



Descriptive Research on the Well-Being of Young People: The Case of Hakkari, Türkiye

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ARTICLE INFO

ABSTRACT

Published Online:
06 May 2023

Today, 'general well-being' has become an important issue for young people to lead a healthy life. There are two important areas that affect general well-being: family and school environment. The child's first socialization area is the family and the second is the school. They can be considered separately as important topics to ensure integrity in the child's health. The aim of this study is to determine the variables that impair the 'general well-being' of children. This research is descriptive. 100 high school students between the ages of 16-18 participated in the study. Study area is Hakkari province, located in the Southeast Anatolian region of Türkiye. Child abuse, neglect, corporal punishment, and early marriage/sexual abuse are reasons for concern in Hakkâri which is known to have a high representative ability in this regard, was chosen. In the findings; Factors such as high bullying experiences, using tranquilizers and sleeping pills, using tobacco product, parent's marital status have been identified as important reasons for adolescent well being. Significant findings were obtained as the variables had a significance value of 0.001(p<000.1) using Monte Carlos simulation at the 99% confidence interval of the Fisher Freeman Halton Exact Test.

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KEYWORDS: Well-Being, Adolescent, Family Violence, Bullying, Self Injury

I. INTRODUCTION

Adolescence is a period of time showing rapid physical, psychological, and social developmental changes. Adolescents are expected to develop abstract thinking capacities, a clearer sense of personal and sexual identities and leverage their independence. Their position in the system is determined by their relationships with their parents, peers, and community. As adolescents begin to redefine themselves, they begin to define

other people in relation to themselves. (Cloutier and Ravasi, 2020; Christie and Viner, 2005; Hughes 1988).

Violence in the household increases, the family members including adolescents and children's risk of maltreatment as a culture of violence is established within the house (Polat, 2019).

There are 5 different ways for family members especially adolescents and children exposing the violence ; (1) witnessing violence, (2) hearing but not observing the violence, (3)

observing the case aftermath (seeing bruises on the mother, broken furniture, and so forth), (4) becoming aware of the violence by hearing from someone else tells them about it (5) living in a household in which violence occurs but not being aware of it. (McGuigan WM, Pratt CC. 2001)

In most of the cases the men who have violent behaviour to his wife also have the same attitude to his children. The studies are showing that 30% to 60% of men who abuse their female partner also abuse their children (Machisa et al., 2016; Slep AMS, O’Leary SG. 2005, Osofsky J. 1999)

The studies about this subject is showing that children are present in the home for approximately half of domestic violence cases and in most cases they are directly exposed to the incident (Fantuzzo, Boruch, Beriama, Atkins, & Marcus, 1997; Fantuzzo & Fusco, 2007; Hamby, Finkelhor, Turner, & Ormrod, 2011). For example in the United States, the researches are showing that approximately one in six children have witnessed domestic violence in their lifetimes (Finkelhor, Turner, Shattuck, & Hamby, 2015; Finkelhor, Turner, Shattuck, Hamby, & Kracke, 2015).

Domestic violence of all kinds affects the children. There may be problems including mental illness, substance use, bullying, delinquency, and academic learning challenges (Dyregrov, 2004; Margolin, Vickerman, Oliver, & Gordis, 2010).

The violent behaviour of the men may leave permanent sequelae that can greatly effect to the child’s physical and emotional development. Half of the children exposed to domestic violence also have emotional and behavioral problems (Humphreys et al., 2020; Tierolf et al., 2020; Jaffe PG, Wolfe D, Wilson S 1990, Hughes et al. 2002).

There are negative effects on preadolescent children as loss of interest in social activities, low self-esteem, withdrawal from or avoidance of peers and disruptive behavior in the classroom (Eggum et al., 2022; Zeanah CH, Scheeringa MS. 1997) If they are not detected and addressed in childhood, violence-related problems – including aggressive and violent behavior– can last well into adulthood (Edwards, Holden, Felitti, & Anda, 2003; Gilbert et al., 2009; Kitzmann, Gaylord, Holt, & Kenny, 2003). Mostly the adolescent becomes the victim of the assault when they intervene to defend or protect the victim. When adolescents have violent events both at school and at home, they begin demonstrating high levels of aggression and acting out—a major risk factor for academic failure, school absence, delinquency, and substance abuse. (Christie D, Viner R 2003, Breiding MJ, Smith SG, Basile KC, et al. 2014)

Prevention is very important at these cases. Especially trauma-related mental health problems prioritize prevention (Magruder, Kassam-Adams, Thoresen, & Olf, 2016, Hosman, Jane-Llopis,

& Saxena, 2005;). Families living in poverty are at higher risk for experiencing violence in their homes, yet have limited access to financial, educational and other resources that could be used to help them safely escape the violence and seek trauma-related services (Lloyd, 2018; Kitzmann et al., 2003).

II. METHOD

A. Sample

The location that the study is performed is Hakkari. Hakkari, located in Southeastern Türkiye is a large, mountainous area neighboring Iraq and Iran. (TR Ministry of Culture and Tourism, Hakkari Provincial Ministry of Culture and Tourism, 2023) It has the lowest rate of healthcare workers in Türkiye due to factors such as geography, population, regional and socio-economic development. (Çınaroğlu,2021) Child abuse, neglect, corporal punishment, and early marriage/sexual abuse are reasons for concern in Hakkâri. 9 out of 10 of the cities where child marriage is the highest are situated in Eastern and Southeastern Anatolia regions. (TR. Ministry of Culture and Tourism, Hakkari Provincial Ministry of Culture and Tourism, 2023); Violence Prevention and Rehabilitation Association (İMDAT), 2020)

Despite the importance of such incidents in the area, current regional data is limited, as child abuse and neglect are kept hidden and usually not reported. Since the region is geographically isolated, cases of abused and neglected children remain hidden. The reports are insufficient due to the lack of knowledge and skills within the healthcare workers that are making the first contact. Moreover, actions taken to provide sufficient amount of healthcare workers, as well as increasing their awareness, are also rather limited.

Therefore, a study was conducted to evaluate the people who live Hakkâri knowledge regarding child protection, their attitude towards child protection, along with sociodemographic factors and their experience in the field.

B. Participants and procedures

Data were collected from one public elementary schools in a relatively homogeneous middle-class neighborhood located in Hakkari province of Türkiye. Participants were asked to sign active consent forms subjecting information about voluntary participation. 100 students participated; 15% were girls (n = 15) and 75% were boys (n = 75); 50% were in eleventh grade (n = 50) and 50% in twelfth grade (n = 50), which is equivalent to the age range of 16 to 18 years.

C. Measures

The questionnaire form contains two titles. The first is the form containing demographic information and the second is the questionnaire on general well-being. After giving information about the informed consent form, the questions began with the

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demographic form. Students completed the questionnaire in approximately 20 to 30 minutes. The general well-being of children was examined under two headings; domestic violence and peer bullying. A 22-item quantitative questionnaire was developed by the researcher in consultation with the literature. The questionnaire gathered information about demographic information, the types of violence they experienced and the level of violence notification rates. The answers to the

questions were given as follows; multiple choice and short answers. The questionnaire form was created with the literature study on the subject. The scales related to the subject were examined and a suitable questionnaire was prepared for the target students. Ethics committee approval was obtained for the suitability of the questionnaire and field research. SPSS 26.0 was used in data analysis.

III. RESULT

Table 1: Bullying and used tranquilizers and sleeping pills relationship

		Have you been bullied?				Total
		None	Once	Once a month	Every day	
Have you used tranquilizers and sleeping pills?	No	43	12	4	1	60
	Yes	10	27	3	0	40

Fisher's Freman Halton Exact Test significance value using Monte Carlo simulation at 99% confidence interval is 0.001(p<0.001). If the participants experience bullying; There is a significant relationship with the use of sedatives and sleeping pills.

Table 2: Self injuring experience

Have you experienced injuring yourself in the past year?				
	None	No	Yes	Total
	None	48	12	60
	Once	10	20	30
	More than once	2	8	10

Fisher's Freman Halton Exact Test significance value using Monte Carlo simulation at 99% confidence interval is 0.001(p<0.001). There is a significant relationship between participants' self-harming acts and their use of sleeping pills and tranquilizers in the past year.

Table 3: Bullying and self injuring experience relationship

		Have you been bullied?				Total
		None	Once	A few times a month	Almost every day	
Have you experienced injuring yourself in the past year?	None	45	10	4	1	60
	Once	5	23	2	0	30
	More than once	3	6	1	0	10

Fisher's Freman Halton Exact Test significance value using Monte Carlo simulation at 99% confidence interval is 0.001(p<0.001). There is a significant relationship between the bullying and self-harm of the participants.

Table 4: Bullying, injured during a fight and taken something from someone without permission relationship

		Have you been bullied?				Total
		None	Once	a few times a month	Almost every day	
Have you ever been injured during a fight?	None	40	10	1	1	52
	Once	11	17	3	0	31
	More than once	2	12	3	0	17
	None	48	12	4	1	65

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Have you ever taken something from someone without permission?	Once	1	9	1	0	11
	More than once	3	16	1	0	20
	continually	1	2	1	0	4

Fisher’s Freman Halton Exacr Test significance value using Monte Carlos simulation at 99% confidence interval is 0.001(p<000.1). There is a significant relationship with the behaviour of people who experience bullying to take things without permission. Fisher’s Freman Halton Exacr Test significance value using Monte Carlos simulation at 99% confidence interval is 0.001(p<000.1). Participants who experienced bullying had a significant relationship with the incidence or frequency of injury during a fight.

Table 5: Bullying and using tobacco products

		Have you been bullied?				Total
		None	Once	A few times a month	Almost every day	
How often do you use tobacco products?	None	41	8	1	1	51
	Rarely	6	14	5	0	25
	a few times a week	1	5	0	0	6
	a few times a month	1	4	1	0	6
	Almost every day	4	8	0	0	12

Fisher’s Freman Halton Exacr Test significance value using Monte Carlos simulation at 99% confidence interval is 0.001(p<000.1). Participants who experience bullying have a significant relationship with the frequency of using tobacco products.

Table 6: Mood experience in the past year and parent's marital status

		What is your mood experience in the past year?				
		Sleep problem	Anxiety and distress	Depression	focus problem	memory problem
Your parent's marital status?	Own mother	0	0	1	0	0
	Own father	30	8	13	7	6
	Step mother	1	0	21	0	0
	Step father	0	0	10	0	0

Fisher’s Freman Halton Exacr Test significance value using Monte Carlos simulation at 99% confidence interval is 0.001(p<000.1). The participants' parents (own-step) have a significant relationship with the situations they have experienced in the last year.

Table 7: Using alcohol and parent’s marital status

		How often do you use alcohol?			
		Nona	Rarely	a few times a week	Total
What is the marital status of your parents?	Own mother	1	0	0	1
	Own father	61	5	1	67
	Step mother	12	10	0	22
	Step father	3	7	0	10
		Have you used tranquilizers and sleeping pills?			
		Evet	Hayır	Total	
What is the marital status of your parents?	Own mother	0	1	1	
	Own father	52	15	67	
	Step mother	7	15	22	
	Step father	1	9	10	

IV. DISCUSSION

According to the results of this study, participants' experiences of bullying and the frequency of violence they have been exposed to in the last year, It has been determined that there is a significant relationship between the use of tranquilizers and sleeping pills. As a finding supporting this result; Baiden and Tadeo (2019); they found that adolescents who experienced bullying at school were 1.30 times more likely to abuse prescription drugs. In addition, according to the literature; It has been shown that deterioration in sleep quality is associated with depressive symptoms in adolescents aged 14-19 (Lima et al., 2020). In another study that can be associated with this result; It has been suggested that depressive symptoms increase as the quality of peer relationships decreases in fourth and fifth grade students in Korea. (Bang et al., 2018) In addition, they showed that as the quality of peer relationships deteriorated, the number of reported physical symptoms also increased. They showed that peer relationships significantly affect the physical and mental health of school-age children (Bang et al., 2018).

According to the results of the study, the participants' self-harming actions in the last year and how they felt in general; A significant relationship was found between the use of sleeping pills and tranquilizers. Again, a significant relationship was found between the frequency of experiencing violence and the use of sleeping pills and tranquilizers with the psychological complaints (insomnia, anxiety and distressed, depressed mood, inability to focus, difficulty in remembering) experienced in the last year.

In the literature review based on the fact that participants who experienced domestic violence were included in the study, it was determined that the increase in sleep problems of young people who were exposed to domestic violence supported the prediction that more depressive symptoms would occur in the future (Li et al., 2022).

It has been stated that mental health problems are higher in people who have experienced childhood abuse (including physical violence), among which feelings of loneliness, anxiety, depressive symptoms, emotional distress and post-traumatic stress disorder symptoms are higher (Wana et al. 2019). In addition, it was stated that insufficient sleep was mediated in the relationship between depressive symptoms accompanying exposure to domestic violence (Nowakowski et al., 2016). De Zambotti et al. (2018) stated that there is a reciprocal relationship between sleep problems (insomnia) and depression in adolescents, that sleep problems are more common in adolescents with depression, and that insomnia even plays a strong predictive role in the development of a possible depression. In addition, they suggested that sleep disturbance

and/or sleep problems in adolescents were significantly associated with the use of alcohol, marijuana, tobacco, and other substances. These data support the results of these studies. Again, in the literature review based on the fact that young people who were exposed to peer bullying also took part in this study, based on the literature data that peer relationships mediate the relationship between family functionality and physical symptoms (Bank et al., 2018), the participants in the study defined insomnia, psychological and cognitive complaints such as anxious and distressed mood, depressed mood, inability to focus, and difficulty in remembering can be explained. Supporting this point of view, it has been determined that American adolescents who experience peer bullying, including cyberbullying, have many psychosocial problems, including symptoms of anxiety and depression. It has been suggested that there is a significant relationship between peer bullying and inward behavioural problems (Reijntjes et al., 2010). Karanikola et al. (2018); showed that there is a positive relationship between being a victim of peer bullying at school and intentional self-harming behavioural and depressive symptoms play an intermediary role here. Additionally, Evans and Hurrell (2016); they stated that the self-esteem of those who experienced peer bullying decreased and they experienced the perception of being evaluated as a loser and being rejected by their peers.

According to the results of this study; A significant relationship was found between the bullying experiences of the participants and their self-harming behaviours. Esposito et al. (2019); The rate of non-suicidal self-harming behaviour increases in young people who have been involved in bullying, both as a victim and a bully, and that the probability of experiencing non-suicidal self-harming behaviour at least once in victims who have been bullied and who have been both victims. Non-suicidal self-harming behavior in DSM-5; It is defined as the damage that the person intentionally inflicts on the surface of his own body without the intention of killing himself (APA, 2013). Supporting the data of this study, it has been reported that peer bullying, rejection and victimization are associated with deliberate self-harming behavior in young people, and bullying victims experience severe emotional distress and loss of social status among their peers (Karanikola et al., 2018).

In this study, it was determined that there is a significant relationship between the experience of bullying and injury status during any fight. Again, according to the results of this study, a significant relationship was found between experiencing bullying and the behaviour of taking things from someone without permission. According to literature; Hong et al. (2021); showed that bullies, victims and bully/victims all have a high risk of stealing, threatening and aggressive

behaviour, and that the delinquent behaviour of these adolescents will create a serious problem.

According to the results of the study; It was found that there was a significant relationship between experiencing bullying and the frequency of using tobacco products. In support of this finding, Shawki et al. (2021); showed that there is a relationship between tobacco, alcohol and substance use in adolescents and bullying behaviour at school. Similarly, Klinck et al. (2021); They suggested that exposure to peer bullying related to appearance increases the probability of starting alcohol and substance use in early adolescence.

When evaluated in terms of family functionality, in this study, it was found that 1% of the participants who had mother-in-laws in the last year complained of depressed mood, while 10% of the participants whose father was stepfather had a depressed mood in the last year. In addition, it was determined that the participants who had no siblings had less mental problems. Simpson and his colleagues reported these symptoms in his study at 2018. It is consistent with the results of the study that adolescents with low family functioning who are closer to their mothers have both anxiety and depressive symptoms compared to those who grow up with average family functioning, and that depressive symptoms are lower in adolescents with high family functioning. When we look at the literature, it supports these findings; It has been shown that as the frequency of violence increases in children who have experienced domestic violence, children fall behind in terms of both health and development. It has been suggested that children who are exposed to domestic violence have behavioural and emotional difficulties (Gartland et al., 2021). Similarly, it has been suggested that exposure to conflicting behaviours towards violence from parents as a child may be associated with behavioural problems, problems with self-esteem, and poor adjustment behaviours in the future, and that children who experience domestic violence also exhibit symptoms of post-traumatic stress disorder and have physical health problems. Similarly, it has been suggested that exposure to conflicting behaviours towards violence from parents as a child may be associated with behavioural problems, problems with self-esteem, and poor adjustment behaviours in the future, and that children who experience domestic violence also exhibit symptoms of post-traumatic stress disorder and have physical health problems (Hui & Maddern, 2021). In addition, another study suggesting that exposure to domestic violence may increase depressive symptoms in adolescence (Li et al., 2022). Publications suggesting that such children and adolescents are at higher risk for depression, anxiety, sense of loneliness, suicidal behaviour and low self-image (Nowakowski et al., 2016) which is consistent with the results of this study.

V. CONCLUSIONS

In this study, it was determined that family structure (state of being a biological or step parent) and functionality, and violent behaviour in the family increase the possibility of exposure of psychological complaints, depressive symptoms, and peer bullying in children and young people. It has been determined that individuals who have experienced peer bullying have an increase in self-harming and criminal behaviour and the behaviour of using tobacco, sleeping and tranquilizing drugs increases. It has been determined that eleventh grade students have more experiencing of bullying.

It has been determined that the frequency of exposure to violence, depressed mood, other mental and cognitive complaints, and self-harming behaviour increase the tendency to use sleep and sedative drugs.

It was determined that the physical and vegetative problems of male participants were related to their anxiety and depressed mood.

With the structure of the family (state of being a biological or step parent); It was determined that there was a correlation between the use of sedatives and sleeping pills, the frequency of tobacco and alcohol use, and inclination to criminal behaviour.

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