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RESEARCH ARTICLE

An Evaluation of the Effect of Marmara Family Skills Education Program on Parent's Self-Efficacy Levels and Support Skills

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Abstract

The Marmara Family Skills Education Program (MFSEP) is an early intervention program that provides services to families with 0- to 3-year-old children, using face-to-face and distance education technologies. This study aims to analyze the effect of MFSEP on parent self efficacy and their skills in promoting the growth of their children. In the research conducted in cooperation with the Marmara University and Mersin Yenışehir Municipality, 17 and 15 volunteer families made up the experimental and control groups, respectively. In other words, the study group comprised a total of 32 families. During the research process, MFSEP material was given to the families in the experimental group, and the MFSEP was implemented with 12 sessions over 9 weeks. The families in the control group were not given the material and were not included in the sessions. MFSEP implementations were carried out with a hybrid model where face-to-face and distance education technologies are used together. The families in the experimental and control groups were subject to pretest and posttest applications at the beginning and end of the sessions, respectively. Moreover, qualitative data were gathered from the families in the experimental group through a semistructured interview form. The results of this study indicated that MFSEP participants differed with respect to self-efficacy levels statistically and that MFSEP made a positive and significant contribution to the development levels of the children of MFSEP participants owing to the developmental activities that were offered and implemented by parents with their children at home.

Keywords: 0-3 age, early intervention, family training program, parent's self efficacy, support skills

Introduction

The first 3 years of life are deemed crucial, as they offer the highest level of development potential, with the brain reaching its most complicated state toward the end of age 3. The synaptic connections reinforced with life become permanent, whereas the unused ones disappear (Berk, 2013; Trawick-Smith, 2014). This process progresses in coordination with the other development areas and creates a basis for physical health, learning, and behaviors (Akdağ, 2015; Topbaş, 2017). No other period provides the opportunity to maximize the development potential like the first 3 years (Allen & Duncan, 2008). It is stated that when any developmental risk is faced within the 0- to 3-year period, the earlier the intervention is carried out, the more the benefit obtained (Keilty, 2010; Xu & Filler, 2005). For this reason, it is emphasized that an individual who receives supported in this period is likely to obtain more positive social and communal outcomes in the long term (Zubrick & Robson, 2003).

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Most behavioral and emotional problems in babyhood are regarded as relational issues, and it is believed that improving the parent-baby relationship should be the main focus to ensure good mental health of a baby (Vimpani, 2001). It is emphasized that parent-baby interaction established in the initial years of life forms the foundation for subsequent years (Grych & Fincham, 2001). These early years are quite important from the perspective of attachment theorists. A meta-analysis study (De Wolff & van IJzendoorn, 1997) demonstrated that reciprocity, sensitiveness, synchrony, stimulation, positive attitude, and emotional support are crucial components of secure attachment between the parents and baby. Secure attachment between the baby and parents has a positive effect on the brain development of the baby (Schore, 2001), and such secure attachment contributes to the baby's IQ score, language skill, academic success, and problem-solving skills (Crandell & Hobson, 1999; Rose et al., 1992). Furthermore, positive parent-child interactions reduce the level of cortisol, which in turn affects the stress hormones of the baby (Gunnar, 1998) and raises the baby's capacity to overcome stress (Luecken & Lemery, 2004). Negative parent-child interactions may lead to various negative effects, such as anxiety disorder and borderline personality disorder, and have an adverse effect on the child's psychological health in the long term (de Ruiter & van IJzendoorn, 1992; Nakashi-Eisikovits et al., 2002). The pediatric studies for this age group have revealed that the health care services offered with parental and educational supports are more influential (Reedtz et al., 2011; Shah et al., 2016).

The first 3 years of life are critical, given the risk factors involved for parents and the baby. It was discovered in a study that mothers of 0- to 12-month-old babies have low parental self-confidence (76.4%) and such risk increases by 11.8 times among the mothers with depression. The study emphasized the need for intervention programs during the first 6 months of the postnatal period, given that mothers are under risk during this period (Khajehei & Lee, 2019). It was found in other studies that parental self-confidence falls as support of friends and society declines (Knauth, 2000; Sepa et al., 2004). It is suggested that reliance and self-confidence of parents in their parental skills plays a key role in understanding the parent-child relationship (Jones & Prinz, 2005). The more ready the parents consider themselves in terms of caring for their baby, the more will be their satisfaction and success in parenthood (Pancer et al., 2000; Tarkka, 2003). Another study reported that the information and professional assistance received by parents at this point makes a significant contribution to their sense of competence (Rudman et al., 2008).

Early intervention is discussed as the process by which school-age children or younger children who are at risk of facing unfavorable situations are identified and preventive activities are accordingly performed to provide support to such children (Karoly et al., 2005). At present, early intervention and early educational support are almost approached as similar concepts. Findings of the field studies show that providing early educational support to every child is a substantial intervention for making the

child realize his/her potential. Early intervention refers to early educational support for the children of disadvantaged families as well. However, this concept means early assistance for all children in this age group. According to the ecological systems theory, one of the developmental theories on which emergence of early intervention programs is based, environment and any layer related to environment have a significant impact on a child's development. Children are affected by the social status and financial sources of their families and the quality of parent-child interaction. These could play either a supportive or a preventive role in their development (Erdil, 2010). Within the context of the ecological theory, the nuclear family is the deepest level that is expressed as a micro-system and directly affects development (Güler Yıldız, 2014). Early interventions assist a child developmentally, thereby increasing the child's chance for attaining cumulative benefits. The primary focus of the early intervention programs is young children, that is, children who are deemed vulnerable in early childhood in the face of the adversities in their lives. Intervention programs are designed to create a protective impact, confront adverse influences, and encourage healthy development of children by balancing the factors that may negatively affect their development (Karoly et al. 2005).

There are different types of early intervention. Early interventions may be for children who are at risk due to familial, social, and economic circumstances or for children who cannot utilize the system owing to the conditions of their environments and financial incapacities, or the preventive interventions that are performed to remove the risks for the mother in the pregnancy period. Nevertheless, there exist interventions that are carried out after the emergence of a risky situation, and these are called rehabilitative interventions. From the social and economic standpoint, a protective intervention that eliminates the conditions that will result in negativities is deemed important, as this preempts the need for remedial intervention (Kağıtçıbaşı et al., 2005). Early intervention programs aim to provide the ideal learning experiences by supporting the children's motor, cognitive, social-emotional, and language developments. In addition, they aim to enhance parenthood skills and self-confidence of the child's parents who form the child's immediate circle. Thus, early intervention programs offer social assistance to families (Kartal, 2005). Therefore, easily accessible and applicable, protective/preventive interdisciplinary early intervention programs that consider the elements needed for the healthy development and growth of children must be provided.

The interaction established between a parent and child lasts a lifetime. It is critical for a family to offer early support to their 0- to 3-year-old child for his/her life. Regarding the format of family training programs, it has been seen that the training sessions are either face-to-face or from a distance, and techniques such as observation, video record, and so on, are followed. With increased access to internet, parents, particularly mothers, access internet frequently to stay informed about parenthood and health care services, and it is stated that the services rendered in the digital en-

vironment meet a significant field (Dworkin et al., 2013; Myers-Walls & Dworkin, 2015). These trends indicate that effectiveness of parent-based practices will improve when they are applied with the support of distance training.

In our country, various services are offered to parents with 0- to 3-year-old children as part of the Parents & Child Training Project, Social Services and Child Protection Agency, Activities of Private Institutions and Organisations, the Family & Child Training Programme, the Centre for Women & Children project, Father Support Programme (BADEP), and Parents School programs (Gürkan, 2003). However, it has been reported that the number of the programs for the parents with 0- to 3-year-old children are not sufficient, and such programs usually target healthy preschoolers and nurses are not included in them (AÇSB, 2020). Studies have also reported on the importance of receiving support of other educational organizations and local institutions (Tezel Şahin & Cevher Kalburan, 2009).

In light of the above information, it can be said that the training assistance offered to the parents of children in the 0-3 age range is quite limited. Thus, it is essential to give early assistance to parents to enable the baby to exhibit healthy growth and development in all areas and to ensure early intervention when needed. In other words, training for parents with children in the 0-3 years age range should be increased and should be widespread in our country. Academic difficulties and developmental insufficiencies of children, which may arise in the future, can be prevented through the positive support provided in early years of life. Although parenthood involves emotional positives and attachments, child care and child rearing are challenging processes. Individuals cannot experience parenthood without having a child. They try to learn how to be parents by gaining experience after having a child. In this tough continuum, they question everything ranging from baby/child care to the attitudes and behaviors exhibited as they try to become parents. To prevent risks before their emergence, it is essential to make parents self-sufficient in the initial years of life as well as give families assistance in spending quality time with baby/child at home, effective communication, developmental support in all fields of development, health care, nutrition, etc. Therefore, protective/preventive and easily accessible and applicable early intervention programs that include influential teaching technologies, have sustainable activities, and are prepared and implemented by an expert team open to interdisciplinary collaboration are needed.

In this sense, revealing the effectiveness of the Marmara Family Skills Education Program (MFSEP), which is an early intervention program prepared for 0- to 3-year-old children and their families, forms the aim of this study. As part of this study, an answer for the question “Is MFSEP effective on self-sufficiency levels of parents and their skills in supporting the development of their children?” will be sought. Sub-questions of quantitative and qualitative dimensions of the study for answering this question are also provided.

Subquestions of quantitative dimensions are as follows

1. Is there any significant difference between pretest and posttest scores of Parent Self-Sufficiency Scale obtained from the participants in the experimental group who were subjected to the MFSEP practice?
2. Is there any significant difference between children's pretest and posttest scores of total and sub-tests of the Ankara Developmental Screening Inventory as part of the developmental activities performed by MFSEP participants with their children?
3. Is there any significant difference between pretest and posttest scores of Parent Self-Sufficiency Scale obtained from the participants in the control group, which was not subjected to the exercise?
4. Is there any significant difference between pretest and posttest scores of total and subtests of Ankara Developmental Screening Inventory obtained from children of the participants in control group, which was not subjected to the exercise?
5. Is there any significant difference between the participants in MFSEP experimental and control groups before and after the exercise?

Subquestions of qualitative dimensions are as follows

1. What are the changes that the participants observe in themselves following the completion of the MFSEP program, the meaning they give to motherhood/fatherhood, their thoughts about having a child and what kinds of parents they want to be, their gains from parenthood, the other content that they want to be included in the project, and their thoughts about meeting their needs?

Method

Research Model

Research was conducted using mixed methods, with which quantitative and qualitative data are collected and has an explanatory sequential design. Explanatory sequential design is a mixed design in which the researcher starts by managing a quantitative research and seeks special results at the second stage (Creswell et al., 2003). In this study, quantitative data were first summed up, and then statistical analysis was performed by summing up qualitative data.

Within the quantitative dimension of the study, one of the quantitative research methods, quasi-experimental method with the pretest-posttest control group (Büyüköztürk, 2016), was used to analyze the change in the development of the children in two different groups, which occurred by either applying a definite method or not. This research contains an experimental group and a control group. The research is a 2×2 mixed design. In this design, the first factor shows independent process groups (experimental group and control group), whereas the other factor indicates the iterative measurements (pretest and posttest) for a dependent variable. To see the effect of experimental process, measurement results of the dependent variable within control groups were compared (Büyüköztürk, 2016; Büyüköztürk et al., 2016). Participants of the research are the volunteer families who were aware of the MFSEP through the announcements by the Mersin Yenişehir Mu-

nicipality and wanted to attend the exercises. A random method was used to divide participants into experimental and control groups. The MFSEP materials, which comprised five books, one calendar, one hand puppet, one rattle ball, and one bag were given to the participating families in the experimental group, and MFSEP was implemented in 12 sessions over 9 weeks. In contrast, the participating families in the control group were not provided the relevant materials and were not included in the sessions. The participating families in the experimental and control groups were subjected to pretest and posttest application at the beginning and at the end of 9-week sessions.

Within the qualitative dimension of the study, data were collected with a semi-structured interview form to reveal ideas of the participating families in experimental group regarding the MFSEP. It is thought that this form, which consists of certain questions is substantial as it allows the participants to respond in any manner they desire and to express their personal ideas clearly (Yıldırım & Şimşek, 2018). The form, which comprised seven questions, was given to the participants during a one-to-one interview, and they were asked to answer open-ended questions.

Study Group

Parents who volunteered for participating in the MFSEP practices were residents of the Mersin province, Yenişehir district, and had 0- to 3-year-old children. The study group was determined with convenience/random sampling method. The volunteer parents who responded to announcements of Mersin Yenişehir Municipality and met the accessibility and feasibility criteria were included in the study group. A simple unbiased sampling method was applied to determine the experimental and control groups (Büyüköztürk et al., 2016), and participants were divided into these groups by drawing names from a bag one by one. Experimental and control groups contained 17 and 15 parents, respectively. The difference in number of parents is due to the fact that some parents had twins. In groups, only the mother or father of each child attended. Both mother and father did not attend together. Demographical characteristics of the experimental and control groups are shown in Table 1.

Table 1

Demographical Information about the Participants of the Experimental and Control Groups

	Parent	Experimental Group	Control Group
Participating parent	Mother	10	13
	Father	7	2
Mean age of participants		33.23	32.46
Mother's educational level	Primary school	1	3
	High school	1	2
	Undergraduate	8	7
	Postgraduate	0	1
Father's educational level	Primary school	1	0
	High school	2	0
	Undergraduate	3	2
	Postgraduate	1	0
Income status	Low	2	0
	Middle	14	14
	High	1	1

In the research, 10 mothers and 7 fathers joined the experimental group. The control group comprised 13 mothers and 2 fathers. The experimental and control groups included 17 and 15 participants, respectively. The mean age of the participants in the experimental group was 33.23 years, whereas the mean age of the control group was 32.46 years. The mothers with undergraduate degrees formed the majority in both the experimental and control groups ($N_{\text{experimental}} = 8$, $N_{\text{control}} = 7$). In contrast, the majority of the fathers had high school or undergraduate degrees. In the experimental group, 3 fathers were undergraduate and 2 had completed high school. In the control group, there were 2 fathers with undergraduate degree. The participants in experimental and control groups stated that they usually perceive themselves as middle-income ($N_{\text{experimental}} = 14$, $N_{\text{control}} = 14$).

Table 2
Demographical Information about Children of the Participants of the Experimental and Control Groups

		Experimental Group	Control Group
Number of siblings	Only child	6	11
	2 siblings	11	2
	3 siblings	0	2
Mode of delivery	Normal	4	4
	Cesarean	13	11
Term of delivery	Full-term	12	13
	Preterm	5	2
Mean age of mothers in delivery		32.06	35.33
Mean chronological month of children		16.88	21.87
Chronic disease of child	Asthma/bronchitis	1	1
	No	16	14
Person who takes care of the child	Mother	5	8
	Daytime babysitter	3	0
	Grandmother (mother's mother)	2	3
	Grandmother (father's mother)	2	1
	Changing	5	3

Table 2 contains information about children that was provided by the participants. A total of 6 children in the experimental group and 11 children in control group were a single child to their parents. In addition, 11 of the children in the experimental group and 2 in the control group had 1 sibling (in total, 2 siblings in the family), and 2 children in the control group had 2 siblings (in total, 3 siblings in family). Delivery of most of the children in both groups was through a cesarean ($N_{\text{experimental}} = 13$, $N_{\text{control}} = 11$) and were full term ($N_{\text{experimental}} = 12$, $N_{\text{control}} = 13$). The mean values of the chronological month of the children in the experimental and control groups were 16.88 and 21.87, respectively.

Interviews were carried out with the families after obtaining the necessary legal permits as part of the research. The families were informed about MFSEP. An introductory meeting was held in February 2020 in the first session in which all participants took part. Information regarding the project was provided to them. In the meeting, parents were informed about the MFSEP application and its possible contributions to

the development of children. Furthermore, parents' questions were answered in the meeting in which the planned study process was explained. It was explained that the data received through the study would be used for scientific purposes. At the end of the meeting, consent forms, with which parents provided permission for participation of their children in the research, were given to the families. They were asked to check the form, and all families gave consent for their children's participation.

MFSEP

MFSEP is an early intervention program that offers services to families with 0- to 3-year-old children through face-to-face and distance education technology with the approach that "Every family is a school" and is implemented with the cooperation of the university and local administration.

The program was generated by seven academics who work in the Marmara University Department of Preschool Teaching and a nurse who specializes in pregnancy training and is employed at Marmara University Hospital. It was aimed to promote the sufficiency of parents with 0- to 3-year-old children for guiding the healthy growth process of these children via MFSEP. MFSEP provides a critical beginning for families and children. The purpose was to support parenthood skills of the families who participated in the MFSEP through exercises. In addition, the development calendars that contain an activity for every day and will be used by the families during the 0-36 months even after the end of MFSEP sessions will be left to them following the training. In this way, examples for the activity through which the families could support their children in the first 3 years were given to them after the MFSEP. In this way, it was aimed to prepare a strong foundation for a family structure, which would always contribute during the child rearing period, developing collectively and almost turning into a school, through MFSEP. The aim of MFSEP is to prevent risky situations in the growth process before their emergence. Therefore, it is an early intervention program. Making families aware of the need for supporting their children in the early period when parents begin to newly learn parenting would ensure that they are laying a strong foundation for their children to lead a good life. This program aimed to inculcate in families the confidence that any family can be a school for their children within a nuclear structure. The seminars on fundamental issues for both child and the parents as of the child's delivery, the activity packages for developmental tasks expected to be fulfilled by months in different areas of development, and the development calendar containing a 3-year activity suggestions for every day as part of the program that covers 0-36 months were designed as the materials of this family school. This would allow parents to create a developmental diary and a developmental tracking system in case they perform the activities with their child every day and record them until their child turns 36 months old, and parents could continue to record data even after the completion of the MFSEP exercises. Moreover, assistance of the MFSEP will continue.

MFSEP was introduced in December 2019 as part of a protocol drawn up between Marmara University and Mersin Yenişehir Municipality. Program content, fundamentals of implementation, booklets, and materials were generated by the MFSEP team for families. These were printed and reproduced by the Mersin Yenişehir Municipality.

MFSEP is designed to be implemented with family training seminars, developmental support applications for children, and evaluation sessions held in seminar hall of Mersin Yenişehir Academy in February 2020. Family training seminars were given in face-to-face sessions at Mersin Yenişehir Academy on Mondays for 9 weeks. In addition to the face-to-face sessions held on Mondays, distance sessions were carried out with the families in their houses on Thursdays when applications of developmental support for children began. A closed group social media account which included only the participants and project team (instagram.mabep Yenişehir) was opened after obtaining consent from all participants throughout this process. A hybrid model with a strong mutual interaction was designed, in which the questions or images sent via direct message by the families were evaluated by the project team (Figure 1). The pandemic that emerged 2 weeks before the end of this model and MFSEP did not create any issues.

In the MFSEP model in Figure 2, the basic training that promotes self-sufficiency with regard to parenting was provided to the participants within the program; it was provided through the face-to-face exercises, and the activities in MFSEP booklets were practically presented along with the developmental support applications for children. In addition to the face-to-face training, the families got support from the MFSEP team through distance education technologies and online (closed group) social media accounts.

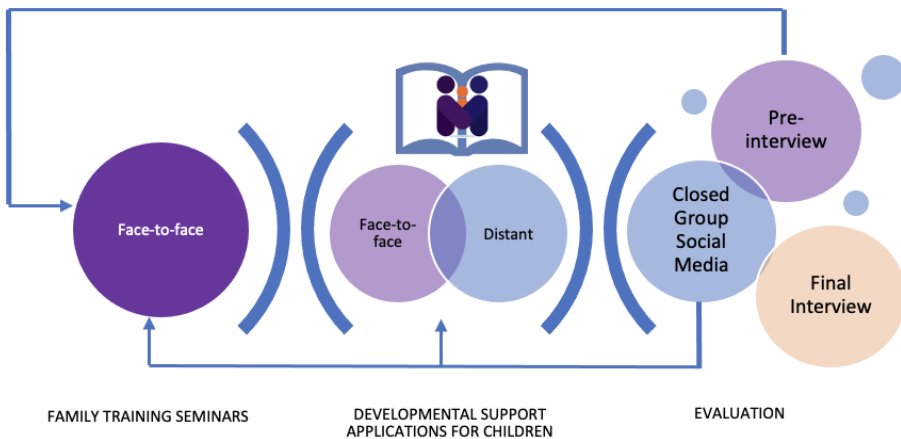


Figure 1.
Application of MFSEP

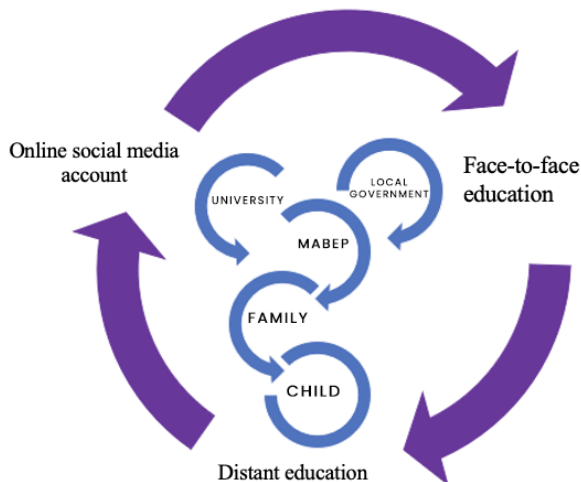


Figure 2.
Marmara Family Skills Training Program Model

The content of MFSEP was designed as follows:

Family training seminars: These seminars were given in face-to-face sessions by the project team. The seminars included a total of six sessions, planned as two sessions on Mondays for 3 weeks. The average duration of the seminars was 60 min. They included the following topics as part of the family training seminars that aimed to develop parents' sufficiency for being a family and raising a child:

- a. Role of early education and mother in child development
- b. Developing the brain of the child
- c. Family counseling and guidance
- d. Effective family-child communication
- e. Home environment supporting development
- f. Conscious mother, healthy baby

General topics with these seminar titles are given in a booklet titled "Being a Family" (36 p), considering the development periods.

Developmental support applications for children and its materials: MFSEP shared a bag with development booklets and training materials to the parents who took part in the program. All of the materials that were needed for all activities prepared to implement the program can be easily supplied at home.

- g. Materials: There are supportive activity packages and applications based on the developmental age ranges. The development support package consists of booklets (Figure 3).

In these booklets, the behaviors and skills expected in all areas of development month by month are listed and the activities for every skill that can be performed at home by a family are planned (Figure 4). There are four booklets: Development Support Package: 0-6 Months newborn (64 pages), Development Support Package: 7-12 Months (68 pages), Development Support Package: 13-24 Months (77 pages), and Development Support Package: 25-36 Months (77 pages). All booklets are given to the family participating in the program; the part aligned with the development level of child is detected collectively, and guidance is provided for implementation of the activities for that part.

0-36 Months development calendar (40 pages) is one of the important materials for the MFSEP (Figure 5). Every page of the calendar covers 1 month. Each page



Figure 3.
MFSEP Being a Family Package and The Development Support Package



Figure 4.
MFSEP The Development Support Package



Figure 5.

MFSEP 0-36 Months Development Calendar

includes 28 simple activities, each of which is set for 1 day. The activities, which start from the 1st month and end in the 36th month, are written in the language of the child and addresses his/her parents. Although each statement is simple, it is important for development. For example, “Can you massage me after bath, mummy & daddy? My gums may start to itch nowadays, so I may feel anxious mummy & daddy. Can you sing me a nursery rhyme, daddy?” The development calendar, which enables families to use such materials until their child turns 36 months old and supports their development every day even after the training process, is deemed important for sustainability of the MFSEP.

The MFSEP materials are delivered to families in a fabric bag. In addition, the bag contains a fabric hand puppet (rabbit, tiger, cow, or cat puppet) and a plastic rattle ball with a diameter of 10 cm, both of which are to be used for the activities.

Booklets and calendar (printed and reproduced by Yenişehir Municipality) were placed in the bag. The puppets, ball, a notepad, and a pencil were also added, and these were delivered to the participating families just before the applications (Figure 6).

- h. Developmental support applications: These include information and applications about how families can regularly promote the development of their children at home, using the MFSEP materials. The seminars were planned as four face-to-face sessions held on Mondays and 2 distance sessions, both of which would last 4 weeks. They were completed at the end of 6 sessions. The applications were performed through face-to-face sessions for 4 weeks and in a total of 6 sessions by the MFSEP team. The



Figure 6.
MFSEP Materials

average length of developmental support applications was 90 min. Families were expected to regularly implement the activities mentioned in the booklets delivered to them and record their outcomes in the relevant section. Developmental support applications were performed through exemplification by the academics and trained nurse in the MFSEP team who personally worked with the families.

- Developmental applications: Motor development for 0-3 years
 - Developmental applications: Social-emotional development for 0-3 years
 - Developmental applications: Language development for 0-3 years
 - Developmental applications: Cognitive development for 0-3 years
 - Basic care: Health-nutrition
 - Basic care: sleep-rest
1. Evaluation:
 - a. Face-to-face interviews were carried out with each participant for an average of 30 min in the first week by the MFSEP team, before starting the sessions. Pretest applications were completed in these interviews.
 - b. As of the beginning of developmental support applications in the process, four distance sessions that consisted of the evaluation activities of families with questions and answers for their children as well as guidance activities were held on Thursdays for 4 weeks. Online sessions took on average of 60 min.

- c. Participation in such sessions was performed on a volunteer basis. Face-to-face interviews were carried out with all participants for 30 min when the MFSEP sessions were completed. Posttest applications were completed in these interviews.

Data Collection Tools

Personal information forms were prepared to determine the demographical characteristics of the children who make up the study group, the Ankara Gelişimsel Tarama Envanteri (AGTE, Ankara Developmental Screening Inventory) (Savaşır et al., 1994; as cited in Sezgin, 2011) for assessing the development of children, Parent Self-Sufficiency Scale for evaluating sufficiency of parents (Cavkaytar et al., 2014), and the interview form for understanding the parents' ideas or opinions on the MFSEP were used as data collection tools.

Personal Information Form

The form prepared by researchers contains sections regarding the age and gender of the children, age and educational status of mother, age and educational status of father, income level of the family, general state of health of children and their chronic diseases, delivery mode, and caregivers.

Ankara Developmental Screening Inventory

AGTE was used for revealing the effect of the activities performed by the participants with their children. Researchers have translated this scale in English as "Ankara Developmental Screening Inventory". AGTE is an assessment tool that holistically evaluates psychological development of the babies and children in the 0-6 age range and was developed by Savaşır et al. (1994; as cited in Sezgin, 2011) in a way specific to Turkish culture. It is a measurement tool that evaluates the development of children objectively and a developmental inventory that can be filled up by families or those who are closely acquainted with the children (e.g., babysitters). The last edition of the measurement tool is the one updated in 2006 (Sezgin, 2011). This edition was utilized in the study.

Scoring was carried out by observing the developmental skills of children in four basic areas from 0-3 months to 48-72 months one by one. The language-cognitive development section comprises 65 items that start with simple sounds and verbal behaviors and covers complex language expressions and the skills in understanding and expressing language as well. The fine motor development section consists of 26 items that incorporate visual-motor skills, including simple hand-eye coordination and complex fine motor behaviors. Gross motor development is made up of 24 items, which contain movement, movement-related force, balance, and coordination skills. Social skills-self-care skills are represented by 39 items, which cover eating, drinking, hygienic toileting, dressing, autonomy, and social interaction skills. The inventory is formed by a total of 154 items, which can be answered as "yes/no/unknown." Validity scores of the measurement tool of 45- to 72-month-old children are as follows: .87 (in area of general development), .83 (in area of language-cognitive development), .78 (in area of fine motor development), .72 (in area

of gross motor development), and .75 (in area of social skills-self-care). Cronbach's alpha coefficients of internal consistency separately calculated for general development scores of 0- to 12-month-old children, 13- to 44-month-old children, and 45- to 72-month-old children in the inventory vary between .80 and .90.

Parent Self-Sufficiency Scale

The Parent Self-Sufficiency Scale was developed by Guimond et al. (2005) and adapted to Turkish by Diken (2007). This is a 7-point Likert scale, which consists of 17 items. Cavkaytar et al. (2014) updated the scale and stated that it has a single dimension. To assess the reliability levels of the Parent Self-Sufficiency Scale, Cronbach's alpha coefficient of internal consistency was measured and a test-retest reliability process was performed. The scale's Cronbach's alpha coefficient of internal consistency and continuity coefficient are .95 and .79, respectively.

Interview Form

A semistructured interview form was used to ascertain opinions of the participants in the experimental group at the end of the MFSEP applications. There are 7 questions in the interview form:

1. What kind of changes did you experience in yourself when you completed the MFSEP?
2. What does being a mother/father mean for you?
3. What does having a child mean for you?
4. How do you want to raise your child and what is the ideal mother/father profile for you?
5. How did you contribute to your parenthood by attending the MFSEP?
6. What else do you think could be incorporated into the MFSEP?
7. Did MFSEP meet your needs?

Data Analysis

First quantitative and then qualitative data of the research were summed up according to an explanatory sequential design.

Within the quantitative dimension of the study, the data obtained were encoded and converted into data sets by the researchers. The status of meeting the assumptions was tested before the analysis process was initiated in the statistical package program determined. The number of participants in the experimental and control groups is below 30. Distribution of the experimental group is skew (skewness: $-3,112$) and peaked (Kurtosis: $12,363$). Similarly, distribution of the control group is skew (skewness: $-2,112$) and peaked (Kurtosis: $6,009$). Therefore, the Wilcoxon signed-rank test was applied in the study to find out whether there is a significant difference between nonparametric pretest and posttest scores. An analysis was made with the Mann-Whitney U test to determine whether there is a significant difference between

pretest and posttest scores for the experimental and control groups. Significance level (p) was set as .05 to analyze the data.

Within the qualitative dimension of the study, the data gathered through interview forms were analyzed, using descriptive statistics. The qualitative data obtained were subjected to quantification, considering the similarities and closeness of answers. They were given as frequency in tables. The data obtained in descriptive analysis are explained and interpreted under the themes formed before, and cause-effect relationship is established accordingly (Yıldırım & Şimşek, 2018). Each form was encoded as “K1, K2, K3,” before the analysis of the data obtained. The answers of each question in the semistructured interview form were read individually by researchers. Frequency tables were generated by describing and interpreting opinions of the participants regarding the MFSEP. To ensure reliability, their opinions were provided with direct citations below the tables. Interview forms were analyzed by two different field experts and reconciliation percent was calculated as 0.87.

Results

Findings on Quantitative Dimension of the Research

This section provides information on the quantitative findings obtained from the measurement tools applied to the experimental and control groups before and after the MFSEP applications.

Is there any significant difference between pretest and posttest scores of the Parent Self-Sufficiency Scale obtained from the participants in the experimental group subjected to the MFSEP practice? To answer the above question, a Wilcoxon signed-rank test was conducted to discover whether there is a significant difference between pretest and posttest scores for the experimental group. The findings obtained are given in Table 3.

Table 3

Results of the Wilcoxon Signed-Rank Test Performed to Test Significance of the Difference Between Parent Self-Sufficiency Scale Pretest and Posttest Scores of the Experimental Group

Score	Ranks	N	SO	z	p	
Posttest Parent Self-Sufficiency –	Negative ranks	1	1.50	1.50	-3.21	.00
Pretest Parent Self-Sufficiency	Positive ranks	13	7.96	103.50		
	Equal	3				
	Total	17				

Note. SO = Mean Ranks; ST = Sum of Ranks

Difference between the ranks was found to be statistically significant at $p < .01$ level as a result of the Wilcoxon signed-rank test conducted to determine whether there is a significant difference between the pretest and posttest scores of the Parent Self-Sufficiency Scale applied to the families in the experimental group of 17 individuals who were MFSEP participants ($z = -3.21$). The relevant difference was in favor of the posttest. It can be said, based on this finding obtained, that the MFSEP program affects development of self-sufficiency in parenting considerably.

“Is there a significant difference between the Ankara Developmental Screening Inventory pre-test and post-test scores of the children as part of the developmental activities performed by the MFSEP participants with their children?” To answer the above question, the Wilcoxon signed-rank test was conducted to discover whether there is a significant difference between pretest and posttest scores of the experimental group. The findings obtained are shown in Table 4.

Table 4
Results of the Wilcoxon Signed-Rank Test Conducted to Test the Significance of the Difference Between AGTE Pretest and Posttest Scores of the Experimental Group

Score	Ranks	N	SO	z	p	
Post-test AGTE Language Cognitive – Pretest AGTE Language Cognitive	Negative ranks	0	0.00	0.00	-3.63	.00
	Positive ranks	17	9.00	153.00		
	Equal	0				
	Total	17				
Posttest AGTE Fine Motor – Pretest AGTE Fine Motor	Negative ranks	0	0.00	0.00	-3.63	.00
	Positive ranks	17	9.00	153.00		
	Equal	0				
	Total	17				
Posttest AGTE Gross Motor – Pretest AGTE Gross Motor	Negative ranks	1	8.00	8.00	-3.11	.00
	Positive ranks	15	8.53	128.00		
	Equal	1				
	Total	17				
Posttest AGTE Social/Self-Care – Pretest AGTE Social/Self-Care	Negative ranks	0	0.00	0.00	-3.62	.00
	Positive ranks	17	9.00	153.00		
	Equal	0				
	Total	17				
Posttest AGTE total – pretest AGTE total	Negative ranks	0			-3.20	.00
	Positive ranks	17				
	Equal	0				
	Total	17				

Note. AGTE = Ankara Gelişimsel Tarama Envanteri; SO = Mean Ranks; ST = Sum of Ranks.

Difference between the ranks was found to be statistically significant at $p < .01$ level as a result of the Wilcoxon signed-rank test conducted to determine whether there is a significant difference between the pretest and posttest scores of subdimensions and total value of AGTE Inventory applied to children of the families in the experimental group of 17 individuals who were MFSEP participants. The relevant difference was in favor of the posttest. The findings attained reveal that the MFSEP project affected language-cognitive ($z = -3.63$), fine motor ($z = -3.63$), gross motor ($z = -3.11$), social skill-self-care development ($z = -3.62$), and general development ($z = -3.20$) of the children considerably and positively.

“Is there a significant difference between parent self-sufficiency pretest and posttest scores of the children in the control group, which was not involved in the application?” To answer this question, the Wilcoxon signed-rank test was performed to discover whether there is a significant difference between the pretest and posttest scores of the control group. The findings attained are provided in Table 5.

Table 5

Results of the Wilcoxon Signed-Rank Test Conducted to Test the Significance of the Difference Between Parent Self-Sufficiency Pretest and Posttest Scores of the Control Group

Score	Ranks	N	SO	z	p	
Posttest Parent Self-Sufficiency –	Negative ranks	5	6.50	32.50	-.91	.36
Pretest Parent Self-Sufficiency	Positive ranks	8	7.31	58.50		
	Equal	2				
	Total	15				

Note. SO = Mean Ranks; ST = Sum of Ranks

According to Table 5, the difference between the ranks was not found to be statistically significant as a result of the Wilcoxon signed-rank test conducted to find out whether there is a significant difference between pretest and posttest scores of the Parent Self-Sufficiency Scale applied to the participants in control group ($z = -.91, p > .05$).

“Is there a significant difference between pretest and posttest scores of subdimensions and total value of AGTE obtained from the children of the participants in the control group, which was deprived of the application?” To answer the above question, the Wilcoxon signed-rank test was performed to discover whether there is a significant difference between pretest and posttest scores of the control group. The findings obtained are shown in Table 6.

Table 6

Results of the Wilcoxon Signed-Rank Test Conducted to Test the Significance of the Difference between Ankara Developmental Screening Inventory Pretest and Posttest Scores of the Control Group

Score	Ranks	N	SO	z	p	
Posttest AGTE Language Cognitive –	Negative ranks	0	0.00	0.00	-2.60	.01
Pretest AGTE Language Cognitive	Positive ranks	8	4.50	36.00		
	Equal	7				
	Total	15				
Posttest AGTE Fine Motor –	Negative ranks	0	0.00	0.00	-1.00	.32
Pretest AGTE Fine Motor	Positive ranks	1	1.00	1.00		
	Equal	14				
	Total	15				
Posttest AGTE Gross Motor –	Negative ranks	0	0.00	0.00	-1.34	.18
Pretest AGTE Gross Motor	Positive ranks	2	1.50	3.00		
	Equal	13				
	Total	15				
Posttest AGTE Social/Self-Care –	Negative ranks	4	2.75	11.00	-.97	.33
Pretest AGTE Social/Self-Care	Positive ranks	1	4.00	4.00		
	Equal	10				
	Total	15				
Posttest AGTE total –	Negative ranks	5	6.83	20.50	-1.14	.26
Pretest AGTE total	Positive ranks	8	5.69	45.50		
	Equal	2				
	Total	15				

Note. AGTE = Ankara Gelişimsel Tarama Envanteri; SO = Mean Ranks; ST = Sum of Ranks

In Table 6, it is shown that there is not any significant difference between scores of the AGTE pretest and posttest applied to children of the families in control group ($z =$

-1.14; $p > .05$). Furthermore, in consequence of the comparison between pretest and posttest scores of the control group, any significant difference in “fine motor development” ($z = -1.00$; $p > .05$), “gross motor development” ($z = -1.34$; $p > .05$), and “social skill-self-care development” ($z = -.97$; $p > .05$) subdimensions was not discovered. On the other hand, “language-cognitive development” subdimension exhibited a significant difference ($z = -2.60$; $p < .01$). It is seen that such a significant difference is in favor of the posttest. These findings demonstrate that development of the children of the parents in the groups who were not a part of MFSEP program was not supported adequately in areas of fine motor, gross motor, and social self-care skills. However, a significant increase in children’s scores in language cognitive area was observed.

Is there a significant difference between the MFSEP experimental and control groups before and after the application? To answer this question, the Mann-Whitney U test was conducted to reveal whether there is a significant difference between the pretest and posttest scores of the groups. The findings are presented in Table 7.

Table 7

Results of the Mann-Whitney U Test Conducted to Test the Significance of the Difference between Parent Self-Sufficiency Pretest and Posttest Scores of the Experimental and Control Groups

Test	Group	N	SO	ST	U	z	p
Parent Self-Sufficiency Pretest	Experimental group	17	17.97	305.50	102.50	-.95	.34
	Control group	15	14.83	222.50			
	Total	32					
Parent Self-Sufficiency Posttest	Experimental group	17	21.29	362.00	46.00	-3.09	.02
	Control group	15	11.07	166.00			
	Total	32					

According to Table 7, a significant difference in parent self-sufficiency scores between the experimental and control groups was not found in the test performed before the application ($z = -.9$, $p > .05$). Nevertheless, a significant difference in posttest results was seen ($z = -3.09$, $p < .05$). Such difference is in favor of the experimental group. It can be said based on this finding that MFSEP program provided influential results in terms of parenting skills.

Comparison between pretest and posttest scores of the experimental and control groups was not included here due to different age of children in the groups.

Findings on Qualitative Dimension of the Research

This part discusses the qualitative findings obtained from the interviews with MFSEP participants after the application.

“What are the changes in the participants following the completion of MFSEP?” Answers of this question were categorized and are shown in Table 8.

Table 8
Changes Seen by the Participants in Themselves Following MFSEP

Statements	f
Any change did not happen	3
To be able to track development processes of children	3
To be able to give the right reaction to the behaviors of child	2
To ensure effective communication	2
To allow for spending quality time	2
To allow for social interaction	2
To be able to keep children away from TV screen	1
I understand my child better and behave better.	1
No answer	1
Total	17

In Table 8, the participants mentioned that they generally felt positive changes in themselves following the MFSEP program. In contrast, several participants ($f = 3$) did not observe any change in themselves. Some of the statements of the participants regarding these changes are as follows:

Change in communication happened more. We listen and understand each other more. We try to spend quality time with our child more. I keep them from TV screen more. (K3)

I understand my child better and treat him better. (K8)

What the skills of my child at development stage are and what kind of a path will be followed to develop these skills. (K11)

“Which meaning do MFSEP participants attribute to motherhood/fatherhood concepts at the end of the project?” Answers to this question were categorized and are shown in Table 9.

Table 9
The Meanings Attributed to Motherhood/Fatherhood Concept by the Participants

Statements	f
Being conscious	7
Changing own perspective	4
Establishing effective communication	2
Being caring	2
Establishing a strong bond	2
Total	17

Table 9 shows the concepts that are attributed to motherhood/fatherhood concept by the participants. It shows that the participants attribute positive meaning to the concept of mother/father at the end of the MFSEP. The participants made statements for being mother/father most ($f = 7$). Several statements of the participants about motherhood/fatherhood are given below.

My problem of communicating with my child is eliminated. I can meet requests of my child more easily. I spend more quality and effective time. (K3)

I think I am a more conscious parent than before. I began to watch my child more carefully. (K9)

“What are the opinions of MFSEP participants regarding having a baby?” Answers to this question were categorized and are shown in Table 10.

Table 10

Opinions of Parents about Having a Child

Statements	f
Responsibility	3
It is hard to tell, it is understood through experience	2
Important, precious	2
Duty	2
Teaching	2
No answer	2
Sharing love	1
Meaningful	1
Valuable	1
A significant burden	1
Total	17

Table 10 shows the opinions of MFSEP participants about having a child. It was seen that their opinions about having a child is associated with responsibility concept most ($f = 3$). It was concluded based on the answers of participants that they regard having a child as a significant burden ($f = 1$) or a duty ($f = 2$). Some of the participants' statements on having a child are as follows:

For me, being a mother is like my only duty in this world. I really like being a mother and assuming responsibility for my child. (K4)

It is definitely an important, but great burden in recent times. (K13)

“What are the opinions of MFSEP participants regarding what kind of parents they want to be?” Answers to this question were categorized and are shown in Table 11.

Table 11

Statements of the Participants Regarding What Kind of Parents They Want to Be

Statements	f
Self-sacrificing	6
Caring	4
Being able to meet child's requests	3
Open to learn new things	3
Understanding	2
Controlled/Orderly	2
Conscious	2
Affectionate	2
Sharing	2
Compassionate	1
Careless father	1
Merciful	1
Just	1
Cheerful	1
No answer	1
Total	32

According to Table 11, which provides the opinions of MFSEP participants regarding what kind of parents they want to be, it was seen that they want to raise child in a self-sacrificing manner ($f = 6$). Second, it was revealed that they want to be parents who are caring ($f = 4$), open to learn new things ($f = 3$), and are able to meet their children's requests ($f = 3$). Some of the participants' statements about child raising are as follows:

I'm trying to be a controlled mother who strives to meet my child's wants as well. (K1)

I can be a merciful, just, and affectionate mother who is sometimes strict and sometimes very relaxed. I'm listening to my child and trying to meet their requests. But meeting all of her requests is not possible. Everything she says is not fulfilled. We're trying to make them happy... (K17)

"What are the opinions of MFSEP participants on their gains from the project as a parent?" Answers to this question were categorized and are given in Table 12.

Table 12

Opinions of the Participants on Their Gains from the Project as a Parent

Statements	f
Knowledge, background	10
The project enabled me to spend effective time	1
I began to understand my child	1
The project strengthened our bond	1
The project brought me in the communication skill	1
The project made me a more conscious parent	1
A different point of view	1
No answer	1
Total	17

In Table 12, it can be seen based on the opinions of MFSEP participants on their gains that they gained knowledge and background ($f = 10$) most. In addition, the participants specified that they spent effective time ($f = 1$), their bond with their children was strengthened ($f = 1$), and they gained new points of view ($f = 1$). Several statements of the participants on their gains are given below:

I think that I began to understand my child better, to spend more effective time and our bond strengthened. (K3)

I think we have learned everything about the development process of a child from babyhood to even puberty. We learned the ways to bring healthy individuals into society. (K6)

We thank the MFSEP team. The individuals who are expert in their fields. They made us look at parenthood from a different perspective within development and skill section under their guidance. (K16)

It made positive impacts. I think that our being conscious parents shape the future of our children. MFSEP provided this awakening ideally. (K17)

“What are different contents which MFSEP participants wanted to be included in the project?” Answers of the above question were categorized and are given in Table 13.

Table 13

The Contents Which the Participants Wanted to Be Included in the MFSEP Project

Statements	f
No need to include any other content in the project	6
Observation and evaluation of the academicians in the project about cognitive, social, and psychomotor development processes of our children	2
Training on coping with larger-scale crisis situations	1
It may cover older age groups as well	1
I want the training programs to be extended to age 5	1
Training duration can be longer	1
Other adults who contribute to the development of child can receive this training as well	1
No answer	4
Total	17

It can be concluded based on Table 13 that MFSEP participants find the content of the project satisfactory and did not want different content to be included. Various expectations of the participants who expressed ideas are as follows: observation and evaluation of children’s development ($f = 1$), coping with larger scale crisis ($f = 1$), expansion of age groups ($f = 1$), extension the training duration ($f = 1$), and participation of children’s relatives in the training ($f = 1$). Several statements of the participants about their expectations from MFSEP are as follows:

With a well-informed team, everything was great. (K9)

We were told that development is completed at the age of 5. For this reason, I want the training program to be extended to age 5. Duration of training is not very long, but they can inform us about the subjects. Also, we were not able to provide our views or examples very often. (K10)

“What are the opinions of the participants regarding MFSEP’s capability of meeting their needs?” Answers for this question were categorized and are provided in Table 14.

Table 14

MFSEP’s Capability of Meeting Parents’ Needs

Statements	f
Met	14
No answer	3
Total	17

It is seen in Table 14 that the MFSEP met expectations of the participants ($f = 14$). Although some of the parents ($f = 3$) did not respond, several statements of the participants about the MFSEP’s capability of meeting their needs are shown below:

The information provided by our specialized academic were very high quality. (K1)

It demonstrated the importance of the first 5 years in development of the individual. Yoga was amazin. (K2)

It made us see the situations we face and ourselves from the outside. (K5)

I wasn't aware of the high importance of language development. (K7)

It created an awareness of the things regarding raising a child which we know and do not know. (K13)

Discussion, Conclusion and Recommendation

This research aims to determine the effect of the MFSEP prepared. This program was targeted to enable parents to become a family and implement developmental applications and to raise their sufficiency in health and basic care. Two important findings were obtained from the research. First, self-sufficiency levels of the parents in the experimental group who participated in the MFSEP differ statistically and significantly.

Primary quantitative finding of the research is the impact of the MFSEP on self-sufficiency levels of parents. The statistical analyses indicated that self-sufficiency levels of the participants in the experimental group rose significantly after MFSEP exercises. This finding is quite substantial for the primary objectives of the MFSEP practices. Great roles and responsibilities fall on the families for supporting the development and education of their 0- to 3-year-old children.

Patrikakou and Anderson (2005) emphasized collaborating with families in early childhood and stated that it will influence child development positively and ensure an earlier intervention in any problem by smoothing the way for noticing problems. In addition, such means will improve parenting skills and contribute to the development of children.

Likewise, results of the comparisons between the development scores of the participants' children before and after MFSEP confirm this thought. The developmental comparisons made in the experimental group reveal significant differences in language-cognitive, fine motor, gross motor, and social skills-self-care skills between the posttest scores. However, any significant developmental difference in fine motor, gross motor, and social-self-care skills other than language cognitive development area was not seen in the control group, which was not subjected to any application. It is thought that the difference in language cognitive development areas between pretest and posttest scores of the children in the control group may originate from the variables such as more frequent communication of parents with their babies or reading activities for them. Moreover, it is believed that the difference in the experimental group results from the materials offered to parents in family training seminars and during the developmental applications for children, and the practices performed to show how they

will use them and the activities of parents with their children have a positive impact on the development of the children. Furthermore, it should be taken into account that the detected significant increase in self-sufficiency of parents will positively affect qualification of the practices they performed at home to support their children. This study reveals that the training given to parents with children in early childhood contributes to the development of their children. Several studies have demonstrated the impact of a mother's educational level and her care manner (Dereli & Koçak, 2005), relationship of the parents' educational level with academic success and motivation of their child (Eccles, 2005) and that the training provided to parents diminish problematic behaviors (Arkan, 2019). In addition, there are studies that show the significant effect of the training given to mothers on a child's cognitive skills (Kartal, 2005; Kılınç, 2011), social skill level (Neslitürk, 2013), internalizing and externalizing behaviors and social skills (Sayın, 2014), home atmosphere which supports development and training (Alkan et al., 2014), and level of readiness for basic training (Alakoç Pirpir, 2011). It was also indicated that the training provided to fathers contributes to language development (Ersan, 2015). Such studies show how training for parents contributes to, especially, the development of the 3-6 age group. It can be said that when findings of the studies in the literature are compared with those of this study, the primary difference arises from rarity of the studies that provide insight into the 0-3 age period. Therefore, it is believed that as an early intervention program characterized as interdisciplinary, MFSEP will form substantial data for literature.

The basic quantitative finding of the study points out that the MFSEP has a significant impact on the development of the parents' sufficiency. Qualitative findings promote this result as well. Most participants stated that they experienced positive changes in themselves. In addition, numerous studies that discuss the influence of training given to parents supports such statements. The findings obtained from several studies show that the support provided to parents has positive effects on their child-raising attitudes and behaviors (Alkan Ersoy et al., 2014; Kılınç, 2011; Yılmaz Bolat, 2011) and lead to a decrease in behavioral problems of children, and thus, parents' depression level (Özmen, 2013), stress level, and irrational beliefs decline (Çekiç et al., 2016) and relationships and communication of parents with their children are affected positively (Özel & Zelyurt, 2016). It was indicated that the training given to mothers raises their competence levels (Sayılır & Kaya, 2015), reduces iron discipline (Tönbül, 2019), generates significant differences in competent motherhood styles and communication skills (Yalman, 2014), and affects self-regard and mother-child relationship positively (Çağdaş et al., 2010). Pehlivan (2008) subjected the mothers under risk to a program to enhance their self-confidence and competence feelings and it was concluded that self-regard and life satisfaction of mothers and their skills to cope with the difficulties in family increased. Moreover, Sorakın Ballı (2019) deduced that father-child relationships develop significantly as a result of the

participation in programs by fathers. The majority of these studies are for parents with older children who are aged 3-6. In Canada, 180 mothers with 3- to 8-month-old babies were included in a research within experimental model, and important developments in motherhood attitudes and attachment quality of mothers, their appreciation for interaction, decline in conflicts, and satisfaction and caring were observed as a result of the research (O'Neill et al., 2018). When assistance was provided to families for enhancing their family skills within the early intervention program of MFSEP held for parents and children aged 0-3 years with "Every family is a school" mentality, substantial differences in development of their children were revealed. Views of the participants contain supportive statements, whereas quantitative data point out to such difference. Parents exhibited advancement in self-sufficiency skills, and it was determined that they are aware of such sufficiency. In this sense, findings of the research in which quantitative and qualitative data support each other can be regarded as another outcome of the research.

According to Bronfenbrenner, "Family is the most effective tool for making human beings human" (Aral et al., 2014; Bronfenbrenner, 2005; Rosa & Tudge, 2013). In Bronfenbrenner's Ecological Systems Theory, family has a critical status by taking place in the microsystem inside the nucleus, which directly affects child, and so, it interacts with the child one-to-one and is in relation with the other systems. Family training programs appeal to the closest circle of child who is in one-to-one interaction with him/her. They aim to increase the positive behaviors expected from child and family (academic success, adaptation, communication of child, etc.) and decrease the negative behaviors (problematic behaviors, domestic problems, etc.) (Aral et al., 2014; Özgün, 2017; Tezel Şahin & Özyürek, 2011). The general purpose of family training sessions is to support development and learning of children at an early age through families by training them. Successful practices of family training programs are known in our country. One of them is the training programs of Mother Child Education Foundation (AÇEV) for mothers, which targets promoting development of the children at an early age. Another one is "Family Training Programme for 0-18 Age Group." Despite all efforts for generalization, the number of families reached is not enough (Ural, 2020). The sustainability and prevalence of the training programs offered to parents is significant. It was highlighted in a research that low rates of participation in family training courses result from insufficient publicity of courses, ignorance of parents, difficulty in transportation to course centers, missing financial support of courses for parents, absence of someone who would take care of children at course hours, and inappropriate location and time of the course (Ay & Şahan, 2018). In this regard, it can be said that the 0-3 age range is more critical, and one of the major elements that affects the participation of parents is accessibility, considering care processes. In a research conducted in Spain, e-health care service was provided within a program named "Health and Well-Being as from Delivery";

effectiveness of the program was found to be high, and it was revealed that a greater audience of participants can be reached and expectations are met with a web-based program (Callejas et al., 2018). MFSEP has become an accessible model for all participants with its distant learning sessions held once a week, and closed group social media accounts as well as face-to-face sessions conducted once a week. It is believed that this model raises effectiveness of MFSEP.

It is known that the experiences gained by babies or children in early childhood directly affect areas of language and cognitive, physical, and social development. Neurologists assert that 85% and 90% of the capacity of human brain are completed by ages 2.5 and 3 years, respectively (Purves, 1994). The early intervention processes in which sources are directed for being used to change, develop, and adjust biological and environmental risk of child (Bayhan, 2016) mean noticing problems early and providing the necessary support if available and giving a qualified environmental assistance as from the first moment. MFSEP, an early intervention program, regards family as a school where the first and the most fundamental learning of children takes place, and focuses on developmental potential. Thongseiratch et al. (2020) reviewed 2941 academic articles that are based on online parenthood programs, with a meta-analysis. Primary common ground of these articles is that parenthood programs focus on behavioral and emotional problems of children and parents' mental health. Magaña et al. (2020) performed an experimental study that targets supporting Latin American mothers and children, and the study reported that increased self-confidence of the mothers who attended the program helped establish positive relationships with their children and spouses. Furthermore, positive results were obtained from the children who participated in the program. As part of their study, Suardi and Samad (2020) implemented a program about how Indonesian mothers with children aged 0-5 years can contribute to language developments of their children in home atmosphere and daily life. According to findings of the research, the mothers in the experimental group positively contributed more to language development of their children in home environment as a result of participation in the program.

MFSEP adopted a preventive early intervention method by enabling family to grow and develop collectively and helping parents provide proper and influential support to their babies right from their delivery. One of the significant results of this research is the requirement for longitudinal follow-up of MFSEP participants to determine the effects of this method in long term. Some of the studies that show the effect of early intervention programs performed with families are the study of Skeels and Dye in 1939, in which gains of mentally disabled children aged 1-2 were studied from the applications lasting half an hour every day (Güzel, 2009) and studies performed with the mothers who directly gave care to their children within Milwaukee project in 1971 (Garber, 1989; Heskin, 1984) and the Head Start Project initiated for disadvantaged children in 1964 (Love et al.,

2005; Whitehurst et al., 1994; Ziegler & Muenchow, 1992). According to Lynch (2004), countries need to invest in high-quality early childhood programs to enhance life quality of millions of children, reduce crime rate, make the future labor force more productive, and bolster up the economy. The final relief in budget to be achieved by offering program services to poor children will finance the most urgent future needs of the country. From this perspective, early intervention programs have the potential of positively affecting social and economic life of the society in long term as well as upbringing a healthy generation. The early intervention programs applied in our country are as follows: AÇEP/ Mother-Child Training Programme to enable the children in low socioeconomic level and under risk and to raise the awareness of preschool education among mothers; BADEP/ Father Support Programme by AÇEV to inform fathers about child development and education and enable them to develop more free and fair relationships with spouse and children; Mother Support Training Programme for preparing the children who lack preschool education, for school and foster mothers, and Summer Preschools; and Mother Support Programme for preparing the children of poor families lack of preschool education, for primary school and raising awareness of their mothers regarding child development and education; My Family Programme prepared by UNICEF, Social Services and Child Protection Agency (SHÇEK), various ministries and nongovernmental organizations for the families who have children aged 0-6 years and need social support; Basic Training Programme for Family (AİTEP) created for families with children aged 0-18; MNE 0-18 Years Family Training Programme prepared by Ministry of National Education (Dere Çiftçi & Aksoy, 2014; Kartal, 2015; Özgün, 2017; Tezel Şahin & Özyürek, 2011); Portage Early Intervention Programme, which is applied to children from delivery to 72nd month within a home-based model via their mothers (Biber & Ural, 2016); Little Men Early Intervention Programme, which is a home-based model implemented with children from delivery to the 3rd year via their mothers (Sucuoğlu, 2001); and Mother Training Programme prepared by Gazi University as a home-based model applied through the mothers of children aged 0-4 (Baykan et al., 1993)

MFSEP was created for the children aged 0-3 years and families is an early intervention program. It is noteworthy that this program uses distant education technologies effectively and involves open interdisciplinary cooperation, with focus on being protective/preventive, easily accessible, and applicable. Furthermore, the program was prepared and implemented by a professional team. Unlike the formerly applied models, MFSEP is important for centering the whole family in mother-father-child triangle rather than only mother who cares for her child and for being developed and applied with an institution-based approach. Another significant point is that the MFSEP team has a health care professional specialized in newborns and child care and health. MFSEP suggests a new model that is more effective and can be easily implemented in our country. It helps mothers/fathers in the early years rather than leaving them alone to learn from their mistakes in the first years of parenthood and

offers support to enable proper development of the baby/child at home. It is essential for such support to be of a long-term and sustainable nature, with small-scale daily activities to ensure development of babies/children and to enhance supportive parenting skills. MFSEP support the families with a development calendar, a diary with which they can provide developmental support to their children until the end of the 36th month by taking notes regardless of the chronological age during its start, and they can perform developmental tracking. MFSEP that offers significant assistance to parents in raising their self-sufficiency in the first years of their baby is different from the other early intervention programs. Owing to the hybrid model of MFSEP, the pandemic that emerged 2 weeks before the end of MFSEP applications did not suspend the practices. This model has demonstrated that environment circumstances can alter and transform in an unexpected way. It is noteworthy that despite all difficulties, the program is able to continue at any time and in any case without any disruption in terms of access to it.

This research has several limitations. The COVID-19 pandemic, which began to affect our country as well during the application necessitated holding of the last 2 face-to-face sessions online. Moreover, number of subjects, selection of subjects, and demographical features of the participants in experimental and control groups complicate generalization of the results.

It is important to reveal the effectiveness of MFSEP prepared for the children aged 0-3 years and their families, in long term by consolidating the program with the results based on a higher number of participants and longitudinal follow-ups. Of note, programs such as MFSEP will contribute to the development of more families through cooperation between local administration and universities. Furthermore, support of the Ministry of National Education, the Ministry of Family, Labour, and Social Services, and General Directorate of Child Services in above services will make sound contributions to holistic development of the families with children aged 0-3 years.

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