34.93±4.82, and the mean age of the children was 3.67±1.85.

Table I: Sociodemographic characteristics of the participants

Socio-demographic characteristics	n	%
Education		
High school graduate and below	50	28.0
Bachelor's degree or higher education level	128	72
Childs gender		
Female	82	46.1
Male	96	53.9
Childs attending to a school		
Yes	119	66.9
No	59	33.1
Smoking		
Yes	29	16.3
No	149	83.7
Having a chronic illness		
Yes	22	12.4
No	156	87.6
	Mean	**SD**
Mother's Age	34.93	4.82
Children's Age	3.67	1.85
Total	178	100

As seen in Table 2, the mean total score of CHQ for participating mothers was 39.08±8.88; the score for the Helpless and mother-child frightened subscales was 15.03±3.97 and the score for the Child caregiving subscale was 24.04±7.43. The mean score of the K10-PDS scale was 21.97±9.29. The mean total score of MSPSS was 61.71±16.51. The scores for the subscales of the scale were as follows: Family subscales score was 19.97±6.29, Friend subscales scorewas 20.03±6.19, and Significant Others subscales score was 21.69±5.19.

Table II: The distribution of the mean scores obtained from CHQ, K10-PDS, MSPSS with their subdimensions by the mothers.

Scales	Mean (SD)	Min. / Max.
CHQ overallscore	39.08 (8.88)	19-65
Helpless and mother-child frightened subscales	15.03(3.97)	5-25
Child caregiving subscales	24.04 (7.43)	13-45
K10-PDS	21.97 (9.29)	10-50
MSPSS	61.71 (16.51)	12-84
Family subscales score	19.97 (6.29)	4-28
Friend subscales score	20.03 (6.19)	4-28
Significant Others subscales score	21.69 (5.19)	4-28

The comparison of the scores obtained from the scales according to the socio-demographic characteristics of the mothers is presented in Table 3. CHQ, K10-PDS, and MSPSS scores were not vary according to educational level. The helpless score of mothers with children attending school was statistically significantly higher than those whose children did not attend school ($p<0.01$). The child's gender and the mother's smoking status did not statistically affect the scale scores.

Table III: Comparison of scores obtained from CHQ, K10-PDS, MSPSS scales according to participants' sociodemographic characteristics

Sociodemographic Characteristics (n)	CHQ		K10-PDS		MSPSS	
	Mean (SD)	p	Mean (SD)	p	Mean (SD)	p
Education						
High school graduate and below	39.18(9.34)	0.929	20.68(8.01)	0.247	64.50(17.61)	0.160
Bachelor's degree or higher education level	39.04(8.74)		22.47(9.72)		60.62(16.0)	
Childs gender						
Female	39.10(9.15)	0.972	21.69(9.66	0.714	61.19(1.86)	0.70
Male	39.06(8.70)		22.20(9.0)		62.15(1.65)	
Is the child going to school						
Yes	40.64(9.08)	**0.001**	21.71(8.61)	0.601	61.76(16.75)	0.953
No	35.93(7.63)		22.49(10.59)		61.61(16.14)	
Smoking						
Yes	41.17(8.30)	0.167	21.93(9.15)	0.979	60.27(14.42)	0.610
No	38.67(8.96)		21.97(9.34)		61.99(16.91)	

** p≤0.05*

The participants' correlationlevels of CHQ, K10-PDS, and MSPSS is presented in Table 4.A statistically significant moderate positive correlation was found between the mothers' CHQ score and the K10-PDS ($p<0.01$) scale score ($p<0.05$). A statistically significant negative weak correlation was found between the CHQ and MSPSS ($p<0.05$, $r= -0.152$) scale scores. A weak negative relationship was found between CHQ and MSPSS. In addition, it was determined that there was a statistically significant positive correlation between the child's age and CHQ ($p<0.05$, $r= 0.173$). A low level positive relationship was found between child's age and CHQ. In other words, it can be said that as the age of the child increases, the helplessness experienced by the mothers in child care increases.

Table IV: The participants' correlation levels of Child Care Helplessness (CHQ), Psychological Distress (K10-PDS), and Perceived Social Support (MSPSS)

Scales	**CHQ**	
	r	**p**
K10-PDS	0.303	0.000*
MSPSS	-0.152	0.043**
Variables		
Mother's age	0.006	0.937
Number of children	-0.035	0.640
Children's age	0.173	0.021**

**p<0.01, ** p<0.05*

DISCUSSION

It has been stated in the literature that high levels of psychological distress in mothers can pose a risk to the emotional and social development of children[15]. The mental health status of the mother significantly affects the maternal role and may hinder the mother from meeting the demands of her child[16]. In this study, the aim was to determine the level of helplessness, psychological distress, and perceived social support experienced by mothers in child care. The average scores obtained by the participating mothers from the CHQ scale were 39.08±8.88. Based on the minimum and maximum score ranges that can be obtained from the scale, it can be said that mothers experience moderate levels of helplessness. A previous study ~~has~~ had shown that mothers experience feelings of helplessness and powerlessness during the postpartum period[17]. In their study conducted by Toscano et al (2018) to determine the helplessness experienced by mothers in child care, it was reported that children have a cheering effect on their mothers and that mothers need to develop behaviors to fulfill their children's care responsibilities[18]. The average score of mothers on the K10-PDS scale was 21.97±9.29, indicating a possible mild level of psychological distress. In a study conducted with mothers living in the Pacific Islands, it was found that 19% of the mothers reported experiencing psychological distress[19]. Chu and Lee determined in their study that 30.3% of mothers reported significant levels of psychological distress[7]. A study conducted on individuals from different countries found that Moroccan and Turkish women had higher levels of psychological distress compared to Dutch women[20]. The mental well-being of the mother in the care of children, who are a source of happiness and joy for families, will significantly increase the motherhood role and positively impact the full and accurate fulfillment of the child's needs[16]. The mean total score of mothers in the MSPSS in this study was 61.71±16.51 (high level). In a study conducted with 128 mothers, it was reported that as mothers' perceived social support increased, parenting stress decreased [21]. Mothers should be encouraged to recognize and use their existing social support resources.

In this study, mothers whose children go to school had higher CHQ scores compared to those whose children did not go to school. This may be related to the stressors such as homework and school problems that come with having children in school. The fact that the child

is with the parent and not attending school may provide the mother with a sense of control and comfort in caring for the child.

In our study, it was found that there was a statistically significant positive correlation between mothers' CHQ score and K10-PDS scale score. This result indicates that as mothers' level of psychological distress increases, their sense of helplessness also increases. Psychological problems experienced by parents affect the cognitive, emotional, and physical development of children. Therefore, the mental well-being of the mother is important for the healthy development of the child. It is recommended to provide supportive interventions for mothers to reduce their helplessness. A study focusing on improving the mental health, parenting competence, and treatment participation of mothers with high-risk children under the age of 6 through a parenting and self-care skills group program showed a decrease in depression, post-traumatic stress disorder and caregiving helplessness among mothers[22]. Similarly, Pinto et al. (2019) found that as parental stress increased, post-traumatic stress disorder and psychological distress also increased[23]. Among this high-risk group of mothers of infants, there would be a correlation between maternal depression, parenting stress, perceived infant socioemotional problems, and both helplessness and frightened caregiving as assessed by the CHQ[5]. Caregiving helplessness was positively predicted by maternal anxiety, but not maternal depression, after accounting for socio-economic status (SES)[24].

A statistically significant negative correlation ~~($p<0.05$)~~ was found between CHQ and MSPSS scale scores. In other words, as perceived social support increases in mothers, their helplessness decreases. A woman's relationships with her partner, mother, and friends are of central importance for her psychological functioning in the postpartum period[25]. Additionally, a study found that perceived social support was positively related to parenting self-efficacy[26]. In a study conducted with mothers of children with developmental disorders, it was determined that family resilience manages the relationship between the mother's psychological distress and the severity of the children's developmental disorders[27]. A study conducted during the COVID-19 period in China found that active coping strategies and increased social support were significantly related to decreased psychological distress[28]. A study conducted with mothers of children diagnosed with autism found that as the level of perceived social support increased, their levels of anxiety and burnout decreased[29]. In another study, it was found that postpartum depression decreased as the perceived level of social support increased in mothers[30].

CONCLUSION

This study found that the psychological distress experienced by mothers was positively associated with helplessness in child care and negatively associated with perceived social support. Primary care professionals who play a crucial role in maternal and child health should include screening for mothers' psychological distress. To support healthy parenting, it is essential for health professionals to actively assess and intervene in the psychological distress of mothers who play a primary role in child care. This study is significant because it identifies psychological distress, which is effective in evaluating the mental health of mothers, and child care helplessness, which affects child care. Since social support levels of mothers reduce both psychological distress and helplessness in child care, it is recommended to encourage mothers to use existing social support tools.

Ethics Committee Approval: This study was conducted in accordance with the ethical standards of the Helsinki Declaration. Institutional permission

for the study was obtained from the Education, Research, and Application Hospital administration, and ethics committee approval was obtained (Decision No.2023/01-04, Date: 4 January 2023) before the study.

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