



## COMPARISON OF THE RECREATIONAL BARRIERS OF THE MOTHERS WITH 0-2 YEARS OLD CHILDREN ACCORDING TO SOME DEMOGRAPHIC VARIABLES

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### Abstract:

The aim of this study is to compare the recreational barriers of mothers with 0-2-year-old children according to some demographic variables. The study is a descriptive study and is limited to mothers with children between the ages of 0-2. The random sampling method was used in this study and the sample group consisted of 213 mothers ( $X_{age} = 29.33 \pm 4.78$ ). In this study, a questionnaire form consisting of two parts was used as a data collection tool. There were questions about the demographic information of mothers in the first part, and there was Mothers' Recreational Barriers Scale (RBOMS-02) developed by Ardahan and Yakut Tekmenüray (2022) in the second part. The questionnaire was applied to mothers who were waiting at the pediatric outpatient clinics of Akdeniz University, Faculty of Medicine and Antalya Training and Research Hospital, and who voluntarily participated in the study, in stores selling baby/child supplies in the city center of Antalya between 1st October and 15th December 2019. In the evaluation of the data, besides descriptive statistics, Independent-Samples T Test in independent samples, ANOVA test and LSD test were used to determine between which groups the difference was. The results were questioned at the 0.01 and 0.05 significance level. When the recreational barriers of mothers are examined according to the "education level" variable; there is a statistically significant difference in the disadvantage of primary school graduate mothers in sub-dimensions of physical perception and health, family and others' pressure. When the recreational barriers of mothers are examined according to the variable "place of work", there is a statistically significant difference in favor of housewife,

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unemployed and student mothers in the "caregiver-sourced" sub-dimension. When the recreational barriers of mothers are analyzed according to the "family income" variable, there is a statistically significant difference in the disadvantage of low-income mothers in sub-dimensions of insufficient budgets/access to expensive and transportation barriers. As a result, in a society where it is difficult to be a woman, having children between the ages of 0-2 puts a burden on mothers' lives and causes them to continue their lives with many recreational obstacles.

**Keywords:** mother with child, recreational barriers, age 0-2, recreation

## 1. Introduction

Motherhood is a holistic structure with both physiological, cognitive and emotional dimensions. While being a mother requires a woman to be physiologically, cognitively, and emotionally prepared, many mothers often become unprepared in some of these dimensions.

The special adherence between mother and child is the process where the psychological preparation of a woman for motherhood turns into reality. Motherhood is a life-long process of change that begins with the learning of pregnancy and integrates with the birth and cuddle of the baby after an average of 40 weeks. Motherhood is the physiological, psychological and emotional change that begins during pregnancy.

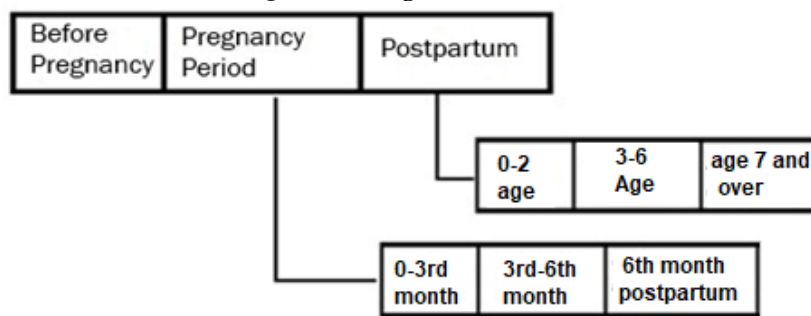
The pregnancy period is the first time that motherhood begins. The pregnancy period, as given in Figure 1, can be divided into three; a) 0-3rd month; the first period of pregnancy is the period when the pregnancy is first learned, where surprise, joy and support in the family are seen, and the expectant mother lived without a major change in her previous life. b) 3rd-6th month; the second period of pregnancy is a period in which the mother's hormones change, the baby is felt, the mother begins to gain weight physically, and is partially distanced from her previous life. c) the third period of pregnancy is the period until the 6<sup>th</sup> month to postpartum. In this period, the woman has gained weight and has been away from her previous social and recreational life.

Postpartum can be divided into three periods. The first period is the period between 0-2 ages when the child is in need of the mother's care. The second period is the period between the ages of 3-6 when the child starts to walk, feed himself, strong social ties within the family are established, and the burden of the child is relatively borne by other family members or caregivers. The third period is the period of 7 years and after, when the child's burden on the mother has decreased significantly. In each of these periods, mother and child are at the center of life, and even if the mother's burden decreases as the child grows, the responsibility of motherhood is lifelong.

The woman has entered an irreversible period with the difficult moment of birth that protects both her own health and the health of the child, continues by adapting to the change process. The harmony of the mother with the child during and after the birth and the mother's being closer to the child both physiologically and emotionally during

the breastfeeding period are important for the healthy growth of the child. Starting from the breastfeeding period, the mother undertakes the role of nurturing the child, as well as caring for the child, giving love and attention, and teaching (Koç et al., 2016). When the motherhood role is added, the role of the woman in the family will increase greatly. In particular, it is a change in which the mother takes on another role, apart from the role of a businesswoman if she is working, and perhaps the child is at the center of the mother's life. This change causes the woman to have conflicts between multiple roles and to need the support of many people around her, especially her husband, with her own emotional intensity. Receiving this support alleviates the motherhood burden of the woman and positively affects the physiological and emotional health of the mother and child. The child is also directly affected by the anxiety, worry, joy, and excitement experienced by the mother during this period (Karamustafaloğlu and Tomruk, 2000).

**Figure 1: Stages of Motherhood**



It is a period in which a child aged 0-2 mostly needs the physical care of the mother, relieves his sense of trust with his mother, touches, makes eye contact, and talks to the mother and the child (Yenibaş, 2007). The bond of trust and belonging established by the mother during this period is important for the child to perceive the world safely (Gazioğlu, 2012).

After the age of two, the mother must be supported for the child to start talking, walking, grasping objects, and perceiving the world in a healthy way (Güven et al., 2005). Especially in this period, it is important for the mother to balance the thought that mothers who started working for professional and financial reasons neglect their children and the inability to concentrate on work sufficiently. Many women have difficulty in this process.

## 2. Maternity Ideologies

The construction of motherhood in different societies/cultures from past to present has been shaped according to the unique traditions and customs of each society/culture. In the historical process, more than one ideological approach has emerged that determines maternal identity. The most accepted of these ideologies included all women as the dominant motherhood ideology in that society (Kılıç, 2019). Motherhood ideologies,

which are based on the idea that the child should be cared for by the mother, express the value that society attributes to motherhood, expectations from the institution of motherhood, the manifestations of culture on motherhood, and the systematic way of thinking that shapes family relations developed around motherhood activities (McGlynn, 2002).

There are three important ideologies that shape maternal ideologies. These are Patriarchal Ideology, Technology Ideology, and Capitalism Ideology. According to the **Patriarchal Ideology of Motherhood**, the biological mother is expected to use all her labor and emotions for her child by being held responsible for the physical and spiritual development of the child. In this ideology, in which men are superior to women, motherhood of women means giving birth to children who ensure the continuation of the ancestry of men (Glenn, 1994). **Capitalism Ideology of Motherhood**; on the other hand, interpreted motherhood as labor and the child she gave birth to as the product of that labor. The value of motherhood is also measured by the value and quality of the child. According to this ideology, men use their labor in working life and women use their labor for unpaid domestic work and childcare activities (Rothman, 1989). **The Technology Ideology of Motherhood** emphasizes that the body should be accepted as a machine and the motherhood task should be fulfilled in a planned and programmed way like a machine. It includes the responsibility of the mother in all activities such as determining the time of conception, monitoring the development of the baby in the mother's womb, how and when the birth will take place, postnatal baby's care, feeding, protecting and raising it. A woman who carries out all these processes systematically is accepted as a good mother (Kılıç, 2019).

In addition to the ideologies mentioned above, there are Essentialist and Natural Ideologies of Maternity, Intense Maternity Ideology, Employed Mother Ideology, Modern Maternity Ideology.

According to the **Essentialist and Natural Ideologies of Motherhood**, it is inevitable for a woman to become a mother because of her biological characteristics. Motherhood is an instinctive concept and a reality universally applicable to all women. According to essentialist and natural ideologies, childcare activities are not only limited to the physiological needs of the child, but also include the interest, love and commitment to be shown to the child, and it is unacceptable to be given by someone other than the mother who gave birth to the child (Miller, 2010). Women who were born to be mothers but chose not to be mothers, or women who do not take care of their children but transfer their care to others, or who take care of their children together, fail to be good mothers (Kılıç, 2019).

Motherhood ideologies have strengthened the idea that women should stay at home and take care of their children by holding women responsible for childcare due to their genetic and biological nature. Capitalist, patriarchal, essentialist and medical approaches supported each other and contributed to the formation of the dominant ideology of today, **Intense Motherhood Ideology**. With this ideology, women are expected to fully devote themselves to their children. Intensive motherhood is an

ideology of high-cost and labor-intensive motherhood, in which motherhood is internalized emotionally, takes the child to the center, and is supported by experts. In this ideology, the mother is accepted as the only person responsible for the care of the child (Hays, 1996).

**Working Mother Ideology:** Especially in recent years, there has been an increase in the number of working mothers after the studies to support women's employment. Women's entry into the working life does not exclude them from domestic work, childcare and motherhood, which they are responsible for, on the contrary, increases the responsibilities on them. The ideology of working motherhood emerged as women who could not give up neither motherhood nor work life eroded the ideology of intense motherhood (Kılıç, 2019). In the period before modern industrial capitalism, motherhood was a very different form than today, as the main task of women, whose main task was to take care of domestic work and to fulfill some roles in the production processes. Although having a child or fertility is an important social reality for women, it is not possible to encounter a motherhood phenomenon that includes sacrifice towards the child and taking the child to the center (Yücebaş, 2019).

Since 1950, with the increase in the education level of women and their tendency to different professions, women's participation in the labor force has started to increase (Goldin, 2006). The fact that women participating in the working life, when they became mothers, stopped working or did not work for a long time made it difficult for them to carry out work life and motherhood together in accordance with the dominant motherhood ideologies. The industrial revolution has caused some important changes in the concept of motherhood. During this period, motherhood was still the main responsibility of the woman, and her work was a secondary responsibility, added to her main responsibility, which is motherhood. With the increase in the labor force participation of women, especially mothers, with industrialization, mothers tended to work part-time due to childcare activities and started to earn less. It was thought that full-time or part-time working women were considered to be mothers and the difficult situations created by the co-existence of motherhood and business life decreased the employment rate of women. Many women quit their working life after becoming working mothers or chose to take a break from working life for a long time. Considering the experiences of women in participating in working life, the professions ascribed to women are generally shaped by the role of motherhood; such as teaching, nursing, secretarial. Therefore, the experience of women in participating in capitalist production processes is mostly associated with jobs evoking motherhood (Yücebaş, 2019).

**Modern Motherhood Ideology:** Today, women have started to prefer to continue motherhood together with working life instead of choosing motherhood over working life. However, being working did not exclude women from domestic work, childcare, and motherhood (Yücebaş, 2019). Modern mothers should provide their children with appropriate care to the "most advanced" knowledge provided by modern medicine and pediatricians, while raising them according to the thinking style of the period and supporting their cognitive development. While doing all these, he should continue his

social life and career, and should not neglect his personal care. The mother needs support in childcare to achieve some of these difficult expectations together. In addition, it is not considered appropriate for the modern mother to get help from other women in the family, which is a traditional way, and professional support (nursery, nanny, etc.) means that she does not care enough for her child. In the modern sense, the ideal mother should be able to live her life as before she became a mother without even needing help while meeting all these expectations (Sever, 2015).

Modern thoughts and traditional understandings about motherhood (as motherhood is instinctive, sacred) come together and the mother's work is accepted, and the view that the main responsible for childcare is not abandoned, therefore it is seen that working mothers feel guilty. Today, based on the fertility potential of the woman, the concept of motherhood is attributed to a series of gender-related roles and stereotypes such as compassion, sacrifice, trust, loyalty, protection and devotion, and a social framework in which the woman's being a mother is glorified and otherwise expresses a "problem" (Bal, 2014).

According to the data of TUIK (2019), the rate of participation of women in the labor force is around 34%. Although there are some problems faced by the woman starting her working life, her gains are quite high. One of these negativities is the problems faced by the woman while performing her motherhood role. When both the housewife and motherhood role of the woman and the role of a businesswoman come together, the woman experiences both physiological and psychological difficulties in order to overcome all these roles. While coping with these difficulties, women are required to return to work life, especially for reasons such as having to give up from business life or career, supporting the household (Gültekin and Bener, 2008).

The psychological and physiological preparation of a woman for motherhood requires the formation of a conscious awareness. This process starts before becoming pregnant and prepares women for motherhood with training on nutrition, exercise, physical physiology and psychology of the woman during pregnancy. Even before the child, it is important for the mother to be educated in childcare to avoid surprises in the future. It has been found in many studies that, with the exercises prescribed for the person before and during pregnancy, the mother can overcome this process much healthier and without any problems, and even the birth is easier (Akbayrak and Kaya, 2008; Ağaoğlu, 2015). Exercises that are frequently done and recommended during pregnancy are pregnant pilates, pregnant swimming, pregnant yoga, pregnant gymnastics, walks in parks, light walks in nature, squats and breathing exercises. Of course, it is important for the mother to have the time and budget to do these exercises, the circle of friends to motivate her, when necessary, family relations, and alternatives to facilitate transportation.

### 3. Supporting of Mother and Their Recreational Barriers

Various studies have shown that recreation allows people to understand themselves better and improve their level of consciousness and can be an important factor in reducing anxiety and coping with stress. Some of the important risk factors for postpartum depression are stressful life events, social isolation and inadequate social support. For this reason, for mothers to have information about recreational activities and to transform this information into behavior, it is necessary to provide awareness training to both mother and father, to enrich these trainings in terms of content and to provide a suitable environment for the mother.

It has been shown in various studies that exercise provides the maintenance of both physical and psychological well-being and is also used as an alternative or additional treatment. In many studies, it has been stated that exercise has an anti-depressant effect, decreases the frequency of postnatal depression and decreases physical fatigue (Otto et al. 2007; Trivedi et al. 2006; Strawbridge et al. 2002; Penninx et al. 2002).

Maternity is a period when support is required due to the special needs of mothers, especially during pregnancy and the child's 0-2 age period, as well as being sacred. With both physiological changes and emotional and psychological changes, the journey of a woman to become a mother is necessary, important and valuable for the continuity of the universe. The personal life of the mother before and after marriage requires the re-design of the mother-wife, mother-family, mother-work, mother-social environment relationship. In addition to this, there are duties of those who run the city. It is both necessary and compulsory to design the public spaces, living spaces and all workplaces and buildings, including shopping malls, in the city, from sidewalks to public transportation vehicles, absolutely and strictly according to motherhood.

Mothers should be supported in her family, social and professional life. To fulfill supporting strategies in our country, "Baby Friendly Society and Communities" have been created. First of all, studies were carried out to make health institutions "Baby Friendly", and then studies were carried out to ensure the well-being of the mother and child with the concepts of "Baby-friendly province", "Golden baby-friendly province" and "Baby-friendly workplace" and tried to establish minimum standards. Baby-friendly healthcare organizations have been encouraged to open "Pregnant Schools", where prenatal, delivery and postnatal health services, education and consultancy services can be provided, and activity and exercise rooms are also available to ensure biopsychosocial well-being. With the concepts of 'baby friendly province', 'golden baby friendly province' and 'baby friendly workplace', it is aimed to provide social support suitable for mother and child and to present facilitating factors for the mother to continue her postpartum life (Yalçın, 2017). In another saying, a baby-friendly province means a city where all public places including sidewalks, parks, public transport are designed for mothers with babies to give priority to babies including breastfeeding, childcare, and putting the child to sleep. Similarly, a baby-friendly workplace means a workplace where mothers with

babies are designed with the priority of babies, including breastfeeding, childcare, and putting the child to sleep.

There are many barriers in daily life and individuals make life livable by dealing with these barriers. This is valid for all processes of life. The concept of an obstacle is defined as the limiting factor for something to happen or do. The recreational barrier concept in leisure time literature is defined as the constraints encountered in the ability of an individual to do and participate in their free time and require special efforts to overcome (Alexandris and Carroll, 1997). When a woman's recreational barriers before marriage are added to the responsibility of being a spouse after marriage, new obstacles can be added, although some obstacles often disappear. On top of that, it can be said that the recreational barriers of mothers have increased with the addition of obstacles originating from motherhood. Just as there is a need for solidarity among all family members in raising a child, individuals, couples, and families who can cope with the recreational barriers of mothers with children live a higher quality of life and a happier life. Of course, what is an obstacle and how to deal with that obstacle varies from individual to individual. Of course, the existence of recreational barriers that vary from person to person is not an obstacle in itself. The main obstacle is whether the strategies to cope with it can or cannot be overcome.

Recreational barriers defined by Crawford and Godbey (1987) were the psychology of the individual, lack of knowledge, lack of facilities and services or the distance of facilities, lack of friends, lack of time, lack of interest. Gürbüz and Karak Küçük (2007) consider recreation barriers as lack of facilities or distance to the facility, transportation barrier, lack of friends, lack of information, lack of budget, urban conditions, social environment, and lack of time. Öcal (2012) defined recreation barriers; physical perception, facility, income, family, ability perception, time, will and social environment. Deniz Öz and Ardahan (2019) study the recreational barriers as apathy, talent perception, individual psychology, physical perception and health, family reasons, facility-service-transportation, family and others' pressure, lack of time, lack of knowledge, impact of social environment, finding expensive. All of these barriers describe the barriers other than the individual's maternity-specific situation. Recreational barriers related to motherhood with children have not been fully addressed in any of these studies.

In this study, the scale developed by Ardahan and Yakut Tekmenüray (2020) was used to eliminate the deficiencies mentioned. Recreational barriers of mothers with children aged 0-2; "Physical perception and health", "talent perception", "facility-service shortage", "budget shortage / finding expensive", "family and others' pressure", "child-induced barriers", "facilities not designed for mothers with children", "indifference", "caregiver-related obstacles", "lack of friends", "transportation", "family reasons" and "lack of knowledge".



#### 4. Material and Methods

The aim of this study is to compare the recreational barriers of mothers with 0-2-year-old children according to some demographic variables.

The study is a descriptive study and is limited to mothers with children between the ages of 0-2. The random sampling method was used in this study and the sample group consisted of 213 mothers ( $X_{\text{Age}} = 29.33 \pm 4.78$ ).

In this study, a questionnaire form consisting of two parts was used as a data collection tool. There were questions about the demographic information of mothers in the first part, and there was Mothers' Recreational Barriers Scale (RBOMS-02) developed by Ardahan and Yakut Tekmenüray (2022) in the second part. The questionnaire was applied to mothers who were waiting at the pediatric outpatient clinics of Akdeniz University, Faculty of Medicine and Antalya Training and Research Hospital, and who voluntarily participated in the study, in stores selling baby/child supplies in the city center of Antalya between 1st October and 15th December 2019.

In the evaluation of the data, besides descriptive statistics, Independent-Samples T Test in independent samples, ANOVA test and LSD test were used to determine between which groups the difference was. The results were questioned at the 0.01 and 0.05 significance level.

#### 5. Findings

The distribution of mothers with children aged 0-2 by age is given in Table 1. As can be seen from the table, the majority of mothers (63.4%) are 30 years old or younger, 97.2% of them are married and 2.8% are single, the majority of them (66.2%) have a university or higher education level, 54.0% of them are housewives/students/unemployed, 20.7% work in the public sector and 20.2% in the private sector, the majority of them (48.4%) have a personal income of 450\$ or less, 46.5% of the total family income of mothers is 700\$ and below, the majority of them (75,6%) were not currently employed. The reason for not working is 9.9% of mothers use maternity leave and 8.7% use unpaid leave.

**Table 1: Demographic Variables**

<b>Age</b>	<b>n</b>	<b>%</b>	<b>Place of Work</b>	<b>n</b>	<b>%</b>
Age 25 and younger	42	19.7	Public Sector	44	20.7
Between 26-30	93	43.7	Private Sector	43	20.2
Between 31-35	56	26.3	My own business / Self-employment	11	5.1
Age 36 and older	22	10.3	House-wife / Student / Unemployed	115	54.0
<b>Education Level</b>			<b>Family Income</b>		
Primary education	23	10.8	700\$ and less	99	46.5
High school and equivalent	49	23.0	701 - 1400\$	67	31.5
College and above graduate	141	66.2	1401\$ and more	47	22,1
<b>Marital Status</b>			<b>Personal Income</b>		
Married	207	97.2	450 \$ and less	103	48.4
Single	6	2.8	451-900 \$	43	20.2
<b>General Total</b>	<b>213</b>	<b>100,0</b>	901\$ or more	67	31.5
<b>Reason of not Working</b>			<b>Currently Employment Status</b>		
I use maternity leave	16	9.9	Yes, I am employed	52	24.4
I use unpaid leave	14	8.7	No, I am not employed	161	75.6
I've got leave reporting.	4	2.5	<b>General Total</b>	<b>213</b>	<b>100,0</b>
I use the nursing leave	1	0.6			
I am not employed	126	78.3			
<b>Total of not Employed Mother</b>	<b>161</b>	<b>100,0</b>			

**Note:** Ps: Currency rate of 1\$= 5,6560 TL in 1st October 2019.

The distribution of mothers according to who takes care of the child is given in Table 2. As can be seen from the table, the rate of mothers who only take care of their children themselves is 31%, 29.6% of mothers who care for their children with their spouses, and 6.1% of mothers who care for their children together. It was found that significant portions of the employees currently look after their children with their family and caregivers and use a caregiver when necessary.

In addition, as can be seen from Table 2a, the support of the fathers in childcare for mothers reduces the negative effects of mothers on their physical and emotional health in the postpartum period. How the working of mothers with children affects mothers' lives is given in Table 2b. As can be seen from the table, although the working of mothers makes their life difficult when compared the postpartum period before pregnancy and the pregnancy period, there is no statistically significant difference in the comparison of both periods. On the contrary, mothers not working during this period cause them to have fewer difficulties in their relationships with family members and emotional health.

**Table 2:** Distribution by who is/are giving care to child

<b>Who is/are giving care to child?</b>	<b>n</b>			<b>%</b>
I give care alone	66			31.0
I and my husband give care	63			29.6
I and my family members give care	39			18.3
I and a caregiver give care	13			6.1
I, my husband and a caregiver give care	5			2.3
Even if I and my husband give care, we are helped by a caregiver in necessity	27			12.7
<b>Who is/are giving care to child?</b>	<b>Currently Employed Status</b>			<b>Total</b>
	<b>Yes</b>	<b>No</b>		
<b>I give care alone</b>				
n	1	65	66	
% on who giving care to the child	1.5	98.5	100.0	
% on being currently employed/unemployed	1.9	40.4	31.0	
<b>I and my husband give care alone</b>				
n	6	57	63	
% on who giving care to the child	9.5	90.5	100.0	
% on being currently employed/unemployed	11.5	35.4	29.6	
<b>I and my family members give care</b>				
n	25	14	39	
% on who giving care to the child	64.1	35.9	100.0	
% on being currently employed/unemployed	48.1	8.7	18.3	
<b>I and a caregiver give care</b>				
n	10	3	13	
% on who giving care to the child	76.9	23.1	100.0	
% on being currently employed/unemployed	19.2	1.9	6.1	
<b>I, my husband and a caregiver give care</b>				
n	2	3	5	
% on who giving care to the child	40.0	60.0	100.0	
% on being currently employed/unemployed	3.8	1.9	2.3	
<b>Even if I and my husband give care, we're helped by a caregiver in necessity</b>				
n	8	19	27	
% on who giving care to the child	29.6	70.4	100.0	
% on being currently employed/unemployed	15.4	11.8	12.7	
<b>Total</b>				
n	52	161	213	
% on who giving care to the child	24.4	75.6	100.0	
% on being currently employed/unemployed	100.0	100.0	100.0	

**Table 2a:** Comparison of the Postpartum Period (PSP) with the Pre-Pregnancy Period (PRP), Postpartum Period and the Pregnancy Period (PP) of the Situations where Only the Mother Care for the Child and the Parents Caring for the Child Together

Comparison on who giving care to child	Mother gives care alone				Mother and Father give care together			
	PSP-PRP Mean±SD	PSP-PP Mean±SD	t	p	PSP-PRP Mean±SD	PSP-PP Mean±SD	t	p
My recreational life	1,64±0,67	1,73±0,64	-1.180	,242	1,78±0,65	1,84±0,6	-,814	,419
My social life	1,52±0,70	1,58±0,70	-,851	,398	1,76±0,81	1,76±0,73	,000	1.000
My relationship with my husband	1,88±0,71	1,91±0,69	-,574	,568	2,06±0,78	2,05±0,75	,299	,766
My relationship with family members	2,06±0,65	2,00±0,65	1.271	,208	2,11±0,69	2,08±0,65	,814	,419
My / our economic status	1,59±0,58	1,61±0,60	-,375	,709	1,65±0,65	1,68±0,61	-,531	,597
My physical health	1,62±0,69	1,48±0,61	<b>2.009</b>	<b>,049</b>	1,6±0,68	1,68±0,71	-,820	,415
My emotional health	1,67±0,77	1,45±0,68	<b>2.777</b>	<b>,007</b>	1,78±0,87	1,75±0,8	,322	,748
My diet pattern	1,70±0,72	1,61±0,67	1.515	,135	2,03±0,82	2,03±0,8	,000	1.000
My sleeping pattern	1,36±0,54	1,33±0,56	,532	,597	1,25±0,59	1,41±0,63	-2.449	,017
My work life	1,59±0,58	1,58±0,55	,299	,766	1,79±0,67	1,75±0,62	1.000	,321

**Table 2b:** Comparison of Working or Not Working Situations of the Mother with the Postpartum Period (PSP) and the Pre-Pregnancy Period (PRP) and the Postpartum Period with the Pregnancy Period (PP)

The Case of mothers working or not	Working Mother				Non-Working Mother			
	PSP-PRP Mean±SD	PSP-PP Mean±SD	t	p	PSP-PRP Mean±SD	PSP-PP Mean±SD	t	p
My recreational life	1,71±0,64	1,67±0,61	,652	,517	1,70±0,70	1,75±0,62	-,944	,347
My social life	1,55±0,71	1,65±0,70	-1.154	,253	1,60±0,77	1,62±0,71	-,294	,769
My relationship with my husband	1,84±0,74	1,88±0,69	-,686	,495	1,99±0,76	1,99±0,71	,185	,853
My relationship with family members	1,97±0,70	1,97±0,66	,000	1.000	2,13±0,67	2,05±0,66	<b>2.329</b>	<b>,021</b>
My / our economic status	1,51±0,58	1,55±0,65	-,652	,517	1,61±0,62	1,61±0,59	,000	1.000
My physical health	1,54±0,63	1,52±0,65	,184	,854	1,65±0,70	1,60±0,68	,774	,440
My emotional health	1,65±0,81	1,68±0,81	-,406	,686	1,72±0,82	1,58±0,74	<b>2.577</b>	<b>,011</b>
My diet pattern	1,75±0,73	1,77±0,78	-,199	,843	1,90±0,80	1,81±0,76	1.835	,069
My sleeping pattern	1,29±0,62	1,32±0,60	-,445	,658	1,31±0,58	1,36±0,61	-1.185	,238
My work life	1,59±0,64	1,55±0,63	,830	,409	1,61±0,59	1,60±0,55	,533	,595

**Note:** Current Employees, Those Using Maternity Leave, Those Using Milk Leave are included in the working mother group. Non-working mothers were included those who were not currently working, those with a report, those who took unpaid leave.

The comparison of recreational barriers of mothers by age is given in Table 3. As can be seen from the table; while there is no statistically significant difference according to the age variable in other recreational barriers other than Caregiver Related Barriers, the

reason for the increase of caregiver-induced barriers according to age is that the number of working mothers increases with age. This situation can be seen in Table 3a. Working mothers are more likely to be unable to find a caregiver whenever they want, with the budget they can afford, and the quality they want, compared to housewife/unemployed/student mothers.

**Table 3:** Comparison on Recreational Barriers of Mothers according to Age

Factors	Age Range	Mean±SD	F	p
Perception of Ability	a) Age 25 and younger	1,79±0,84	1.694	,169
	b) Between 26-30	2,00±0,92		
	c) Between 31-35	2,19±1,03		
	d) Age 36 and older	1,87±0,70		
Physical Ability and Health	a) Age 25 and younger	1,62±0,8	,489	,690
	b) Between 26-30	1,69±0,78		
	c) Between 31-35	1,80±0,73		
	d) Age 36 and older	1,72±0,76		
Facility-Service	a) Age 25 and younger	3,01±1,27	,559	,642
	b) Between 26-30	3,15±1,14		
	c) Between 31-35	3,04±1,15		
	d) Age 36 and older	2,80±1,14		
Pressure from Family and Others	a) Age 25 and younger	1,51±0,66	,554	,646
	b) Between 26-30	1,69±0,91		
	c) Between 31-35	1,73±1,03		
	d) Age 36 and older	1,60±0,83		
Insufficient Budget/ Finding Expensive	a) Age 25 and younger	3,10±1,46	1.415	,239
	b) Between 26-30	2,79±1,1		
	c) Between 31-35	3,15±1,21		
	d) Age 36 and older	2,79±1,09		
Child-related Barriers	a) Age 25 and younger	2,84±1,17	,656	,580
	b) Between 26-30	3,09±1,14		
	c) Between 31-35	3,09±1,21		
	d) Age 36 and older	2,85±1,17		
Not Designing Facilities for Mothers with Infants	a) Age 25 and younger	2,94±1,41	,560	,642
	b) Between 26-30	3,21±1,16		
	c) Between 31-35	3,23±1,20		
	d) Age 36 and older	3,14±1,38		
Indifference	a) Age 25 and younger	2,09±0,91	,921	,432
	b) Between 26-30	2,23±0,99		
	c) Between 31-35	2,38±1,08		
	d) Age 36 and older	2,07±0,74		
Caregiver-related Barriers	a) Age 25 and younger	1,73±1,12	4.665	,004 a-c, a-d b-d
	b) Between 26-30	2,02±1,26		
	c) Between 31-35	2,41±1,45		
	d) Age 36 and older	2,87±1,44		
Lack of Friends	a) Age 25 and younger	2,79±1,42	,274	,844
	b) Between 26-30	2,63±1,21		
	c) Between 31-35	2,69±1,19		

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	d) Age 36 and older	2,53±0,99		
Transportation Barriers	a) Age 25 and younger	3,08±1,40	2.636	,051
	b) Between 26-30	2,66±1,15		
	c) Between 31-35	2,42±1,08		
	d) Age 36 and older	2,54±0,99		
Family Reasons	a) Age 25 and younger	2,92±1,41	,768	,513
	b) Between 26-30	3,00±1,15		
	c) Between 31-35	3,25±1,06		
	d) Age 36 and older	2,95±1,34		
Lack of Information	a) Age 25 and younger	2,48±1,43	,736	,531
	b) Between 26-30	2,54±1,36		
	c) Between 31-35	2,36±1,17		
	d) Age 36 and older	2,11±1,21		

**Table 3a:** Cross Tab of Age Range and Employing Status

Factors			Currently Employed Status		Total
			Yes	No	
Age	Age 25 and younger	n	4	38	42
		% of Age	9.5	90.5	100.0
		% of Employing Status	7.7	23.6	19.7
	Between 26-30	n	20	73	93
		% of Age	21.5	78.5	100.0
		% of Employing Status	38.5	45.3	43.7
	Between 31-35	n	19	37	56
		% of Age	33.9	66.1	100.0
		% of Employing Status	36.5	23.0	26.3
	Age 36 and older	n	9	13	22
		% of Age	40.9	59.1	100.0
		% of Employing Status	17.3	8.1	10.3
Total	n	52	161	213	
	% of Age	24.4	75.6	100.0	
	% of Employing Status	100.0	100.0	100.0	

The comparison of recreational barriers of mothers according to their education level is given in Table 4. As can be seen from the table; possible reasons for the statistically significant difference in the Physical Perception and Health Factor, which are among the recreational barriers factors, against the primary school graduate mothers; primary school graduates have low personal income (given more detail in Table 4a, Table 4b), think that their physical structures and health perception are not suitable for recreational activities, worry that something will happen to them while participating in recreational activities, and they have balance and coordination problems during recreational activities (given more detail in Table 4c) can be given.

Possible reasons for a statistically significant difference in the Pressure of Family and Others factor to the detriment of primary school graduates; there is a statistically significant difference between primary school graduate mothers (given more detail in Table 4d) compared to other mothers with the perception that “participating in these

activities may put my family in a difficult situation against the environment” and their “fear / embarrassment of their neighbors”.

Possible reasons for a statistically significant difference in the Caregiver Related Barriers factor against mothers who are graduates and higher education; according to the mothers who are primary school graduates (given more detail in Table 4f), these mothers are currently working, “They cannot find a caregiver appropriate for the days and hours they need” and “They cannot find the qualified caregiver they are looking for” (Table 4e).

**Table 4:** Comparison on Recreational Barriers of Mothers according to Education Level

Factors	Education Level	Mean±SD	F	p
Perception of Ability	a) Primary education	2,13±1,03	,661	,518
	b) High school and its equivalent	1,88±0,95		
	c) College and above graduate	2,01±0,89		
Physical Ability and Health	a) Primary education	2,04±1,18	3.167	,044 a-b, a-c
	b) High school and its equivalent	1,56±0,65		
	c) College and above graduate	1,71±0,70		
Facility-Service	a) Primary education	3,01±1,34	,234	,792
	b) High school and its equivalent	3,16±1,28		
	c) College and above graduate	3,030±1,1		
Pressure from Family and Others	a) Primary education	2,09±1,25	3.090	,048 a-b, a-c
	b) High school and its equivalent	1,61±0,95		
	c) College and above graduate	1,60±0,78		
Insufficient Budget/ Finding Expensive	a) Primary education	3,14±1,41	2.884	,058
	b) High school and its equivalent	3,26±1,21		
	c) College and above graduate	2,80±1,16		
Child Related Barriers	a) Primary education	3,34±1,44	1.046	,353
	b) High school and its equivalent	2,94±1,03		
	c) College and above graduate	2,99±1,16		
Not Designing Facilities For Mothers with Infants	a) Primary education	2,97±1,59	,271	,763
	b) High school and its equivalent	3,17±1,34		
	c) College and above graduate	3,18±1,15		
Indifference	a) Primary education	2,19±1,10	,089	,915
	b) High school and its equivalent	2,28±0,99		
	c) College and above graduate	2,21±0,96		
Caregiver-related Barriers	a) Primary education	1,76±1,33	4.223	,016 b-c
	b) High school and its equivalent	1,80±1,26		
	c) College and above graduate	2,34±1,34		
Lack of Friends	a) Primary education	2,60±1,35	,163	,849
	b) High school and its equivalent	2,75±1,38		
	c) College and above graduate	2,65±1,15		
Transportation Barriers	a) Primary education	2,95±1,40	1.575	,210
	b) High school and its equivalent	2,82±1,27		
	c) College and above graduate	2,57±1,11		
Family Reasons	a) Primary education	3,11±1,21	,139	,870
	b) High school and its equivalent	3,10±1,29		
	c) College and above graduate	3,01±1,18		
Lack of	a) Primary education	2,39±1,46	1.575	,209

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Information	b) High school and its equivalent	2,73±1,45		
	c) College and above graduate	2,35±1,23		

**Table 4a:** Cross Tab of Education Level of Mothers according to Personal Income

			Personal Income			Total
			450 \$ and less	451-900 \$	901\$ or more	
Education Level	Primary education	n	13	7	3	23
		% of Educational Status	56.5	30.4	13.0	100.0
		% of Personal Income	12.6	16.3	4.5	10.8
	High school and its equivalent	n	31	12	6	49
		% of Educational Status	63.3	24.5	12.2	100.0
		% of Personal Income	30.1	27.9	9.0	23.0
	College and Advanced graduate	n	59	24	58	141
		% of Educational Status	41.8	17.0	41.1	100.0
		% of Personal Income	57.3	55.8	86.6	66.2
Total	n	103	43	67	213	
	% of Educational Status	48.4	20.2	31.5	100.0	
	% of Personal Income	100.0	100.0	100.0	100.0	

**Table 4b:** Cross Tab of Education Level of Mothers according to Total of Family Income

			Total of Family Income			Total
			700\$ and less	701 – 1400 \$	1401\$ and more	
Education Level	Primary education	n	21	1	1	23
		% of Educational Status	91.3	4.3	4.3	100.0
		% of Personal Income	21.2	1.5	2.1	10.8
	High school and its equivalent	n	29	14	6	49
		% of Educational Status	59.2	28.6	12.2	100.0
		% of Personal Income	29.3	20.9	12.8	23.0
	College and advanced graduate	n	49	52	40	141
		% of Educational Status	34.8	36.9	28.4	100.0
		% of Personal Income	49.5	77.6	85.1	66.2
Total	n	99	67	47	213	
	% of Educational Status	46.5	31.5	22.1	100.0	
	% of Personal Income	100.0	100.0	100.0	100.0	

**Table 4c:** Comparison of Physical Perception and Health Factor's Items According to Education Status

Items	Education Level	Mean±SD	F	p
I worry that something will happen to myself while doing these activities.	a) Primary education	2,13±1,42	4.262	,015 a-b, a-c
	b) High school and its equivalent	1,47±0,71		
	c) College and Advanced graduate	1,61±0,86		
I have problems with balance and coordination during these activities	a) Primary education	2,13±1,42	5.000	0.008 a-b, a-c
	b) High school and its equivalent	1,49±0,73		



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	c) College and Advanced graduate	1,57±0,74		
I have health problems	a) Primary education	2,17±1,43	2.610	,076
	b) High school and its equivalent	1,59±0,86		
	c) College and Advanced graduate	1,78±0,97		
The activities cause a feeling of tiredness	a) Primary education	2,30±1,60	1.148	,319
	b) High school and its equivalent	1,86±1,08		
	c) College and Advanced graduate	2,06±1,15		
My physical form is not suitable for participating in such activities	a) Primary education	1,96±1,29	1.502	,225
	b) High school and its equivalent	1,57±0,86		
	c) College and Advanced graduate	1,75±0,84		
My physical appearance prevents me from participating in physical activities	a) Primary education	1,91±1,20	1.383	,253
	b) High school and its equivalent	1,53±0,73		
	c) College and Advanced graduate	1,69±0,92		
I cannot participate in such activities due to my physical disability	a) Primary education	1,74±1,17	1.039	,356
	b) High school and its equivalent	1,45±0,70		
	c) College and Advanced graduate	1,51±0,77		

**Table 4d:** Comparison of Family and Others' Pressure Factor's Items by Education Level

Items	Education Level	Mean±SD	F	p
My family does not allow me to participate in these activities	a) Primary education	1,91±1,24	1.127	,326
	b) High school and its equivalent	1,65±1,03		
	c) College and Advanced graduate	1,59±0,88		
My family does not welcome participating in these activities	a) Primary education	2,22±1,50	2.734	,067
	b) High school and its equivalent	1,67±1,16		
	c) College and Advanced graduate	1,66±0,95		
My participation in these activities may put my family in difficult situation with their social environment	a) Primary education	2,17±1,49	4.089	,018 a-b, a-c
	b) High school and its equivalent	1,55±1,02		
	c) College and Advanced graduate	1,54±0,89		
I am afraid/ashamed of my neighbors	a) Primary education	2,09±1,37	4.041	,019 a-b, a-c
	b) High school and its equivalent	1,47±0,89		
	c) College and Advanced graduate	1,51±0,86		
I am afraid/ashamed of family members	a) Primary education	2,09±1,41	1.167	,313
	b) High school and its equivalent	1,73±1,11		
	c) College and Advanced graduate	1,73±0,96		

**Table 4e:** Comparison of Caregiver Related  
 Barriers Factor's Items According to Education Level

Items	Education Level	Mean±SD	F	p
I cannot find a caregiver suitable for my working days and hours.	a) Primary education	1,74±1,35	2.569	,079
	b) High school and its equivalent	1,80±1,33		
	c) College and Advanced graduate	2,23±1,38		
I cannot find a caregiver suitable for my days and hours when I need.	a) Primary education	1,74±1,35	3.146	,045 a-c
	b) High school and its equivalent	1,94±1,44		
	c) College and Advanced graduate	2,39±1,46		
I cannot find a caregiver that I am looking for.	a) Primary education	1,83±1,43	5.740	,004 a-c
	b) High school and its equivalent	1,67±1,24		
	c) College and Advanced graduate	2,43±1,52		

**Table 4f:** Cross Tab of Education Level of Mothers on Employed Status

			Currently Employed Status		Total
			Yes	Yes	
<b>Education Level</b>	Primary education	n	4	19	23
		% of Educational Status	17.4	82.6	100.0
		% of Employed Status	7.7	11.8	10.8
	High school and its equivalent	n	7	42	49
		% of Educational Status	14.3	85.7	100.0
		% of Employed Status	13.5	26.1	23.0
	College and Advanced graduate	n	41	100	141
		% of Educational Status	29.1	70.9	100.0
		% of Employed Status	78.8	62.1	66.2
<b>Total</b>	n	52	161	213	
	% of Educational Status	24.4	75.6	100.0	
	% of Employed Status	100.0	100.0	100.0	

The comparison of recreational barriers of mothers according to personal income is given in Table 5. As can be seen from the table, there is no statistically significant difference in terms of recreational barriers, except from Perception of Talent, Caregiver Related Barriers and Transportation Barriers, according to personal income variable.

A statistically significant difference according to the Perception of Ability factor is between mothers with a personal income of 901\$ and above and mothers with a personal income of 450\$ and below. This difference of high-income mothers; as given in Table 5a; is caused that mothers thinking themselves are not skilled enough to do recreational activities, the qualities required by these activities do not match their personal skills, and they think that they do not have the will to continue these activities.

The statistically significant difference according to the Physical Perception and Health factor is due to the fact that mothers with a personal income of 450\$ and below have a more advantageous score compared to mothers in the other income group. In other words, if mothers find the opportunity, they do not see their physical perception and health conditions as an obstacle.

According to the Caregiver Related Barriers factor, the statistically significant difference is between mothers in the other income group whose personal income is 901\$ and above. This difference of high-income mothers is due to their employment, as given in Table 5b.

The statistically significant difference according to the Transportation Disability factor is between mothers whose personal income is 900\$ and below and whose personal income is 901\$ and above. As personal income decreases, mothers' transportation barriers increase.

**Table 5:** Comparison of Recreational Barriers of Mothers According to Personal Income Levels of Mothers

Factors	Personal Income	Mean±SD	F	p
Perception of Ability	a) 450 \$ and less	1,80±0,82	4.748	,010 a-c
	b) 451-900 \$	2,11±0,99		
	c) 901\$ or more	2,22±0,98		
Physical Ability and Health	a) 450 \$ and less	1,56±0,60	4.100	,018 a-b, a-c
	b) 451-900 \$	1,83±0,99		
	c) 901\$ or more	1,86±0,79		
Facility-Service	a) 450 \$ and less	3,05±1,12	1.039	,356
	b) 451-900 \$	3,26±1,22		
	c) 901\$ or more	2,94±1,21		
Pressure from Family and Others	a) 450 \$ and less	1,57±0,73	1.018	,363
	b) 451-900 \$	1,73±1,05		
	c) 901\$ or more	1,75±1,00		
Insufficient Budget / Finding Expensive	a) 450 \$ and less	3,00±1,21	2.125	,122
	b) 451-900 \$	3,18±1,17		
	c) 901\$ or more	2,71±1,22		
Child Related Barriers	a) 450 \$ and less	2,86±1,12	2.146	,120
	b) 451-900 \$	3,27±1,38		
	c) 901\$ or more	3,09±1,05		
Not Designing Facilities Mothers with Infants	a) 450 \$ and less	3,09±1,28	1.583	,208
	b) 451-900 \$	2,97±1,36		
	c) 901\$ or more	3,37±1,07		
Indifference	a) 450 \$ and less	2,12±0,89	1.244	,290
	b) 451-900 \$	2,28±1,11		
	c) 901\$ or more	2,35±1,01		
Caregiver-related Barriers	a) 450 \$ and less	1,77±1,11	13.184	,000 a-c b-c
	b) 451-900 \$	2,08±1,38		
	c) 901\$ or more	2,80±1,42		
Lack of Friends	a) 450 \$ and less	2,56±1,22	2.576	,078
	b) 451-900 \$	3,04±1,25		
	c) 901\$ or more	2,58±1,17		
Transportation Barriers	a) 450 \$ and less	2,78±1,14	3.583	,029 a-c b-c
	b) 451-900 \$	2,89±1,38		
	c) 901\$ or more	2,36±1,05		
Family Reasons	a) 450 \$ and less	2,99±1,25	,432	,650
	b) 451-900 \$	2,99±1,18		

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	c) 901\$ or more	3,15±1,16		
Lack of Information	a) 450 \$ and less	2,29±1,34	1.941	,146
	b) 451-900 \$	2,75±1,29		
	c) 901\$ or more	2,47±1,25		

**Table 5a:** Comparison on Items of Factor Perception of Ability according to Personal Income

Items	Education Level	Mean±SD	F	p
I do not think I am talented enough to do these activities.	a) 450 \$ and less	1,58±0,89	7.941	,000 a-b, a-c
	b) 451-900 \$	2,05±1,17		
	c) 901\$ or more	2,18±1,07		
The features required by these activities do not match my personal skills.	a) 450 \$ and less	1,79±1,03	3.106	,047 a-c
	b) 451-900 \$	2,02±1,12		
	c) 901\$ or more	2,19±1,04		
I do not have the willpower to continue these activities.	a) 450 \$ and less	1,81±0,99	5.911	,003 a-c
	b) 451-900 \$	2,12±1,11		
	c) 901\$ or more	2,39±1,20		
I am not ready to add these activities to my life.	a) 450 \$ and less	2,00±1,12	2.472	,087
	b) 451-900 \$	2,33±1,22		
	c) 901\$ or more	2,36±1,09		
I think I will get bored with these activities.	a) 450 \$ and less	2,02±1,09	2.965	,054
	b) 451-900 \$	2,28±1,16		
	c) 901\$ or more	2,43±1,09		
Not being happy with the environments that others join.	a) 450 \$ and less	1,64±0,93	1.034	,357
	b) 451-900 \$	1,88±1,13		
	c) 901\$ or more	1,81±1,09		

**Table 5b:** Cross Tab of Personal Income and Employed Status

			Currently Employed		Total
			Yes	No	
Personal Income	450 \$ and less	n	1	102	103
		% of Personal Income	1.0	99.0	100.0
		% of Employing Status	1.9	63,4%	48.4
	451-900 \$	n	17	26	43
		% of Personal Income	39.5	60.5	100.0
		% of Employing Status	32.7	16.1	20.2
	901\$ or more	n	34	33	67
		% of Personal Income	50.7	49.3	100.0
		% of Employing Status	65.4	20,5%	31,5%
Total	n	52	161	213	
	% of Personal Income	24.4	75.6	100.0	
	% of Employing Status	100.0	100.0	100.0	

The comparison of the recreational barriers of mothers according to the family income is given in Table 6. As can be seen from the table; there is no statistically significant difference according to family total income in other barriers except from **Insufficient Budget/Finding Expensive** and Transportation Barrier.

A statistically significant difference is between mothers with a family income of 1401\$ and more and mothers with a family income of 700\$ and less according to the factor of Insufficient Budget/Finding Expensive. As income rises, Insufficient Budget/Finding Expensive barrier for mothers to participate in recreational activities decreases.

According to the Transportation Barrier factor, a statistically significant difference is between mothers with a family income of 1401\$ and more and mothers in the other income group. As the family income decreases, the transportation barriers of mothers increase.

**Table 6:** Comparison of Recreational Barriers  
 of Mothers According to Total Family Income Levels

Factors	Total of Family Income	Mean±SD	F	p
Perception of Ability	a) 700\$ and less	2,09±1,10	1.073	,344
	b) 701 - 1400\$	1,92±0,75		
	c) 1401\$ and more	1,90±0,69		
Physical Ability and Health	a) 700\$ and less	1,76±0,90	,489	,614
	b) 701 - 1400\$	1,67±0,59		
	c) 1401\$ and more	1,65±0,67		
Facility-Service	a) 700\$ and less	3,07±1,31	1.299	,275
	b) 701 - 1400\$	3,20±1,09		
	c) 1401\$ and more	2,84±0,90		
Pressure from Family and Others	a) 700\$ and less	1,78±1,02	2.058	,130
	b) 701 - 1400\$	1,59±0,69		
	c) 1401\$ and more	1,48±0,84		
Insufficient Budget / Finding Expensive	a) 700\$ and less	3,35±1,24	<b>12.654</b>	<b>,000</b> a-b, a-c
	b) 701 - 1400\$	2,75±1,09		
	c) 1401\$ and more	2,38±1,02		
Child Related Barriers	a) 700\$ and less	3,00±1,28	,156	,856
	b) 701 - 1400\$	2,98±1,02		
	c) 1401\$ and more	3,10±1,12		
Not Designing Facilities for Mothers with Infants	a) 700\$ and less	2,97±1,38	2.124	,122
	b) 701 - 1400\$	3,25±1,10		
	c) 1401\$ and more	3,39±1,08		
Indifference	a) 700\$ and less	2,21±1,05	1.048	,352
	b) 701 - 1400\$	2,13±0,89		
	c) 1401\$ and more	2,39±0,93		
Caregiver-related Barriers	a) 700\$ and less	1,98±1,26	2.120	,123
	b) 701 - 1400\$	2,19±1,35		
	c) 1401\$ and more	2,47±1,46		
Lack of Friends	a) 700\$ and less	2,75±1,27	,498	,609
	b) 701 - 1400\$	2,56±1,19		
	c) 1401\$ and more	2,64±1,17		
Transportation Barriers	a) 700\$ and less	2,89±1,25	<b>5.662</b>	<b>,004</b> a-c b-c
	b) 701 - 1400\$	2,67±1,14		
	c) 1401\$ and more	2,20±0,96		
Family Reasons	a) 700\$ and less	3,12±1,26	1.214	,299
	b) 701 - 1400\$	2,85±1,10		

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	c) 1401\$ and more	3,14±1,22		
Lack of Information	a) 700\$ and less	2,46±1,39	,385	,681
	b) 701 - 1400\$	2,50±1,30		
	c) 1401\$ and more	2,29±1,16		

The comparison of the recreational barriers of mothers according to their current working status is given in Table 7. As can be seen from the table; there is no statistically significant difference between the recreational barriers factors other than Caregiver Originated Barriers compared to the current employment variable.

A statistically significant difference is against the working mothers according to the Caregiver-induced Barriers factor. If the mother is working, she has caregiver problems, or the problems experienced by other mothers increase.

**Table 7:** Comparison on Recreational Barriers of Mothers According to Currently Employed Status

Factors	Currently Employed Status	Mean±SD	t	p
Perception of Ability	Yes, I am employed	2,21±0,97	1.860	,066
	No, I am not employed	1,93±0,90		
Physical Ability and Health	Yes, I am employed	1,70±0,63	-,158	,875
	No, I am not employed	1,71±0,80		
Facility-Service	Yes, I am employed	2,79±1,27	1.809	,074
	No, I am not employed	3,15±1,12		
Pressure from Family and Others	Yes, I am employed	1,69±0,96	,275	,784
	No, I am not employed	1,65±0,87		
Insufficient Budget / Finding Expensive	Yes, I am employed	2,85±1,25	-,618	,538
	No, I am not employed	2,97±1,20		
Child Related Barriers	Yes, I am employed	3,16±1,17	1.007	,317
	No, I am not employed	2,97±1,16		
Not Designing Facilities for Mothers with Infants	Yes, I am employed	3,01±1,24	-,966	,337
	No, I am not employed	3,20±1,24		
Indifference	Yes, I am employed	2,31±1,08	,648	,519
	No, I am not employed	2,20±0,94		
Caregiver-related Barriers	Yes, I am employed	2,62±1,44	<b>2.927</b>	<b>,004</b>
	No, I am not employed	2,01±1,28		
Lack of Friends	Yes, I am employed	2,39±1,18	1.886	,063
	No, I am not employed	2,75±1,23		
Transportation Barriers	Yes, I am employed	2,55±1,02	-,897	,372
	No, I am not employed	2,71±1,23		
Family Reasons	Yes, I am employed	2,94±1,07	-,763	,447
	No, I am not employed	3,07±1,24		
Lack of Information	Yes, I am employed	2,50±1,18	,379	,705
	No, I am not employed	2,42±1,35		

The comparison of the recreational barriers of mothers according to the place of work is given in Table 8. As can be seen from the table; there is no statistically significant

difference between the recreational barriers' factors other than Caregiver Related Barriers according to the place of work variable.

The statistically significant difference according to the Caregiver Originated Barriers factor is against the mothers who work in the Public Sector, Private Sector, and My Own Business/Self Employed. If the mother is working, she has caregiver problems and / or the problems she experiences increase compared to other mothers.

**Table 8:** Comparison on Recreational Barriers of Mothers According to Work Place

Factors	Age Range	Mean±SD	F	p
Perception of Ability	a) Public Sector	2,23±0,85	2.018	,112
	b) Private Sector	2,12±1,09		
	c) My own business/ Self-employed	1,81±0,73		
	d) House-wife/ Unemployed/ Student	1,88±0,88		
Physical Ability and Health	a) Public Sector	1,85±0,78	,701	,553
	b) Private Sector	1,63±0,76		
	c) My own business/ Self-employed	1,76±0,70		
	d) House-wife/ Unemployed/ Student	1,68±0,77		
Facility-Service	a) Public Sector	3,19±1,23	,647	,586
	b) Private Sector	3,02±1,26		
	c) My own business/ Self-employed	2,65±0,83		
	d) House-wife/ Unemployed/ Student	3,06±1,14		
Pressure from Family and Others	a) Public Sector	1,65±1,02	,239	,869
	b) Private Sector	1,71±0,98		
	c) My own business/ Self-employed	1,45±0,39		
	d) House-wife/ Unemployed/ Student	1,66±0,85		
Insufficient Budget / Finding Expensive	a) Public Sector	2,75±1,15	,675	,568
	b) Private Sector	2,88±1,29		
	c) My own business/ Self-employed	2,97±1,08		
	d) House-wife/ Unemployed/ Student	3,04±1,22		
Child Related Barriers	a) Public Sector	2,98±1,13	1.469	,224
	b) Private Sector	3,16±1,15		
	c) My own business/ Self-employed	3,61±1,03		
	d) House-wife/ Unemployed/ Student	2,92±1,19		
Not Designing Facilities for Mothers with Infants	a) Public Sector	3,31±1,08	,662	,577
	b) Private Sector	3,00±1,22		
	c) My own business/ Self-employed	3,45±1,45		
	d) House-wife/ Unemployed/ Student	3,13±1,29		
Indifference	a) Public Sector	2,51±1,02	1.698	,169
	b) Private Sector	2,20±1,01		
	c) My own business/ Self-employed	1,97±1,09		
	d) House-wife/ Unemployed/ Student	2,15±0,93		
Caregiver-related Barriers	a) Public Sector	2,71±1,41	6.714	,000 a-d b-d c-d
	b) Private Sector	2,43±1,45		
	c) My own business/ Self-employed	2,63±1,64		
	d) House-wife/ Unemployed/ Student	1,80±1,14		
Lack of Friends	a) Public Sector	2,73±1,21	,079	,972
	b) Private Sector	2,69±1,27		

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	c) My own business/ Self-employed	2,66±1,21		
	d) House-wife/ Unemployed/ Student	2,63±1,23		
Transportation Barriers	a) Public Sector	2,56±1,10	1.214	,306
	b) Private Sector	2,48±1,03		
	c) My own business/ Self-employed	2,42±1,22		
	d) House-wife/ Unemployed/ Student	2,81±1,26		
Family Reasons	a) Public Sector	3,18±1,12	,739	,530
	b) Private Sector	2,85±1,20		
	c) My own business/ Self-employed	3,30±1,19		
	d) House-wife/ Unemployed/ Student	3,03±1,24		
Lack of Information	a) Public Sector	2,53±1,33	,270	,847
	b) Private Sector	2,45±1,21		
	c) My own business/ Self-employed	2,68±1,00		
	d) House-wife/ Unemployed/ Student	2,38±1,37		

## 6. Discussion and Conclusion

According to the results of the research, the majority of the mother (63.4%) are under the age of 30 (young mothers), 97.2% are still married, 94.4% have their first child, 66.2% have a university or higher education, 54.0% of them have not yet started to work (in the role of housewife) because of children or could not find a job, 48.4% mainly have a personal income of 450\$ or less, and 78.0% have a family income of 700\$ or less.

At the time of the survey, the rate of mothers working in any job is around 25%. The reason for not working may be that they could not find the job they wanted after school, could not be appointed, or gave up hope of finding a job. In particular, women can take care of their children themselves during this period may have motivated women to become mothers.

The rate of those who take care of their children, and their spouses is 29.6% among working husbands. 31.0% of the mothers mostly took care of the children themselves. This is both a perception of the paternal role and a form of reducing the mother's responsibility who stays with the child alone at home. In other words, it shows that the changing father's role in society has found its counterpart, especially in the new generation. The results obtained coincide with the study of Kuzucu (2011). It was found in the study that a significant number of working mothers look after their children together with their family members and caregivers or receive caregiver support when necessary. This finding is like the results of Gültekin and Bener (2008).

According to this result, a stronger relationship between father and child will be created when the spouses of working mothers also participate in childcare. Studies have shown that the father's participation in childcare decreases the stress between spouses, and positive feelings about marriage increase (Gültekin and Bener, 2008; Kuzucu, 2011). In terms of the child, some studies indicate that the father's active participation in childcare positively affects the child's feelings of trust and attachment. His cognitive abilities, social skills, and communication skills are more vital.



In this study, when the prenatal and postpartum periods were compared in women whose childcare was undertaken only by the mother, the emotional health of these mothers was affected more negatively. There is no statistically significant difference between these periods in terms of affecting emotional health in families where fathers support childcare. At the same time, it was found that the emotional change scores of the mothers in families where the father supported the child's care were higher than in the group where only the mother gave a care.

In the study, a statistically significant difference was found in the emotional health perceptions of working mothers compared to the prenatal and postpartum periods. In contrast, the non-working mothers' perceptions of emotional health were affected more negatively for the same periods. Mothers who did not work stated a statistically significant adverse change in their relationships with family members in the same period. When these results are evaluated, mothers taking care of the child alone after birth and not working can be considered a significant risk factor for their emotional health. Returning to working life or creating a social space outside the home for mothers after using maternity leave, which is necessary for mother and child health, can be considered a protective factor in protecting emotional health. When the mother returns to her business life, it is necessary to take the necessary precautions for her and the baby's health. The most important of these is to increase the number of "Baby-Friendly Workplaces" and increase the quality of existing workplaces and monitor their efficiency constantly.

When the recreational barriers of mothers are examined according to their education level and working status, no statistical difference was observed in other factors other than "caregiver related barriers." While it is expected that especially well-educated people and working people are expected to be in a better condition in terms of knowledge and interest factors compared to those who have a lower education level and who do not work, the absence of a meaningful difference indicates that the general level of knowledge of mothers in our country about "recreational life" is low, and apathy is a general. It suggests that there is a problem, and awareness should be formed first in order to create awareness of recreational life. In the studies of Öndoğan et al. (2019), Tarancı and Şentürk (2019), Öztürk and Bayazıt (2020), which were made by taking data from a different population and samples, no statistically significant difference was found between Recreational Barriers by age. This may indicate that recreational barriers in our society have a standard barrier structure according to age.

When the recreational barriers of mothers are examined according to their education level and working status, no statistical difference was observed in other factors other than "Caregiver Related Barriers." In particular, well-educated and working mothers are expected to be more knowledgeable, more aware, and interested in recreational life than mothers with a lower education level and not working. However, in the present study, no statistically significant difference was found between the two groups. Accordingly, it can be said that all mothers generally have a low level of knowledge about recreational life. Apathy is a general problem in our society, mainly

due to the lack of awareness of recreational life. In the studies of Öndoğan et al. (2019), Tarancı and Şentürk (2019), Öztürk and Bayazıt (2020), which were made by taking data from a different population and samples, no statistically significant difference was found between Recreational Barriers by age. This may indicate that recreational barriers in our society have a standard barrier structure according to age.

Tarancı and Şentürk (2019) found significant differences between male and female police officers in terms of gender in their study on police officers. These differences confirm that the Caregiver Related Barriers found in the present study are primarily experienced by working mothers. In addition, the fact that the recreational barriers of the mothers in Öztürk and Bayazıt (2020) coincide with the fact that there is no statistically significant difference between the mothers in the factors in this study, which is integrated with the factors of the scale studied, confirms that mothers in different geographies face similar obstacles.

When the recreational barriers of mothers were compared with the Education Level variable; The fact that there is no statistically significant difference in other barriers other than "Physical Perception and Health," "Pressure of Family and Others," "Caregiver-Originated Barriers" coincides with the result found in the studies of Öztürk and Bayazıt (2020). In addition, a similar result was found in the "Physical Perception and Health" dimension in the study conducted by Öndoğan et al. (2019). This analogy confirms the results of the present study. Ardahan et al. (2016) stated in their study that women's lack of confidence in their physical structures and thinking that recreational activities that would be good for their health would harm them stemmed from the lack of recreation awareness. This result is similar to the results of the present study.

In this study, when the postpartum period of the mothers and the pre-pregnancy period were compared, it was found that the factors of "Social Life," "Relationship with Spouse," and "Economic Status" was significantly negatively affected as the number of children increased. In addition; It was determined that as the number of children increased, mothers were significantly adversely affected by the factors of "Family Reasons" and "Lack of Knowledge." It was observed that as the education level of mothers decreased, the number of children they had was higher. The fact that primary school graduate women are more disadvantaged in the "Pressure of Family and Others" factor coincides with Deniz Öz and Ardahan's (2019) Recreation Barriers in the Village study. As the education level of mothers decreases, the number of children they have, the responsibilities they have to undertake, and the pressure they are exposed to increase. This situation negatively affects the existence of the mother in the social field.

When the recreational barriers of mothers are compared with the Personal Income variable, a statistically significant difference was found in the "Ability Perception," "Physical Perception and Health," "Caregiver Related Barriers," and "Transportation Disability" factors. This difference is against mothers with low income. In the study of Öndoğan et al. (2019), "Transportation Barrier" is shown as an obstacle encountered as income decreases. The statistically significant difference in "Ability Perception," "Physical

Perception and Health" factors corresponds precisely to the results of Deniz Öz and Ardahan's (2019) Recreation Barriers in the Village study.

In addition to this, it was found in the present study that low total family income is disadvantageous in the factors of "Budget Insufficiency/Finding Expensive" and "Transportation Disability" according to the total family income variable. The significant difference in "Ability Perception," "Physical Perception and Health" according to personal income; As mentioned in the study of Ardahan et al. (2016), *"it is significant for the individual to test himself/herself in recreational activities with active and/or passive participation and see whether he/she can do it in previous life experiences. If the individual has not tried this, it can be explained with the statement that as far as he perceives it from the outside, or the imposed ideal physical structure and perception of health motivate individuals, as well as motivate the individual not to participate in an activity because of the perception that "I cannot be like them anyway."*

As a result, in a society where it is difficult to be a woman, having children between the ages of 0-2 puts much burden on mothers' lives, and mothers have to survive and cope with numerous recreational obstacles. The recreational barriers in the scale used in this study are "Physical Perception and Health," "Perception of Ability," "Lack of Facility-Service," "Insufficient Budget/Finding Expensive," "Family and Others' Pressure," "Child Originated Barriers," "Not Designed Facilities for the Mother with Children," "Indifference," "Caregiver Related Barriers," "Lack of Friends," "Transportation Barrier," "Family Reasons" and "Lack of Information." It can be said that the factors "Caregiver Related Barriers," "Physical Perception and Health," "Perception of Ability," and "Insufficient Budget / Finding Expensive" stand out statistically. At the same time, the lack of a statistically significant difference in "Lack of Knowledge" and "Indifference" factors among mothers according to education level and employment status is significant in terms of showing that the lack of knowledge about recreational life is a general problem at all levels of society. Within the formal education programs, starting from primary school, girls should be informed about recreational life and strategies to cope with obstacles at all levels of education. An education curriculum should be created to enable this information to be transformed into consciousness. It is of great importance to provide awareness training for women in Public Education Centers and Pregnancy Schools. In order to ensure the biopsychosocial well-being of the woman and to set an example for her child, she should be aware and access information.

The support of fathers in childcare makes the mother's life easier. At the same time, although working makes it difficult for mothers to fulfill their maternal roles, it is observed that many difficulties experienced by unemployed mothers disappear when appropriate working hours and conditions are established and when mothers are supported in their work and baby care. As the future mothers of both men and women, they should be provided with a training and certification program to be a mother and father included in high school or before marriage without exception, and they should walk the path to marriage.

The main thing is to raise individuals who are equipped to be happy, lead a quality life, design and realize all personalized life stages, control the positive and negative deviations between the planned and the realization, lead themselves, and someone else, and be open to the leadership of someone else.

Male and female individuals must be prepared for their social and professional roles from their childhood in every step of their education. The roles in informal education units (family, parents, grandparents and all social contacts) and formal education units from kindergarten to high school affiliated to the Ministry of National Education must be reorganized and restructured. In addition to formal and non-formal education, these roles are to design recreational activities at a level where the barriers of individuals with recreational disabilities can be overcome and to ensure the participation of everyone.

In order to provide a solution to all these on a macro scale, it is necessary to redesign all public spaces, including squares, beaches, neighborhoods, parks, streets, and public transportation at the level of all individuals with special needs, including children, mothers, and pregnant women. It should be ensured that the design of the enterprises producing recreational products must be designed according to the mothers with children, and the businesses in the city center should take a critical role in meeting the physical and child-related breastfeeding and care needs of pregnant women and mothers with children in public spaces.

### **Conflict of Interest Statement**

The authors declare no conflicts of interest.

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