt boyuttaki puan ortalamaları göz önünde bulundurularak yorumlanmıştır. Anketin doğası gereği puan farklılıklarının anlamlılığı tartışılmamış; puan ortadamarının yüksek ya da düşük olması üzerinden yorumlamalar yapılmıştır. Sonuçları yorumlamak için bir puanlama anahtarı oluşturulmuştur. Buna göre; 0-1 arasındaki puan ortalamaları nadiren gözlemlenen davranışlar; 1-2 arada bir gözlemlenen davranışlar; 2-3 orta düzeyde gözlemlenen davranışlar; 3-4 sıklıkla gözlemlenen davranışlar olarak gruplanmıştır.

Yarı yapılandırılmış görüşme verileri MAXQDA 2020 kullanılarak analiz edilmiştir. Kodlayıcılar arası güvenirlikte Cohen'in Kappa katsayısı öğretmen görüşmeleri için .89; veli görüşmeleri için .87 olarak bulunmuştur.

BULGULAR VE TARTIŞMA

Bu kısımda bulgular, tartışma ile iç içe olacak şekilde ilgili değişkenlerin altında sunulmuştur.

3.1 Çocuğun Yaşına Göre Öğretmen ve Velilerin Çocukların Özbakımına İlişkin İnançları

Öğretmenlerin gözlemlerine göre, çocuklar büyüdükçe öğretmenlerin puanları yükselse bile, alt gruplarda gözlenen davranış düzeyleri değişmemiştir. Öte yandan görüşmelerde tüm öğretmenler, çocukların olgunlaşmasına (n=3) ve motor gelişimine (n=7) bağlı olarak yaşla birlikte özbakım becerilerinin geliştiğini belirtmişlerdir. Özetle, çocuklar büyüdükçe öğretmenlerin gözlemlerinde dramatik bir fark olmamasına rağmen, öğretmenler yaşla birlikte özbakım davranışlarının geliştiğine inanmaktadır.

Görüşme sonuçları literatürle örtüşse de (Hauck, 1988; Demiriz vd., 2017), öğretmenlerin gözlemlerinde yaşa göre ciddi değişimler olmamasının iki sebebi olabilir. Birinci neden çocukların gelişimsel özelliklerinin yaşlarına göre keskin sınırlar içinde değişmemesi olabilir. Çocukların büyüdükçe özbakım becerilerinin arttığına ve çocuğun bazı özbakım becerilerini belirli bir yaşa geldikten sonra gerçekleştirebileceğine ilişkin genel bir yargı vardır. Öte yandan, bu çalışmadaki öğretmenlerin gözlemlerine göre çocukların davranışlarında yaşa göre büyük farklılıklar yoktur. Bu, yaşa göre çocuklardan beklenen becerilerin değişmesi gerektiğinin bir işareti olabilir. Bu nedenle, çocuğun bazı özbakım becerilerini belirli bir yaşa geldikten sonra gerçekleştirebileceğine ilişkin yargı konusunda araştırmacılar eleştirel olmalıdır.

Diğer neden; okulların imkanları ve koşulları nedeniyle öğretmenlerin bu becerileri çocukların günlük rutinlerine yedirememeleri olabilir. Saç tarama, diş fırçalama, kepçe ve spatula kullanma, ekmeğin üzerine reçel sürme, bıçak kullanma gibi davranışlar "gözlemlenmedi" olarak işaretlenmiştir. Ancak 2013 programına göre öğretmenler okulda bu becerileri desteklemelidir. Öğretmenlerin bu becerileri

“gözlemlenmediğini” belirtmesi, okulda ilgili uygulamaları yapmadıklarının veya yapamadıklarının göstergesi olabilir.

Öte yandan, velilerin gözlemlerine göre, 3 ve 4 yaşındaki çocuklarda “temizlik ve kişisel bakım” konusunda gözlemlenen davranış düzeyi orta düzeydeyken, 5 yaşındaki çocuklarda bu davranışlar sıklıkla gözlemlenmektedir. Ayrıca, veliler 3 yaşındaki çocukların “yeme-içme” davranışlarını orta düzeyde gözlemlerken, bu davranışları 4 ve 5 yaşındaki çocuklarda sıklıkla gözlemlemişlerdir. Diğer alt gruplarda ise veli puanları yükselse de gözlenen davranış düzeyleri değişmemiştir. Ek olarak, velilerin çoğu (n=9), çocukların olgunlaşmasına, motor gelişimine ve bilişsel gelişimine bağlı olarak yaşla birlikte özbakım becerilerinin geliştiğini bildirmiştir. Özetle, velilerin “temizlik ve kişisel bakım” ve “yeme-içme” davranışlarına ilişkin gözlemleri çocukların yaşına göre farklılık gösterirken, diğer davranışlarla ilgili gözlemleri aynıdır.

Bu sonucun nedeni velilerin yaşa göre değişen destekleyici uygulamaları olabilir. Çocuklar büyüdükçe annelerin özbakım becerilerine yönelik destekleyici uygulamaları azalmaktadır (Orçan Kaçan vd., 2019). Bu durumda, çocuklar 5 yaşına geldiklerinde anne babaların “temizlik ve kişisel bakım” becerilerine yönelik destekleyici uygulamalarının azaldığı söylenebilir. Ayrıca çocuklar 4 yaşına geldiklerinde “yeme-içme” becerilerini destekleyici uygulamalar azalmıştır. Bu durum, diğer becerilere kıyasla anne babaların çocuklarını daha küçük yaşlarda “yeme-içme” becerilerini kazanmaya teşvik ettiklerinin ve çocuk büyüdükçe destekleyici uygulamalarını azalttığının göstergesidir.

Ayrıca, öğretmenlerin ve velilerin inançları karşılaştırıldığında, görüşme analizlerine göre inançları paralel olsa da bazı alt gruplara ilişkin davranışlarda öğretmen ve veli gözlemleri farklılık göstermiştir. Öğretmen ve velilerin 3 yaşındaki çocukların özbakım davranışları ile ilgili gözlemleri paraleldir. Öte yandan, 4 ve 5 yaşındaki çocuklar için gözlemler farklılık göstermiştir. Katılımcılar 4 ve 5 yaşındaki çocukların “yeme-içme” davranışları ile 5 yaşındaki çocukların “temizlik ve kişisel bakım” davranışlarına ilişkin farklı gözlemlere sahiptir.

Öğretmenlerin ve velilerin 3 yaşındaki çocuklar için benzer inançlara sahip olmalarının nedeni, çocukların yaşının küçük olması ve annenin destekleyici uygulamalarının çokluğu olabilir. Çocuklar büyüdükçe annelerin özbakım becerilerine yönelik destekleyici uygulamaları azalmaktadır (Orçan Kaçan vd., 2019). Bu referans ışığında, velilerin çocuklar büyüdükçe onların daha özgür olmalarına izin verdikleri ve görevleri bağımsız olarak yapma şansı verdikleri ifade edilebilir. Ayrıca, çocuklarının görevleri yardım almadan yapabileceğine çocuklar büyüdükçe daha fazla inandıkları söylenebilir. Bu bağlamda çalışmadaki veliler, 3 yaşındaki çocuklarının ilgili özbakım davranışlarını gerçekleştirmelerine fırsat vermiyor olabilir özbakımlarında onlara daha fazla yardımcı olabilirken, özbakım becerilerine yönelik destekleyici uygulamaları çocuklar büyüdükçe azalıyor olabilir.

Ayrıca, 4 ve 5 yaşındaki çocuklar için öğretmen ve veli inançlarının farklılaşmasının nedeni öğretmenlerin çocukların gelişimine bütüncül yaklaşımı ve gelişim özellikleri ile ilgili mesleki bilgileri olabilir. Türkiye okul öncesi eğitim programı çocukların gelişim özelliklerini içermektedir (MEB, 2013) ve öğretmen adayları bu programın uygulanması konusunda eğitim almaktadırlar. Bu anlamda öğretmenler, çocukların yaşlarına göre hangi özbakım becerilerini gerçekleştirebileceklerini bilirler; çocukların özbakım davranışlarını belirli bir yaş grubu içinde değerlendirebilirler. Öte yandan, veliler çocuk gelişimi konusunda mesleki bilgiye sahip değildir. Bu anlamda çocukların gelişimsel özelliklerine ilişkin bilgileri gözlemleriyle sınırlı olabilir. Veliler çocuklarının davranışlarını uzun zaman dilimleri içerisinde farklı yaşlardaki davranışlarını karşılaştırarak değerlendirirken; öğretmenler, bu davranışları sadece belirli bir yaşa göre değerlendiriyor olabilir. Bu, velilerin, çocuklarının ilgili davranışlarını daha sık gözlemlediğini düşünmesine neden olabilir.

3.2 Çocuğun Cinsiyetine Göre Bulundurulduğunda Öğretmen ve Velilerin Çocukların Özbakımına İlişkin İnançları

Öğretmenlerin gözlemlerine göre gözlenen davranış düzeyleri çocukların cinsiyetine göre değişmemiştir. Ancak öğretmenler tüm alt gruplarda kızlara erkeklerden daha yüksek puanlar vermiştir. Ayrıca görüşmelerde öğretmenlerin çoğu (n=8) özbakım

davranışlarında kızların daha iyi olduğunu bildirmiştir. Öte yandan, iki öğretmen cinsiyet ile özbakım arasında bir ilişki olmadığını bildirmiştir.

Ayrıca, velilerin gözlemlerine göre, çocukların cinsiyetine bağlı olarak gözlenen davranış düzeyleri değişmemiştir. Ancak veliler tüm alt gruplarda kızlara erkeklerden daha yüksek puanlar vermiştir. Ayrıca görüşmede velilerin çoğu (n=7) kızların daha iyi özbakım davranışları gösterdiklerini bildirmiştir. Dört anne ise cinsiyet ile özbakım arasında ilişki olmadığını bildirmiştir. Özetle, öğretmen ve velilerin gözlemlerine göre, çocukların cinsiyetine bağlı olarak gözlenen davranış düzeyleri değişmese de kızların özbakım davranışlarına daha yüksek puan vermişlerdir. Ayrıca, çoğu öğretmen ve veli, kızların daha iyi özbakım becerilerine sahip olduğuna inanmaktadır. Bu sonucun birbiriyle ilişkili iki nedeni olabilir.

İlk neden ülkemizde gözlemlenebilen ataerkil yapı olabilir. İnsanlar erkek veya kadın olarak doğarlar, ancak toplumun beklediği roller çerçevesinde davranışlarını şekillendirirler (Terzioğlu ve Taşkın, 2008). Bu öncelikle ailedeki rollerin dağılımı ile belirlenir. Ülkemizdeki ataerkil aile yapısına bağlı olarak ailelerde klişe cinsiyet rolleri benimsenmiştir. Toplumsal cinsiyet rollerine ilişkin kalıp yargılara göre, erkek geçimi sağlayandır. Kadının rolü ise çocuklarına bakmak, yemek pişirmek, temizlik gibi ev işleriyle ilgilenerek düzenli aile yaşamını sağlamaktır (Günay ve Bener, 2011). Bu anlamda anne babaların kızlarından ve oğullarından beklentileri farklılaşmaktadır (Çetin Doğan, 2019). Bu durumda kız çocukları ev içinde daha fazla sorumluluk alıyor olabilir. Ayrıca kız çocuklarının bu davranış kalıpları sınıftaki davranışlarına da yansır. Öğretmenlerin ve velilerin kız çocuklarının özbakım davranışlarının daha iyi olduğunu bildirmelerinin nedeni bu olabilir.

Diğer bir neden ise kız çocuklarının motor gelişimlerinin cinsiyet rollerine bağlı olarak özbakım becerilerine yansıması olabilir. Orçan Kaçan ve arkadaşları (2019), özbakım becerilerinin çocukların motor ve bilişsel gelişimi ile yakından ilişkili olduğunu belirtmiştir. Başka bir araştırmada, velilerin kızlarını daha çok ince motor becerilerini kullanmayı gerektiren görevleri yapmaya yönlendirmeleri nedeniyle, kızların ince motor becerileri gerektiren öz bakım becerilerini daha iyi sergilediklerini bildirmiştir. Bu çalışmada, üç öğretmen erkek çocukların düğme

ilikleme, fermuar kapatma ve ayakkabı giyme gibi bazı özbakım becerilerinde daha fazla zorluk yaşadıklarını bildirmiştir. Bu beceriler çocukların motor gelişimi ile ilgilidir. Bu anlamda kız çocukları, ataerkil yapıya ve ailedeki cinsiyet rollerine bağlı olarak ince motor becerilerini gerektiren ev işlerinde daha fazla sorumluluk almaları nedeniyle daha iyi motor becerilere sahip olabilirler. Bu da özbakım davranışlarını olumlu yönde etkiler. Sonuç olarak, ataerkil aile yapısı öğretmenlerin ve velilerin kızların özbakım davranışlarının daha iyi olduğunu bildirmelerinin nedeni olabilir.

3.3 Çocuğun Kardeşe Sahip Olma Durumuna Göre Öğretmen ve Velilerin Çocukların Özbakımına İlişkin İnançları

Öğretmenlerin gözlemleri çocukların kardeşi olup olmamasına göre değişmemiştir. Ayrıca alt gruplardaki puan ortalamalarının değişimi hiçbir grubun (kardeşi olan veya olmayan çocuklar) lehine olmamıştır. Öte yandan görüşmelerde, dolaylı yoldan sorulan soruya rağmen iki öğretmen, kardeş sahibi olmanın çocukların özbakımına olumlu etkisini bildirmiştir.

Bu durumun nedeni kardeş sahibi olma konusundaki kalıp yargılar olabilir. Mancillas (2006) bir çocuğun normal gelişebilmesi için kardeşlerinin olması gerektiği ve tek çocuk olma durumunun başlı başına bireyin uyumu, kişiliği ve karakteri üzerinde zararlı etkileri olduğunun yaygın olarak varsayıldığını söylemiştir. Bu inanç, bu çalışmadaki öğretmenlerin ve velilerin çocukların özbakımına ilişkin değerlendirmelerini de etkiliyor olabilir.

Ayrıca velilerin gözlemlerine göre, veliler diğer alt gruplarda çocukların davranışlarına ilişkin benzer inançlara sahipken, “temizlik ve kişisel bakım” ve “yeme-içme” davranışlarına ilişkin farklı gözlemlere sahiptirler. İki ve daha fazla çocuğu olan veliler bu davranışları sıklıkla gözlemlerken, tek çocuğu olan veliler bu davranışları çocuklarında orta düzeyde gözlemlemişlerdir. Ayrıca görüşmelerde iki veli, kardeşe sahip olmanın çocukların özbakımlarına olumlu etkisi olduğunu bildirmiştir.

İki veya daha fazla çocuğu olan velilerin bazı özbakım davranışlarını daha sık gözlemlemelerinin nedeni, küçük kardeşin daha özgür olması ve görevleri yapması için daha fazla şans verilmesi olabilir. Veliler, ilk çocukları büyüdüğünde ebeveynlik konusunda deneyimsizdir ve ilk çocuklarına daha az sorumluluk verir (Taşdemir Yiğitoğlu vd., 2018). Başka bir deyişle, çocuklarının tüm ihtiyaçlarını onlar adına karşılamaya gönüllü olabilirler ve çocuklarına özbakım görevlerini yerine getirme şansı vermeyebilirler. Bu çalışmada, velilerin, kardeşi olan çocukların daha iyi özbakım davranışlarına sahip olduklarını bildirmelerinin nedeni bu olabilir.

3.4 Ailenin Sosyoekonomik Seviyesine Göre Öğretmen ve Velilerin Çocukların Özbakımına İlişkin İnançları

Öğretmenlerin gözlemlerine göre, gözlenen davranış düzeyleri ailelerin sosyoekonomik durumuna göre değişmemiştir. Ayrıca alt gruplarda puan ortalamalarının değişimi hiçbir grubun lehine olmamıştır. Ancak görüşmelerde sekiz öğretmen SES'in çocukların özbakımına etkisini doğrusal (n=3) ve ters (n=5) ilişkiyi ifade ederek bildirmiştir. Öte yandan, iki öğretmen SES ile özbakım arasında ilişki olmadığını bildirmiştir. Sonuç olarak öğretmenler, gözlemlenen davranış düzeyleri arasında fark olmamasına rağmen SES'in çocukların özbakımına etkisine inanmaktadır.

Bu sonucun nedeni, SES'in karmaşık yapısından dolayı öğretmenlerin SES'e yönelik algılarının farklı olması olabilir. Sosyoekonomik statü, velilerin eğitim düzeyleri, meslekleri ve gelirlerini içeren karmaşık bir yapıya sahiptir. Görüşmelerde araştırmacı, SES'in tanımını (SES'in bileşenlerini dahil ederek) katılımcılara okumuştur. Öğretmenler, özbakım ve SES ilişkisini ifade ederken konuya farklı açılardan odaklanmış; bazı öğretmenler eğitim düzeyine göre yorum yaparken, bazıları sadece gelire odaklanmıştır. Bu durum öğretmenlerin SES'e yönelik algılarının farklı olduğunun kanıtıdır. Algılarındaki farklılık, SES'in çocukların özbakımı üzerindeki etkisine ilişkin inançlarını ve değerlendirmelerini de etkileyebilir.

Ayrıca, velilerin gözlemlerine göre, diğer alt gruplarda veliler çocuklarının davranışlarında paralel gözlemlere sahipken, “temizlik ve kişisel bakım” ve “yeme-içme” davranışlarına ilişkin farklı gözlemlere sahiptir. Düşük ve orta SES'e sahip veliler bu davranışları sıklıkla gözlemlerken, yüksek SES'e sahip veliler çocuklarında ilgili davranışları orta düzeyde gözlemlemişlerdir. Ayrıca görüşmelerde dört veli, SES'in çocukların özbakımına etkisini doğrusal ilişkiyi ifade ederek bildirirken, çoğu veli (n=7) SES ile özbakım arasında bir ilişki olmadığını ifade etmiştir.

Yüksek SES'e sahip velilerin düşük özbakım davranışları raporlamasının ilk nedeni annenin çocuk ile geçirdiği sürenin niteliği olabilir. TÜİK'in raporuna göre, SES'in bir göstergesi olarak eğitim düzeyi yükseldikçe kadınların çalışma durumu artmaktadır (TÜİK, 2020, aktaran Sar, 2021). Bu anlamda SES arttıkça annelerin çalışma oranı da artmaktadır. Çalışan anneler gündüzleri işyerinde olmaları gerektiğinden, gün içinde çocuklarının rutinlerini ve davranışlarını gözlemlemeyebilir veya daha az gözlemleyebilir. Öte yandan çalışmayan annelerin çocukları ile geçirdikleri zamanda yapabilecekleri gözlemin doğası da değerlendirilmelidir. Bahsi geçen durumlar, annelerin çocuklarının özbakım davranışlarına ilişkin değerlendirmelerini etkileyebilir.

Bir başka açıdan bakıldığında, bu sonucun diğer nedeni, yüksek SES'li velilerin helikopter ebeveynlik tutumu olabilir. Çocuğa aşırı düşkünlük ve aşırı korumacı tutumlar daha çok SES'si yüksek olan ebeveynlerde görülmektedir (Avcı ve Güleç Şatır, 2020). Bu anlamda, bu çalışmada yüksek SES'e sahip veliler helikopter ebeveynliğe bağlı olarak aşırı koruyucu tutumlara sahip olabilir ve çocuklarına özbakım görevlerini bağımsız olarak yapmaları için fırsat vermeyebilir. Velilerin tutumları çocukların davranışlarını da şekillendirecektir.

3.5 Öğretmenin Deneyim Yılına Göre Öğretmen ve Velilerin Çocukların Özbakımına İlişkin İnançları

Öğretmenlerin gözlemlerine göre, sadece “tehlike ve kazalardan korunma” alt grubunda gözlenen davranış düzeyleri sistematik olarak yükselmiştir. Diğer alt gruplarda, gözlemlenen davranış seviyeleri sistematik olarak değişmemiştir. Ayrıca

görüşmelerde öğretmenlerin çoğu (n=9) deneyim yılının çocukların özbakımına olumlu etkisini bildirmiştir. Ayrıca, velilerin gözlemlerine göre, gözlemlenen davranış düzeyleri hiçbir alt grupta sistematik olarak değişmemiştir. Bazı veliler (n=6) deneyim yılı ile çocukların özbakımları arasında bir ilişki olmadığını bildirmişlerdir.

Velilerin çocuklarının özbakım davranışlarına ilişkin gözlemlerini, öğretmenlerin deneyim yılına göre yorumlamak zordur. Öte yandan öğretmenlerin deneyimi özbakım gelişimine yönelik uygulamalarını etkileyebilir. Bu çalışmada, deneyim yılına göre "tehlike ve kazalardan korunma" davranışlarındaki gözlemlerin artmasının iki nedeni olabilir.

İlk neden öğretmenlerin yaşı ilerledikçe "güvenlik değeri"nin artması olabilir. Schwartz ve meslektaşları, dört grup (özgenişletim, değişime açıklık, özaşkınlık ve muhafazacılık) altında kategorize edilen beşerî değerleri tanımlamıştır. İnsan hayatında belirli bir gelişim döneminde, belirli değerler daha az önemli ya da daha önemli hale gelebilir (Demirutku, 2021). Örneğin, geleneksel değerlere ve fikirlere bağlılık olarak tanımlanan muhafazacılık, yaşlandıkça artar (Feather, 1979) ve daha fazla önem kazanır (Gouveia vd., 2015). Güvenlik değeri, "muhafazacılık" grubunun bir bileşenidir (Schwartz vd.,2012). Bu anlamda, öğretmenler yaşlandıkça ve iş deneyimleri arttıkça güvenlik değeri daha önemli hale gelebilir. Öğretmenin güvenlik değeri çocukların güvenliğine yönelik tutumlarını etkileyebilir. Bu anlamda öğretmenler çocukların güvenliğine daha fazla önem verebilir ve bu tutumu "tehlike ve kazalardan korunma" konusundaki uygulamalarına da yansıtabilir. Dolayısıyla bu konudaki uygulamaları çocukların ilgili davranışlarını olumlu yönde etkileyebilir.

Bu sonucun diğer nedeni, öğretmenlerin yıllara göre risk-alma durumuna ilişkin tutumlarındaki farklılık olabilir. Öğretmenlerin risk algıları, çocuklara risk almaya ve buna yönelik etkinliklere ilişkin bir fırsat sunmak için esastır (Sandseter, 2014). Başka bir deyişle, öğretmenlerin risk alma konusunda olumlu tutumları varsa, bu tutumlar uygulamalarına yansıyabilir. Bu anlamda öğretmenler, çocukların tehlikeli durumlarla karşı karşıya kalmalarını ve bu yolla kendilerini korumayı öğrenmelerini sağlayabilir. Bu çalışmadaki sonuca göre, öğretmenler deneyim yıllarına göre risk

alma konusunda daha olumlu tutumlara sahip olabilir ve öğretmenlerin bu yönlü gözlemleri artıyor olabilir.

3.6 Öğretmen ve Velilerin Özbakım Gelişimine Yönelik Uygulamalara İlişkin İnançlar

Öğretmen gözlemlerine göre çok sayıda madde çoğunlukla "gözlemlenmedi" olarak işaretlenmiştir. Bu maddelerden bazıları dikkat çekicidir. Ayrıca görüşmelerde bazı öğretmenler özbakım gelişimine yönelik okul uygulamalarının yetersiz kaldığını ifade etmiştir.

Ayrıca veliler bazı maddeleri (8, 32, 34, 35, 39, 40, 47, 50) "gözlenmedi" olarak işaretlemiştir. Görüşmelerde ise bazı veliler (n=5) okul uygulamalarının özbakımı geliştirme konusunda yetersiz olduğunu ifade etmiştir.

Bu araştırmada, devlet okullarındaki öğretmenler tarafından 3. ve 4. madde "gözlemlenmedi" olarak işaretlenmiştir. Bu sonucun nedeni, devlet anaokullarındaki günlük rutinin kapsamı olabilir. Türkiye okul öncesi eğitim programı, çocuklara tarak ve diş fırçası gibi materyalleri kullanma şansı verilmesi gerektiğini belirtmektedir. Oysa, devlet okullarında diş fırçalama, saç tarama gibi uygulamalar çocukların günlük rutinlerinin bir parçası değildir. Görüşmelerde de bazı katılımcılar (n=5) programda yer almasına rağmen devlet anaokullarında ilgili uygulamaların yapılmadığını bildirmiştir.

Ayrıca 7., 26. ve 44. madde "gözlemlenmedi" olarak işaretlenmiştir. Nedeni devlet anaokullarındaki eğitim programının kapsamı olabilir. Türkiye'deki devlet anaokullarında yarım günlük eğitim programı uygulanmaktadır. Bu nedenle okullarda dinlenme (uyku) zamanı yoktur. Bu durumda, öğretmenlerin çocukların dinlenme sonrası yüzünü yıkadığını, dinlenme için gerekli hazırlığı yaptığını, dinlenme sonrası yatağını düzelttiğini gözlemleyememesinin nedeni yarım günlük eğitim programının kapsamıdır.

Ayrıca, 16., 18. ve 19. madde öğretmenler tarafından "gözlemlenmedi" olarak işaretlenmiştir. Birinci neden ailelerin geliri ve fonlanma sorunu olabilir. Türkiye'de okul yemekleri devlet tarafından karşılanmamaktadır. Erken çocukluk eğitimi yönetmeliğine göre (2002) aileler okul yemeği için belirli bir miktar para ödemelidir. Bu anlamda bazı devlet okullarında çocuklar yemeklerini evden getirmektedir. Bu durumda, çocuklar yemeklerini hazırlayıp servis etme şansı bulamayabilir. Görüşme raporları da bu fikri desteklemektedir. Görüşmelerde bazı öğretmenler, ailelerin bu masrafları karşılayamadığından çocukların yemeklerini evden getirdikleri için servis yapamadıklarını belirtmişlerdir.

Öğretmenlerin 16., 18. ve 19. maddeleri "gözlemlenmedi" olarak işaretlemesinin diğer nedeni fiziksel koşullar olabilir. Erden (2010) öğretmenlerin program uygulamaları konusunda sorun yaşadıkları konulardan birinin "fiziki imkânlar" olduğunu bildirmiştir. Bu çalışmada, görüşmeler sırasında bazı öğretmenler fiziki koşulların yetersiz olduğunu bildirmiş ve çocukların yardımsız yemek servisi yapabilecekleri bir yer olmadığını belirtmişlerdir.

Öğretmenlerin 16., 18. ve 19. maddeleri "gözlenmedi" olarak işaretlemesinin bir diğer nedeni, çocuk-personel oranı olabilir. Akinrotimi ve Olowe (2016) erken çocukluk eğitimi uygulamalarında çocuk-personel oranını bir zorluk olarak belirtmiştir. Bu çalışmada, görüşme raporları bu fikri desteklemektedir. Görüşmeler sırasında bazı öğretmenler, çocukların yemeklerini tabaklara kendileri koymasını istediklerini ancak öğrenci sayısı nedeniyle bunun mümkün olmadığını belirtmiştir.

Ek olarak, programda yer almasına rağmen 45. madde öğretmenler tarafından "gözlemlenmedi" olarak işaretlenmiştir. Bunun nedeni fiziki koşulların yetersizliği ve çocuk-personel oranı olabilir. Fiziksel imkân, okul uygulamalarını etkileyen faktörlerden biridir (Erden, 2010). Ayrıca çocuk-personel oranı okul uygulamalarında bir zorluktur (Akinrotimi ve Olowe, 2016). Görüşme raporları bu fikri desteklemektedir. Görüşme sırasında bir katılımcı, okulda çok fazla çocuk olduğu ve özel dolapları olmadığı için çocukların okulda kıyafetlerini asamadıklarını veya katlayamadıklarını; bu nedenle personelin bu görevleri yapmak zorunda olduğunu belirtmiştir.

Öte yandan, okul uygulamasından bağımsız olarak, velilerin bazı maddeleri "gözlemlenmedi" olarak işaretlemelerinin farklı nedenleri olabilir. Veliler, çocuklarına bazı becerileri öğrenmeleri için herhangi bir şans vermiyor olabilirler. Örneğin, çoğu veli 32., 34. ve 35. maddeyi "gözlemlenmedi" olarak işaretlemişlerdir. Görüşmelerde bir veli, okulda giyinmeyi kolaylaştırmak için bağcıksız ayakkabı ve eşofmanları tercih ettiklerini bildirmiştir. Ayrıca bazı veliler, öğretmenin okul için giyilmesi kolay giysiler istediğini ifade etmiştir. Bu bağlamda velilerin bazı görevleri kolaylaştırmaya çalışırken, çocuklarına öğrenmeleri için şans vermedikleri söylenebilir.

Ayrıca çoğu veli 47. ve 50. maddeyi "gözlemlenmedi" olarak işaretlemiştir. Bu sonucun iki nedeni olabilir. İlk neden, helikopter ebeveynlik tutumu olabilir. Türkiye'deki annelerin üçte biri ve babaların yedide biri helikopter ebeveynlik tutumuna sahiptir (Yılmaz, 2020). Bu çalışmada veliler helikopter ebeveynlik ve aşırı koruyucu tutumlara sahip olabilir ve çocuklarına özbakım görevlerini bağımsız olarak gerçekleştirmek için fırsat vermiyor olabilir. Hatta çocuklarının hayatını kolaylaştırmak adına bu görevleri onlar adına yapabilirler. Velilerin tutumları çocukların davranışlarını da şekillendirir. Mülakat raporları da bu fikri desteklemektedir. Görüşmelerde bazı veliler bazı maddeleri neden "gözlemlenmedi" olarak işaretlediklerini açıklarken, çocuklarının bu görevleri yapıp yapamayacağını bilmediklerini, çünkü bu görevleri yapmaları için çocuklarına fırsat bile vermediklerini belirtmişlerdir.

Bu sonucun diğer nedeni, velilerin çocuk gelişimi konusunda sınırlı bilgi sahibi olmaları olabilir. Velilerin gelişimsel özellikler hakkında mesleki bilgiye sahip olmaları beklenmeyebilir. Bu anlamda veliler özbakım gelişimine bağlı olarak çocuklarının hangi becerileri yapıp hangilerini yapamayacaklarını bilemeyebilirler. Bu nedenle, çocuklarının belirli bir görevi yapamayacaklarını düşünebilir ve çocuklarına o görevi yapma şansı vermeyebilirler. Bu durum velilerin evdeki uygulamalarını ve çocukların özbakım davranışlarını etkileyebilir.

3.7 Öneriler

Bu çalışmada bulgular ve tartışma öğretmen ve veli inançlarına dayalıdır. Gelecek çalışmamalarda, çocukların özbakım beceri seviyeleri, okul uygulamalarında özbakıma ilişkin problemler direkt olarak gözlemlenebilir. Gelecek çalışmalarda, veri toplama aracı olarak ölçek kullanılması, istatistiksel anlamda farklı analizler yapılmasını ve detaylı nicel verilere ulaşılmasını sağlayacaktır. Ayrıca SES'i özbakım becerileri açısından inceleyecek diğer çalışmalarda daha uç noktalara odaklanılmalı; özel anaokulları da örnekleme dahil edilmelidir. Öte yandan, öğretmen ve veli inançlarını karşılaştıran çalışmalar yapılmaya devam edilmeli; bu çalışmalarda ev ve okul temelli uygulamaların karşılaştırılmasına da odaklanılmalıdır. Ek olarak, çocukların özbakım becerileri farklı demografik değişkenler açısından incelenmeye devam edilmelidir. Son olarak, bu çalışmanın farklı şehirlerde yapılması, özbakım becerilerine ilişkin öğretmen ve veli inançları ve okul uygulamaları konusunda ulusal bir çerçevenin çizilmesine katkı sağlayacaktır.

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