



9 items

 α = .91

Introduction

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studies revealed that children and addiescents with chronic physical disabilities display high levels of social and													
isability are no		2009). Social-emotional difficulties in the heir disability but also with their parent	 Child's age, number of operations the child had, and child's age at the first operation were not significantly related to child's social- emotional competence. 										
•				 Girls (M = 2.7; SD = .64) were found to have higher 	er social-emotiona	l competer	nce than bo	ys (<i>M</i> = 2.4, 5	SD = .64); F (1, 103) = 5.3	0, <i>p</i> < .05.		
\im:				Table 1									
The present study aims to shed light on social-emotional functioning of Turkish youth with orthopedic disability. It				Zero order correlations among variables (N = 105)									
nvestigates the role of personal (e.g., severity of the disability, number of operations) and family related (e.g., stress,				Social-emotional									
upport, parenting goals) factors in children's social competence.					Competence	1	2	3	4	5	6	7	
Nethod				1. Family SES	.02	-							
ICUIUM			2. Number of other chronic health problems of the child	19*	05	-							
Participants			 Severity of the orthopedic disability A Maternal stress 	21*	04	.10	-						
105 children (53 males) with orthopedic disability and their mothers living in 17 different cities of Turkey.			 Maternal stress Child-oriented goals 	22* .23*	21* 00	06 02	.03	- .03	_				
			t crucs of functy.	6. Parent-oriented goals	.22*	.20*	.17+	06	.05 19*	.38***	_	_	
	Age range: 11 months to 14.5 years ($M_{age} = 7,7$ years ; $SD = 3.5$)			7. Social support from family	.22*	.16	11	25**	06	.31***	.28**	-	
Children	22% had another chronic health problem (e.g., hearth or kidney problems)			8. Social support from friends	.05	.15	.08	.04	10	.17+	.07	.23*	
	15% had a diagnosed developmental disorder (e.g., ADHD, learning disorders)			+ p < .10, * p < .05, ** p < .01, *** p < .001									
	71% had congenital orthopedic disease, however 33% did not receive treatment on time												
	43% had two or more operations			Backwards regression analysis:									
	26% had at least one family member with orthopedic disability			• DV: Social-emotional Competence									
	34% were born within a kin marriage			• IVs: 1) Severity of the orthopedic disability 2) Child's sex 3) Number of other chronic health problems of the child 4) Child-oriented									
				goals 5) Parent-oriented goals 6) Maternal stres	ss 7) Social suppo	ort from far	nily						
	Age range: 18 to 51 years (<i>M_{age}</i> = 34.2 ; <i>SD</i> = 6.8)												
	93% were housewifes; 6% were unskilled workers			Table 2									
Mothers	13% were illiterate; 53% were primary school graduates			Regression analysis predicting social competence (N = 1	.05)			D 2			0		
	69% had household income lower than 1000TL (535 \$); 26% had household income 1000-2000TL (535 to 1070 \$)			Model 4		K	Adjusted	κ ²	В		5		
	57% lived in a city, 43% lived in county or village								10		17*		
				Severity of the orthopedic disability Child's sex					18 30		3**		
<u>Measures</u>			Child-oriented goals					.30		3**			
Social-emotional Competence:			Maternal stress	•4	46	.18		15		9**			
Social Comp	- atomas and Robavier Evolution 20	Social Compotonce		* <i>p</i> < .05, ** <i>p</i> < .01									
-	etence and Behavior Evaluation- 30 Dumas, 1996)	Social Competence (7 items)	$\alpha = .69$	p < .00, $p < .01$									
•													
Parenting Go	bals:			Discussion									
Rank order of Parental Values Scale (Schaefer & Edgerton, 1985)		Child-Oriented Goals (7 items)	$\alpha = .65$										
		Parent-Oriented Goals (9 items)	$\alpha = .78$	 The results indicated that girls had higher so 	ocial-emotional co	ompetence	e than boys	5. This findir	ng is consist	ent with the	eliterature	2.	
Maternal Stress:			• Parenting stress and the severity of disability were two factors significantly associated with lower levels of social-emotional										
Parenting Daily Hassles ScaleIntensity of Stress (20 items) $\alpha = .89$ (Crnic & Greenberg, 1990)		competence in the Turkish youth with chronic	orthopedic disat	oility. Diffe	rent from t	the findings	in the litera	ature on typ	ically-				
		developing children, maternal stress was not a	associated with su	upport per	ceived to b	e received f	From the far	mily or frien	ds. And				
Severity of Orthopedic Disability:			neither the support from the family nor from	friends did mode	rate the in	fluence of	maternal str	ess on child	d's social-en	notional			
			competence.										
Gross Motor	· Function Classification System- GMFS (F	alisano, 1997)		•	mined child-orie	nted goals	predicted	child's socia	l-emotional	Comnetena	e more		
Support:			 Among the long-term socialization goals examined, child-oriented goals predicted child's social-emotional competence more strongly. This study reveals that valuing child's personal development and psychological well-being is helpful for social-emotional 										
Index of Perceived Social Support (from friends) 10 items $\alpha = .90$		development of Turkish children with orthope	-				יוקישיו כי פייי			••			
(Henderson et a					and argumity.								

Support from the family

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				 Girls (<i>M</i> = 2.7; <i>SD</i> = .64) were found to have high 	er social-emotiona	al compete	nce than boys	s (<i>M</i> = 2.4, S	SD = .64); F (1, 103) = 5.3	0, <i>p</i> < .05.	
investigates the		tional functioning of Turkish youth with disability, number of operations) and fam ompetence.	Table 1 <i>Zero order correlations among variables (N = 105)</i>	Social-emotional Competence	1	2	3	4	5	6	7	
Method <u>Participants</u> • 105 children (53 males) with orthopedic disability and their mothers living in 17 different cities of Turkey.			1. Family SES	.02				· ·		•		
			2. Number of other chronic health problems of the child	19*	05	-						
			3. Severity of the orthopedic disability	21 *	04	.10	-					
			4. Maternal stress	22*	21*	06	.03	-				
• 105 children			t cities of Turkey.	5. Child-oriented goals	.23*	00 20*	02 17+	.05	.03 19*	- .38***		
	Age range: 11 months to 14.5 years (M_{age} = 7,7 years ; SD = 3.5)			 6. Parent-oriented goals 7. Social support from family 	.22* .22*	.20* .16	.17+	06 25**	06	.38***	- .28**	-
Children	22% had another chronic health problem (e.g., hearth or kidney problems)			8. Social support from friends	.05	.10	11	.04	10	.17+	.20	.23*
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				goals 5) Parent-oriented goals 6) Maternal stre				-				
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	13% were illiterate; 53% were primary school graduates			Regression analysis predicting social competence (N =	105)	<u> </u>		2			0	
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Stronveant a entry, 1976 hveant country of vinage			Severity of the orthopedic disability Child's sex					18 30	2 2	22* 3**		
<u>Measures</u>			Child-oriented goals					.30		3** 8**		
Social-emotional Competence:			Maternal stress	•'	46	.18		15	1			
-	Dumas, 1996)	Social Competence (7 items)	$\alpha = .69$	* <i>p</i> < .05, ** <i>p</i> < .01								
Parenting G	oals:			Discussion								
Rank order of Parental Values Scale Child-Oriented Goals (7 items)		Child-Oriented Goals (7 items)	$\alpha = .65$	DISCUSSION								
		Parent-Oriented Goals (9 items)	$\alpha = .78$	 The results indicated that girls had higher s 	ocial-emotional co	ompetenc	e than boys.	This findir	ng is consist	ent with the	e literature	2.
Maternal St	ress:			 Parenting stress and the severity of disabilit 	y were two factor	rs significa	ntly associat	ed with lov	wer levels o	f social-emo	otional	
Parenting Daily Hassles ScaleIntensity of Stress (20 items)(Crnic & Greenberg, 1990)		$\alpha = .89$	competence in the Turkish youth with chronic orthopedic disability. Different from the findings in the literature on typically- developing children, maternal stress was not associated with support perceived to be received from the family or friends. And									
Severity of Orthopedic Disability: Gross Motor Function Classification System- GMFS (Palisano, 1997)			neither the support from the family nor from friends did moderate the influence of maternal stress on child's social-emotional competence.									
Support:				 Among the long-term socialization goals examples 	-	U	•			•		1
Index of Perceived Social Support (from friends)10 items $\alpha = .90$ (Henderson et al., 1978)		strongly. This study reveals that valuing child's personal development and psychological well-being is helpful for social-emotional development of Turkish children with orthopedic disability.										
Support from		Qitama	$\alpha - 01$									

Social-emotional Wellbeing in Low SES Turkish Children with **Chronic Orthopedic Disability**

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Results



