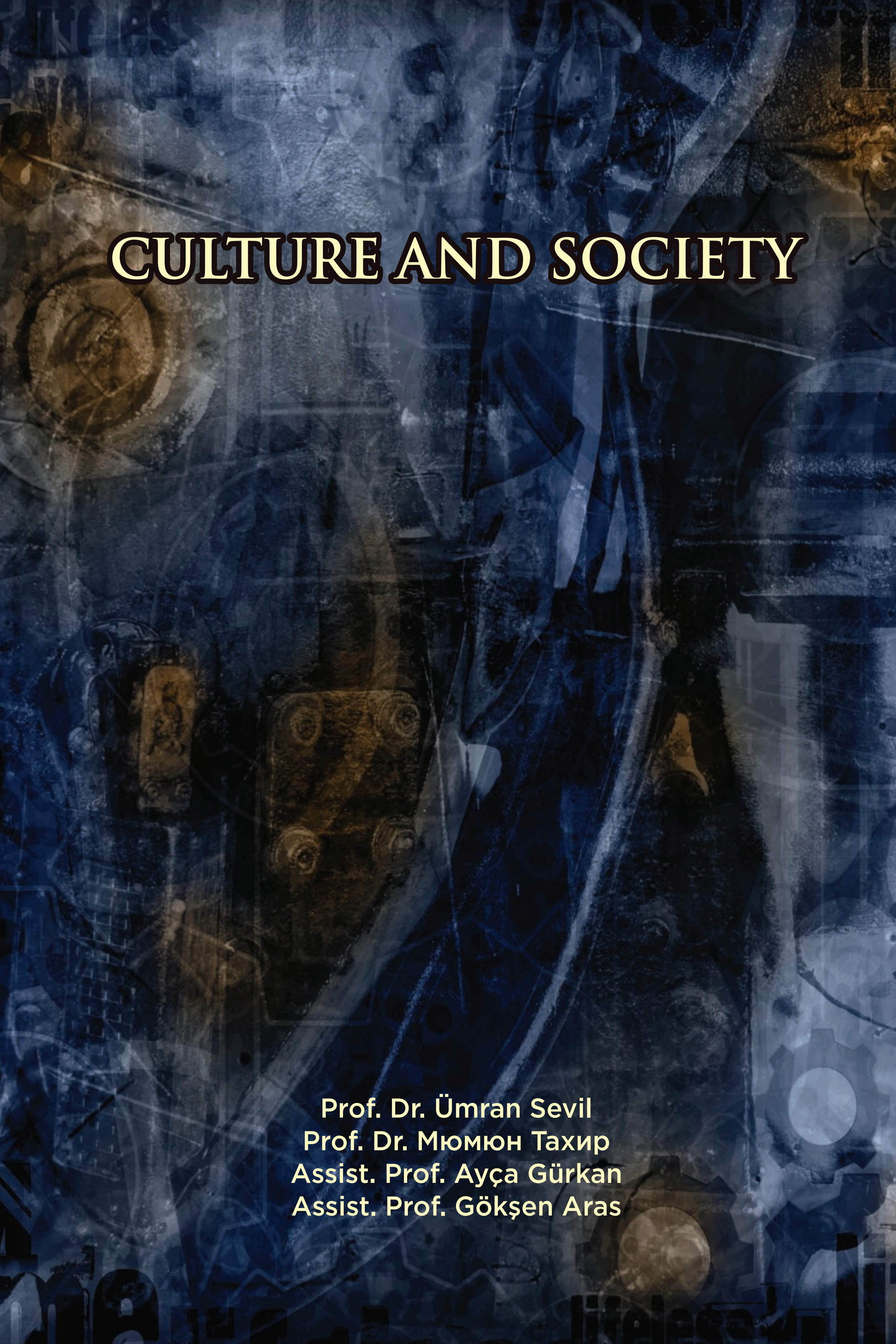

CULTURE AND SOCIETY

Prof. Dr. Ümran Sevil
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CULTURE AND SOCIETY

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CULTURE AND SOCIETY

1st Edition: December 2018
ISBN: 978-605-68150-0-3-5

Academy for European Culture "Orpheus Lira" – Sofia "Publications"

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Text Editor
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Issue-Volume
Academy for European Culture "Orpheus Lira" – Sofia

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СОФИЙСКИ ГРАДСКИ СЪД
Ф.Д. No 1266/2006
СОФИЯ
1 с-в

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03.10.2013 г.

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Сдружението се представлява от Председателя на Управителния съвет МЮМЮН МЮМЮНОВ ТАХИРОВ, ЕГН 5703122389.

Настоящето удостоверение отразява актуалното състояние по партидата.

Съдия :

Секретар:

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CULTURE AND SOCIETY

PREFACE

Culture is an element encountered in all fields and spaces related to man and life. Culture is also a process and reservoir of values along with the historical development of humanity. At the same time, it refers to peculiar life styles of every distinct society.

Culture, which is one of the fundamental factors in human life, exists as a compelling or constructive variable in human life in due course.

The articles in this book explore to what extent culture is independent, the role of culture in building the relationship between society and culture, key elements related to culture, and the correlation between these relations.

This book titled CULTURE AND SOCIETY consists of four parts such as Culture and Health, Culture and Education, Culture and Sports, Culture and Other Fields. We would like to thank all the writers who contributed to the publication of this book. We wish this book to be beneficial to all readers and academics studying in this field.

Editors

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2018

CHAPTER 1

CULTURE

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ABSTRACT

Culture, a concept specific to social science thought, expresses our different lifestyles, attitudes, habits and mentality, as well as our experiences once we were born. To be able to sustain our own lifestyles and our habits, we design our entire circle according to our needs and objectives. We live together with a community of people closer to our own mentality or habits in order to be able to sustain, develop and transfer this world that we created. Thus, we try to create a culture of ourselves by showing our differences from other groups of society. At the same time, we try to share and spread our culture by communicating and sharing with the people in our circle and interacting with them continuously. Then, we attempt to render this culture, which we try to spread, dominant.

When a society viewed from outside, culture can be seen as a whole. Therefore, people living in different societies and from different cultures can be recognized easily. At the same time, however, it can be seen that culture is not a single entity and that it incorporates many forms of understanding and lifestyle when entered into a society. Through these differences, culture contains economic and ideological elements, and transfers them to their own generation with symbols, especially with language, as well as tries to prove its existence among other cul-

tures. The concept of culture, involving integrity and locality within itself, also contains basic human values, ethics, norms and universal values.

Concepts are defined over the other. Similarly, cultures are defined by highlighting the elements that the other one does not have or that it has. This is sometimes a language with a sequence of symbols, sometimes an outfit and sometimes a thought system. An invariable, permanent and reliable medium is created by surrounding the individual with these concepts. Thereby, a shelter, which is expected to always exist and will exist, is established. In order to establish this shelter, humans try to make nature and its surroundings liken to themselves and adapt them to their own needs. Eventually, the individual is now different from the other and tries to determine everything, including oneself. He also created a net to protect them.

The study addresses the concept of culture with the linguistic and conceptual definitions, explores different aspects of it and tries to explain some concepts related to culture.

INTRODUCTION

Culture is a concept that is based on societies, period of time, systems of thought, values, individual actions, daily life, modes of production, others and even on existence, and that both shapes them and is shaped by them. In every stage of life, the individual lives by interacting with it. The study will try to examine this broad concept.

First of all, it will be appropriate to address the grammatical and historical origins of the culture concept. It is a concept produced by modernity, although it can be dated back to the beginning of humanity in terms of content. It was mostly used in parallel meanings with enlightenment (civilization); societies employed this concept when defining their differences.

Culture can also be defined as the ability of an individual to transform nature first, then oneself due to the fact that culture is an accumulation. It created this accumulation naturally by controlling oneself and others. Therefore, culture has a specific situation, since it is a way of recognizing oneself/society through the other. This specificity is shared by the social groups that the individual belongs to. From the moment that the individual communicated with the other one with these shares, s/he has begun to undergo change as well. This change can

easily be seen in the language, clothing styles, technology and its usage forms, which are the social symbols.

The specificity of culture arises from the fact that it is a system of thought. Therefore, it has an ideological infrastructure. As is the case for any ideology, while trying to protect oneself, it also attempts to transform others and to make them liken to itself. Its approach of keeping up or protecting the order brings it the stability, maintaining the basic features and even the locality. On the other hand, features such as change and sharing give it universal qualities. As a result, it will be appropriate to characterize it as a modern concept, which consists of the accumulations having been created since the beginning of humanity. In this study, it is also attempted to investigate culture's

- Material and non-material aspects,
- Relations with norms and values,
- Different levels, such as subculture, high culture, popular culture,
- Relation to concepts, such as lag, shock, emptiness,
- Relationship with stability and change.

THE LINGUISTIC ORIGIN of CULTURE

The term *culture* originates from Latin "*cultura"* and its root is *"colere,"* which means to dwell, to protect and to honor with worship. This concept, *couture* in French and *cultura* in English, means both the maintenance of the place where you live (ranch) and the growth and improvement of people. The concept, which was related to the spatial position before, started to be used in the sense of educating the mind in the 17th century. In the 18th century, it was defined as the cultivated substance or trained mind. The Germans, on the other hand, defined the concept of "*kultur"* as the synonymous with "*civilization*" (civilization/civilizing). Now the meaning of the concept has been transformed into being cultured, or the process of secular development of mankind. Enlightenment historians also employed the culture concept to understand civilization (Williams, 2011:105-7).Therefore, the concept includes multiple meanings.

The difference in meaning between culture and civilization mentioned here arises from the relation between individual and society. Culture tries to define the improvement of individuals, while civilization tries to define the collective

progress. The Germans opposed French cultural imperialism and expressed that "*kultur"* has different meanings in different nations. They have stated that every nation has its own culture and that it follows through its own destiny. Culture, defined as the different aspects of humanity, began to merge into the nation concept gradually when the 19thcentury arrived. In French, however, it continued to be used in the sense of civilization (Cuche, 2013:17-22). In today's English, it is evaluated in a process fueled by social superstructure concepts. Culture is the social transmission process of human society with social means, not biological means (Marshall, 1999:442). However, symbols were also added to the definition of the concept, and a broad understanding, including the ideas, outfit, art, music, literature and other arts produced by some or all of the society, has emerged (*Collins Cobuild Dictionary*, 1994:240). It is observed that religious processes are incorporated into the definition of the concept in the Turkish Dictionary, in which culture is defined as "All the material and moral values created in the process of historical and social development, and all the means that are used to create them, to transmit to the next generations and that show to what extent of the humanity is dominant in the natural and social environment" (*Turkish Dictionary*, 2005:1282).

In postmodern framework, culture is doing things differently from what they are and otherwise what they will be, and keeping them in an artificial form in this state. The culture is creating an order and protecting it and struggling with anything that seems chaotic with regard to this order. With human intervention on things, it is the work of setting an artificial and designed order, rather than natural order. The culture not only brings such an order, but also attaches value to it. As a matter of choice, culture praises one order to the skies as the single best order on earth, while labeling other orders and their alternatives as a complete disorder (Bauman, 2004:161).

By pointing out the differences within societies in the context of multiculturalism/locality formed in today's late capitalism period, Giddens defines culture as a system of mutual relations that connects individuals to each other (Giddens, 2000:17). Therefore, culture is addressed within a broad framework that is enough to include the behavioral levels of individuals with the social institutions, which are the broadest segments of society (Fichter, 1996:133). The total behavior patterns and thought and comprehension styles shared by

the individuals in a society constitute a context formed by social groups and institutions.

WHAT s CULTURE?

First, the individual adapted to the nature to survive, then, adapted the nature to oneself according to own needs, as seen in the civilization process (Cuche, 2013:9) and ascribed a social meaning to it. Culture, which is a concept specific to social science, is thinking of human unity, apart from biology.

Culture is an accumulation. Although millions of species live on Earth, mankind has superiority over other beings. When considered from the biological evolution aspect, mankind (homo sapiens) scattered on the earth and the process of transition from hunter-gatherer society to settled life took hundreds of thousands of years. Settled life protects the human from the negative effects of nature (cold, hot, rain, wild animal attack, and so on).In the aftermath of the transition to settled life, the discovery of agriculture, by which large masses can be nurtured, constitutes a milestone for the sake of humanity. In the light of the recent excavations (Göbeklitepe, and so forth), it is thought that this process coincided with 15,000-20,000 years. Human beings, who struggled to survive by adapting to nature until this stage, now began to make nature liken to them. First, they set up small settlements, and then they were programmed to obtain more yields by sowing seeds and cultivating the soil. They domesticated the animals and used them both in the workforce and for nutrition. Then, they created environments where larger masses could live together and they have made tremendous technical progress. In order to be able to do this, they have accumulated knowledge by verbally or in writing by transferring to other generations since the early periods. In addition to knowledge, experience has been accumulated through various means.

The culture is a control mechanism (Kottak, 2002:49). At first, human societies have tried to adapt the nature to their living conditions since the early periods. They planted soil to cultivate, interrupted the direction of waterways or changed their direction. They constructed channels so as to bring water to their living spaces. They cut off trees, pulled rocks to pieces and built houses. By producing energy from water, sun and mines, they enabled more crowded masses to live together.

The culture explains itself always with the idea of the other one or through the other one. Each culture defines itself by its position formed against the alternate, namely “the other one”. In a dissimilarity-based definition, the more “the other’s” presence appears, the more visible it becomes. In almost every period, people have described themselves as “culture/cultured,” and stated that they are the most perfect compared to the others. Because they think that their lifestyle is simple, humanitarian, ethical, ethnical and even extraordinary (Eagleton, 2005:37). They even describe the world history, political and economic systems and technological transformations as their own culture, and consider it to be an element that should be offered and provided to the others. Just as culture is used in a similar sense to civilization, from an ethnocentric point of view, culture imposes the assumption that the good and the truth is itself on the other ones.

Culture is a shared concept and is specific to individuals within a society and transmitted through communication. Culture is shared by means of observation, listening, speaking, that is, communicating with others. Thus, not only its material elements, but also its beliefs, values, anticipations, lifestyles and even mentality are transferred to the others. For example, other cultures that watch American culture’s individualism, economic system and everyday lifestyle on TV shows have been influenced by them (Kottak, 2002:52).The statement of the parent, who is angry with a child who did not finish the meal, that they could not have these dishes before, and moreover that other societies could not even get close to having them by defining “the other,” the bad one, is making sense of themselves through the culture in TV shows.

Culture is a combination of values, customs, beliefs and practices that make up the lifestyle of a specific group. In other words, it is the practices of experiencing, interpreting and making sense of a society, group or class itself (Eagleton, 2005:46). Therefore, it is something beyond an individual. It is the developmental level of a society in general or the lifestyle of a group (Williams, 2011:110). Thanks to learning to adapt to these lifestyles, an individual acquires “implicit world knowledge.” He can even learn the form and the order of production, family structure, society relations, the structure of institutions, and the way they communicate with other society members. Thus, culture can combine the material world, which is objective, with the emotional life, which is subjective. For example, it is a material culture for people to dress in an effort to protect themselves from the cold or sun, whereas the way we dress refers to

the non-material culture. Cultural separation is unlikely when the dressing is used as a way of legitimizing the power as a lifestyle (Eagleton, 2005:48-50). A similar situation can also be seen in the definitions of corporate culture or cafe culture.

Culture is anything that has been made by people, constantly being changed, protected and transmitted. Clothes, buildings, books or goods, which are material elements, as well as things, such as, intellectual gains, organizations, institutions, political and economic systems and arts, which are non-material elements, belong to the culture. These are the things that are created by humans against nature and are related to each other. Just as in Marx's definition, the whole thing that makes up the infrastructure and the superstructure is what one creates against the nature. It is the things that are beyond an individual; do not belong to individual consciousness and are apart from consciousness. At the same time, however, it is a reality that includes an individual's conscience (Zijderveld, 2013:174-7).

Culture is a symbol and a symbolic thinking (Kottak, 2002:50). The symbol, which explains, conveys what it represents and usually has no connection with it, gains meaning with language. Since language has the words and meanings that define and explain its elements in every culture. Mankind has the chance to learn, transfer and process them by means of language. However, clothes, jewelry, ornaments, tattoos, namely everything that is done to build the body have been used for the culture's symbolic representation.

Culture is a symbolic way of thinking with symbols that have meaning within themselves and do not have meaning on their own. Through this thinking, many things in society may gain symbolic meaning. A hand sign (👍), which has no meaning on its own, may represent success, joy, reaction and action in a society. The clothes we wear may have a political meaning in terms of the representation of the society we live in, the social group or ideology that we belong to. The movement of hitting a desk is regarded as a rhythm from the point of street musicians, while it refers to protesting when it is performed in a Parliament. Traffic signs, as a sign series, transcend societies and gain universal norms. These symbols allow us to take the same actions by regulating human relations in traffic, even if we have the characteristics of Turkish, Chinese, British or American culture. The labels on the accessories or clothes that we use may attribute quality, price and durability to these goods (Zencirkıran, 2017:66). For

example, signs, such as crocodile logo, ✓, ⌂ , 🐈 on a T-shirt symbolizes the quality and price of the goods, as well as the cultural characteristics, such as the status and ideological attitude of the person who uses it.

Language is a part and a transporter of the symbolic characteristic of the culture. It is a collection of symbols that convey the culture from generations to generations and from society to society. Creating symbols with language that transmit thought, news, information and emotions makes the individual free on various conditions. Moreover, language is not only transferring actions and feelings, but also replicates, increases and directs them. In this way, language transforms culture from abstract into concrete, and even embodies it. Language is the only means by which cultures can be developed, transmitted and accumulated. When research on language is considered, it is possible to observe people's thinking structure and interpretative power through the language that they use. Therefore, the societies in the civilization history are classified by whether they have written texts or not, because it is the most important element in transferring social knowledge and culture. It is stated that the civilization level of a culture can be determined by looking at whether it has a written language or not. Therefore, writing is the form in which language, as the beginning of civilization and history, turns into an objective/symbolic form (Dönmezer, 1994:110-1). When the language disappears, the common meanings provided by the language are lost. Since just as it provides generational cultural sharing, it provides the semantic continuity of universal cultural concepts, such as freedom, justice, morality and honor, and so on. Therefore, the first goal of the ones aiming at cultural assimilation has been changing the language people speak. Nevertheless, intercultural communication has increased with globalization and has been facilitated by the use of English as a common language. English penetrates into our streets and our daily lives (Zencirkıran, 2017: 67).

Culture is an ideology. Ideology is not all of the culture, but it is one of its constituents and main elements. According to K. Marx, ideology is a non-material element that is specific to the dominant social class. However, it is argued that every social segment today may possess an ideology. Since every community has the opportunity to express their thoughts and social concepts about their own existence through their ideologies. Ideology creates and spreads cultural patterns, sanctions and symbols in its own way by making use of social values. Therefore, ideology is not just complementary of the culture, but it is the culture

itself. Ideology has both a solidarist function and divisive and conflict-creating function within certain social groups. It is in an effort to be distinguished from other cultures while expressing longing for conscious, irrational and rational integrity. On the other hand, it demands social integrity and harmony with its values. However, due to the individual's effort to adapt to social, cultural and natural environment, it causes the reduction of control over the environment. It also causes the individual's loneliness and helplessness with a concept described as alienation. Therefore, the one that supports today's individual crises is sometimes the culture itself (Tolan, 1991:225-6).

Culture is both local and universal. Humanity has a cultural capacity in general. Consequently, all human communities have a culture. The culture of a group has been used to identify the group and distinguish it from the others (Kottak, 2002:47). Every human group has its own unique feelings and behavior patterns. Individuals born into this group grow up with learning the behavioral patterns, emotional structure and thought system of that group. All cultural elements make references to the subconscious of the individual. Hence, the individual is equipped with eating, speaking, playing and cleaning customs of that group. While the personality of the individual develops, both personal character is formed and local culture is adopted. The adult individual can easily act within the boundaries accepted by the group within the society that s/he lives. As a matter of fact, these behaviors are different from other groups, even though they eliminate basic physiological motives. The individual learns while living in the group, develop and disseminate uniform behaviors by transferring certain patterns of behavior to the next comers (Saran, 1993:268-70). For example, it is seen that there are similarities in local clothes when a society is considered from the point of view of another society around the world. For example, different clothes are worn in societies of Slav, Chinese, English, Turkish, Arab, Indian and so on. Nevertheless, there appears to be a dress code integrity when looking societies from outside. One can easily recognize an Indian or a Turkish person in the British society. However, when these societies are examined, it is also seen that there are lower level different dressing, eating and entertainment habits belonging to different groups of the society. It is possible to see the local way of dressing in different races or religious affiliations in Turkey. It is possible to see clothing style of communities from different races, religion or localities in Turkey.

Culture also consists of motherhood, baby care, sexuality and all the symbols formed around it. When viewed from this perspective, it has a universal quality on the biological basis. Our lifestyles also have universal qualities on the social basis. In societies, culture regulates social life. In all societies, family life and food sharing have the same characteristics. The rules imposed on sexual relations are of universal qualities. While external marriage is recommended, incest, homosexuality, sexual intercourse with impuberes minors and extramarital intercourse are prohibited, or strict sanctions are applied (Kottak, 2002:57). Ceremonies are held in all societies in important changes in an individual's life cycle. Baby birth has been celebrated with cultural ceremonies of the group in a society. In the transition to adolescence or adulthood, various ceremonies have been held in different societies or communities. Circumcision for boys, which is a religious ritual in Muslim and Jewish belief, has been celebrated with various ceremonies. Engagement before marriage and marriage have also many differences and end with a ceremony. Like the beginning of life, a ceremony has also been held universally for its ending, that is, death.

All societies use some sort of technology because it allows them to fight against the nature or organize it for themselves and to continue life. In this process, every society has an economic system, in which goods and services are distributed. Furthermore, there is a political control system in every society that provides family institution, kinship system, inheritance and management system. At the same time, the control and judicial system that ensures compliance with these systems point out the universal aspect of the culture.

Culture is both stable and changeable. Culture is full of various stable and stationary elements so as to allow individuals to adapt to the environment within society and to dominate the nature. The majority of people seeks and demands social stability and security. Therefore, social structure is adorned with a wide variety of social institutions. The education through likening individuals to each other, the economic system through controlling all financial structure, religion through trying to organize all moral, spiritual and social life, and kinship system through organizing ties between individuals and generations offer the individual a relatively constant life. Cultural regularity is maintained by transferring these experiences to new generations. The individual is assured by culture, thanks to cultural regularity or stable condition. With this assurance, the individual may find their environment almost the same it was, regardless of the next behavior

or thought. The presence of elements, including accommodation, eating and drinking behaviors, the life cycle and the rituals associated with it allow the individual to dominate the nature and makes him/her stronger from a biological point of view. Experiences, traditions and patterns of behavior created by the social accumulation provide the individual with a social harmony and with strength against other cultures.

However, culture is varied in different social groups in terms of lifestyles and thought structures. The cultures of wider societies are also different from the other. Due to these differences, cultural transfers and changes have occurred with social relations between societies, communities or groups. The culture of same society has constantly changed over time. The emerging needs, the acquired experiences and the needs and interests of new generations may modify culture (Dönmezer, 1994:103). When social change theories are examined, the sources of change emerge as technological, economic, demographic, social, cultural and political elements (Tolan, 1991:280).

Urbanization, which began with industrialization and is still ongoing, has changed individuals' cultural activity in rural areas. Technology has been involved in the social life more. According to Tönnies, technology, one of the elements that leads to the transition from community-type society to union-type society, has transformed social life. Although the technology that penetrates into the individual's life makes him stronger, it has also made him individualized and lonely. Individuals began to ignore the neighbor sitting in the same apartment, began to fit visiting their relatives or loved ones into the holidays, began to have no one to ask for help when run into trouble or get sick, to have no choice but to go to the nursing home to spend time with friends at the end of their life, and began to use technological devices to speak and to greet, instead of using face-to-face communication. With technology, culture started to be transferred and represented with different elements.

Culture is a change. Society needs technology in everyday life as much as manufacturing or heavy industry. For example, the individual has begun to give up simple and biological behavior, such as walking slowly and has begun to use a variety of means for this purpose, such as escalators. However, an individual needs walking to be healthy. Therefore, he has begun to develop a suitable culture for himself by fitting it into a certain period of time in order to add it back to his life. By minimizing the communication of the face-to-face, he has left the

cultural sharing to the virtual atmosphere at one hand and enables international communication on the other hand. The exchange of goods and money has begun to shift more intensively into virtual environment and a global influence has occurred by the economic crisis that is in a different continent through globalization. In decisions to be made for economic behavior, individuals have begun to take more and previously non-existent elements into account. Asylum-seeking behaviors arising from migration to cities and to western countries and from wars may lead to very serious changes, especially in regional terms. Although political behaviors have also been affected by these and rarely exhibit democratic attitudes, monarchical political behaviors have begun to emerge with the introduction of mostly conservative and solidarist understandings. All of this has accelerated today, whereas it was very slow a few centuries ago since the change in communication and transportation technologies was very limited. The increasing rate of change has also influenced the social and cultural structures of the behaviors and has transformed them into more rapidly changing structures. For example, it was observed that interim presentations were started to be added to the annual fashion or summer-winter creations in the fashion sector after the millennium and that there have been efforts to respond to the cultural needs related to dressing.

CONCEPTS RELATED to CULTURE

Mater al and Non-mater al Culture

It is possible to examine culture in two parts in material and non-material terms. First of all, the technology, machines, buildings and tools that are produced in a society are physical elements. These physical elements, including the clothing preferences, architectural styles, models of durable consumer goods, food, technological products, and so on are the material elements that reflect the culture of a society (Zencirkıran, 2017:58). Fichter examined material culture products in the context of popularizing elements in terms of:

-being significant signs of human behavior,

- being cultural tools due to the many functions they perform,

- being the tools that people use to accomplish their behavior,

- dissemination elements in terms of responding to social needs.

In this context, he regards them as an element of culture (Fichter, 1996:131).

However, there have been debates as to whether or not the things produced by humans can be regarded as part of the material elements of culture. Because all things from the stone ax made in the primitive periods to the means of modern mass communication technology are the products that can be created as a result of social accumulation and because once they are produced, they affect human life by contacting it, it is necessary to regard them as material products of culture.

People develop architectural styles according to the geographies they live in and design houses. Cars, computers, irons, bridges and skyscrapers are not considered to be cultural elements. However, since the information that creates them is a cultural element, all the things that are human products are accepted as elements of culture.

Concepts, such as mentality, tradition, value judgments, belief, law and morality are non-material elements of the culture (Zencirkıran, 2017:58). From another point of view, non-material culture is the knowledge and technique used in creating the material elements of culture (Dönmezer, 1994:109).

The life itself depends on the goods and technical equipment that have been used. It is very difficult to live without the house that we use to accommodate, the cars or planes that we use to transport, and the clothes that we use to protect ourselves from the cold. Social life is closely dependent on the things that people create and they influence our behaviors and thinking structure. For example, while the prevalence of televisions was very limited until the 1980s, the time for communication at home, sleeping hours, opportunities to gather information and news are different from today. With the widespread use of televisions, there have been changes in evening events and sleeping hours. Nevertheless, televisions could be watched as a family and the aforementioned relationships of the individuals have changed, yet continued. However, with the 1990s, the computers have become widespread and the information and news gathering opportunities resulted from them have changed. The computer technology has made it possible in a very short time to conduct corporate calculations, drawings, comparisons, or storing folders of information, which could be done by many people through labor intensive work for a long period of time. The widespread use of mobile phones and the internet have affected societies profoundly. Since this

technological objects or material cultural element cannot be used in the family like TV, it has reduced the face-to-face communication, changed the patterns of appreciation, accelerated the gathering information and news, increased the resources and changed our individual and social behaviors. While hundreds of thousands of people filled the city centers twenty years ago to protest any social issue, now they can organize themselves via the internet and perform their actions in this environment. In fact, people started to consider that only using an emoji is enough sometimes.

Nonetheless, it can be said that non-material elements of the culture is more important than its material elements. It is necessary to say that the things that create material elements are derived from the accumulation of non-material technology and knowledge, and that they also arise from social needs.

Norm and Values

Every society wants to establish order and rules to protect it in order to maintain its existence. With these rules, individuals see the limits of their attitudes and behaviors, and expect them from others. Thus, the individual sees with or without an appropriate behavior in a certain situation. Norms are rules that define the attitudes and behaviors of individuals in a society, and what they can and cannot do (Zencirkıran, 2017:65; Tolan, 1991:236).

Norms are generally adopted and implemented as much as they have a functional and actual value in maintaining the existence of a society. If there is a certain norm in a social group, the group members are ready to enforce sanctions and mediate when this norm is violated.

Some behavior patterns should be followed in relationships among individuals. These patterns, such as speech and everyday relations like salutation shaped by certain rules, priorities and sanctions and that are learned during socialization are the norms that are integral parts of the social system. Mostly, it is not necessary to remind us of following the rules, because now they are our movements. In other words, the individual imposes certain sanctions by oneself based on the norms of the group that he belongs to, so adaptation to a norm does not depend only on external sanctions. However, although the establishment of norms is performed by internalization, some sanctions must be placed in the system (Durdu, 2014:45-6).

In all societies, there is a need for values and a system of values of that society for the formation and survival of norms. Because in a society, the values express good and evil, beautiful and ugly, the meaning of life or what is to die for. We integrate these values into our lives unconsciously and feel them. The society expects this from us. Right after the birth, we tell our baby that what s/he does is good or bad, or we warn her/him, thereby, we try to develop her/his value system. These values that we acquired through socialization are regarded as a natural reality. However, the values may vary among groups within a society or from society to society. They even change over time in the same group or society (Tolan, 1991:233-4).

The values are built on an "ideal" that is assumed to exist in the future. The point of action in our thoughts and behaviors is to move towards this ideal and to establish a system of values appropriate for it. This ideal system, sometimes in contradiction within itself, is organized with a certain consistency. Values attach significance and importance to society and culture. It is shared because it is adopted by large segments of society. Individuals take values seriously in order to protect common welfare and to meet social needs in a society. Therefore, sometimes, values are even blessed and sacrifices are made for them (Durdu, 2014:43). For example, to die for the homeland is awarded with the rank of martyrdom, which suggests that an individual can make a vital sacrifice for a value.

Cultural lag, Cultural delay, Culture shock

The concept of *cultural lag* (cultural emptiness) introduced by W.F.Ogburn is defined as the later change of non-material cultural elements while material culture elements change. Ogburn also employed this concept to explain the change (Sharma, 2007:143). The non-conformity, resistance or reactions in non-material cultural elements due to the rapid change in the material elements of culture is called cultural delay (Zencirkıran, 2017:60). Culturally delayed social groups have difficulties in keeping up with the newly formed behaviors.

According to Bauman, the system that provides the balance between social reality structures and culturally determined behaviors are called cultural code (Bauman, 2004:168). On the other hand, not knowing how to behave, and what values and norms will exist in environments with different cultural codes can be called *culture shock*. Cultural shock is a common occurrence after immigra-

tions performed with different purposes. Although the main factor here is the language factor, all new values, norms and systems of thought also disturb the individual's balance. The individuals in this situation, first become introverted, as sometimes seen in those who immigrated to Turkey from the Balkans, try to solve the problem of compliance by adopting the values and norms of the immigrated country more than its society. With the entrance of technology into our lives more and more, those who stay away from it are exposed to cultural delays and even older people can experience cultural shocks even in partial location changes.

Culture levels (Subculture, H gh Culture, and Popular culture)

Today, societies show greater social differentiation. Different groups in a society share the general culture of that society and have their own thought and behavior patterns, as well (Cuche, 2013:65). These patterns can be called *subculture*.

The societies differentiate within their culture, according to the situations, such as race, religious beliefs and regions. These groups have their own feelings, thoughts, values and understandings, and they dissociate from other groups of society. This dissociation can also be called *subculture*. These cultures are mostly in harmony with the central or dominant culture in society. On the other hand, as Eagleton pointed out, every understanding that is alternative to the dominant culture or created according to the needs of locality/new is a subculture (Eagleton, 2005:55). Therefore, there is a hierarchical and conflicting situation here. Because, as Bauman pointed out, once cultures become dominant, they establish hegemony of their own norms and values. While trying to fit into the uniformity under these hegemonies, they try to distinguish the others with precise borders in order to show that their lifestyle is better by opposing the equality of the other lifestyles (Bauman, 2004:178).

Individuals bear several subculture elements, as it is the case with status. An individual who is a member of a support group can also take action appropriate for one of the musical genres and have an appropriate worldview for his profession, while possessing the characteristics of an ethnic identity. For example, within the German society, the Turks generally have their own unique lifestyle with adaptation to the dominant culture of the society. It is seen that there are

sometimes behavior patterns that challenge the dominant culture. Eating habits, clothing styles, different dialects or accents, dances and the styles of marriage, starting with flirts have their own unique characteristics.

The def n t on of each concept passes through the other one and the one that the other does not have.

When *popular culture* is defined, the definition is made based on the ones which are not in high culture or ideal culture. High culture is a culture that is shared by a minority group, who shapes the society, is effective/strong politically and economically and can be deemed elite, and that has high transportation and cost because it addresses this minority (Zencirkıran, 2017:71).

The popular culture can be defined as a culture that emerges as a dominant/prevailing reaction to culture, and therefore maintains a stance and effort for existence, that uses the practical intelligence brought by utilitarianism to exist, that attempts to rationalize every thought and understanding, that has an understanding of diffusing to the majority of society through rationalizing, that consuming all concepts and thoughts quickly by adopting consumption culture and using them in a proper way, that contains authenticity and locality by attracting individuals to itself, that “finds a cure” for everything, which is one of its most important features, that is heterogeneous, that uses substitution of all concepts and thoughts, and; however, it depends on the upper or dominant culture (Cuche, 2013: 97-100). Most of the society adopts popular culture.

Mult cultural sm, Cultural sh ft and Ass m lat on

Multiculturalism aims at recognizing the identities that are based on ethnic, religious, sexual, cultural, physical and linguistic differences in a society, and preventing individuals or groups from being exposed to a negative discrimination due to such differences. Multiculturalism aims at finding a solution to a new crisis – the identity crisis – which results from modern social life and organizational forms (Durdu, 2013:360-1) and has responded to the demands of minority/local groups. Multiculturalism has begun to be examined by the 1980s, and it has close meaning with concepts like globalization and pluralism. The transformation of physical places, the interaction of non-material structures, and the change of economic and social structures are described by multiculturalism.

Differences in cultural elements can be described as a cultural shift. The reasons for cultural shifts can be regarded as:

- The creation of the new material culture objects with technology, exploration and inventions,
- The tremendous developments in technology,
- The interactions between cultures with improvements in transportation and mass communication technology,
- Immigrations,
- Assimilation (Zencirkıran, 2015:77-8).

Assimilation is the period, in which an outsider, an immigrant, or a secondary group becomes indistinguishable from the dominant society, and can also be used synonymously with becoming cultured. The secondary group encounters with only adapting to the expectations of the dominant group and accepting its values, and exclusion and even extinction. Assimilation ends with the acceptance and internalization of the values and culture of the dominant group by the secondary group (Marshall, 1999:42). For example, the Native American population has been steadily declining since the Caucasians first stepped on the American continent, and they have encountered extinction by embracing the Caucasian culture. It is considered that the same is true for the Aborigines.

Therefore, assimilation is a transformation and is the action of shaping the environment and especially the secondary/subcultures. The exclusion of historicity is the erosion of cultures, the construction of consciousness of a new social life and the forced simulation action. It is defined as a modern phenomenon. Unlike the cultural shift, there are unwillingness and coercion.

CONCLUSION

Culture, which began to be used as a medium, in which people live and grow, and is defined as a process of civilization with the prominence of the mind as a result of the Enlightenment, is a comprehensive concept that includes the societies' lifestyles, behavior patterns as well as mentalities. Culture can be regarded as an understanding mankind without biology by means of the social science thought.

Culture is a process and accumulation that have occurred since the beginning of humanity. In order to be able to create and protect this accumulation, mankind has established an important control mechanism on the nature as well as on his own life, and has rendered it as the culture. With this function of culture, societies have been constantly being rebuilt, changed and protected. In order for this process to take place, it is necessary to maintain communication and sharing. Sharing can occur by any means, which can be sometimes a dialogue, a cloth or sometimes a transfer of norms.

A specific group begins to share its lifestyle, values, beliefs and traditions as soon as it communicates with other social groups. The communication that leads to sharing to occur can be done with very different means. The most common means of communication are symbols, and the most known among them is language. Culture is easily transferred to new generations and protected and shared through language. At the same time, language allows cultures to interact and contribute to the change.

Culture has an ideological character because it contains the way of thinking of societies, social classes and groups. The culture that develops ideological thinking and behavioral patterns demands dominating other cultures. To provide or maintain dominance, it tries to make the nature and other cultures more like their own behavioral patterns. Every culture seems stable within itself. In spite of its stable structure, communication with other cultures that it tries to dominate causes a necessary change within itself. Sometimes, the change can also be due to the technology that it developed. However, when the change begins, culture is also affected since it is impossible to resist it anymore. The change causes the cultures to be influenced by the universal elements. In fact, although the culture has basic human values in its own structure, there is a change in the meaning and content of concepts, such as, morality and respect, through the interaction with universal ones. However, it should be remembered that culture will preserve its local characteristics since it defines itself through the other one.

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CULTURE AND HEALTH

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ABSTRACT

Human is a biological, social, psychological and cultural being. It is difficult to make a clear definition of health and disease concepts for human being is a sophisticated creature. The concepts of health and disease connote each other. Health and disease concepts are perceived differently in every culture. These concepts cannot be considered to be a biological process alone. Since, they are also a social and cultural phenomenon. A condition that is considered to be a disease in a society may not be considered so in another society. The acceptance of an individual as healthy or sick in different cultures is assessed according to some measures. For instance, there are some criteria such as whether the individual performs the task s/he is expected or whether the disease is common in that society. The society's value judgments about disease, the point of view about the disease and type of treatment selected reflect the characteristics of the society's culture.

Traditions, beliefs and values are influential in the transfer of cultures from generation to generation; traditions, beliefs and values are robust structures of all cultures. Economic status and social class, communication, family structure, marital patterns, use of contraceptives, gender-based roles, sexual behavior, population policy, practices related to pregnancy and birth, nutrition, dressing, changes in body image, personal hygiene and general health practices, religion,

sexuality, population policy, practices related to pregnancy and birth, religion, immigration status, home conditions, occupation, leisure habits, and traditional practices are cultural factors that affect health.

Health with a changing nature and meaning from one culture to another requires an approach which contains cultural recognition, appraisal and practice. Demographic and economic changes in our evolving multicultural world, differences in health levels of people coming from different cultures, wars and migrations have directed health care providers and institutions towards considering cultural characteristics. Being a culturally competent health professional is considered to be a priority in multicultural societies.

INTRODUCTION

Human is a biological, social, psychological and cultural being. All human groups are confronted with similar situations such as adaptation to their surroundings, nutrition, accommodation, child care and education, division of labor, social organization, health care and control of diseases. People are also known for their ability to develop cultural solutions by using cultural tools to adapt to their surroundings. Anthropology i.e. human science was born by looking at the reason why human societies are similar to each other and why they are so different from each other. From the mid-19th century, anthropology studying human that is a versatile creature has shed light on the evolution of mankind by exploiting philosophy, sociology, archeology and history. Understanding the cultural dimension of human has become possible with the field of anthropology (Okçay 2012:3, Bekar 2001:136). Before examining the issue of culture and health, it will be useful to know the people and their characteristics.

Human as a B olog cal Be ng:

Human is a biological creature. They are composed of cells, tissues, organs and systems and the communication between these structures is established through the nervous system. While the organism works in harmony with itself, it is in direct interaction with our environment and adapts to different conditions (Birol 2004: 12). Human grows, eats, moves, reproduces, digests and dies at the end. All of these actions are related to biological aspect of human.

Human as a Psycholog cal Be ng:

As a psychological entity, human beings have characteristics such as personality, feelings, wishes, reluctance and proficiency-inadequacy feelings.

Human as a Soc al Be ng:

The environment has a significant impact on people's ability to acquire their own personality and self-consciousness. In order to understand human beings, biological and psychological dimensions as well as family, the society lived should be taken into account and social relations must be examined.

Human as a Cultural Be ng:

Human is a cultural being as well as a social being (Birol 2004:13). It can be said that the most general definition for the concept of culture is "life style", "composition of material and spiritual elements" and "everything we do" (Okçay 2012:13).

Culture is extremely important in the lives of individuals, groups and societies. For this reason, it is important to understand the cultural structure in order to understand people, their lifestyle and the practices about health and disease. Culture differs from one society to another and affects the perception and living conditions of individuals such as health, disease, happiness and sadness (Öztürk, 2012: et al., 295). In order to understand the relationship between culture and health, it is useful to first understand the concepts of health and disease.

CONCEPT of HEALTH

It is extremely difficult to define health since everyone has their own health concept. Health is not a scientific knowledge or an idea; it is the language of a body that is functioning. Until quite recently, health has been defined as "Lack of illness and disability", and disease has been defined as "not being healthy" within a narrow framework. However, the definitions made do not consider the mental and social factors that affect individual. In fact, health is influenced by social, cultural, economic, physical and biological factors (Bolsoy, 2006: et al., 78).

The World Health Organization defined health in 1974 as "Health is not merely the absence of illness and disability, but a physically, mentally and so-

cially well-being". What is well-being? Who understands what from well-being? Well-being is subjective and differs by individual and time. Due to the socio-cultural aspect of health, the definition of health varies from culture to culture, from society to society. For example, is a 55-year-old Ahmet teacher injecting insulin 4 times a day for diabetes who is doing all his roles without being dependent on anyone healthy? 45-year-old Mrs. Ayşe with two children has hemiplegia on her right arm and she does all her and household's care. Is she healthy? As can be understood from the examples, it is very difficult to define the concepts of "health, "disease" and "well-being" (Bolsoy, 2006: et al., 78; Bayat, 2004:10).

It will be useful to examine the concept of health in more detail.

Health subjectively: It is the perception of the individual's physical, mental and social position. According to this view, the individual feels herself/himself sick even if not and feels healthy even if s/he is sick.

Health objectively: It is the absence of a disease determined according to physical examination diagnostic test results.

In order to say that a person is healthy, in this case, the individual must perceive herself/himself healthy both subjectively and should be healthy objectively (Birol 2004:16).

The health and well-being concept should be defined for each person separately and should be assessed in terms of the physical, intellectual, spiritual, socio-cultural, religious and productivity dimensions that make up the person (Bolsoy, 2006: et al., 78).

CONCEPT of DISEASE

The concept of health and disease connote each other. For this reason, it is necessary to define the disease in order to understand health better. The disease is not only a condition that causes structural and functional abnormal changes in tissues and cells. It cannot be accepted only as a biological process since it is also a social and cultural phenomenon. A condition that is considered to be a disease in a society may not be considered so in another society. The acceptance of an individual as sick in different cultures is assessed according to some measures. For instance, there are some criteria such as whether the individual performs the task s/he is expected or whether the disease is common in that

society (Öztürk, 2012: et al., 295, Birol 2004:17). For example, the incidence of urinary incontinence increases in women as they age. A woman who sees urinary incontinence around her peers considers it not a problem but a natural part of aging. The study of Wong is a good example for this. In a survey conducted on Chinese women, 60.6% of women reported that urinary incontinence was normal, 78.3% reported that urinary incontinence was normal in cases such as sneezing, coughing, laughing (Wong, 2006: et al., 593).

As a result, health and disease are multifaceted concepts and the factors that influence them are equally multifaceted and dependent on each other. Each of these factors alone is insufficient to explain health and disease phenomenon. Looking at the factors of disease, it was found that many factors played a role. These are as follows;

1. Factor of disease (contributing bacteria, food and so on that cause disease)
2. Both physical and social environment (temperature, geography, class and so forth)
3. Characteristics of human (age, sex, lifestyle and so on) (Aytaç 2015: et al., 234).

The concepts of health and disease exist in every culture but they are perceived differently. The society's value judgments about disease, the point of view about the disease and type of treatment selected reflect the characteristics of the society's culture. Considering the differences between cultures, health-disease concepts and many of the concepts surrounding them are also relative at the same degree; they differ by cultures. In this regard, we can say that health and disease are the products of culture with one aspect at least (Kaplan 2010: 227).

CULTURE

Different definitions of culture have been made. In the Turkish language society, culture is defined as the whole of material and spiritual values created in the process of historical and social development and the means of expressing

the extent of the sovereignty of human's natural and social environment which is used in creating these values and transferring to future generations. [1]

In another definition, culture is defined as values, beliefs, attitudes, behaviors and customs that are learned, shared and transmitted from generation to generation by a group of people (Öztürk, 2012: et al., 295).

Bozkurt Güvenç defines culture as follows:

- Culture is learned: It is not instinctual and hereditary, but the habits, behaviors and reactions that have been earned throughout life after birth.
- Culture is historical-continuous: It is transferred to next generations. It is also described as customs and traditions.
- Culture is social: It is created by people living in social groups, shared together.
- Culture is idealized rule system: An individual belonging to a culture immediately recognizes the people in that culture. Rules and exceptions are certain.
- Culture meets the needs. Culture has focused on people's needs.
- Culture unifies and separates at the same time.
- Culture changes: As conditions change, society changes its culture by adapting to the new situation (Okçay 2012:3).

There are some commonly used cultural concepts. Knowing these concepts will make it easier to understand the concept of culture. **Stereotype** means accepting that the characteristics of the individuals or group members of the same culture are the same without taking into account the individual differences. **Ethnocentrism** is the assessment of other cultures based on one's own culture. **Cultural relativism** means recognizing and understanding the culture in its own structure without using other value judgments (Şahin 2009: et al., 5, Bekar 2001: 137).

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[1] Türk Dil Kurumu Türk Dil Kurumu http://www.tdk.gov.tr/index.php?option=com_gts&arama=gts&guid=tdk.gts.58ff1ce Access: 25.04.2017)

1 http://www.who. nt/med acentre/factsheets/fs355/en/ (Date of Access: .16.05.2017)

If cultural relativism is internalized by health workers in particular, it will be easier to understand health disease perceptions of individuals, their traditional treatments and treatment approaches.

Traditions, beliefs and **values** are influential in the transfer of cultures from generation to generation and traditions, beliefs and values are robust structures of all cultures. It is easy to learn and recognize traditions. Traditions are customary methods of application under certain circumstances. For example, it is a tradition for a woman with a newborn not to leave her home for 40 days. Beliefs and values are rules that guide human behavior. It is difficult to assess beliefs. They are not observed directly but individual's beliefs can be understood with correct questions. For example, a young man diagnosed with cancer can believe that the disease has been sent by God as a punishment for his sins. The rules guide the person concerning how to behave in a particular situation. Values are shared criteria or ideas that indicate which behavior is good or correct. Values are at subconscious level and individuals may not even be aware of the values they have. For this reason, it is extremely difficult to assess the values (Bekar 2001: 137 Bolsoy, 2006: et al., 81).

HEALTH-DISEASE and CULTURE

Health is influenced by biological and environmental factors as well as by cultural factors. Health and disease definitions also vary from culture to sub-culture, from community to community and generation to generation. Over the years, people who pursue their cultural characteristics have sought the solutions for their health problems in their cultural life to preserve and maintain their health (Taşçı, 2012: 20).

Every person develops the thoughts and practices that separate him/her from others and creates her/his own culture over time. Culture preserves its existence through teaching and learning the attitudes, actions and examples. Culture influences many aspects of human life from the formation of personality to parental attitudes, from childrearing styles to the language used. Culture is influential in how people will think, which language they speak, how to dress, how to believe, how to treat their patients, what to do with the deceased people and how to be nourished. In addition, it is also influential at many levels, from

the course of disease to symptom patterns and determining what is and is not disease (Tortumluoğlu, 2004: et al.,2).

Reproductivity of woman, birth of a child, delactation, sexuality, death, diseases and suffering are not just special experiences, but they all have a basic social dimension in principle. Thus, the health conditions including them are often determined by cultural practices as well as by biological and environmental factors. For instance, traditional practices such as circumcision of women, taboos during pregnancy and childhood nutrition can have serious consequences for human health (Sayan, 1999: 51).

Individuals facing health problems have searched the solution in their cultural life. So, a piece of each stone has become a remedy, every dry weed has become a medicine, every natural phenomenon has become a sign and they are the memories that people cannot extirpate from their lives. In the treatment of diseases, sometimes a grave, sometimes a fire, a stone, or sometimes a piece of soil and water has been used and they have become the items of traditional treatment (Tortumluoğlu, 2004: et al.,2). For instance, the traditional practices applied to infertile couples who want to have children are very interesting. Highly different practices such as making hodja pray, sitting on the vapor of many different food and plants, making suppository from various weeds and putting it into the vagina and eating different objects believed to be useful are applied (Engin, 2002: et al., 5).

Healthcare professionals should have knowledge about the cultural characteristics of the group they serve. In order to understand the cultural practices that are related to health, it is beneficial to understand how the health culture of that community is formed and shaped. In this regard, it will be useful to learn the cultural factors that affect health.

THE CULTURAL FACTORS AFFECTING HEALTH

It is important for healthcare professionals to know the cultural factors that affect health well, so that they can provide effective services to the people they serve. Diagnosing these traits in the individual receiving this care will increase the effectiveness of care.

The migration status of individual, religion, ethnicity, communication traits, roles and tasks in the society, how s/he perceives health and disease, health

protection and development behaviors, the practices of coping with diseases, **Economic status and social class, communication**, family structure, marital patterns, contraceptive use, gender-based roles, sexual behavior, population policy, practices related to pregnancy and birth, nutrition, dressing, changes in body image, personal hygiene and general health practices, religion, immigration status, home conditions, occupation, leisure habits and traditional practices are the cultural factors that affect health (Tanrıverdi, 2009: et al., 796).

Economic status and social class: The distribution of income in the society is whether it is sufficient for housing, nutrition and clothing. Poverty causes poor health conditions (Taşçı 2012: 22). There is an indirect relationship between social classes and the health of the individuals. The rights of individuals to benefit from health systems are closely related to the class they live in. However, the relation to be built between health and social classes indicates general trends and is always a correlative relationship. The above-mentioned relationship between social classes and health can change over time. For example, coronary heart failure was used to be a disease of the upper-class men with in England in the 1930s, but then it was the disease of the low class in the 1950s (Aytaç, 2015: 234).

Communication: Verbal and non-verbal communication items such as dominant language and dialect, the contextual use of language, willingness to share feelings and thoughts, eye communication, body language and the meaning of touch are the attributes of this field. If the service provider and receiver in the health field speak different languages, it may lead to major problems (Taşçı, 2012: 22, Tanrıverdi, 2009: et al., 796).

Family structure: It contains such topics as whether the families are extended or nuclear family, the status of being matriarch or patriarchal, by whom family decisions are made, roles and responsibilities of family members (Tanrıverdi, 2009: et al., 796). For example, by communicating effectively with the decision maker within the family, it is possible to adopt the right health practices in the family.

Marital pattern: It is composed of such topics as polygamous, monogamous marriage, perspective on consanguineous marriage (Taşçı, 2012: 23). For example, the prevalence of polygamy poses a risk for sexually transmitted infections.

Population policy: It is related to the cultural beliefs regarding the number of children the families want to have and the sex of children. The number of children to be born is a factor that affects self-induced abortion tendency of individuals (Tanrıverdi, 2009: et al., 796).

Use of contraceptives: It includes cultural attitudes about contraception and miscarriage. In some societies, the fact that they are not welcomed increases the numbers of pregnancy and childbirth, negatively affecting both mother and community health (Taşçı, 2012: 25, Bolsoy, 2006: et al., 85)

Sex-based roles: The division of labor between sexes, who is the employee, who is at home, who cooks and cares for children, the expectations, responsibilities and social rights of both sexes and the cultural beliefs about the behavior of each sex can affect health. For instance, in societies where alcohol use and smoking are considered natural for men and not for women, it is more likely for men to have lung cancer in these societies (Bolsoy, 2006: et al., 85).

Sexual behaviors: It encompasses such topics as sexual relations before and during marriage, prohibitions, sexual norms specific to women and men, sexual norms applied to limited groups within society, tolerance or prohibition of homosexuality in women and men, pregnancy, menstruation and whether there are taboos on sexual intercourse during breastfeeding (Taşçı 2012: 24, Bolsoy, 2006: et al., 83).

Pregnancy period and birth practices: It is the cultural factor affecting how the pregnant woman should dress, what to eat, how to give birth, the practices facilitating the birth and how the baby will be fed (Tanrıverdi, 2009: et al., 796).

Changes in body image: Changes about body shape, perception of slimness and obesity are the factors affecting the perspective on cosmetic procedures and plastic surgery (Taşçı 2012: 25).

Nutrition: It includes how to prepare food, how to protect it, ways and tools used in cooking, sacred and prohibited foods, understandings on nutritional values and nutrition in such special cases as pregnancy and puerperium (Taşçı, 2012: 26, Bolsoy, 2006: et al., 83 Tanrıverdi, 2009: et al., 800).

Clothing: It includes such topics as cultural perceptions of women and men's clothing patterns, how they are dressed in certain places, dressing fashions and whether certain diseases are associated with them. Clothing is also influenced by gender roles of woman and man.

Personal hygiene and general health practices: Personal hygiene practices, washing and cleaning habits are closely related to health and disease. For instance, tooth decay, gum infections and other oral-dental health problems are common in communities where there is no brushing habit (Bolsoy, 2006: et al., 84). Such matters as how wastes are assessed and destroyed and the distance of water resources or food production and distribution from the settlement areas are important for health. Today, rapid population increase and migration to urban areas have revealed the issues of environmental health, finding clean water resources and treatment of wastes (Taşçı, 2012: 26).

Home conditions: The structure of the house, how the living spaces are divided, the number of rooms per individual, whether the house is with garden or the apartment, feeding domestic animal are the factors affecting the health. While living in a very small house and in the same room for a crowded family increases infections, living in high-rise and close quarters can lead to increased spiritual tension and the restriction of children's playgrounds. If adequate care and control of the domestic animals is not done, it can lead to infectious diseases (Bolsoy, 2006: et al., 84).

Occupation: The fact that some professions belong to private persons, certain sexes, families and groups and that some professions are more prestigious in culture may increase the risk of some occupational diseases, accidents and deaths depending on the techniques and methods used in the professions. For example, high incidence of bladder cancer in the paint workers indicates the impact of occupation on health (Taşçı, 2012: 27).

Religion: Religion is part of the socio-cultural structure within the social system. Health-disease orientation is intertwined with religious life views. Religious life often affects the world of the patient. In Islam, while alcoholism and alcohol-related diseases can be prevented with the belief that alcohol is considered to be a sin, not giving a syrup prescribed by doctor to child with the belief that it contains alcohol can create health problems (Taşçı, 2012: 27, Bolsoy, 2006: et al.,85). Religious, mystical and magical beliefs and practices have an important place in information, attitudes and behaviors about diseases. Religious and mystical explanations are made regarding pain. It is destiny for Muslims, karma for Hindus i.e. a burden left from reincarnations in the past, and sacred black whip of sin for Christians (Kaya 2012: 3). In some cases, believing that fate and disease come from God makes it easier to deal with the disease, but

in some people this excess of fatalism can prevent the treatment of the disease (Taşçı, 2012: 27).

Habits: It includes smoking, alcohol, tea and coffee habits and the society's approach towards the use of drugs. It also contains death, birth ceremonies and relevant practices (Taşçı ,2012: 28, Bolsoy, 2006: et al., 83 Tanrıverdi, 2009: et al., 800).

Migration status: It includes immigrants' adaptation to the new cultural structure in terms of behavior, language, nutrition and clothing, whether they are exposed to discrimination and racism, family structure, whether their religious life is affected and the culture of indigenous community and their attitude towards migration (Taşçı 2012: 28, Bolsoy, 2006: et al., 83, Tanrıverdi, 2009: et al., 800).

Leisure time habits: It examines topics such as what forms of sports and recreation are involved and whether they involve risks of injury or disease due to these habits. For instance, swimming and sunbathing can have drowning and burning hazards even though they have many benefits in terms of health (Bolsoy, 2006: et al., 83).

Traditional health practices: They address alternative methods used by the public. Commonly used herbal medicines among people, treatments used, cupping and special diets are included in this scope. Traditional practices are sometimes useful for health, sometimes harmful and sometimes ineffective.

CULTURE-SENSITIVE and CULTURALLY SUFFICIENT HEALTH APPROACH

The concept of health with a changing natural and meaning from one culture to another, requires an approach that includes cultural recognition, appraisal and practice (Şahin.2009: et al., 2). Demographic and economic change in our evolving multicultural world, differences in health levels of people coming from different cultures, wars and migrations have led health care providers and institutions to consider cultural features. Being a culturally competent health professional is a priority in multicultural societies (Başalan, İz 2009: et al., 52).

Healthcare services should be suitable to cultures as well as contemporary medicine understanding. People's beliefs and practices are part of the culture of the society in which they live. Cultural characteristics should be seen as a dynamic influence of health and disease. In order to be able to provide better health care, it is necessary to know and at least understand how the service

group perceives health and disease, how they respond to it and what cultural factors are behind their behavior (Şahin, 2009: et al., 2).

It is important to be sensitive towards culture, to recognize cultural characteristics and to own the cultural knowledge in order to offer cultural healthcare. Today, it is mentioned in many countries that doctors and nurses should be "culturally adequate". This approach of the healthcare professionals who are able to recognize the socio-cultural differences between the patient/individual and themselves, who are sensitive to these differences and who can take these characteristics into consideration in care is called culturally adequate approach (Seviğ, 2012: et al.,96, Başalan, İz 2009: et al., 52).

If the caregivers do not know the cultural structures of the individual they serve, the service they will offer may not be suitable for them. Healthcare initiatives, if not based on cultural data, will make it impossible to achieve the goal and the care provided will be incomplete. Since every individual protects her/his own culture and wants it to be valued. Physicians, nurses, social service specialists, dietitians and laboratory staff and all healthcare professionals who will provide health services should take the responsibility for this context and at least try to understand the cultural structure of the society (Tortumluoğlu, 2004: et al.,4).

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MIGRATION, HEALTH AND CULTURE

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The migrations of mankind throughout the history have shaped the present world of people.

ABSTRACT

In this section, migrations, culture and health will be defined first, then these concepts will be briefly examined in terms of their interactions and the main problems of migrants and the possible causes and consequences of these problems will be addressed.

INTRODUCTION

MIGRATION

Migration, which is defined as collective change of location of people from the region they live to another far region(s) and the process of social change, is a part of human nature and is as old as the history of humanity. In the historical process, people have always migrated for some reason. Migrations can be individual, familial, social, economic, massive and political. In recent years,

the internationalization of economy and finance along with the globalization, the developments in communication and transportation technologies, multiculturalism / tolerance, the search for a better job, opportunity, education and life quality and the increasing problems based on conflicts, poverty, inequality and lack of sustainable means of livelihood have intensified long-term settlement movements called migration (IOM, 2017a: 176-177; United Nations, 2017: 1, WHO, 2017: 2).

Immigration refers to the resettlement of one person or one or more families in another country within the framework of legal proceedings. These legal proceedings guarantee the individual's certain rights including those related to one's health to a certain extent. This concept was also used in the past to define the settlement of a human or family by owning a place or region in a newly discovered country. On the other hand, migration describes the permanent change of residence of not a person or family but a much larger crowd of people with certain demographic characteristics within a country or in another country. Those who leave their country willingly for a better life are defined as immigrant (IOM, 2017a: 14-15; Porumbescu, 2013: 188-195; 1-6).

[1] www.tdk.gov.tr;

[2] http://www.larousse.fr/dictionnaires/francais/immigration/41704;

[3] http://www.larousse.fr/dictionnaires/francais/migration/51399;

[4] http://www.toupie.org/Dictionnaire/Immigration.htm;

[5] https://www.britannica.com/topic/human-migration;

[6] https://www.britannica.com/topic/immigration).

In general, migration is grouped under two headings as internal migration (from the normal living environment to another within the same country) or external/ international migration (from one country to another). Migrations might be short-term (3 months-1 year) and long-term (longer than 1 year). However, countries can use different time periods to classify international migrants. The number of migrants entering or leaving a country in a certain period of time (typically one year) is defined as migrant stocks, the total number of migrants in a certain country within a certain period of time refers to flow of migration and the movement within the framework of legal channels and outside the regulatory norms of the sending, transit and receiving countries refer to regular and irregular migration respectively (IOM, 2017b: 299-306). The diaspora (Transnational

Communities) is a concept in the Bible to describe the migration of the Jews as a result of the invasion of Palestine by the Babylonian Empire in 600 BC. Many diasporas have taken place so far. As a part of the slave trade, the migration of Africans to the western hemisphere in the 16th and 17th centuries is perhaps the greatest migration of human history (Kwabi-Addo, 2017: xiii). Similarly, more than 25 million Europeans and primarily Asians and Latin Americans migrated to the American continent within each of the great migration waves between 1880 and 1924 and after 1965 (Hirschman 2007, IOM, 2017b: 304; 7). Today, the word of migrant is used to describe people and families who go to another country for a short time so as to work mostly. These people are still migrants, even if they become citizens of that country. However, millions of people, who had temporarily gone to another country only to work in the beginning, stayed in the countries they went to and are now represented by many generations there.

[7] https://faculty.washington.edu/charles/new%20PUBS/A110.pdf

The words of refugee and less frequently used asylum seeker are other concepts used to describe migration. The asylum-seeker is a person who has requested asylum in a country and the refugee is the person whose asylum request is accepted. Refugees or asylum-seekers are people who flee the social, cultural, religious or political pressures of the sovereign powers in their living environments or the pressures and conflicts caused by civil and regional wars and are in need of international protection since it is too dangerous for them to return their homes. They are protected in accordance with international law defined by “International Refugee Convention” which was adopted in 1951 and defines the refugee and her/his fundamental rights. In 2014, more than 200,000 refugees and migrants were known to migrate across the Mediterranean for security reasons (Berry, 2015: et al., 1, IOM, 2017b: 301).

The concepts of (im)migrant, refugee and asylum-seeker are generally used in the same sense. In fact, each concept has a different meaning because of their different international obligations and consequences. In this respect, the special status of the citizens of the colonial countries of the former empires should also be mentioned. Although the empires came formally to an end centuries ago, countries and cultures were connected to each other by the bonds of communion and the imperial ties of trade and migration which began in the process of occupations and continued afterwards, and these ties were not easily loosened. As a result, the current boundaries defined by history and societies have removed the

borders envisaged by cartography and political citizenship. Thus, colonial citizens continue to be legally a part of the imperial on the basis of jus soli (birth) or jus sanguis (blood relation) (Bivins, 2015: 1-20).

International migration affects all people and countries more than ever in a period when globalization is deepened by disagreements and internal and external conflicts. Migration is an important social determinant of health. The safer and better regulation of migration has become an important global priority for today through the United Nations' 2016 New York Declaration for Refugees and Migrants (IOM, 2017a: 1-2, WHO, 2017: 1). In the globalising world, 258 million people (3.5% of the world's population) do not live in their country of birth due to international migration. 64% and 32% of these migrants are hosted by high-income countries (2.9% annual growth) and middle-income countries respectively. More than 60% of all international migrants in the world are located in Asia and Europe and this is followed by North America. The number of international migrants is increasing faster than the world population. While the rate of migrants to total population was 2.8% in 2000, it increased to 3.4% in 2017. Immigrants are mostly located in the United States, Saudi Arabia, Germany, the Russian Federation, the United Kingdom and the United Arab Emirates. The migrations are mostly from Asia, Africa, Latin America and the Caribbean. Some countries, such as India, Mexico, the Russian Federation and China, are now the countries with the highest number of people living outside the country. In addition, 10.1% of all international migrants consist of refugees and asylum seekers and the developing regions are home to 82.5% of refugees and asylum seekers. Today, Turkey is the country with the largest refugee population of about 3.1 million refugees and asylum seekers. 48.4% of the middle-aged migrants are women and this rate in low-income countries has increased slightly. A significant rate (14%) of migrants is under 20 (IOM, 2017a: 20-21; United Nations, 2017: 1, 4-15, WHO, 2017; 2).

Although it is discussed to what extent international migrants, who are centred on different cultural characteristics and regions, can escape their problems, it seems inevitable that they face with new problems. The health of migrants is under risk for many reasons, and this may not always be solved with the guarantee of legal regulations. Among these, the barriers formed by cultural differences related to health protection and access to health care services have an important place. The right to health is one of the main subjects of human

rights and it gained international legal status for the first time in the Universal Declaration of Human Rights in 1948.

Today, people living and growing in different cultures and social climates encounter new people and folks, work and live together and interact with each other thanks to the great dimension of international migration. In this respect, migration can contribute to comprehensive and sustainable economic growth and development of both home and host societies when it is supported by appropriate policies. Some migrants are one of the most dynamic members of the host society; they contribute to the development of science and technology and enrich the host societies by providing cultural diversity. In spite of such benefits of migration, migrants have not been relieved of being “unwelcome” and some migrants remain the most vulnerable members of the society they live in. Therefore, governments have decided that safe, regular and responsible migration and mobility should be ensured including the implementation of planned and well-managed migration policies and that human rights of all migrants should be protected regardless of their status in line with the Sustainable Development Goals by 2030 (IOM, 2017a: 176-177; United Nations, 2017: 1, WHO, 2017: 2).

CULTURE

Culture is a form of thinking and living that shapes its identity with its language, art, values and ethical values, beliefs, traditions, customs, understandings and behaviours, makes a society different from other societies and continues to change from past to future (Kottak and Gezon, 2014 Highmore, 2016: 1-3; Eagleton, 2016: 9-24; 8). In the light of these features, culture is the whole of the material and spiritual values that give an identity to a society and form a sense of solidarity and unity.

[8] http://www.kultur.gov.tr/TR,96254/kultur.html

Culture is a way of life. In the broad ethnographic sense, culture is a complicated whole that includes the beliefs, art, morals, law and other abilities and habits acquired by a human as part of a society (Highmore, 2016: 3). Culture is a “social subconscious” (Eagleton, 2016: 7, 39-43). Therefore, culture is transferred from generation to generation. Culture is also known as the achievements of a society at a certain stage. This includes various health-related acquisitions

such as healthy behaviour, and is generally determined by knowledge, experience and adaptability acquired by the people constituting the society. Therefore, culture is also ambiguous and transient; in other words, culture is variable. Culture is the whole of shared dynamic values and continues to be shared as long as society exists. This memory might change over time, but as long as society exists, its culture will continue with its general features.

Culture shows a constant change. However, society itself also changes. Therefore, cultural change does not result in alienation from society itself. With these features, culture is perhaps the most important means of understanding life and what is experienced. Death is also cultural (Highmore, 2016: 117). And every death is accompanied by a story, as for life and diseases! ...

The disagreements and conflicts between different cultures due to migration might lead to lack of communication. Integration in which the sense of belonging to a community or group becomes important should be ensured rather than assimilation (resemblance / dissolution), marginalization (exclusion from the society) and disintegration (social isolation, marginalisation) in the process of acculturation. Integration (Berry model) is one of the strategies of cultural interaction and proposes integration as an intersection point and strategy in order that the individual maintains her/his identity and characteristics, is valued and maintains the relationship with society (Republic of Turkey, Ministry of Interior, Directorate General of Migration Management, 2013: 29-20).Cultural adaptation is a very important issue for migrants. Social networks, gender, age, language skills, level of education, religious beliefs, reasons of migration and the manner of welcoming in the host country are effective in the process of adaptation to the migrated place. For instance, when the people from Eastern culture are not provided with especially shelter, health, employment and the conditions, which are not offered by the country they have left behind, in Europe, it is a known fact that these people withdraw and tend to embrace their own values that cannot be taken from them while bringing up their problems according to their thought in the psychology of self-withdrawal. However, migrants are also rational and can predict what is best for them. They know very well that learning the language of a country, speaking this language in the best way and recognising the codes and norms of that culture will upwardly mobilize them in social context (Beşer, 2012: 57-71; Republic of Turkey, Ministry of Interior, Directorate General of Migration Management, 2013: 13). Adaptation is not a problem related only to

migrants. At the same time, the adaptation of migration-receiving society is also important. In other words, it is another issue how the host society would adopt the incoming individuals. Adaptation requires both sides to move away from themselves while they are approaching each other. However, a part of the society may expect an unconditional adaptation from the migrants in the migration receiving societies. That the migrant expects an unconditional adaptation from the host society is far worse perhaps.

In reality, many cultural features and models lead people and nations to gain an international feature in which they are increasingly connected to each other because of spread, migrations, colonialism and globalization (Kottak and Gezon, 2014: 32). The ‘cultural competence‘ that emerged as a concept in the health system in recent years is an example of this. The World Health Organization (WHO) underlines the importance of culture in establishing health policies (Napier, 2017: et al., 1-27). Globalization is the beginning of the path to a single culture. If the process of globalization is saved from the command of the weapon industrialists and merchants and irresponsible, ambitious and passionate politicians and evolves to a process in which mankind can eliminate its historical prejudices, fears and concerns, all humanity can be united under the same common values as for a small society today, although it does not happen in short period of time. Such a situation would at least eliminate the problems of health related to migration and some of the barriers to access to health care.

Institutions and systems also have a unique culture. For example, the health system has a culture of its own; this corporate culture, which is measurable, (Mannion, 2008: et al., 1) has all the above mentioned features of general culture and changes according to the needs of society and time. Health institutions consider cultural competence to be an important organizational strategy to meet the needs of different patient populations (Betancourt, 2003: et al., 293-302). It is accepted that hospital culture competence will improve patient experiences in general, and will be beneficial for the interactions of minorities with hospital staff and health workers such as physicians/doctors, nurses and midwives in particular (Weech-Maldonado, 2012a: et al., 48-55).

Another concept associated with culture is “climate” and specifically “organisational (corporate) climate”. The organisational climate in the health system focuses on culture and climate in health systems and services that are in a constant change in accordance with the needs of the day. Organisational climate

examines and evaluates the environment within the institutions, the attitudes of the group members, the interactions between and within the teams and directs the authorized units and legal regulations for a better health system and to provide a better quality health care. One of the most studied subjects in the health system in recent years is the burnout of health workers. The subjects of culture and climate in health organisations have been compiled in a book under the editorship of Braithwaite et al. (2010: 1-212) in the light of the accumulation of knowledge of the competent researchers in the field and the relationships between them are discussed in detail from different dimensions.

The relations in migrations are determined by normative culture everywhere. Cultures, which are the systems of human behaviour and thinking, take natural biological impulses, adapt them to natural laws, can be learned and taught and transferred to future generations by this means. The house, the neighbourhood, the city and the country where people live, the work they do, the way they play, relax, and amuse themselves, the gender roles specific to men and women and the relationships with their religion, family, friends and neighbours shape them. The biological plasticity of human, the ability of the human body and thoughts to change while dealing with different stresses such as warmth, coldness, height and interaction with a new and different culture, exposes human to the effects of environmental stressors and everything and everyone around. For this reason, culture, which is an environmental factor like nutrients, warmth, coldness and height, has an important role in shaping people's development, personalities and personal health (Kottak and Gezon, 2014; 1, 14-16). Especially the first few years of life are extremely important in this respect. Ultimately, "the homeland of every human being is his childhood".

HEALTH

Health is an important human right. The World Health Organization (WHO) defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Although it is controversial in many respects, this definition of WHO also assesses the health of people in terms of the spiritual dimension. In fact, it is emphasized that health is not a binary variable that defines the state of being "healthy" and "unhealthy", expresses a continuously changing process between being very healthy and less healthy and is shaped by social influences, and for this reason, the individual's experi-

ence of health is in his/her own psychological and physical nature ("It "end[s] at the skin"). To summarize, the state of health, which shows the well-being of the individual, is a personal experience and influenced by the individual's conditions, environment and expectations (Card, 2017; 127-131).

Disease, which has important effects on health but is a different concept from health, identifies health threats created by genetics, bacteria, viruses, fungi, parasites and other pathogens. Illness is defined as the poor health condition that a person perceives or feels (Winkelman, 2009: 36, Kottak and Gezon, 2014: 70). Diseases are associated with pathological basis and clinical conditions, whereas illnesses are mostly associated with a patient's perceptions and behaviours (Inhorn and Brown, 1990: 89-91). Ethnographers predict that people perceive and explain the world they live in two ways. These are "emic" (native-oriented) and "etic" (scientific-oriented) approaches. In cultures with an emic (natural) perspective in which diseases are not a germ theory, illnesses are empirically explained with reasons ranging from spirits to ancestors and witches (Kottak and Gezon, 2014: 48). Obesity, which is not associated with wrong and unbalanced nutrition in such societies, can be perceived as an indicator of good health and life, and the related complications are attributed to the forces that the obese person cannot control. Similarly, stroke may also originate from the hit of some evil forces under the influence of a known or imagined enemy, or from the rage and malicious activities of an injured and unjustified ancestor (Eshiett and Parry, 2003: 229-231). On the other hand, the etic approach often focuses on the objective interpretation of the culture by its members. This is the approach of ethnographers to societies and of doctors, nurses, midwives and physiotherapists to diseases. This is a scientific approach. This approach uses knowledge, questions, discusses and draws a rational conclusion. Accordingly, while illness refers to an emic culture's perception of bad health and its explanation, disease is a scientific and etic expression of the deterioration of health, including known pathogens (Kottak and Gezon, 2014: 49).

Human genome studies are one of the major scientific developments in the biomedical field in the last century. Genome studies have documented individual and social differences as molecular biological by sequencing more than three million nucleotides, and have led to the development of epigenetic science. The differences of the geographic prevalence of disease causes and protective factors have also been reported in detail and a biogeography concept has taken

part in the literature as an environmental factor determining health and disease status. According to this, locality and regionalism are reflected as resistance to biological disease factors in the case of natives but they transform into sensitivity for migrants. As a result of these studies, the microbiota, especially intestinal microbiota, has deservedly taken its place among the environmental factors that affect health positively and negatively. Thus, genome studies have clearly demonstrated the effects of genetics and environmental factors on health, and individualized health care as a result. Migration is also known to increase the knowledge of migrants about health (Hildebrandt and McKenzie, 2005: 257). However, the of migrants' lack of knowledge about the health status is an important factor affecting the monitoring and improvement of migrant health (Rechel, 2013: et al., 1235-1245). The interactions of genetic, health and migration are discussed in detail by Kwabi-Addo (2017: 1-311).

Which diseases affect the health status of certain societies, how and why they affect their health status and how diseases are socially formed, diagnosed, managed and cured in different societies are the main topics of medical anthropology. How people perceive, act and deal with the causes of diseases and death is an important part of culture. Accordingly, it is important to understand the cultural behaviours, attitudes and values of the society in which people live in so as to treat diseases effectively (Ember, 2015: et al., 317-332). As a result of anthropological and genomic studies, it is well known that genetic, environment, ethnography, biogeography and culture are the determinants of the health problems that people might face with and that the perception of the impairment of health has cultural characteristics.

CULTURE, HEALTH and MIGRANTS

Societies are increasingly multicultural and ethnic. In the globalizing world of today, the borders have become much more permeable than the previous periods. Migration and other international movements for a better job and a better life are much easier. While the limited population growth rate in the developed countries constitutes a need for labour force, the poor people of the developing countries have become an important labour force with their education and high rates of young and dynamic demographic characteristics. An intensive migration of health professionals from the Asian and African countries such as Jamaica, India and the Philippines to the developed countries such as Canada,

the United States, the United Kingdom and Australia is noteworthy (Sumption and Fix, 2014: 97-107; Labonté, 2015: et al., 1-2; Walton-Roberts, 2017: et al., 97-107). As before, the migration of people will continue, as long as people exist. Each country's experience with migration is different. Those who come in different periods have different requirements. At this point, it is also important how the people of the migration-receiving countries approach migration. For example, İstanbul is one of the cities with highest qualified migration and the requirements are different (Republic of Turkey, Ministry of Interior, Directorate General of Migration Management, 2013: 7). Moreover, the adaptation of the newcomers to İstanbul may not be an important problem due to the city's cosmopolitan nature of being a small Anatolia, because the 2nd or 3rd generations of the previous migrations to İstanbul still feel a little stranger to the city and are a small example of the community they come from.

The adaptation of migrants is very important in the field of health as well as in education and politics. In order to achieve integration and harmony in society, the basic rights and services provided to the general public should be expanded for immigrants. The public interests such as health, education, shelter, food and employment should be equally provided for all groups in society; and the competences related to language, adequate level of cultural knowledge, a legal status granting security, social, economic and legal rights, access to social-cultural rights, socialization and communication should be equally ensured for all groups (Republic of Turkey, Directorate General of Migration Management, 2013: 1-12, TOHAV, 2014, 41). This is a sine qua non in a globalization based on human.

Globalization includes the economic, political, cultural and social changes across the world. Conservation and maintenance of health are also among the global efforts. Holman (2015: 1-23, 86-91), the global health effects of today are shaped by two different approaches: 1) human rights-based approach to health and equality and 2) the approach of religious or humanitarian help. The human rights-based approach to health and equality is often associated with public health, medical science and economic development activities. The approach of religious or humanitarian help is motivated by personal beliefs, charity, missionary dynamics and humanitarian "thank" on the other hand. The perspective of the author, which includes the multidisciplinary integration of religion and culture with human rights and social justice, provides an alternative to the

traditional polarization of global health. But, can a person's health be left to another's conscience?

Everyone who grew up in another culture has absorbed different interactions, traditions, thoughts, beliefs and hopes in their childhood. No matter which definition contributed to them as a migrant, and for whatever reasons and how they have migrated, people take along their sensibilities, resistance, habits, and cultures that bear the traces of thousands of years. Especially in the case of religious differences, migrants want to protect their own culture in the receiving country and for this reason they isolate themselves and resist integration or change in other words. On the other hand, the populations of migration-receiving countries have similar attitudes towards migrants. Therefore, all these factors will inevitably affect how migrants would respond to diseases and the demands of the new health systems they face in this new region or country. These people come to a healthcare worker or clinic with not only the burden of disease, but also the cultural texture of their previous life. While struggling with a disease in foreign lands, their cultures, beliefs and attitudes that are as important as recovering from disease may not be cared about, and when they enter into a detailed history and examination process, their hopes for understanding can be destroyed. The clinical methods may be unknown, uncommon, unacceptable, and the subsequent logical explanations might further concretize their cultural isolation. Some communities may not prefer injections. Instead of an injection or an application that can be more effective, tablets to be taken daily can be preferred (Eshiett and Parry, 2003: 229-231). In this case, the only way to reach migrants is to leave some things to time and try to understand them, which means a bilateral change. The change of the health professionals of the host country providing health care for the migrant! ... However, the need for qualified personnel of many developed countries is already met by the sending countries. This is a different and another important dimension of migration. Thus, the doctor or nurse to provide health care for community is unfamiliar with the culture of the community in which he / she will serve while carrying his own culture within his/her white coat. Another important issue is the alienation of the migrant to its own society and its members who have migrated. We experience this as German Turks. In this case, migrants will be condemned to be in a dilemma between being stateless or the feeling of belonging to their homeland, if they have the problem of being integrated into the society of the country in which they live,

their surroundings and their neighbours. The situation of Muslim minorities in Christian culture is often similar. The burden of such a situation will also be very heavy in terms of mental health. Craig (2015, 1-79) and Kuschminder (2017, 1-208) discuss the relation of migration and integration with health in many ways and the re-integration of migrants in detail respectively.

The perception of real health threats, problems and consequences vary considerably among societies as well as the perception of health as good and bad. A problem or a condition considered abnormal in a culture may be desired in another culture. Various ethnic groups have developed their own specific health systems and strategies to diagnose and treat various diseases, symptoms and causes (Kottak and Gezon, 2014: 17).

Diseases can cause fear and fear becomes intensified in a foreign environment with its language and culture. The migrants who come from regions or countries where relatively primitive life conditions are available often think that time is a cruel tyrant controlling the people in that culture. Therefore, the hasty approaches of health personnel may lead to a major problem. For example, what distinguishes African Americans who tend to seize the day from white Americans is that the latter are more likely to be future-oriented. Hence, white Americans are more sensitive to the consequences of hypertension, but they will want to benefit more from the treatment given because they want to live the future (Brown and Segal, 1996: 350-361).On the other hand, the “difficult” migrant patient can easily leave to take hypertension medications because (s) he does not attribute much importance to the future because of growing up in a society, where the deaths of infants and children under five are very high, by facing with fierce realities. For this reason, being alive is important now (living the moment), but there is no future expectation and a care regarding future may not interest her/him (Eshiett and Parry, 2003: 229-231).

Today, countries and different ethnic groups in the same country consist of various communities that differ from each other with traditions, beliefs, behaviours and perceptions. The regional migrations in a country can therefore easily lead to health tragedies. Health researchers, programme developers and WHO that have a determinant role in international health policies propose “cultural competence” as a method to increase the access to and the utilisation of health services so as to eliminate diseases and morbidity differences between different societies. In this context, the cultural competence expresses a high communi-

cation, understanding and empathy between health care providers and patients with different ethnic, racial or cultural characteristics. In this respect, the language used while providing health care is important. In addition, numerous cultural topics have been identified ranging from personal and familial features to drug metabolism rates with regard to the provision of health care services (Napier, 2017: et al., 1-27).

People and their thoughts, feelings and attitudes toward sexual behaviours, deviations, drug use and many other subjects considered taboo may also differ according to culture as well as age, gender and a number of other factors (Dickson-Swift, 2008: et al., 5). The impact of migration on this is undeniable. According to the study of Mills et al. (2013: 1) which researches the reasons of high sex and drug addiction behaviours among Latin migrants in the United States, approximately 73% and 86% of them were detected to adapt the risk behaviours of sex and drug use in the United States. This may be the result of the influence of anonymity based on being in a new environment and / or socio-economic problems following migration.

All societies have a health system that includes beliefs, customs, experts and techniques aiming to secure health, prevent disease and diagnose and treat when the diseases develop. This disease-causality theory of societies affects treatment (Kottak and Gezon, 2014: 71). In the societies that believe in natural powers, good and evil / disease may be related to the power of gods and the balance of power wars. If a difficult birth is due to the fact that Muu's powers, which are sine qua non for reproduction, are surpassed, and the mother's soul is captured, the treatment should ensure that Muu is defeated and that the affected woman's purba is discovered and freed. In fact, Muu is a very important status symbol for the community. The war is not against Muu, but only against the abuse of his power. Such a symbol can facilitate difficult births via a shaman calling the spirits to pull up the birth canal in order to direct the baby to come out or he can treat the loss of soul by calling the soul back into the body (Lévi-Straus, 1958: 109, 155, 156, 164-169, 175; Lévi-Straus, 1963: 116, 177-178, 187-190, 199). Is it possible for a woman coming from this culture to look caesarean section positively?

Genetic and biological factors play important roles in almost all diseases of human by increasing sensitivity or resistance. Sensitivity and resistance to diseases are effective factors on the development, severity and progression of

diseases and differ in different societies. This may explain to a certain extent why some diseases are more or less frequent in some societies than others. In addition to these racial and ethnic differences of diseases, a complex composition that arises from the interaction of many factors such as environmental risk factors, social determinants, socio-psychological factors, economic conditions, single parenting and racial discrimination affects the phenotypic expression of health and health differences by interacting with genotype. The relation between poor living conditions and poor health outcomes due to poverty, and inadequate utilisation of health services has been reported in many studies on rural and urban lives and those who migrate from country to large cities (Ren, 1999: et al., 151-165; Hagen, 2005: et al., 268-275; Ezegwui, 2013: et al., 75-80; Choe, 2016: et al., 1-7; Rice and Webster, 2017: 77-83; Ha, 2018: et al., 1-9; Rout and Choudhury, 2018: 1-10). However, the impact of poverty may be related to the history of migration. Poverty can be an inevitable part of the settlement process for new migrant families. On the other hand, poverty is in the lower steps of disadvantage cycle for the host society and the families who have come long time ago (Beiser, 2002: et al., 1).

Migrants might not always be in poor health. In the first generations of Latin migrants in the United States premature birth and baby birth with low birth weight were found to be lower than the general population. It was emphasized that this was related to the "healthy migration effect" due to the arrival of the young group who migrated rather than the healthy life behaviours of the previous migrants (ACOG, 2015: 1-3). Similarly, Gushulak et al. (2011: 1, 952-958) state that the new immigrants to Canada are healthier than the Canadian population, but that there has been a decrease in this healthy migrant effect over time and migrants and the born children of new immigrants are the majority of the patient population. Canada's tendency to accept well-trained healthcare staff, such as doctors, veterinarians, nurses and midwives, some other professions and possible investors as migrants, and the recent years' immigrants composed of distinguished and healthy people with high socioeconomic status might be responsible for the positive health results in the first period. However, the findings of the study indicate that their health deteriorates over time because of the current immigrants' and their next generations' adaptation problems in the new country. In addition to many other health problems, mental problems are probably the most common health problems in migrants. Tinghög (2009: 63-64,

79) states that the migrants in Sweden have higher mental illnesses than native Swedish people and this is the result of high social and economic disadvantages. However, it is emphasized that the socioeconomic disadvantage is not as decisive for non-European migrants as for others. The author underlines that the mental health of migrants is a complex and multifaceted subject and the culture of migrants, the social and economic conditions of the post-migratory life and the factors which cause them to emigrate and the minority situations are the determinants of their mental health problems.

Similarly, Kwabi-Addo (2017: xiii) emphasizes that migrating and settling in a host country adversely affect the health of diasporic communities in many ways compared to the societies both in the country of origin and in the new country. In this respect, the status of the migrant is also an important factor. The personality of the migrant before the migration, the type of migration, the torture or the persecution in the host country, the sense of mourning or cultural shock after the migration, the differences between the expectations and realities encountered and the situations such as feeling unaccepted affect the health of the migrant in a multidimensional way (Republic of Turkey, Ministry of Interior, Directorate General of Migration Management, 2013: 10-12). For example, the African diaspora has experienced forced migration as labour force in houses and farms, but more importantly as slaves. The psychological perception of the conditions in which they live is epigenetically transferred from one generation to the next with their experiences throughout centuries. When the Caucasians or the European Americans are compared with all other Americans, the health of the African diaspora in the United States has been poor since the days of slavery and this diaspora is seen to be disproportionably affected by premature births, low birth weight, high neonatal mortality, obesity, diabetes mellitus, HIV / AIDS, stroke, cardiovascular diseases, hypertension, Alzheimer, violence, suicide, malignant neoplasms and lead poisoning. Moreover, it is emphasized that the African diaspora has a shorter life expectancy than the European Americans and this has been continuing for 400 years. However, chronic lower respiratory tract infections such as emphysema, chronic bronchitis and asthma are less common among the African Americans. When the health status of the migrants in Europe is examined in comparison to the Europeans, the risk of cancer in the European-born is very high compared to those who have migrated to Europe. But, diabetes mellitus is generally higher in the migrants compared to the Euro-

peans, while cardiovascular diseases vary considerably among different migrant groups (Kunst, 2011: et al., 103-108).

One of the factors that negatively affects health is related to from where and how people migrate. Therefore, not all migrants have the same negative health risks. There are many reasons for differences in health level. Low socioeconomic status, lifestyle choices such as malnutrition, inactivity and inadequate exercise, psychosocial stress, smoking and excessive alcohol consumption and the factors such as illiteracy and inadequate education, poor hygienic conditions and drug addiction are among the main causes of poor health. The sensitivity to physical health and diseases is also affected by age, gender and biological (genetic) factors and epigenetic (Winkelman, 2009: 2-28, 36-79; Gushulak, 2010: et al., 2-12; Kwabi-Addo, 2017: 1 -333; Vineis, 2017: 1-115). The psychological problems such as psychosocial stress and distress have multi-generational results in relation to low socioeconomic status, racial discrimination and isolation, imprisonment rates, fatherlessness, unemployment, homelessness, drug addiction, low level of education, poor working conditions, adolescent birth, unhealthy nutrition and so on. All these social determinants are particularly influenced by the environments in which people are born, live, grow up and work and the communities in which they exist; and the distribution of assets, power and the resources at local, national and global levels makes important contributions to shaping of these conditions. The negative experiences particularly in the very early stages of life significantly increase the risk of various problems occurring in later periods and future generations. Early negative life interactions or adverse environmental interactions such as under- and malnutrition in maternal, in-utero and critical development periods are the main factors determining the risk of psychosocial, behavioural and biological features that play a role in the emergence of various diseases such as obesity and diabetes at later ages in the African diaspora (Kwabi-Addo, 2017: xiv).

In addition, the societies living in the border regions and on both sides of border have migration problems. One of the most important health problems of people living in the border regions of a country and working in the country on the other side of the border is related to the coverage of health expenditures (health insurance). Since they live on the other side of the border, the host country is often reluctant to cover their health expenditures and their countries lack sufficient resources to do so. However, they create resources for the country

because money comes for the left behind and it is therefore important that they are on the opposite side. When the experiences of these people are analysed, it is seen that the choice of where to work, live, shop or receive education and health services is affected by broad transnational, social, cultural and economic factors and varies according to individual requirements and the flow of life (Chávez, 2016: 156).

MIGRANTS, the PEOPLE REMAINING BEHIND and HEALTH

The family members who do not migrate are also a part of the migration. Even if they do not migrate, migration has many positive and negative effects on their lives. These members ease the life by preserving family unity, maintaining social relations and controlling the economic organisation of the home in their communities (Nobles 2015: et al., 236-244). However, since the migrating person is the man in general, the fragmented family structure because of the migration imposes important responsibilities on the woman as a wife and mother. Most of the time, women and children leave home. The extra income provided by the leaver means a better health care and nutrition on the one hand, the immigrant will be able to allocate less time for those left behind on the other hand (Salah, 2008: 1-27; Démurger and Xu, 2013: 3-34, Ao, 2015: et al., 1-20; Fortier, 2017: 4). Especially if the female immigrants work as caretakers abroad, the children and the elderly are under great risk because these female immigrants' ability to take care of their extended families is restricted. The two health areas such as child nutrition and mental health are the main complicated influences of migration on the family members left behind (Fortier, 2017: 5).

HEALTH PERSONNEL, CULTURE and MIGRANTS

How people perceive health and diseases as a patient from the cultural point of view and the differences regarding their perception are well known today. Similarly, healthcare professionals are also different people and similar important cultural differences among them are inevitable. For this reason, health professionals' way of perceiving, interpreting and managing diseases in different ethno-cultural groups shows significant differences (Eshiett and Parry, 2003: 229-231). In general, health personnel find the services they provide to migrants inadequate and state that different solutions should be produced in this regard

(Aygün, 2016: et al., 1). Hacker et al. (2015: 175) point out that discriminatory practices are observed in the health care system - particularly for undocumented migrants and Mladovsky (2007:9-11) emphasizes that the programmes sensitive to culture and adapted to language are needed so as to reduce inequality in access to ethnic minority groups.

Migrants adapt to the host country depending on the degree of similarity between the lifestyles and cultures of the sending and receiving countries. While migrants try to adapt to the lifestyle and cultures in the new place in the adaptation process, they also endeavour to preserve and live their own self, lifestyle and culture (Erol and Ersever, 2016: 59). In addition, migrants are also influenced by the information sources they can trust such as family, friends and other social connections (IOM, 2017a: 177). In this respect, health personnel have a significant communication problem both as cultural and lingual and have difficulty in understanding patients and diseases (Aygün et al., 2016: 1).

Dr. Rush, one of the leading names of American medicine in early period (1700s), was one of the first advocates of universal health care in America, equal education for girls and boys and abolition of slavery. On the other hand, Rush was also a very religious person, vulgarised the problems of the lower classes, considered their treatment to be a worship and a charity, and suggested his students that the poor should be the objects of their privileged care. The owner of the poor was God, and it would be the doctor's actual gain and success to serve the poor. Today, the health care service organizations in the world are generally established and managed by faith-based organizations and entrepreneurs. Similarly, the majority of health care workers are motivated by personal religious and philosophical values. This reveals the cultural difference in terms of health care professionals. As a result, the physical and mental health of people has been stuck in the same logical framework since the time of Rush (Holman, 2015: 1-8).

The international migration of health workers, which is an important source of employment in the health sector and a source of qualified migrant labour, is ever increasing. Over the past decade, the number of immigrant doctors and nurses working in the OECD countries has increased to 60% because of the factors such as economic and political elements, globalisation, technological developments, increasing expectations of the society, ageing of the population, change of disease patterns, professional development, career and job opportuni-

ties, desire to work in better health systems, high income and providing foreign exchange for families. The patterns of this mobility are becoming increasingly more complicated from the cultural aspect (WHO, 2017: 3-4).

MIGRANTS and HEALTH SERVICES

Health is often marginal in the debate about migration, and migrants are often ignored when it comes to health strategies. Migrants, especially women, children, people with disabilities and elderly are among the most vulnerable groups in the society. Physical and sexual violence, neglect and abuse, sexually transmitted diseases including HIV / AIDS and other infectious diseases, reproductive health problems such as risky pregnancies, labour complications and neonatal morbidity and mortality, non-infectious diseases and mental problems based on trauma and adaptation are frequently observed in these groups. Especially linguistic and racial discrimination in the host country play a central role in health inequalities and lead to that these groups are socially and culturally excluded, stigmatised and weakened, which causes the increase of many preventable physical and mental diseases, the inability to access to right information about health services and not getting quality health service for migrants. (Karadağ and Altıntaş, 2010: 55-62; İldam Çalım, 2012: et al., 11-19; Viruell-Fuentes 2012: 2099-2102; Aygün et al., 2016: 1; TTB, 2016: 46-71; Beşer and Tekkaş Kerman, 2017: 143-147, WHO, 2017: 8-10). Migrations, which are a social crisis, are a difficult and compelling process and affect psychological health. In addition to the genetic characteristics, the characteristics of the pre-migration cultural structure, the traumas experienced during the migration process, the cultural differences experienced after migration and the adaptation problems and the satisfaction of their expectations have very significant effects. Migrants are more exposed to health risks associated with dangerous journeys including exposure to infectious and non-infectious diseases, severe psycho-social stressors, violence and harassments. Migrants, who are vulnerable, have a higher risk of psychiatric disease especially when they begin to perceive discrimination (Ministry of Interior, Directorate General of Migration Management, 2013: 1-12, ACOG, 2015: 1-5, TTB, 2016: 46-71; Beşer and Tekkaş Kerman, 2017: 143-147; WHO, 2017: 4-5; Solgun and Durat, 2017: 139-141). In this respect, it is a matter of paradox. Sometimes, in the case of two-dimensional acculturation, that is to choose not to or being unable to relate

to both cultures, some migrant groups or some minority groups may protect their mental health when they dissociate; others can protect mental health when they are assimilated especially in terms of dissociation and assimilation (Ministry of Interior, General Directorate of Migration Management, 2013: 1-12).

Many factors such as the lack of adequate health care facilities and health manpower in migration-receiving area, low income level of migrants, inadequate nutrition, transportation barriers, the lack of babysitter for children of working women, irregularity of working hours, language barrier, lack of health insurance, maintaining traditional lifestyle, inability of local services to meet the requirements and laws have a negative impact on the health of migrants. In addition, migrants are considered to be difficult to treat, to be disease carriers and burden on the health system in many countries (Vearey and Nunez, 2010: 23). The inadequate health services and low use of existing services in the regions where migrants settle contribute to the health problems of migrants (Aygün et al., 2016: 1; Beşer and Tekkaş Kerman, 2017: 145-147, WHO, 2017: 4). As a result of all these, unfortunately migrants cannot receive adequate health care for their health problems also at the present time. Health services are not at the desired level even in the developed countries and vary from country to country (Montenegro and Altıntaş, 2010: 55-62, WHO, 2017: 1-16). Refugees and migrants cannot access to health services and financial protection for health and encounter cultural barriers in this respect because of the reasons such as high costs, linguistic and cultural differences, discrimination, administrative barriers, lack of connection to local health insurance plans and lack of information about rights to health. Migrants have serious problems in accessing quality primary health care and therapeutic services (ACOG, 2015: 1-5; Aygün et al., 2016: 1, WHO, 2017: 4). The victims of conflicts and human trafficking (especially minors, women and people with disabilities) are particularly vulnerable to health problems (WHO, 2017: 4). Especially illegal migrants have a poor life and low health insurance. The illegal migrants in the United States are still the disadvantaged group today despite the regulations in the national health reform especially for women and children after 1996. Since this group has lower health insurance rates compared to the general population, the feedback is much lower regarding to the use of preventive health services, prenatal care and reproductive health. Similarly, illegal Latin immigrants' rate of consulting doctors is low and therefore hospitalisation rates are high due to the complications related to

childbirth. Since preventive services are not gotten, the incidence and mortality of cervical cancer, which is a preventable problem, is also high and the rates of mammogram, clinical breast examination and Pap test are low (ACOG, 2015: 1-5, IOM, 2017a: 1). In summary, the increasing diversity of a society's health determinants, vulnerability levels, requirements, health search cultures and behaviours requires inclusive healthcare systems that are affordable, accessible and migrant-sensitive. Health systems should therefore be ready to respond to the acute and long-term needs of various populations in moving and transnational societies and to increasing global human mobility (WHO, 2017: 3).

THE FUTURE / PROTECTION and DEVELOPMENT of MIGRANT HEALTH

The protection and development of migrant health are the common problems of the world. Although countries have taken some measures in this regard, national health policies and programmes need to be revised to cover migrants. For example, the United States has carried the provision of health services into effect for migrants by developing "Title V Maternal and Child Health Services", "The Title X Family Planning Program" and "Emergency Medical Treatment & Labor Act (EMTALA)" for the illegal immigrants and "Health Clinics" and "National Breast and Cervical Cancer Early Detection Program" and so on which provide comprehensive primary care for the homeless and migrants (ACOG, 2015: 2-3). The International Organization for Migration (IOM, 2017a: 30) conducted one or more vaccine implementations for more than 215,000 refugees in 21 countries between 2012 and 2016 and the health assessment of 65% of migrants and 35% of refugees in 2015. However, the continuity of the approaches regarding migrants is interrupted due to the fact that they cannot be integrated to the national health systems, high cost and the need for external financing. The absence of separated data for migrants also hinders the efforts to fully understand the extent of health troubles and to develop evidence-based health policies. The needs of refugees, those who migrate within the same country and migrants have been clearly recognised and "good health" has been accepted as a precondition for their advancement with the 2030 Agenda of Sustainable Development determined in the 17th World Health Assembly in 2017. The member states made a commitment to ensure that no one would remain

behind, these objectives cover all nations, folks and all layers of the society and to completely implement the agenda (IOM, 2017b: 3, 6, WHO, 2017: 12-16).

Since the relationship between culture and health and diseases is very strong, a system called cultural competence has been developed in order to facilitate different minorities' access to care, to eliminate the disease and morbidity differences among ethnic populations, to remove the differences in the provision of health services and to offer an effective health service by this means. Researchers, program developers, and administrators admit that this system will play an important role in enhancing the knowledge of health professionals about culture-specific beliefs and behaviours. In addition, it is predicted that it will help to provide care to certain groups of people who have traditionally received inadequate service and will improve the quality of health care provision for all patients (Eshiett and Parry, 2003: 229-231; McNeil, 2003: 1-5; Johnston and Herzig, 2006: 1-10; Carpenter, 2011: et al.,1-5). Although the concept of a health service based on cultural competence is criticized in many respects, this awareness of cultural difference is perceived as a multifaceted attempt to eliminate ethnic-racial differences in health services in general and is adopted by general practitioners and different specialties (Weech-Maldonado, 2012a,b: et al., 48-55, 815-822; Casillas, 2014: et al., 2-7; Balzora, 2015: et al., 1-5; Carpenter, 2015: et al., 2-7; Watt, 2015: et al., 1-9 and 2016: et al., 2-9; Jongen, 2017: et al., 2-12); and is also becoming widespread in a way to involve the various areas and the information documentation units (Mi and Zhang, 2017: 132-138) of the various fields of health sciences such as pharmaceuticals (Haack and Phillips, 2012: 1-6; Okoro, 2012: et al., 1-8). At the same time, integration programmes are being developed to eliminate social differences in many areas including health (Ager and Strong, 2008: 1-21).

All countries should attribute priority and special attention to the health of migrants and refugees, which are the most vulnerable and fragile population of the societies, in order to protect and improve the health of migrants. It is necessary to put the health systems into practice, which are human-centred, based on refugee, migrant and gender equality, take into account health conditions and requirements and are not restricting, for this vulnerable group and necessary legal regulations should be made. It is seen important to ensure the access of refugees and migrants to high quality health services through the implementations increasing partnership and cooperation, to find solutions regarding the

social determinants of health such as clear water, shelter, sanitation and education, to strengthen the health monitoring and health information systems and health insurances of migrants, to create programmes for women, children and adolescent groups, to take preventive precautions against the barriers such as linguistic, communicative and cultural differences that affect health negatively and to increase coordination and cooperation between countries, institutions and sectors in this respect. Being healthy and living a healthy life is a fundamental right for every person and is a precondition in order that migrants can work, be productive and contribute to development and improve their means of living. Providing fair access for migrants can reduce social and health costs, improve their social cohesion, and, most importantly, contribute to the development of healthy migrants and healthy societies by protecting public health and human rights (IOM, 2017b: 1-9, WHO, 2017: 12-16).

In conclusion, migrations that are a universal problem have positive and negative multi-dimensional effects on migrants, those left behind and the migration-receiving societies in many areas including social, cultural, political and psychological health and well-being. Migrants who are vulnerable and fragile, especially women, unaccompanied children, elderly people, people with disabilities and minorities are more disadvantaged. As until today, migrations will keep taking place also in the future for many reasons. At this point, it will be possible to enhance the positive influence of migration on every shareholder if the mechanisms playing role in the mutual interactions between migrants and host societies, facilitating factors and resistances can be well analysed and appropriate strategies can be developed by individuals, societies and administrators. In this context, people and communities from all strata have great responsibilities and a supportive environment has to be provided in order to reduce the negative effects related to cultural differences on both the individuals and groups in the host country and the migrants and to protect and improve their health. As defenders and servers of a qualified health service, providing a service without nationalism and racial discrimination can raise the hope of a dignified, healthy and better life for people. All people have to find the solution of living in humane and desired places as they deserve and being healthy, consequently being happy by listening, understanding and respecting each other.

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THE ROLE OF CULTURAL CHANGE IN THE FORMATION OF DISEASES

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ABSTRACT

Cultural factors are one of the important components affecting health, disease and perception of both situations. While the cultural structure of the societies changes over time, the health-disease dimension may also differ along with the new cultural system and structure. Factors such as cultural contacts, explorations and inventions, changes in social order, age groups with population density are the main sources of cultural change, as well as changes in the natural environment can cause cultural change. However, the cultural characteristics that trigger the disease formation by changing over time are population policies, marital and family roles, sexual behaviour, attitudes and beliefs about childbirth, use of contraceptives, religion and spirituality, habits and leisure activities. Migration is one of the major social events that triggers the formation and spread of diseases by leading to change in the cultural structure. In addition to this, dietary habits that change with the influence of popular cultures and the use of technology that is active at every moment of life and spreading rapidly also affect the formation of disease.

INTRODUCTION

Health is affected by cultural factors as much as by biological and environmental factors. The perception and definitions of health and disease and approaches to solve the problems in case of disease differ from culture to culture

and from community to community. Sometimes, a piece of stone is considered to be a remedy, a weed is a medicine and a natural phenomenon is accepted as a sign (Taşçı, 2012: 20).

Health and disease situation can affect the whole life balance of people and other people around them. Whereas disease states the presence of a pathologically abnormal condition manifesting itself with certain signs and symptoms in medical terms; in terms of the individual, the disease is a situation in which the individual feels subjective pain, ache and discomfort. Cultural resources are influential in the formation of many diseases of biological origin as well as socio-cultural diseases. Abnormal situations in a socio-cultural structure can be regarded as normal in another social structure due to the cultural differences (Taşçı, 2012: 21), diseases, the perception of diseases and solution methods can change with the change of culture in progress of time. The cultural structure existing in every society is in the process of continuous formation. The cultures of societies do not remain the same, but they can change in response to new needs. The process of the change of the elements and patterns of the existing cultural system and the formation of new elements and patterns are expressed as the concept of cultural change (Güney, 2006: 48).

When the factors affecting cultural change are considered; it is stated that this change has been gathered under four main elements as invention, accumulation, expansion and adaptation (Türkdoğan, 2007: 103). The main sources of cultural change are as follows:

Changes in natural environment: The changes in the climate, scarcities in some natural resources, uncontrolled increase of the population and migration are the elements that force the individuals to adapt to change. When the relation between the geographical conditions and culture are analysed, it is thought that the changes in natural and physical environment will cause cultural change (Erden, 2012: 41). To explain with an example, the fact that a region receives too much geographical migration can negatively affect the region's traditions-customs and the ability to maintain interpersonal relationships.

Cultural contacts: Contacts among the groups and societies which have different values, norms and technologies lead to cultural changes. Cultural contacts can be involuntary, voluntary, unilateral or multilateral (Erden, 2012: 41).

Discoveries and inventions: Societies are enriched by discoveries, inventions and new practices. Cultural contact and dissemination allow cultural and behavioural patterns, values, discoveries and inventions to transfer from one society to another. Today, the discovery of the internet is the most important activity of cultural change. The fact that a digital life has begun in the world and the information desired can be accessed at any time, easily and economically without the limitation of time and space thanks to the discovery of the internet led to a series of transformations in the cultural structures of societies (Erden, 2012: 42).

Changes and developments in the social order: The volume of the population and the age group with population density affects cultural change. For example, the possibility of cultural change is likely to be higher since that a society has an intensive young population will also affect other factors such as the use of technology (Erden, 2012: 42).

CULTURAL FACTORS AFFECTING HEALTH and DISEASE

Some changeable cultural features can play a role in disease formation by altering the balance of healthy life. These cultural features are mentioned below.

Population Policies: Families' cultural beliefs about the gender and number of children are influential on the health of families. For instance, people in certain societies may exhibit undesirable behaviours such as self-abortion or baby killing in the light of these cultural beliefs. In some Indian tribes, it is believed that a woman should not give birth to more than three children, and if she has given birth to a girl again and again, behaviours such as killing the baby can develop (Taşçı, 2012: 23).

Family Roles: Conditions such as gender-specific roles and relationship and conflict points in the family, care for children and elderly people if any, social status, sexual status, childless marriages, divorces and head of household may affect attitudes and behaviours of people in health and deviation from health. For example, in traditional family structure, the elder of the family can decide whether the family individuals apply for a health institution, are examined and receive medical care or not (Taşçı, 2012: 23).

Marriage: Support for polygamy or monogamy, civil or religious marriage, common-law marriage, perception of divorce and perspective of consanguine-

ous marriage vary according to cultures and affect the level of health and disease (Taşçı, 2012: 24). Cultural changes have positive effects such as the independence of individuals and limited supervision, changes in women's roles, working of women, companionate marriage rather than prearranged or forced marriage and the economic independence of family members. On the other hand, there are also some negative outcomes such as the increase in the divorce rate, the reflection of non-marital relationships as normal in the society, the change of marriage and family building concept, the increase of the time spent on the internet through the intensive involvement of social networks and technology in our lives by changing the way families spend their times together and that the family is totally in a consumer situation (Ünal, 2013: 592).

Sexual behaviours: Attitudes towards sexual intercourse before marriage and for which gender this is normal, attitudes towards homosexual men for men and women, and traditional practices performed during pregnancy, postpartum and menstruation vary according to cultures. Today's cultural change has ignored the fact that family is a system of values by weakening it, the non-marital partnerships have increased and therefore the non-marital childbirths have also increased (Süleymanov, 2009: 13).

Pregnancy and childbirth: While nutrition during pregnancy, approaches to postnatal care and nutrition of the baby and support for breastfeeding vary according to cultures, most postpartum maternal and childbearing practices can pose a serious health threat. For example, making a baby with neonatal jaundice drink his/her urine or cutting the spot between two eyebrows can cause infection or even infant deaths (Taşçı, 2012: 25).

Child-rearing: The environment in which the child is raised, the attitudes displayed in the rearing and the presence of physical, emotional and sexual abuse affect the child's health in adult life, and his/her approach to health-protective and -improving behaviours. However, whereas it is a healthy practice to circumcise a boy in terms of urinary system in some cultures, female circumcision may be risky for reproductive health and urinary system (Taşçı, 2012: 25).

Use of contraceptives: Attitudes regarding contraception and miscarriage can often cause adverse consequences for the mother and child health. The non-adoption and non-use of condom in some societies also facilitates the spread of sexually transmitted diseases.

Changes in body image: While using piercings in different parts of the body and having a tattoo done can cause the spread of contagious disease, changes in body shape and the perception of slimness and obesity can vary according to culture, and can affect health. For example, slimness is accepted as an illness in many Anatolian cities, it can be regarded as a beauty measure in metropolitan cities on the other side. Moreover, even health can often be ignored in order to be and remain slim (Taşçı, 2012: 25).

Religion and Spirituality: The different practices of each religious approach and these practices and beliefs can have positive or negative reflections on the health of that community. Religion has effects ranging from nutrition of people to the decisions about diseases and deaths at the health-related level. Protection from alcoholism due to being considered to be a sin to drink alcohol in Islam and refusing medical treatment by accepting the disease as a fate in some religions can be given as an example. Health-disease balance is concentric with views on religion and spirituality (Taşçı, 2012: 27).

Habits: Smoking, alcohol, tea, coffee and drug habits, use of addictive substances and attitudes regarding them are related to health and disease. For example, whereas the freedom of drug use in the Netherlands increases the health problems related to the drug use in the community, the prohibition of alcohol and drug use in Muslim societies has positive effects on health. On the other hand, the use of addictive substances has increased especially among young people recently. Adolescents often fail to notice the danger and can easily fall into this dangerous network because of friend and peer influence (Taşçı, 2012: 28).

Leisure activities: Sports and recreational activities and the variables that affect these activities are related to health and diseases. Adoption of sedentary life style, increasing use of personal vehicles in metropolitan cities and decreasing of physical activity have brought along obesity and health problems related to obesity (Taşçı, 2012: 29).

CHANGES EXPERIENCED and BEING EXPERIENCED n SOCIETY

An important feature of culture is that it gets changed. Cultural change causes changes in the structure of families constituting society and in the sys-

tem of values. Divorces, the increase in non-marital pregnancy and birth rates, the change of the women's role in the family and increase of their economic freedom and the change of the patriarchal structure are among these important changes (Tanrıverdi, 2015: 75).

Because of genetic and medical developments, being able to have children through artificial fertilization, prenuptial agreement, the emergence of agreement- and law-based marriages, the perception of getting married and starting a family begins to change due to the wedding television shows and that reality shows about family, news bulletins and television series have the potential to influence the family structure and intra-family relations indicate the change in the cultural structure of society. Spirituality, which allows the values to be predominantly shaped in the traditional society, has remained much more background in the modern society. However, there have been positive changes such as the reduction of male domination in intra-family relations, the support of women for economic and social life, the disapproval of violence against women, and the right for women to divorce women thanks to the developments in civil law.

When we look at the other cultural characteristics that change at the social level, women have begun to have a voice in the decisions of the family, birth control has begun not to be found inconvenient in terms of religion and it has been adopted to have as many children as to afford the cost of raising, practices such as bride price and breastfeeding money have begun to vanish especially in urban areas and the women cheated, abused and despised by their husbands have been able to attempt to officially divorce (Çelik, 2010: 33).

In addition to these, security issues that are beginning to appear in today's conditions have caused individuals to worry more about their surroundings and also the understanding of neighborhood to change day by day and based on this, people have begun to hesitate even to greet each other. All these hesitations and worries have led to social isolation. The concept of neighborhood, an important social support system in our traditional culture, has also changed.

MIGRATION, CULTURE, HEALTH and DISEASE RELATION

Migration is a period of social change involving the geographic shifts of people to settle from one place to another, either permanently or temporarily in order to live some or all of their future experiences (Beşer, 2012: 57). Migration

can originate from both economic reasons and the will of people or groups or social reasons. One of the key elements of cultural change in society is migrations and they have mostly altered the transmission of diseases between the societies and caused many eradicated epidemics to appear again. In addition to this, the migrants want to continue their cultural values in the new social structure they get involved in and when they cannot, the social and psychological problems they go through lay the foundation for the formation of diseases. Rural migration within the country has economic, educational, social and cultural reasons in general; the causes of migration between countries can be security based such as war, terrorism, and attack as well as the factors aforesaid. When the health status of migrants is considered, it is known that especially mental health problems, depression, posttraumatic stress disorder, psychosomatic complains and contagious diseases such as tuberculosis and hepatitis are common, although registered information is very limited (Beşer, 2012: 62).

Factors such as lack of adequate health institutions and health professionals in the areas receiving migration, low level of income of migrants, persistent economic problems, malnutrition and lack of health insurance negatively affect the health conditions of migrants. At this point, it is useful to refer to the impact of inter-country migration on diseases. In 2016, our country received 174.466 irregular migrants, 69.755 of which were migrants from Syria. Since 2011, the number of Syrians who migrated to Turkey has exceeded 2.7 million. While Syria showed a great improvement in terms of basic health indicators in the pre-war period, negative changes due to the lack of sufficient nutrients and access to clean water began to be observed especially in contagious diseases along with the war. In this period, the risk of diseases arising from contaminated water increased and it was discussed that the migrants transmitted these diseases to the places where they migrate to. However, many of these diseases can be prevented by vaccination and the provision of hygiene measures. Refugee camps were formed for the Syrian war victims in the South-eastern Anatolia Region and our country is trying to provide immunization services for the Syrians residing in the camps. While immunization services can be performed more regularly in the camps, frequent address changes of the Syrians living outside the camps and the failure to follow them make these services difficult. In addition, it was also reported that the Syrians hide their health condition due to the fear of social exclusion. Diseases that cannot be treated because they cannot be diagnosed can

worsen the health of the person and lead to the risk of an epidemic through the common areas in the city. The residence of the Syrians in unfavorable dwellings and the high number of people living in the same environment are another risk factor for the transmission and spread of diseases. Contagious diseases are the most observed health problem and the cause of most deaths in addition to many other factors affecting negatively the health of migrants (Ertem, 1999: 224). Contagious diseases can develop in three ways in the position of migrants:

- Migrants get diseases in their former settlements or throughout the migration, transmit these diseases to their new settlements and become sick as they live in inappropriate conditions.
- They become sick because they are sensitive to existing diseases in the migrated area.
- Diseases occur spontaneously because of factors such as poor hygiene conditions and crowded houses.

When the most frequent diseases of migrants are considered, a large rate of the causes of death in children of these families is measles. Inadequate immunization services in their former environment may result in epidemics in the new settlement. Measles is more common in children with malnutrition and vitamin A insufficiency and the results can be much more serious (Ertem, 1999: 226). Inadequate drinking and domestic water, insufficient sewerage system and diarrheal diseases can be the main causes of diseases and death in children who migrate. It can be sometimes impossible to determine the cause of the diarrhea in most of the cases.

However, the contamination of drinking and utility water because of sewage wastes might lead to an increase in diarrhea cases. Cholera outbreaks can be experienced especially in migrants' camps (CDC-MMWR, 1991: 443). Tuberculosis is also a common infection among migrants and can cause an epidemic in the region where they migrate to. Crowded living conditions and poor nutrition are factors that facilitate the spread of tuberculosis (Ertem, 1999: 226). Typhoid, the leading one of the water- and forborne diseases, may develop because of inadequate infrastructure services in the migrated region and lead to epidemics. Hepatitis has a latent course because of the difficulties in the diagnosis and as most of the cases is anicteric and it is a common health problem among migrants. Migrants are likely to have more Hepatitis E and Hepatitis A

infections that are transmitted though water and food, and may cause outbreaks in migration receiving places. Sexually transmitted diseases are also important in terms of international transmission of diseases. The risk of the spread of HIV / AIDS is especially high through the transnational travels of those individuals who are paid for sex (Ertem, 1999: 226).

NUTRITION, CULTURE, HEALTH and DISEASE RELATION

Culture is human-specific. Whether nomad or sedentary, all communities have their own habits and attitudes as well as a style of nutrition. As the life-styles of the societies are influential on nutrition, according to the culture of that society, factors such as the number of meals, the composition of each meal (portion sizes, beverage habit and variety...), social function of eating, convenience foods, the preparation of food by woman or man, the frequency of eating out and eating whole family together, where and by who grocery shopping are done, what kinds of food items are consumed most and habits can change (Çevme, 2012: 77). In modern societies, dinner is a social time period in which the whole family can be together except for the function of eating food after a busy and separate day. During this time, what has been done in the daytime is shared and this sharing also provides an emotional satisfaction in addition to the physical satisfaction taken from food. However, when the society is observed in general, it is seen that this important habit is diminishing and even beginning to disappear in most family.

Eating habits, style of service and types of food are directly related to the culture of a nation. The geography and social, cultural and geographical features of the society influence these habits (Merdol, 1998: 135). Eating is a physiological and compulsory need to continue the life on the one hand, from the social point of view it is also one of the activities which people allocate special time for and make sharing through, are celebration purposed and a social event on their own on the other hand.

In recent years, the factors such as the rapid and intensive work pace in urban areas, transportation difficulties and time constraints have caused significant changes in people's eating and drinking habits. The need to address hunger, especially in a limited time within working hours or on a busy day after working hours has canalized consumers to "fast-food" -style businesses, and such busi-

nesses have now become a major sector in the world (Royle, 2000: 11; Ritzer , 2001: 38). In many European countries, especially after the 1950s, there has been a significant increase in eating out habits and people have changed their styles of food consumption as pre-prepared foods and snacks that can be consumed standing (Jacobs &Scholliers, 2003: 8, Ben, 2002: 89). Along with the increase in eating out, the demand for fast food businesses has also increased. Fast-food restaurants are defined as businesses where limited food and drink (Coke, juice, sandwich, hamburger, toast, and so on) is offered, the consumers can take pre-packaged products to their homes and self-service is mostly implemented (Chemelynski, 2004: 2; Koçak, 2004: 5; Sökmen, 2005: 10). An important problem about fast food-style businesses is whether they can provide adequate and balanced nutrition for consumers. Adequate nutrition is indispensable for a healthy person (Bulduk, 2002: 23). Due to the fast food eating habits in the United States, obesity has increased among young people and chronic health problems such as heart condition, cancer and diabetes have begun to emerge (Mc Ginnis et al., 2006: 18, Nathan, 2005: 13-14).

Societies in the world are undergoing a rapid change. The proliferation of means of communication and developing technologies has caused societies to be influenced by each other and common cultures have originated around the world (Baysal, 1993: 13). This interaction and change also reflect the eating habits. When we look at the eating habits of the society and the factors that change the food culture, demographic changes, changes in the settlement areas, changes in women's roles, education and training and developments in the food industry and the means of communication (interaction via media, TV, radio, and so forth) are standing out. For these reasons, it is clear that there are also some changes in the eating and drinking habits in Turkey (Tayfun & Hammer, 2007: 172).

The fact that the foods consumed with the Fast-food system are not sufficient and balanced in terms of energy and basic nutrients can cause some health problems in the long term. Obesity is the primary one of these problems. One of the most basic problems in fast foods is that they have high energy and the most of that energy is derived from fat and sugar. This type of diet can lead to weight gain in the rarity or absence of exercise. Fast foods are insufficient in terms of vitamin A and C and calcium and have a low content of fiber. Low intake of these vitamins leads to immune system deficiency, cardiovascular diseases and

increased risk of cataracts. Inadequate intake of calcium, especially during the period of growth, affects growth adversely and increases the risk of postmenopausal osteoporosis in women. Inadequate consumption of fiber is a factor that increases the risk of intestinal cancer. Fast-food menus contain high amounts of sodium, which cause high blood pressure and the risk of stomach cancer.

However, the methods of preparation and cooking of the foods are as important as the consumed foods for a healthy life. While grilling, the fire on the surface should not be too high and there should be 10-15 cm distance between meat and fire. Deep frying increases the fat content of fast foods. Frying oils undergo chemical and physical changes because of being used for 10-12 hours and get spoilt. This causes a carcinogenic effect to emerge and increases the risk of cancer.

TECHNOLOGY, CULTURE, HEALTH and DISEASE RELATION

Today, technology has penetrated into every part of our lives and has become a necessity rather than a need for people. The widespread use of technological tools facilitates human life on the one hand; threatens human life with by spreading electromagnetic waves and triggers the risk of chronic diseases on the other hand. All electronic devices that make daily life easier are increasingly preferred because of their ease of use, and in this context, the range of products developed and produced is also increasing. Some of the electromagnetic devices used at homes are electrical appliances such as televisions, computers, radios, microwave ovens, mobile phones, satellite antennas and security systems (Şentürk Erenel et al., 2011: 67). In addition to these, electric heaters, fluorescent lamps, electric shaver, some tools used in the diagnosis and treatment of diseases, materials used for heating and isolation purposes in industry, satellite television and radio antennas, high tension lines, base stations and all cables transporting current are the main sources of the exposure to artificial electromagnetic areas in everyday life. The increasing use of microwave ovens has negative effects on human health such as reproductive health problems, hormonal imbalance and hormonal changes.

The current era is a period in which computer and mobile technologies are rapidly developing and are increasingly used in every field. This is accompanied by many health problems. In addition to eye fatigue, burning, redness,

itching, watering and blurred or double vision in the eyes, disorders of the spine, shoulder, back, elbow, wrist and fingers, carpal tunnel syndrome, lunar nerve entrapment, lateral medial epicondylitis, myofascial neck pain and excessive nervousness are among common health problems (Gün et al., 2004: 155; Iwakiri et al., 2004: 207). One of the most widely used technological devices is mobile phones beyond any doubt. They are more preferred as their shape, model and technical features are improved and they have led to social isolation and problems in addition to physiological health problems. Even in a small gathering, it is not difficult to see people busy with their mobile phones, instead of chatting with each other.

If mobile phones are close to the base station, they spend less power, and if they are away from the station, the power used increases and it is automatically adjusted. As a result, it generates more electromagnetic field as the distance between the mobile phone and the base station gets longer. The mobile phones that are switched off are not harmful to any living being. If the phone is in stand-by mode, it causes a much lower effect compared to functioning at the maximum power. Considering the short and long term effects of the use of mobile phones, the followings are the short term (within 24 hours) results in terms of health: narrowing of sight, intense stress, tiredness, lack of concentration and attention, ringing and temperature rise in the ears, hearing loss, headache and dizziness. Some of the health problems that may arise in the long term (within 10 years) include impaired genetic structure, the increased risk of white blood cell cancer (lymphoma), heart diseases, memory weakness, increased brain tumor risk, suppressed immune system, high blood pressure, decreased number of sperm by men and the impairment of embryo development by women and the increased risk of spontaneous abortion (Bold et al., 2003: 65; Türkkan& Pala, 2012: 114). The data in the literature also support these findings. In a study conducted in Saudi Arabia, 437 participants who were using mobile phones experienced headache (most frequently), sleep disturbance, tension, tiredness and dizziness symptoms (Ah-Khlaiwi&Meo, 2004: 733). In a case-control study in Sweden, a relationship was detected between the side of the face used while taking on the cell phone and the brain tumor location (Hardell et al., 2001: 524). It has been reported that biochemical and physiological changes are observed in the cells and tissues after exposure to the electromagnetic field, the hormone release is affected and the immune system of the body is weakened against different an-

tigens. The habit of spending time at the computer for long time prepares the ground for obesity and metabolic syndrome due to low physical activity.

Today, the internet is preferred by children as well as by adults because it makes our lives easier and offers different applications, services, games and videos (Kırık, 2014: 341). With the influence of new media and changing cultures, children become acquainted with the internet at very early ages and they are adapted to the internet more easily than adults. The Internet has positive effects on children such as improving abstraction skills and increasing creativity and critical thinking capacities as well as a number of negative effects (Rodopman Arman et al., 2011: 165-166). In addition to physiological and metabolic problems, harmful content on the internet can affect the lifestyle of all children, young adults and adults and facilitate the spread of risky situations such as child abuse, transportation and use of illegal materials, gambling and insecure sexual life. As the opportunities of the internet increase, the frequency of internet usage of individuals also increases, which can often cause problems in business and social life. Internet addiction has been on the agenda for the last 15 years and is an important health problem characterized with that the addicts lose control over their internet usage. The addicted person takes most negative life incidents (dismissal, divorce, and so on) normally which others would feel uncomfortable with, and even welcomes these incidents as he/she has more opportunity to use the internet. This point is where vital necessities and hobbies are pushed into the background. Other problems that accompany internet addiction are depression, generalized anxiety disorder, attention deficit by children and hyperactivity disorder. Added to these, back and waist pain, eye dryness, pressure sores, carpal tunnel syndrome and sleep disorders can be seen.

What are the reasons for the widespread use of the internet and computers? Internet is an active entertainment source and involves both audio and video. With many options available on the Internet, it does not require long attention and thinking. People regard the internet as a way to cope with stress. On the other hand, many public institutions, banks, hospitals, education and training institutions use the internet actively and this canalizes people to the active use of the internet.

When the effects of the Internet on child and adolescent health are taken into account, it is reported that extreme, inappropriate and aimless use of mobile phones, computer games and the internet has bio-psycho-social adverse effects.

It is recommended that children and adolescents have two hours of daily screen time at maximum and that the use of all devices with the same purpose such as television, computer, mobile phone and tablet is included in this time period. As a result of excessive, uncontrolled and unrestrained use of media tools, children and adolescents can also have physical, psychological and neurological disorders such as eating and sleep disorders, musculoskeletal disorders, physical inactivity related obesity, attention deficit, depression, social phobia and autistic behaviours. Addiction and that children want to always spend time on social networks, can enter chat rooms without being controlled by parents most of the time, are exposed to harmful contents (e.g. pornography) and can be easily deceived with the contents such as rewards and gifts are some of the most important social problems (Turan, 2008: 77-78). In order to protect children from these harmful outcomes, it would not be the right approach to remove and ban the internet completely from their lives; and in such a case the children would try to go to internet cafes or similar places so as to satisfy this impulsion originated from the intense age and peer effect, which can cause much more danger. Instead of this, parents should guide and educate their children about the correct and effective use of the internet and technology (Karan, 2006: 36-38)

In addition to all these direct effects, technology has also indirect impacts. In some studies, it has been found out the mobile phone use while driving increases the risk of traffic accident. The use of mobile phones while driving adversely affects the driver's audio-visual-cognitive-physical functions reduces the driving performance by distracting the driver and increases the risk of accidents.

CULTURAL CHANGE and INTERPERSONAL RELATIONS

Behavioural characteristics of individuals get changed not only due to the beliefs and value judgments adopted by the society but also because of the new beliefs and value judgments adopted by the new generations in the society, so that the phenomenon of cultural change in a society begins to makes itself apparent (Erden, 2012: 38). The generations born in different time periods caused cultural change according to the previous generation and were exposed to important historical events of the time they lived. In this part, we will address the relation between the culture and man-woman relationships, child-parent relationships, living together without marriage, divorce and cheating.

The patriarchal society structure was adopted following the primitive societies in which the woman had the role of nurturing and protecting the children and the man undertook the duty of hunting and protecting his gamily against external threats and the intra-family relations were balanced in this way. Along with the spread of the idea of ownership, the period of patriarchal heritage and law started and the matriarchal society structure was replaced with a patriarchal society structure; by this means, the man obtained a dominant position in the family. In this process, the fact that men were at the forefront as labor force in the production and use of agricultural production tools caused women to withdraw from working and production, and to focus on more like housework, maintenance and so on; and thus the period of withdrawal began for the woman. In today's modern societies, the balance between women and men has reached more reasonable levels with the more involvement of women in the business life.

The fact that women take part in working life, the rate of marriage and having children decreases and that more women have university degree are important developments for the status of women. That the woman has proximate conditions to the man, can file a divorce case, the decrease of arranged and forced marriages caused a change in man-woman relationships. Nevertheless, it should not be overlooked that these very important developments for women can trigger significant psychosocial problems such as violence, abuse and murder.

One of the practices that exists from past to present is consanguineous marriages and this is one of the important factors that affects the epidemiology of genetic diseases. This type of marriage is preferred by about 20% of the world societies. The risk of delivering disabled children doubles up to 8-9% in consanguineous marriages compared to the rest of the population. According to religious practices, societies have introduced some prohibitions on marriages between relatives. Whereas the marriage between cousins is accepted in Islam, the marriage to relatives such as uncles, aunts and siblings and to milk-mother is forbidden. In Christian communities, first-degree cousin marriages are still forbidden, and when necessary, special permission from the Catholic Church is required (Tanrıverdi, 2015: 66).

An important area of cultural change is the perception of marriage. While biological and psychological needs, the need to build a family and the desire of reproduction require marriage, the concept of living together has come to the

forefront. The couples who have higher education and income levels prefer to live together instead of getting married and can perceive the separation as the end of relationship rather than heartache and feeling sadness (Kılıç, 2003: 142). This change in marriage perception has undoubtedly led to more tragic consequences such as infidelity and divorce. All relationships, both married and unmarried, can begin very well and deteriorate at some point, emotions can breakdown and even come to an end over time. This deterioration has a major role in cheating (Kılıç, 2003: 143). Another consequence of today's cultural change in regard to interpersonal relationships is that the divorces have increased. Considering the main reasons of divorce, we can make reference to two important dimensions. The first is that the woman is actively in working life and does not have enough time for housework, and the man does not help the woman for housework and the expectations do not change. Since this situation forms the basis of conflicts between spouses, such marriages result in divorce usually. The second dimension of divorce is that there are many stimulants in the environment for people and a wider social environment in their daily lives nowadays. For this reason, people are not in a hurry to get married, and when they get married, they do not stay married for a long time (Kocak, 2009: 43, Salzman et al., 2006: 27).

One of the important consequences of the effects of cultural change on the dimensions of interpersonal relationships is sexuality. In patriarchal family structure and morality, pre-marital sexual intercourse is not appropriate, the engaged girls in particular are needed to be handed over to their husband as a virgin. In today's conditions, one of the biggest changes in the traditional values system is the increase in pre-marital sexual experiences (Koçak, 2009: 45). This results in most infectious diseases and unwanted pregnancies as well as psychosocial problems. Young people reach adolescence earlier and get married later. Thereupon, adolescents can experience sexuality in different places, with different individuals, in different conditions and forms. But however, it is known that adolescents do not have enough knowledge about sexuality, contraception and sexually transmitted diseases. For this reason, adolescents can have many physical, economic and psychosocial problems due to unwanted pregnancy and other sexually transmitted diseases including HIV (Güngörmüş, 2015: 218).

In conclusion, cultural change, the reason of the changes in many fields such as nutrition, life style, mass media, the use of the internet and social media and intra-family and interpersonal relations, has changed both the type and

course of diseases. The diseases, which were seen too rarely to be mentioned in the old days, can be seen as frequently as a seasonal disease. Apart from these concrete problems, the complex and intense social diseases causing isolated daily life should not be ignored. People are friends with mobile phones or other digital devices instead of talking to each other. It is not effective to write suggestions item by item against a globally spreading virtual network that is expanding day by day. It is like a sewage contamination in drinking water. Every drop of clean water is contaminated because of sewage, likewise, we are surrounded by radiation and there is chemical residue in every vegetable and fruit we buy from the market. This inevitable cultural change gradually destroys societies in addition to its positive effects.

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CHRONIC DISEASES AND CULTURE

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ABSTRACT

A disease that requires long-term (3 months or more) health care is defined as a chronic disease. Non-communicable diseases (NCDs), also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behaviors factors. The main types of NCDs are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes. The incidence of chronic diseases and the resulting economic burden for countries are growing. Chronic conditions affect the political, economic, social and cultural dimensions of the society, in addition to the quality of life of individuals and of families. Chronic diseases emerge at every age, in every socio-cultural level, and in every culture.

Culture is described as the thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. It is the way of life in a given society, and it affects individuals' beliefs on health and diseases, values and social behavior. Culture implies a dynamic, ever-changing, active, or passive process. Cultural characteristics influencing health include economic and social status, religion, ethnicity, communication features, gender roles, nutrition, personal hygiene, profession, family structure, clothing, hous-

ing, population politics, environmental arrangements and health care politics. Individual health needs of the people vary by their cultural structures. Culture has an effect on people's values, behaviors, attitudes, and the way they perceive the world. Accordingly, the values and beliefs affected by culture can be observed on behaviors in managing health and disease, ways of communication, eating and living styles, and habits. Individual health needs of the people vary by their cultural structures. The most serious health problems are caused by human behaviors and lifestyles. Certain cultural factors including poverty, ethnicity, diet, and manner of communication may also result in the emergence of chronic diseases.

Disease management differs among ethnicities and social classes, most often due to differences in lifestyles, cultural upbringing, beliefs and practices, and the availability and affordability of professional health care. Each person is culturally unique. A treatment plan that is congruent with the patient's own beliefs has a better chance of being successful. Cultural health beliefs may be an important factor in health management decisions. Health-care practitioner providing health care services in multi-cultural countries need to know cultural features of the patients and must be taken into account while planning care these features. Health-care practitioner choices are made based on the patient's perceived status and previous use of traditional, religious, and biomedical health-care providers. In order to have an influence on the prevention of chronic disease, or help individuals adapt to chronic diseases, health teams should observe their environments, beliefs, habits, cultural values, and the way that they cope with their own chronic disease. They should shape the care they provide in accordance with these values and also do researches to determine awareness of chronic disease and cultural features of patients.

CHRONIC DISEASES and CULTURE

Diseases are generally categorized into two groups: acute and chronic. Diseases related to medical conditions and causing symptoms may be chronic. A disease that requires long-term (3 months or more) health care is defined as a chronic disease. (Durna, 2012: et al., 1-65, Karadakovan, 2010: et al., 85-113). Noncommunicable diseases (NCDs), also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behaviours factors. The main types of NCDs are cardiovas-

cular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes ([(1)], Anderson, 2010: et al., 152–235).

The incidence of chronic diseases and the resulting economic burden for countries are growing. It is expected that deaths caused by chronic diseases will increase by 17% in the next decade. (Durna, 2012: et al., 1-65). As the incidence of chronic disease as increases, the cost associated with these diseases (ie, hospital costs, equipment, medications, supportive services) also increases (Smeltzer, 2008: et al., 165-185). The main factors that lead to the increase in chronic diseases include: a) ageing of the world population (and Alzheimer's, osteoarthritis and other diseases that emerge as a result of ageing), b) environmental factors, and c) changes in lifestyle that lead to chronic obstructive pulmonary disease, obesity, heart failure, coronary artery disease, and epidemics like HIV (Durna, 2012: et al., 1-65).

Of the 56.4 million deaths worldwide in 2015, more than half (54%) were due to the top 10 causes. Ischaemic heart disease and stroke are the world's biggest killers, accounting for a combined 15 million deaths in 2015. These diseases have remained the leading causes of death globally in the last 15 years (Figure 1) [(1)]. The cause of death varies in accord with the development of the nation, and income levels within the population. In countries with high income levels, nine of the leading ten diseases that cause deaths are chronic[2] diseases. In countries with low income, the major cause of death is infectious diseases, while coronary artery disease is second, paralysis and other cerebrovascular diseases are third, fourth and fifth, and chronic constructive pulmonary disease is sixth. However, the prevalence of chronic diseases is growing in these countries (Durna, 2012: et al., 1-65).

Individual health needs of the people vary by their cultural structures. The clear expression of one's own cultural heritage among people from different cultures is a fundamental human right, and it has to be respected. (Tortumluoğlu, 2004: et al., 47-57). Chronic disease and disability are found in all ethnic, cultural, and racial groups, although some disorders occur more frequently in some groups than in others (Smeltzer, 2008: et al., 165-185). Culture is a complicated phenomenon that is hard to understand. Everything culture involves is based on

2 1 http://www.who. nt/med acentre/factsheets/fs355/en/ (Date of Access: .16.05.2017)

learning, and can be conveyed to other generations, such as instrument making, farming, wedding traditions, health and disease practices, sexual practices, food traditions, and death ceremonies (Elmacı, 2013: 19-65).

Culture is described as the thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups (Yarbro, 2011: et al., 72-94). It is the way of life in a given society, and it affects individuals' beliefs on health and diseases, values and social behavior (Pehlivanoğlu, 2013: et al., 168-174). Culture is a patterned behavioral response that develops over time as a result of imprinting the mind through social and religious structures and intellectual and artistic manifestations. Culture is also the result of acquired mechanisms that may have innate influences but are primarily affected by internal and external stimuli. What shapes culture is values, beliefs, norms, and practices that are shared by members of the same cultural group. It guides our thinking, doing, and being and becomes patterned expressions of who we are. These patterned expressions are passed down from one generation to the next. Culture implies a dynamic, ever-changing, active, or passive process. Cultural values guide actions and decision-making and facilitate self-worth and self-esteem (Giger, 2017: 1-86, Giger, 2002: et al., 185-188).

Cultural characteristics influencing health were identified. These influential cultural features include, economic and social status, religion, ethnicity, communication features, gender roles, nutrition, personal hygiene, profession, family structure, clothing, housing, population politics, environmental arrangements and health care politics (Pehlivanoğlu, 2013: et al., 168-174, Williams, 2007: et al., 30-47, Tanrıverdi, 2009: et al., 793-806, Elmacı, 2013: 19-65).

The most useful way to grasp the meaning of culture is to think about it as practice: exploring cultural differences by looking at everyday behavior (Shaw, 2012: et al., 67-81).

Culture has an effect on people's values, behaviors, attitudes, and the way they perceive the world. Accordingly, the values and beliefs affected by culture can be observed on behaviors in managing health and disease, ways of communication, eating and living styles, and habits. Individual beliefs and practices related to health reflect the culture of the families and societies in which they live. (Karadakovan, 2010: et al., 85-113). In his 1932 book, *Primitive Concepts of Disease,* Forrest Clements grouped the perceived causes of disease in re-

gional and local communities into five categories. These are sorcery, breaking a taboo, entrance of a soul, departure of an object, and the loss of the soul. It was believed that the emergence of one of these or multiple ones at the same time led to a disease. Health professionals became interested in the socio-cultural factors that affected health and diseases later in the 1950s (Elmacı, 2013: 19-65).

The approach to the human body varies by culture. The concept of body is defined in most cultures as a limited physique which the soul has to enter and creating pain in the body is a component of certain cultures. 'Asceticism' is an understanding that is involved in many beliefs. As a religious and cultural element, it asserts that bodily needs prevent humans from getting close to the sacred entity, and the body should be disciplined with pain to enable the ascendance of the soul. In contrast with this approach, some cultures accept the body concept as supreme and an equivalent of life energy. For instance, the Hu community, who are the natives of Papua New Guinea, believe that the energy of life is hidden in bodily fluids, and they apply their bodily wastes (e.g. urine, feces, and saliva) on their children's skin to convey this energy to the younger generations. (Seviğ, 2009: et al., 181-203).

Each health or disease behavior has its own social and anthropological dimensions. The only way to develop medical approaches that are specific to persons and cultures is to understand these dimensions. If a cultural element (e.g. a belief related to diseases) is still held today, this means that it has a function in the life of a group or a society. If an element does not have any function, it disappears in time. The services to be provided by health professionals in connection with these elements, and the new elements provided by their services should fulfill and exceed the goals of the old ones. First, the society tries the service provided to them, and then accepts it if it meets their need. They reject the services that do not satisfy their needs (Elmacı, 2013: 19-65). It is generally known that people follow one of the three major health belief systems: scientific (Western medicine or biomedical), spiritual, or holistic. Belief in supernatural forces dominates the spiritual system, which is considered by many to be an alternative health-care system. The holistic belief system focuses on the beliefs for the need of balance and harmony of the body and spirit with nature (Williams, 2007: et al., 30-47).

Family structure and organization, religious values and beliefs, and role assignments are all related to ethnicity and culture (Giger, 2002: et al., 185-188).

In a society, it is necessary to examine the effects and interactions between common health problems and other aspects of culture (family structure, religious belief, economic structure, settlement, environment), and research the cause of the health problems. Studies should demonstrate how the understanding of disease and health varies in different socio-cultural structures (Elmacı, 2013: 19-65).

‘The notion of health culture usefully emphasizes the existence of complex patterns of ethnomedical knowledge and illness management, which influence therapeutic decision making in pluralistic medical systems and compliance with prescribed regimens’. Immigrants to the U.S. provide particularly vivid examples of contrasting health cultures around chronic disease management. It is imperative that health care providers have the capacity to understand and address diverse health cultures as we seek to tackle low health literacy among multiple groups (Shaw, 2009: et al., 460–467).

The researchers analyzing culture as a whole have found that the practices related to health and diseases are shaped by the complement of the culture, and cultures differ in varied societies (Elmacı, 2013: 19-65).

Some researchers also stressed the importance of involving cultural values, beliefs, practices, and attitudes when satisfying patients’ needs effectively. Researchers say this is required for a holistic approach. (Tortumluoğlu, 2004: et al., 47-57). Values can help shape one’s beliefs and practices (Williams, 2007: et al., 30-47). An individual is culturally unique and as such is a product of past experiences, cultural beliefs, and cultural norms (Giger, 2002: et al., 185-188). Individuals should be perceived in consideration of their cultural stereotypes, examined within their own cultures, and provided with health care in accordance with these cultural aspects (Elmacı, 2013: 19-65).

Culture is central to the delivery of effective health care. Health care that is respectful and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse patients will bring about positive health outcomes. (Yarbro, 2011: et al., 72-94). Due to the fact that, early diagnosis, attendance to detection programs, treatment response, and survival are also affected from the features of culture (Pehlivanoğlu, 2013: et al., 168-174). Culture has an impact on what is considered a health problem, how symptoms and concerns about a health problem are expressed, who should provide the treatment, what type of

treatment is acceptable, and influences communication with the health- care provider (Yarbro, 2011: et al., 72-94).

The cultural care worldview includes knowledge of the individual, relative, group and community within different and various healthcare systems. This knowledge provides culturally specific meanings and expressions as they relate to care and health. The most important relevant social structures are political and legal; religions and philosophies; familial and social networks; economic status; and the patterns and practices of health care (Rong, 2016: et al., 717–726). Culturally appropriate care; understanding dimensions of culture, moving towards comprehensive approach, increasing knowledge, changing approaches and improving clinical capabilities (Pehlivanoğlu, 2013: et al., 168-174).

THE RELATION BETWEEN RISK FACTORS and CULTURE IN CHRONIC DISEASES

Today, the most serious health problems are caused by human behaviors and lifestyles (Elmacı, 2013: 19-65). Unhealthy habits include eating large portions, having no access to fresh fruits and vegetables, eating unhealthy foods (foods high in fat and calories), smoking, having a sedentary lifestyle (sitting without exercise) and excessive intake of alcohol, having a lower education level, failing to find a job with medical insurance, living in the rural area, and having stress and these habits lead to chronic diseases. (Durna, 2012: et al., 1-65). In Turkey, the most important risk factors of coronary heart diseases are eating habits, smoking, high blood pressure, stress, and having an inactive lifestyle. A past study was conducted in a slum area of Ankara, Turkey, to examine the perception of these factors in society. The study found that some people, especially young men, believed that they had to smoke to socialize (they expressed this obligation as "You just have to smoke"). Women were perceived as more beautiful when they were fat.

In a society where these beliefs are common, socializing and becoming a part of society is considered to be very important that the risk of having heart disease or lung cancer in the future is overlooked. For women, looking beautiful is more important than being healthy. There are many examples of young girls and women who risk their health for the sake of beauty (Elmacı, 2013: 19-65).

There is a high incidence of obesity, alcohol abuse, and domestic violence in American Indians. Some believe that the disruption and subsequent loss caused by the European settlement of North America left many American Indians feeling powerless and hopeless. These feelings may contribute to many of the social problems experienced today by American Indians (Yarbro, 2011: et al., 72-94). Health disparities are substantiated by high mortality rates and hospitalizations that exist throughout Appalachia for heart disease, certain types of cancer, stroke, chronic obstructive pulmonary disease, accidents, diabetes, suicide, and infant death. Diets high in fat content, cigarette smoking, poor genetics, low socioeconomic status, and drug and alcohol addiction have increased some risks for those living in the region (Diddle, 2010: et al., 175–182). Certain cultural factors including poverty, ethnicity, diet, and manner of communication may also result in the emergence of chronic diseases.

Poverty;

Chronic disease is a global issue that affects both rich and poor nations (Smeltzer, 2008: et al., 165-185). Chronic diseases are among the risk factors not only for the elderly who are in need of social support, but also for the poor and for those that are active in professional life (Durna, 2012: et al., 1-65). Poverty is closely linked with chronic diseases. The rapid rise in chronic diseases is predicted to impede poverty reduction initiatives in low-income countries, particularly by increasing household costs associated with health care. Vulnerable and socially disadvantaged people get sicker and die sooner than people of higher social positions, especially because they are at greater risk of being exposed to harmful products, such as tobacco, or unhealthy dietary practices, and have limited access to health services [(1)].

The "culture of poverty" includes economic factors, such as unemployment, unskilled occupations, no savings, no health insurance, and frequent daily food purchases i[3]n small amounts; social factors, such as crowded living quarters, women as single parents, low educational attainment, and critical attitudes toward the dominant class; and psychological factors, such as feelings of helplessness, inferiority, fatalism, and dependency, and a present time orientation with an inability to defer gratification. These influences increase cancer inci-

3 1 http://www.who. nt/med acentre/factsheets/fs355/en/ (Date of Access: .16.05.2017)

dence and mortality by increasing the risk factors of chronic malnutrition; occupational exposure through unskilled jobs; early initiation into sex and multiple partners; and smoking and alcoholism, contributing to cancers of the lung, oral cavity, prostate, cervix, or esophagus (Yarbro, 2011: et al., 72-94).

Alcoholism is a major health problem in the African American community and a risk factor for cancers of the mouth, larynx, tongue, esophagus, lung, and liver. Factors associated with alcohol abuse include unemployment, the availability of the substance, peer pressure, a desire to escape from personal problems, and the prevalence of taverns as social centers in African American communities. Thus the causes are complex social issues and difficult to treat (Yarbro, 2011: et al., 72-94).

Both health economists and sociologists frequently state that the relation between poverty and health creates a vicious cycle, since the deterioration of health leads to poverty, and poverty can result in poor health. It is commonly known that diseases and disabilities reduce household savings, weaken the ability to learn, and decrease productivity and the quality of life. This can create a foundation for the beginning and continuance of poverty. Furthermore, the poor are exposed to more personal and environmental risks, are more commonly malnourished, do not receive adequate health information, and have no access to health services. These factors make them at greater risk of diseases and disabilities. (Durna, 2012: et al., 1-65). Social, economic and political problems such as drought, floods and wars cause a 10% of hunger issue. In the twentieth century, 44 million people died due to famine that was caused by human activities (Haviland, 2008: et al., 101-209)

The activities engaged in by large-scale agricultural companies cause environmental destruction. However, these companies ignore the contamination created by their activities for the sake of high profits that benefit certain individuals and societies. Industrial activities produce unprecedented amounts of toxic waste, and the gases released by factories contaminate the air. If the air contains high rates of water vapor and acid, it is harmful to the lungs. The lungs, though, are not the only organ affected. The resolvability of toxic lead, cadmium, mercury and aluminum is increased when underground and overground waters become acidic. For instance, the aluminum rate is high enough to poison plants in 17% of all cultivable areas in the world. It has been proved that aluminum is related to dementia, Alzheimer's and Parkinson's disease. These are among the

most serious problems in industrialized countries. Development itself is in fact a threat for health. The native communities in Africa, in the islands in the Pacific Ocean, and in South America and in some other areas do not have diabetes, obesity, high blood pressure or some types of heart failure, until they adopt the lifestyles of developed countries (Haviland, 2008: et al., 101-209).

Factors such as poverty and inadequate health insurance decrease the likelihood that people with chronic illness or disability receive health care and health screening measures such as mammography, cholesterol testing, and routine checkups (Smeltzer, 2008: et al., 165-185). Several factors, such as poverty, low literacy rate, limited awareness, unsafe public health practices, and inadequate or incompetent health care services, are associated with the fast spread of HCV in Pakistan. Patients encounter a number of physical, psychosocial, and financial problems secondary to the symptoms and complications of the disease and increased costs for health care services, limited awareness, and lack of or unsafe health care resources (Jiwani, 2013: et al., 297–304). Rural Appalachian populations tend to have higher poverty incidence, health disparities, less education and literacy, less nutritional diets, and riskier health behaviors than their urban counterparts. Strong correlations between low health literacy and poor health have also been found. Evidence suggests that higher disease and mortality rates are because of social, cultural, and economic influences (Diddle, 2010: et al., 175–182). Tanrıverdi et al. found that unemployment was a common problem among the Romani people living in Turkey, due to their being stigmatized, and due to their lack of education. Cultural characteristics of the Romani people differ from the society in which they live. Relevant studies have found that the Romani people are more exposed to the behaviors that have a negative effect on human health, in comparison to other ethnic groups living in the same country. (Tanriverdi, 2012: et al., 244-253). There is also evidence showing that good health improves human and social capital, which increases productivity, improves financial welfare, and promotes a fairer distribution of income (Durna, 2012: et al., 1-65).

Ethn c ty;

Biological variations refer to ways in which people are different from one another physiologically and genetically. These differences can make them more susceptible to certain illnesses and diseases, and may also influence the effec-

tiveness of different medications. Differences in biological variations can include (1) body build and structure, (2) skin color, (3) vital signs, (4) laboratory values, (5) susceptibility to disease, and (6) nutritional variations. Darker skin color can challenge you to be more observant when you are assessing the skin color of your patient. Laboratory test results can also be different in a number of cultures. For example, American Indians and Hispanic Americans may have higher blood glucose levels than whites (Williams, 2007: et al., 30-47).

Biological differences, especially genetic variations, exist between individuals in different racial groups. It is a well-known fact that people differ culturally. Less recognized and understood are the biological differences that exist among people in various racial groups. Although there is as much diversity within cultural and racial groups as there is across and among cultural and racial groups, knowledge of general baseline data relative to the specific cultural group is an excellent starting point to provide culturally appropriate care (Giger, 2002: et al., 185-188).

Cultural differences exist between ethnic groups, and they may exist within ethnic groups. They may even emerge between generations and subgroups. Health professionals should be informed about the characteristics of individuals from different cultures (Tortumluoğlu, 2004: et al., 47-57).

There is some evidence suggesting that different races metabolize drugs in different ways and at different rates. For example, Chinese people are more sensitive to the cardiovascular effects of Propranolol than are White people. Primaquine is metabolized by oxidation and is used in the treatment of malaria. Although Primaquine is given to individuals who lack the enzymes necessary for glucose metabolism or the red blood cells, hemolysis of the red blood cells occurs. Approximately 100 million people in the world are affected by this particular enzyme deficiency and thus are unable to ingest Primaquine. Approximately 35% of African Americans have this particular enzyme deficiency. Antihypertensives are another category of drugs that are metabolized differently depending on race. For example, African Americans tend to need higher doses of beta-adrenergic blocking agents such as Inderal. Chinese men tend to need only about half as much Inderal as compared to White American males (Giger, 2002: et al., 185-188).

Forgetfulness, medication adverse effects, language difficulties, and cultural barriers were the influential factors that hinder antihypertensive medication adherence among Chinese American elders (Hsu, 2010: et al., 297-305).

Turkish Diabetes Research (TURDEP) has found considerable data related to the frequency of diabetes in Turkey. TURDEP had determined that the frequency of diabetes was 7.2%, and it has reached 13.7% during a 12-year period, which means an increase of 90%. The frequency of diabetes is one of the main cardiovascular risk factors in Turkey, and it has increased rapidly along with obesity. On the other hand, there is a reduction in the rate of smoking. This situation shows that the campaigns against smoking have been successful, and the reduction in smoking rate will continue in the future. The rates of awareness of hypertension, receiving treatment for hypertension, and managing the disease are low in Turkey as they are around the world. There are improvements, though, observed in the last few years. The rate of achieving goals in hypercholesterolemia treatment is not high in Turkey, even in the cases with known coronary artery disease (Abacı, 2011: 1-5).

The disparity between African Americans and Whites is partly because of a hereditary predisposition for hypertension and type 2 diabetes and lifestyle choices. Moreover, African Americans have more CVD risk factors, such as hypertension, type 2 diabetes, and obesity, which place them at an increased risk for heart and cerebral vascular disease. The prevalence of hypertension in African Americans is the highest in the world (Giger, 2008: et al, 375-383). Among the Romani people, the rates of disease, diabetes, hypertension and infectious diseases are higher than in other ethnic groups. Also, limited use of health care services, inadequate communication with health professionals, and a variety of negative behaviors affecting health are more common in the Romani people than in other groups (Tanriverdi, 2012: et al., 244-253).

One category of differences between racial groups is susceptibility to disease. The increased or decreased incidence may be genetically, environmentally, or gene-environmentally induced. American Indians have a tuberculosis incidence that is 7 to 15 times that of non-Indians. African Americans have a tuberculosis incidence three times that of White Americans. Urban American Jews have been the most resistant to tuberculosis. Ethnic minorities now account for more than two thirds of all the reported cases of tuberculosis in the United States, partly as a result of the increased incidence of tuberculosis among ethnic

minorities affected with HIV. Diabetes is quite rare among American Eskimos. Diabetes has a high incidence within certain American Indian tribes, including the Seminole, Pima, and Papago. NIDDM, or Type 2 diabetes, is a major health problem for Native American Indians, occurring as early as the teens or early twenties. Age-specific death rates for diabetes appear to be 2.6 higher for Native Americans between 25 and 54 years of age, compared with the rest of the general population. The incidence of hypertension is higher in African Americans than Whites. The onset by age is earlier in African Americans, and the hypertension is more severe and associated with the higher mortality in African Americans. It is important to remember that susceptibility to disease may also be environmental or a combination of both genetic and environmental factors (Giger, 2002: et al., 185-188).

African Americans are at high risk for Alzheimer's disease and multi-infarct dementia; dementia is considered to be a mental illness in some cultures. Cardiovascular disease is higher in African American and Hispanic; Vietnamese have a high rate of smoking (35% to 54%) resulting in an increased risk of heart disease; Asian Indians have a high risk for coronary artery disease; is the number one cause of death in African Americans; Russia's cardiovascular deaths are 994 per 100,000 population; the leading cause of death for Filipino Americans is heart disease. Cerebrovascular disease occurs at a younger age for African Americans, American Indians/Alaska Natives, and Asian/ Pacific Islanders than non-Hispanic Caucasians; the third leading cause of death for Filipino Americans. Asians and Pacific Islanders have a higher prevalence for Tuberculosis (active); high levels in American Indian and immigrants from Africa, Asia, and Latin America; there is a high incidence in American Indians and it varies among tribes; exposure is common in Russia and multidrug-resistant TB is reaching unprecedented levels. Japanese have a higher rate for vascular dementia; Chinese have increase prevalence; African Americans have a higher prevalence compared with non-Hispanic Caucasians (Anderson, 2010: et al., 152–235).

Culturally appropriate health care, or culturally competent care, has been proposed as a means to reduce health disparities among ethnic groups (Williams, 2007: et al., 30-47).

Immigrants experience dramatic changes in both culture and environment that can influence the onset and severity of chronic disease (Shaw, 2009: et al., 460–467). Acculturation, the process by which immigrants adopt the attitudes,

values, customs, beliefs, and behaviors of a new country, has been associated with traditional cardiovascular disease (CVD) risk factors including obesity, hyperlipidemia, and hypertension (Edelman, 2009: et al., 278-285). As people immigrate to a new country they gradually accept the new culture through a learning process. They learn to accept their own beliefs and those of their new country. This is known as acculturation. This occurs because the new member must learn enough of the new culture to survive (Williams, 2007: et al., 30-47). Immigrants have always brought health care beliefs, practices and traditions with them from their homelands. Immigrants to the U.S. often use traditional homeland remedies in addition to biomedical treatments. These remedies may come into conflict with prescribed care, or may interact in a negative way if the prescribing doctor is unaware of such ancillary treatments (Shaw, 2009: et al., 460–467).

Inadequate cancer pain management for ethnic minority patients may result from many factors, including concern about potential drug abuse (leading to withholding of or abstaining from medication), fewer resources with which to pay for analgesics, greater difficulty in accessing care and filling prescriptions, and difficulty for health care providers in assessing pain in ethnic minority patients because of differences in cultural backgrounds and language barriers (Im, 2009: et al., 358-370).

Barko et al. reported that Slavic immigrants have more global holistic symptoms of diabetes, whereas nonimmigrants have more specific physiological somatic symptoms. The nonimmigrant women used more complex diabetes self-management techniques compared with the Slavic group. A lack of education and awareness of hypoglycemia may contribute to less medication adherence in Slavic immigrants (Barko, 2011: et al., 274–281). A learned passive approach to health promotion may contribute to the disproportionate levels of chronic illness that have been documented among Slavic adults. Shpilko (2006) asserts that Slavic immigrants do not recognize the importance of modifying unhealthy lifestyle behaviors as a first-line of defense against diabetes and hypertension (Shpilko, 2006: 331-341).

D et;

Biological variations are differences in nutritional practices which are currently being scrutinized in our society. These practices include the meaning of

food to individuals, food choices and rituals, food taboos, and how food and food substances are used for health promotion and wellness. Cultural beliefs influence what people eat or avoid. In addition to being important for survival, food offers security and acceptance, plays a significant role in socialization, and can serve as an expression of love (Williams, 2007: et al., 30-47).

The degree of adherence is at least partially influenced by cultural variations in the way patients behave in response to a threat to health. Members of different cultures self-manage their behavior differently. Patients from specific cultural groups often prepare their food in particular ways and may consider certain foods unacceptable (Rong, 2016: et al., 717–726).

Culturally congruent dietary counseling, such as changing amounts and preparation practices and including ethnic food choices, can reduce health risks. Whenever possible, you should determine a patient's dietary practices. Culturally diverse patients may refuse to eat on a schedule of American mealtimes or eat American foods. Counseling about food group requirements or dietary restrictions must respect an individual's cultural background. Most cultures have their own nutritional practices for health promotion and disease prevention. For many, a balance of different types of foods is important for maintaining health and preventing illness. Common folk practices recommend specific foods during illness and for prevention of illness or disease. Therefore, a thorough history and assessment of dietary practices can be an important diagnostic tool to guide health promotion (Williams, 2007: et al., 30-47). Diet and nutrition are commonly recognized as culturally influenced domains of behavior that are particularly relevant to diabetes management and education. However, patients with diabetes may be especially reluctant to modify their eating habits when they feel that the recommended changes ask them to give up culturally meaningful habits and practices.

Many elderly Korean Americans do not eat American foods including canned soup or TV dinner. Their exclusion of these foods is not necessarily related to sodium content but may rather reflect their continued consumption of the diet of their childhood. The average daily sodium consumption of Koreans and Americans is 13.5 g and 9 to 12 g, respectively, which greatly exceeds the 5 g recommended by the World Health Organization. Although Korean Americans do not eat high- sodium American foods, they may still ingest a large amount of sodium through their consumption of Korean foods. In future studies,

the consumption of high-sodium foods familiar to Korean Americans should be questioned to better gauge nutrition compliance (Jang, 2012: et al., 246–254).

The American Indian diet has changed over time. When these peoples were nomadic, their diet was high in fiber and low in fat. Today, the diet is likely to be high in refined carbohydrates, fat, and sodium and low in fiber, meat, eggs, cheese, and milk. Obesity is a major problem in this group. Many American Indians are also lactose intolerant (Yarbro, 2011: et al., 72-94).

The biomedical approach claims that tuberculosis is caused by mycobacterium tuberculosis; while behavioral sciences explain that this disease is related to poverty and insufficient nutrition (Elmacı, 2013: 19-65).

As we encounter frequently in media, millions of people are fighting famine and this causes various health problems, early deaths and other types of problems. About one billion people in the world have malnutrition. 6 billion children under the age of 5 die of famine every year and those who survive have physical and mental disorders. However, while there are millions of people dying due to hunger in the world, millions of people eat a lot and even die because of that (Haviland, 2008: et al., 101-209). In 2014, an estimated 41 million children under the age of 5 years were overweight or obese. The worldwide prevalence of obesity more than doubled between 1980 and 2014 [(1)]. The World Health Organization has determined a serious increase in obesity-related health problems (paralysis, diabetes, cancer and heart diseases), and they now categorize obesity as a global epidemic. (Haviland, 2008: et al., 101-209). Overweight and obesity are linked to more deaths worldwide than underweight. Globally there are more people who are obese than underweight – this occurs in every region except parts of sub-Saharan Africa and Asia [(1)]. Currently, the highest rate of obesity in the world is among the people living on the Pacific Islands (e.g. Samoa, Fiji). In the island of Nauru, 65% of the women and 70% of the men are included in the obese group (Haviland, 2008: et al., 101-209).

Commun cat on

Communication styles include verbal and nonverbal variations. [4]Verbal communication includes spoken language, dialects, and voice volume. Dialects are variations in grammar, word meanings, and pronunciation of spoken

4 https://data.oecd.org

language. Nonverbal communication includes the use and degree of eye contact, the perception of time, and physical closeness when talking with peers and perceived superiors (Williams, 2007: et al., 30-47). Effective communication between patients and providers is key to successful health care encounters and outcomes. For example, if patients are unable to comprehend the language used in consent forms, can they actually be said to consent to medical procedures. Cultural differences between providers and patients also contribute to communication problems. In addition to poor communication, ethnic minority and low-income patients may have more difficulty accessing quality health information (Shaw, 2009: et al., 460–467).

The kinds of cultural differences can create barriers to both cancer screening and treatment. Cultural barriers to care include language, religious beliefs, family ties, interactional styles, gender norms, and misconceptions about Western medicine. Beliefs about cancer and its treatment may affect patients' willingness to seek screening tests and professional care. Disparities have been identified in cancer screening tests related to access to health care and other factors.

Perceived cancer risk is culturally variable and may shape patients' willingness to utilize preventive screenings (Shaw, 2009: et al., 460–467).

According to Jang's study, elderly HF patients, especially Korean Americans, showed more serious problems with medication compliance. The majority of the Korean American participants did not remember their medication names because the medication names were in English. This language barrier has also been reported to hamper access to health care (Jang, 2012: et al., 246–254).

The meanings asserted by body language may also disrupt communication between persons who come from different cultures (Tortumluoğlu, 2004: et al., 47-57).

CULTURAL APPROACH n the MANAGEMENT of CHRONIC DISEASES

Disease management differs among ethnicities and social classes, most often due to differences in lifestyles, cultural upbringing, beliefs and practices, and the availability and affordability of professional health care (Rong, 2016: et al., 717–726). Each person is culturally unique. A treatment plan that is con-

gruent with the patient's own beliefs has a better chance of being successful (Yarbro, 2011: et al., 72-94).

The successful management of chronic disease is often achieved by combining lifestyle modifications such as diet and exercise with a physician-supervised medication regimen (Shaw, 2009: et al., 460–467). Changes in lifestyle can prevent some chronic disorders, or at least delay onset until a later age (Smeltzer, 2008: et al., 165-185). Culturally diverse health care can be and should be rendered in a variety of clinical settings. Regardless of the level of care, primary, secondary, or tertiary knowledge of culturally relevant information will assist in planning and implementing a culturally competent treatment regime (Giger, 2002: et al., 185-188).

Culturally competent care: A dynamic, fluid, continuous process whereby an individual, system, or health care agency finds meaningful and useful care delivery strategies based on knowledge of the cultural heritage, beliefs, attitudes, and behaviors of those to whom they render care. Cultural competence connotes a higher, more sophisticated level of refinement of cognitive skills and psychomotor skills, attitudes, and personal beliefs. To develop cultural competency, it is essential for the health care professional to use knowledge gained from conceptual and theoretical models of culturally appropriate care. Attainment of cultural competence can assist the astute nurse in devising meaningful interventions to promote optimal health among individuals regardless of race, ethnicity, gender identity, sexual identity, or cultural heritage (Giger, 2002: et al., 185-188).

The concept of cultural difference is becoming more salient in primary health care and the management of chronic illness, yet remains problematic for health care providers and patients alike. Lifestyle, diet and stress are areas of human behavior clearly shaped by cultural differences. All play an important role in the management of chronic diseases such as diabetes and high blood pressure. Primary health care providers are daily confronted by the effects of cultural and language differences on disease outcomes and patient compliance (Shaw, 2009: et al., 460–467).

Communication embraces the entire world of human interaction and behavior. Communication is the means by which culture is transmitted and preserved. Both verbal and nonverbal communication are learned in one's culture.

Communication often presents the most significant problem in working with clients from diverse cultural backgrounds (Giger, 2002: et al., 185-188). Communication and culture are closely intertwined. Communication is the means by which culture is transmitted and preserved. Culture influences how feelings are expressed and what verbal and nonverbal expressions are appropriate (Giger, 2017: 1-86).

In selecting an interpreter, first ascertain the specific dialect spoken by the patient and family. For example, several dialects are spoken by Filipinos, including Visayan, Waray, Ilocano, Bicolano, Pampango, and Ibanag. Family interpreters are often used; however, the message relayed may not always be accurate. For example, if the message delivers a poor prognosis, the family member may modify it in an attempt to protect the patient. In addition, if interpreters are of the opposite sex, patients may not bring up symptoms or concerns that they perceive to be either embarrassing or culturally unacceptable to discuss in the presence of a member of the opposite sex. The traditional hierarchy in many Asian families where power and influence run from elders to youths represents another potential pitfall when using family interpreters (Yarbro, 2011: et al., 72-94).

Diet and nutrition are commonly recognized as culturally-influenced domains of behavior that are particularly relevant to diabetes management and education. However, patients with diabetes may be especially reluctant to modify their eating habits when they feel that the recommended changes ask them to give up culturally meaningful habits and practices (Shaw, 2009: et al., 460–467). Once a chronic condition has occurred, the focus shifts to managing symptoms, avoiding complications (eg, eye complications in a person with diabetes), and avoiding the development of other acute illness (eg, pneumonia in a person with chronic obstructive lung disease) (Smeltzer, 2008: et al., 165-185).

The diet of many African Americans contains little fresh produce, is highly seasoned, and includes frequent use of smoked and fatty meats as seasoning for vegetables and soups. Pork is often a staple meat. The traditional Hispanic diet is high in fiber and carbohydrates from staples such as rice, beans, and corn. It contains few leafy, green vegetables. Beans are a source of protein and daily intake tends to be small. The use of lard and the common practice of frying foods both contribute to the high fat content of the Hispanic diet (Yarbro, 2011: et al., 72-94).

Too often, people with the greatest chronic disease burdens have limited access to health information and limited ability to process that information. Health care providers are often unable to recognize, however, when cultural differences between patient and provider contribute to misunderstandings around chronic disease management, health status, disease severity, and treatment regimens.

Primary care providers often find themselves trying to (re)shape culturally-determined lifestyles, behaviors and practices as they strive to help patients manage their chronic diseases. Health care that fails to accommodate cultural differences is associated with more severe disease outcomes (Shaw, 2009: et al., 460–467).

It is important to be aware that patient autonomy and self-determination in Asian groups may not be culturally acceptable or valued. As discussed previously, the family or family spokesperson frequently makes decisions about the patient's care, rather than the patient (Yarbro, 2011: et al., 72-94).

Health care typically focuses on the prevention of illness, health promotion, and acute care practices while considering traditional, religious, and biomedical (scientific) beliefs. Additionally, individual responsibility for health, self-medicating practices, views toward mental illness, and the patient's response to pain and the sick role are shaped by one's culture. Most societies combine biomedical health care with traditional, folk, and religious practices, such as praying for good health and wearing charms or amulets to ward off diseases and illnesses. There are many examples of individual and family folklore practices for curing or treating specific illnesses (Williams, 2007: et al., 30-47).

Since these individuals do not have sufficient information about their own health, they have weak skills in self-management. The main reason that individuals with chronic diseases cannot receive quality and sufficient health care is the lack of an organized and developed health care system (Durna, 2012: et al., 1-65).

The debilitating symptoms and stigma associated with HCV further impair patients' ability to perform social roles, which leads to familial stress and social isolation. A study conducted by Jiwani et al. found that most of the Hepatitis C positive cases living in Pakistan experienced distress and fear. The study findings indicate that patients with HCV experience serious challenges, conditioned by their level of education, family support, financial capacity, and cul-

tural norms. Several cultural practices existing in Pakistan deter patients from adopting safe practices, which adds to their suffering and increases the disease transmission. Patients with good literacy level had more accurate information about the disease, accepted the limitations imposed by the disease, and adapted their daily life. Although these patients were constantly challenged in maintaining self- initiated modifications in their cultural practices and interaction with family members, they were less worried about social rejection and stigma. (Jiwani, 2013: et al., 297–304). Education level or socioeconomic status may shape patients' morbidity and mortality in ways quite unrelated to their disease knowledge or adherence to disease management protocols. Lack of adherence with chronic disease management plans, especially among low-income, urban and minority patients, is widespread, leading to costly Emergency Department visits for patients with asthma and other chronic diseases (Shaw, 2009: et al., 460–467).

Health bel efs and pract ces;

Cultural health beliefs, sometimes called explanatory models, may be an important factor in health management decisions. Explanatory models (EMs) are culturally variable concepts that people use to define and explain the causes, treatment, and effects of illnesses to themselves. EMs can compete with, overlap, extend, or contradict one another, and multiple EMs may exist for one condition. Cultural health beliefs are part of internally consistent ethnomedical systems (for example, humoral or hot/ cold theories of illness) that may or may not incorporate biomedical information. EMs can travel with immigrants and may influence patients' compliance with recommended treatments. For example, EMs of cancer may shape the ways U.S. women understand risk and make decisions about cancer treatments (Shaw, 2012: et al., 67-81).

Environmental control refers to the ability of the person to control nature and to plan and direct factors in the environment that affect them. Many Americans believe they control nature to meet their needs and thus are more likely to seek health care when needed. If persons come from a cultural group in which there is less belief in internal control and more in external control, there may be a fatalistic view in which seeking health care is viewed as useless (Giger, 2002: et al., 185-188).

For Slavic immigrants with diabetes, the ability to interpret symptoms and identify self-management strategies is an important element in the prevention of diabetic complications (Barko, 2011: et al., 274–281). Many Asians believe that a balance between hot and cold elements is essential for good health. In the Chinese, Japanese, and Korean cultures, in particular, this balance is defined as *yin* (cold) and *yang* (hot). *Yin* and *yang* are life forces in which *yin* (cold) is characterized as female, dark, negative energy, and *yang* (hot) is male, light, positive energy. Illness is believed to result from an imbalance of these two forces. The Chinese believe that the human body, illnesses, and foods possess *yin* or *yang* characteristics, and treatment is aimed at re-establishing the balance. For example, cancer is a *yin* or cold illness and would be treated with foods, herbs, and healing ceremonies that possess "hot" properties (Yarbro, 2011: et al., 72-94).

Traditional Chinese believe that the universe developed from two complementary opposites: yin (Cantonese, yam), the female, and yang (Cantonese, yeung), the male. For some traditional Chinese Americans the yin represents the dark, cold, wet, passive, weak, feminine aspect of humankind. In stark contrast, the yang represents the bright, hot, dry, active, strong, masculine aspect of humankind (Giger, 2017: 1-86). Many Asians believe that blood is a life force that cannot be replaced or, if taken, will disrupt the body's balance, causing weakness and even death. Therefore, many Asians fear venipunctures. Hmong patients may be reluctant to receive blood transfusions because their perception is that the donor's spirit may enter the body via the transfusion (Yarbro, 2011: et al., 72-94).

Consideration is given to cultural values and beliefs, especially as they are different from those of the dominant health-care view (scientific, biomedical). Distinctions are made between health and illness and what individuals do to promote or maintain health and to prevent and treat illnesses. Not all of your patients will turn to the scientific health-care system or provider. In fact, many individuals try some form of alternative therapy before seeking treatment If you use, for example, herbs or over-the-counter medications, you are doing just that (Williams, 2007: et al., 30-47).

Cultural health practices that are helpful should be encouraged. For example, use of herbal teas in place of water can serve both traditional and Western practices (Yarbro, 2011: et al., 72-94). Reiber and Boyko (2002) reported that Latinos with diabetes often use herbal or traditional remedies in addition to

modern medicine (Early, 2009: et al., 371-381). According to the results of the research done by Tanrıverdi et al. more women have used herbal treatment than men, believed in glance, did not want to take health care from opposite sex. It has been also reported that more men than women accepted organ transplantation (Tanrıverdi, 2007: et al., 435-440).

Examples of folk medicines include covering a boil with axle grease, wearing copper bracelets for arthritic pain, and drinking herbal teas. As an addition to biomedical treatments, many people use complementary therapies, such as acupressure, reflexology, and other traditional therapies specific to the cultural group (Williams, 2007: et al., 30-47). Often folk practices are not harmful and can be added into the patient's plan of care. However, some may conflict with prescription medications, intensify the treatment effect, or cause an overdose. It is essential to inquire about the full range of therapies being used by your patients, such as food items, teas, herbal remedies, nonfood substances, over-the-counter (OTC) medications, medications prescribed by others, and medications borrowed from others. If patients feel that you do not accept their beliefs and practices, they may be less open to sharing information and less compliant with prescribed treatment (Williams, 2007: et al., 30-47).

People also use alternative therapies and religious systems such as prayer in combination with the scientific medical system. Religious beliefs and practices may be very important to patients (Williams, 2007: et al., 30-47). Spiritual care is an essential component of holistic care and can be linked with cultural foci: both require appropriate and respectful assessment, for example, the need to include prayer in the assessment. Patients' spirituality can be considered to be a coping method in the management of chronic illness, pain, and fatigue. Holistic care for African Americans should include spirituality. Spirituality and religion are often linked with complementary and alternative medicine by cancer survivors (Anderson, 2010: et al., 152–235). Spirituality is not merely defined by one's religious beliefs but also by culture. In the Appalachian culture, patient's religion has been found to have a profound influence in determining the course of decisions regarding health care actions. One study found that the majority of Appalachian elders believe that health is directly related to the will of God, but this would not be true of all elders or people in the region. When the meaning of spirituality was explored, four themes were identified: (a) God exists and participates in the lives of believers, (b) God summons believers to act on his di-

rection, (c) stronger connections to God occur in times of need, and (d) patients have an expectation for health care providers to meet spiritual needs (Diddle, 2010: et al., 175–182).

Health care practitioner choices are made based on the patient's perceived status and previous use of traditional, religious, and biomedical health care providers. In Western societies, educated health care providers are treated with great respect. However, some people prefer traditional healers because they are known to the individual, family, and community. It is important to respect differences in gender relationships when providing care. Some people may be especially modest because of their religion, seeking out same-gender nurses and physicians for intimate care. Respect these patients' modesty by providing privacy and assigning a same-gender care provider when possible (Williams, 2007: et al., 30-47).

For many in the Appalachian region, faith transcends religious ideas, permeates many of their daily actions, and serves as a foundation for many of their societal values and perspectives (Diddle, 2010: et al., 175–182). The church plays an important role in the lives of many African Americans by championing their interests and providing tangible assistance during periods of economic and social instability. The church is also a source of social identity and allows escape from the harsh realities of life (Yarbro, 2011: et al., 72-94, Giger, 2008: et al, 375-383). Roman Catholicism is the predominant religion among Hispanic. Because religion is such an important factor in the health beliefs of many Hispanics, the patient may turn to religious practices, such as prayer, making special devotions, visiting shrines, or lighting a candle as an act of devotion and appeal to a patron saint, to help overcome the illness (Yarbro, 2011: et al., 72-94).

DEATH and ISSUES ABOUT DEATH

This category includes beliefs regarding the meaning of death, preparation for death, the role of culture in the decision making process, involvement of ecclesiastics, communication (spoken and/or unspoken language), the role of end of life care, care of the body after death, and cultural practices related to burial (Pehlivanoglu, 2013: et al., 168-174). Death rituals of cultural groups are the least likely to change over time. To avoid cultural taboos, you must become knowledgeable about rituals surrounding death and bereavement. For some, the

body should be buried whole. Therefore, an amputated limb may be buried in a future gravesite, and organ donation would probably not be acceptable. Cremation may be preferred for some, whereas for others it is taboo and burial is the preferred practice. Views on autopsy vary accordingly. Some cultural groups have elaborate ceremonies that last for days in commemoration of the dead. To some individuals these rituals appear to be a celebration, and in a sense they are a celebration of the person's life rather than a mourning of the person's death (Williams, 2007: et al., 30-47).

To conclude, chronic diseases emerge at every age, in every socio-cultural level, and in every culture. Chronic conditions affect the political, economic, social and cultural dimensions of the society, in addition to the quality of life of individuals and of families (Seviğ, 2009: et al., 181-203).

Health-care practitioner providing health care services in multi-cultural countries as our country need to know cultural features of the patients and must be taken into account while planning care these features. Health-care practitioner choices are made based on the patient's perceived status and previous use of traditional, religious, and biomedical health-care providers. In order to have an influence on the prevention of chronic diseases, or help individuals adapt to chronic diseases, health teams should observe their environments, beliefs, habits, cultural values, and the way that they cope with their own chronic disease. They should shape the care they provide in accordance with these values and also do researches to determine awareness of chronic disease and cultural features of patients.

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CHILD HEALTH AND CULTURE

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ABSTRACT

Child health deals with the normal characteristics of growth and development and many factors affecting these characteristics. Cultural beliefs and values ensure shaping children's health, care, upbringing and relationships with their parents. Cultural practices, which have an important place in the child care, are observed in many societies today. It has features that can affect children's health both positively and negatively. Health professionals should continue their practices of protecting and improving the health of children by recognizing the cultural characteristics of the child and his / her family.

INTRODUCTION

Childhood includes the period starting from the moment of fertilization and continuing until the age of 18 which is considered to be the completion of puberty. The area of "Social Pediatrics", which is responsible for protecting and evaluating children's health and supporting the maintenance of health with protective practices, aims to take into account the effects within the context of society and family by examining the factors affecting child health. It has a protective role for common diseases in childhood. Protecting child health requires cooperation at all levels of society (Conk, 2013: et al., 1-45).

Health is a birthright and is also guaranteed in the international context. All children have the right to special care and assistance and can benefit from the same social security no matter they are born in marriage or out of marriage

(Universal Declaration of Human Rights, 1948). It is stated that children have different physical, physiological, behavioral and psychological characteristics from adults; children's care becomes a social problem with the awareness that children are constantly growing and developing and everyone should bear this responsibility with scientific approaches (Declaration of the Rights of Children, 1959). Many organizations such as WHO (World Health Organization), UNICEF (The *United* Nations Children's Fund), UNESCO (United Nations Educational, Scientific and Cultural Organization), and ILO (International Labor Organization) aim to protect children's health, improve health conditions and promote international cooperation (Conk, 2013: et al., 1-45).

A large part of the children's population, which constitutes a significant part of the world's population, lives in the developing countries. Protection and improvement of health is a highly important topic in the countries where child health hasn't been completed yet because of inadequacy of infrastructure and corporate services. As the development level of the countries increases, the mortality rates decrease. The vast majority of child deaths are caused by infectious diseases and the diseases that can be preventable with vaccines (Conk, 2013: et al., 1-45). This reminds us the importance of child health.

PLACE of CHILD HEALTH n SOCIETY

Child health deals with the normal characteristics of growth and development (physical, psychological, social and cognitive) and many factors affecting these characteristics. Many children grow up in the family, which is a social institution where members interact and are influenced by one another. With each child joining the family, the family institution and the individuals in the family continue to shape themselves. In addition to this situation, society affects family members and the family institution, accordingly. Each family is a unique structure and can easily be affected by environmental changes. Although the family structure varies in different cultures, the function is similar. Relationship of family with the society is twofold: reproducing and socializing. The family undertakes to provide support for each family member in five areas namely physical, emotional, intellectual, social and spiritual. Nowadays, the nuclear family structure in which mother takes care of the children and father works is increasing. Mothers usually participate in business life after children reach the age of one. Such important changes contribute to the increasing demand from

public institutions for the protection of children's health. All the factors such as different family backgrounds, step parents, divorce, abandonment and delaying childbirth closely affect child health (Hatfield, 2008: 1-694).

In the family, children learn society's rules and language, values, ethical principles and accepted behaviors related to the culture of the family. This process is defined as socialization and it is gained through education and role models. Family meets the child's needs and teaches her/him relations with other people. Thus, the child learns the conditions accepted and rejected by society (Hatfield, 2008: 1-694). Within the various traditional and non-traditional family structures (single-parent family, step-family, lesbian family), children become aware of cultural structures. In order to preserve the child health, the composition of the family the child lives in, to which community the family belongs, social support, racial / ethnic backgrounds should be known (Webster, & Telingator, 2016: 1107-19). Every child is the product of a family, a culture, and a society. While the child is highly valued in some cultures, the child is thought to be an individual from early childhood in some others. The number of children and the time of having children can also be affected culturally (Hatfield, 2008: 1-694).

REFLECTIONS of CULTURE on HEALTHCARE

Cultural beliefs and values ensure that children's care, how they are raised and how their parents communicate with their children is implicitly and explicitly shaped. The theories of cultural competence can be applied in primary health care and public health areas. Despite the widespread application of cultural theories in health, disagreements can be seen (Grant, 2005: et al., 134-42). Health professionals need to understand that how culture affects families and therefore lives and thoughts of children, how they can communicate and collaborate with these families (Fitzgerald, 2004: 489-98). For this purpose, the guidelines diagnosing the cultural properties can be used (Tanrıverdi, 2009: et al., 793-806). Cultural models and guidelines have been developed by Leininger, Giger and Davidhizar, Purnell, Campinha-Bacote and many other theorists (Campinha Bacote, 2000; et al., 59-64; Dowd, 1998: et al., 119-23; Giger, & Davidhizar, 2002: 185-88; Leininger, 2002: 71-78; Purnell, 2002: 193-96). Terms such as cultural sensitivity, cultural awareness, cultural competence and cultural security are the

approaches used to meet the cultural and linguistic needs of children having cultural and linguistic differences (Grant, 2005: et al., 134-42).

The transcultural nursing model emerged with an increased need to provide care for individuals in different cultures. Cultural-specific model approach in meeting healthcare needs ensures that society is identified and evaluated in-depth and cultural data are achieved (Tortumluoğlu, 2004: 47-57). For instance, children of immigrant families face great difficulties in meeting their healthcare needs depending on their communication difficulties and cultural characteristics. Health professionals should continue their practices directed to protecting and increasing child health by recognizing cultural characteristics, solving communication problems and reducing inequality (Yasui, 2017: et al., 1-7).

In addition to visible cultural features such as language, food and dressing habits, hidden cultural features such as communication styles, beliefs, loyalties, values and perceptions must be recognized. It should be taken into account that the fear of a child leaving his or her own culture for the first time should be handled delicately and s/he is a stranger to food, language and environment while meeting healthcare needs. Cultural competence encourages cooperation between the child and the family and minimizes the disappointment. These factors are important in improving health, so that whatever the cultural background is, the child can become a part of society and family again (Hatfield, 2008: 1-694).

THE EFFECTS of CULTURAL CHARACTERISTICS on CHILD'S GROWTH and DEVELOPMENT

Erik Erikson has noted that environmental factors, culture and society as well as biological factors are influential on development equally. Albert Bandura has also stated that children learn attitudes, beliefs and values through social interaction with adults and other children. According to the ecological theory of Bronfenbrenner, the child is in relation with various systems. People, who have close relationships with the child, peers after beginning school life, people interacting with the child through parents indirectly affect the child's development and s/he learns about cultural and subcultural ideologies, beliefs and lifestyles (Conk, 2013: et al., 1-45). Successful transition from childhood to adulthood also depends on culture. Families, educators, health professionals should be aware of the roles that the child experiences during the transition period. Dis-

eases can be prevented, different developmental problems and tragedies can be detected early (Pao, 2017: 191-98).

CULTURAL PRACTICES AFFECTING CHILD HEALTH

Cultural practices, which have an important place in the child care, are observed in many societies today. They have features that can affect children's health both positively and negatively. Parents learn a lot of information about child care from their elders. When children get sick, they resort to traditional practices and they go to health institutions if the child cannot get over. However, these practices can be based on wrong information and they may not always be shared with healthcare professionals even if the purpose is to achieve health. The cultural characteristics, beliefs, values, roles, communication and many other characteristics of the family can influence the practices related to children (Seviğ, & Tanrıverdi, 2012: 1-527).

In the postnatal period, the mother begins to acquire knowledge and skills about baby care. Information obtained on baby care removes the concerns of mothers with a newborn and increases her feelings of competence (Arslan, & Uzun, 2008: 736-74). Child care during growth and development periods is one of the most important problems affecting child health. In Kars being a province on the east of Turkey, a study conducted with 2060 Turkish mothers have revealed that 33.2% of mothers apply traditional practices for oral moniliasis, 28.3% for nasal obstruction, 27.3% for infantile colic and 22.9% resort to traditional practices for diaper dermatitis. In oral moniliasis, most of mothers rubbed a mixture on the lesion created by crushing garlic with a "kufle/tespih" insect i.e. isopoda; breast milk, butter or olive oil is put into nose for nasal obstruction; breast milk is mixed with isopoda insect and given to baby for infantile colic and pigeon feces are put on baby's abdomen for diaper dermatitis (Polat, 2015: et al., 47-51). Branding is a harmful traditional practice applied with hot iron sticks which cause therapeutic burn in such cases as pneumonia and convulsion; it caused Adrenocorticotropic Hormone Resistant Syndrome in a newborn case. It is barely applied in Turkey and India (Baştuğ, 2016: et al., 224-27). We can also see such negative traditional approaches as not taking the upper respiratory tract infections seriously and waiting for spontaneous recovery. It is very important to know the traditional practices that affect children's health, to identify and pre-

vent harmful practices and to protect those who do not have any inconveniences (Seviğ, & Tanrıverdi, 2012: 1-527).

Pract ces for Newborn

Risk of infections, hypothermia, dehydration, hypoglycemia, anemia increases due to harmful traditional practices applied for newborns (Beşer, 2010: et al., 137-45; Seviğ, & Tanrıverdi, 2012: 1-527; Winch, 2005: et al., 478-85). Such practices directed to breastfeeding and breast milk, swaddling, neonatal jaundice, umbilical care, keeping the umbilical cord, moniliasis, nappy rash, first baby bath, salinization, getting through postnatal forty days (kırklama), nail cut, protecting from evil eye, swelling in breast, baby being beautiful and stubborn/colic can be performed (Seviğ, & Tanrıverdi, 2012: 1-527; Sivri, & Karataş, 2015: 183-93).

Breastfeed ng and Breast M lk

In the postpartum period, it is necessary to breastfeed the baby within the first 30 minutes to induce the baby's sucking reflex, to initiate the lactation and involution process; however, some attitudes directed to late breastfeeding can also be seen in literature (Conk, 2013: et al., 1-45). Breastfeeding is supported in many cultures. In cultures where there is no tradition of breastfeeding, the mother may prefer to feed her baby with a bottle instead of breastfeeding. Women migrating to another country may quit breastfeeding because feeding baby with formula is more attractive although it is more common to breastfeed in their own country. In some cultures, breastfeeding may also be preferred after full lactation, but first the baby is fed with formula (Hatfield, 2008: 1-694). With a project conducted in the US, breastfeeding rates have been increased while an increase has been observed in low breastfeeding rates of Afro-American and Hispanic women (Healthy People, 2010). Looking at the traditional practices about breast milk and breastfeeding, it is observed that sugared water can be given before and after breastfeeding (Eker, & Yurdakul, 2006: 158-63), transition to supplementary food takes place at early stages, the duration of breastfeeding varies and breastfeeding is generally thought for the first year (Gölbaşı, & Koç, 2008: 16-31). 71% of mothers in Pakistan breastfeed their babies within the first hour and give salty water, cow milk and zemzem water before giving their

colostrum (Khan, 2013: et al., 69-6). In countries such as Kenya and Nigeria, colostrum may not be given because it is seen as contaminated milk (Aniebue, 2010: et al., 169-71; Wanjohi, 2017: et al., 1-8).

It is important for the healthcare professionals to determine – as a model-based – the factors that influence breastfeeding behaviors in order to ensure breastfeeding in a time and quality desired by mothers. It has been determined that multiparous mothers and those at older age have higher breastfeeding control perceptions, university graduate mothers with a nuclear family type have positive attitudes towards breastfeeding, and the mothers with a higher number of children have high negative attitudes towards breastfeeding. Mother's attitude towards breastfeeding should be assessed by healthcare professionals and initiatives should be made to breastfeed the child for the desired duration and quality (Muslu, & Başbakkal, 2014: 1-13).

Swaddl ng

Swaddling is a traditional practice to keep baby's body straight, to keep warm and to prevent dangerous movements. In swaddled babies, the risk of sudden infant death syndrome increases. For this reason, it should be advised that the mothers should avoid giving the swaddled babies a flat and side position during sleep (Pease, 2016: et al., 1-9). It is a frequently used traditional practice in Anatolia (Aliefendioğlu, 2009: et al., 17-20), most babies with late-onset developmental hip dysplasia are found to have been swaddled (Mulpuri, 2016: et al., 1131-7). The incidence of late-stage hip dysplasia has increased in southern Australia due to swaddling. It can be prevented through increasing awareness, education and preventing inappropriate swaddling of lower legs (Studer, 2016: et al., 240.e1-e6).

Neonatal Jaund ce

It is observed that mothers in Anatolia use such methods as pinning gold coin, clothing the baby with yellow clothes, giving a bath with egg yolk and making the baby drink urine in order to prevent jaundice; such traditional practices as covering with a yellow cloth and making the baby drink soda-mineral water are applied to help recovery of jaundice (Arısoy, 2014: et al., 23-31; Çalışkan, & Bayat, 2011: 23-30; Çetinkaya, 2008: et al., 39-6; Işık, 2010: et al., 63-84; Polat,

2015: et al., 47-51; Seviğ, & Tanrıverdi, 2012: 1-527; Sivri, & Karataş, 2015: 183-93;). The use of herbal remedies for neonatal jaundice is quite common in Iran. Manna is the most popular plant and can be applied through distillation and soaking (Heydari, 2016: et al., 637-42). In countries such as Egypt and Nigeria, traditional practices can be applied in neonatal jaundice. Although mothers have sufficient knowledge of the neonatal jaundice, cultural beliefs and values have an important effect regardless of the level of education (Egube, 2013: et al., 188-94; Moawad, 2016: et al., 1-7).

Umb l cal Cord

The umbilical cord of a newborn should be cut in clean conditions and microorganisms are prevented. Otherwise, health problems that can cause the baby to die occur. In Turkey, after cutting the umbilical cord, harmful substances could be rubbed on the belly, but some of the practices related to the cutting and maintenance of cord is extremely inconvenient and they slide into oblivion (Keskin, & Özcebe, 2004; 43-56). There are also practices that connect belly to the baby's future. After the child's belly falls, if this belly piece belongs to a baby girl, this piece is buried in a suitable place of home to ensure the child to grow healthily, to be a bride and lady of her own house. This piece of a baby boy can be buried at school yard (with the hope that the baby will be well-educated) or a mosque courtyard (with the belief that the baby will be faithful) with a belief that he will have a good job and occupation in the future (Keskin, & Özcebe, 2004; 43-56).

Mon l as s

It is a common condition in infants, which can be easily treated with bicarbonate water, which adversely affects their nutrition. To remove the moniliasis, such practices as wiping with breast milk, bleeding the wound on which moniliasis exists, rubbing flour, garlic and sugar or salt on the wound can be applied (Seviğ, & Tanrıverdi, 2012: 1-527).

Nappy Rash

In order to remove rash, families can apply such remedies as use of powder, rubbing with ash, wrapping with hot soil, washing with soup, rubbing breast milk, oil, butter and yoghurt (Seviğ, & Tanrıverdi, 2012: 1-527).

Gas Pa ns

Infantile colic is characterized by the continuous crying of baby with a loud voice and existence of hip flexion towards abdomen and it is defined as colic if the baby cries for the first 3 months, crying lasts more than 3 hours a day, it occurs more than 3 days a week and if it lasts more than 3 weeks (Keefe, 2005: et al., 230-36; Kheir, 2012: 1-4). Using soy or protein hydrolysate formula, excluding some foods as cow milk and eggs from the diet, use of sucrose solutions and herbal teas are included in diet treatment (Alagöz, 2013: 148-54; Arikan, 2008: et al., 1754-61). As behavioral therapy, it is possible to take baby on lap more, to use a pacifier, to breastfeed frequently, to reduce stimuli, to rock the baby, to rock in car, to give a baby massage and to use bath and white noise (Balcı, 2006; Cohen-Silver, & Ratnapalan, 2009: 14-17; Çetinkaya, & Başbakkal, 2012: 164-69). Putting höllük (hot fine sand) under the baby can be applied to colic babies as a traditional practice in Turkey (Eğri, & Gölbaşı, 2007: 313-20).

COMPLEMENTARY/ALTERNATIVE MEDICINE

Alternative medicine is traditional therapy while complementary interventions are methods in which traditional therapies are practiced without the knowledge of the doctor. According to the definition of United Nations National Health Institute, "complementary and alternative medicine is a broad field of health that encompasses all the health services, methods, practices, and accompanying theories and beliefs outside the politically dominant health system in a given society or culture at a given time" (National Institute of Health, 1997: 49-57).

Although the studies performed in children are more limited, it is known that the use of TAT is common in all ages and this frequency increases in chronic diseases (Gottschling, 2013: et al., S61-9). In a study conducted in Turkey, it has been determined that the most common causes of medical illnesses causing the use of complementary and alternative medicine are anemia, diarrhea, constipation and cough and belief-based applications are used in 73% of patients, 57% of them use herbal methods and such interventional methods as incision are applied in 18% of patients (Tuncel, 2014: et al., 148-53). In another study conducted in Turkey, the rate of using TAT in children has been found to be 56.5% (Öztürk & Muslu, 2008: 2558-64). In a study conducted in general child

clinic of Canada which also includes a group of patients with a chronic disease, the rate of using TAT has been found to be 56% (Jean & Cry, 2007: 138-41). In a study conducted in European countries, the average rate of using TAT within the last year has been found to be 56% (Zuzak, 2013: et al., S34-47).

The decision of applying complementary and alternative medicine is generally given by the mother and applied to the child. For this reason, it should be remembered that firstly mothers should be informed about the diseases, TAT methods, possible effects and side effects and the family elders who provide information related to TAT methods should be included in treatment process (Tuncel, 2014: et al., 148-53).

CULTURAL PRACTICES REGARDING the FREQUENTLY OBSERVED PROBLEMS n CHILDHOOD

Nutr t on

Culture affects food preference and habits of children. For example, Mexican Americans eat too much at lunchtime. In Asian society, milk is not a popular drink, so calcium deficiency and lactose intolerance are seen. In some societies, a vegetarian diet can be preferred because of its ecological and philosophical views (Hatfield, 2008: 1-694). Such eating habits affect children during their growth and development period.

D arrhea

Diarrhea, which has an important place among childhood deaths, is a common practice for traditional practices. Such harmful traditional practices as feeding the child with lemon, coffee, pickle juice, giving soda water with an aspirin in it, leaving the child hungry and thirsty, not giving breast milk, cauterization, putting the child on heated höllük (hot soil) can be applied in Turkey (Seviğ, & Tanrıverdi, 2012: 1-527).

In some communities, such as South Africa and Yemen, diarrhea is believed to cleanse the body and nothing can be done. Therefore, there may be delays in receiving medical treatment and children may be lost due to diarrheal diseases (Cunnama, & Honda, 2016: 669; Friend-du Preez, 2009: et al. 343-51; Webair & Bin Ghouth, 2014: 581). For example, indigenous medicinal plants can be used

for digestion system diseases in addition to diarrhea in Pakistan; thus, it can also become possible to use for children (Rahman, 2016: et al., 30-52).

Fever

It is one of the most common symptoms of childhood and is a very frightening situation for families with young children. The traditional practices applied by families to reduce fever are as follows; clothing the child tightly and making her/him sweat by covering with a cloth, applying ice, making the child drink tea with aspirin in it, scrubbing an oil mix composed of aspirin, lemon juice and pepper on child's body, scrubbing Vicks, mixing soap and henna and putting on hands and feet, wrapping feet with onion, potatoes, snow and ice and keeping the child with high fever at home for days without doing anything (Celasin, 2008: et al., 315-22; Seviğ, & Tanrıverdi, 2012: 1-527). It has been determined in another study that 14.7% of mothers resort to such harmful traditional practices as rubbing water with vinegar and cologne, covering the child with a blanket and making her/him sweat (Temel, 2016: et al., 1-17). It has been reported that mothers sometimes resort to cough syrup and antibiotics in the event of fever (Demir, & Bayat, 2005: 22-29). Fever management of families is influenced by knowledge, belief and past practices (Walsh, 2007: et al., 2331-40).

Pa n

In order to relieve the abdominal pain, families in Turkey can apply such methods as dry-hot application (heating tile, wrapping up with clothes), rubbing tar, olive oil, Vicks, thyme, apple and rose oil on abdomen and under the feet, scrubbing alcohol on abdomen, rocking the baby, keeping the baby in a quiet place, making her/him drink egg on an empty stomach, letting hodja pray and preparing an amulet and making the baby drink olive oil and bicarbonate. With the purpose of relieving the earache, families resort to such practices as dripping breast milk, olive oil, glycerin to ear, putting cotton with Vaseline, putting hot cloth or cotton with crushed garlic in ear. To kill the tooth pain, families can use such methods as putting aspirin, bread yeast beside the aching tooth, rubbing ash and tobacco on the aching tooth, gargling with boiled edges of cistus creticus plant and putting/chewing clove oil. Families can apply such techniques as wrapping the neck of the child with felt and putting the heated corundum whet-

stone on felt, spreading the cooked apple and quince on a cloth and wrapping it around the child's neck, pouring rabbit, lard oil and rose oil on the heated ash and wrapping it around the neck with the purpose of relieving sore throat (Seviğ, & Tanrıverdi, 2012: 1-527).

It has been determined in a study that 29.2% of mothers rub the mixture they make at home on children's abdomen and under feet when they have stomachache, 30.3% of them drip breast milk to the children's aching ear and 38.9% of them put aspirin, salt and citric acid and so forth on children's aching tooth (Efe, 2012: et al., 69-76).

Const pat on

Related to constipation which is an acute or chronic problem that can be seen in infancy and childhood, families can use such methods as boiling and giving penny royal leaf, making the child eat fig, olive oil and castor oil, using soap as suppository, giving apricot juice, senna follicle and euphorbia (Seviğ, & Tanrıverdi, 2012: 1-527).

Infect ous D seases

When children have infectious diseases, families can do various things. For the children with whooping-cough, such methods as going under the pulpit at mosque, making the child drink peppered syrup, covering the child with quilt to help her/him sweat, giving a bath with boiling water, giving lemon, putting newspaper, ash and spirit on chest and back. The methods used for mumps are dressing with hot water and a towel, rubbing smut around ears and neck, wrapping with roasted apple, Turkish delight and raw halva. The methods for measles are giving sugar and stum, giving a bath with cold water, making the child drink pickle juice, giving sugary food, not giving milk and buttermilk and covering with a red tilt. Not giving bulgur and tying the hands to prevent itching are applied for varicella; giving a bath with cold water, wrapping with a red cloth and feeding with stum and molasses are the methods for urticaria and rash; cauterization with the handle of spoon and rubbing butter are used for herpes; cleaning eyes with hot and wet cloth, wiping eyes with cooled dark tea, squeezing lemon, dripping breast milk into the baby's eyes, wrapping eyes with

a cloth soaked into child's urine and rubbing cracked wheat oil are the methods used for burring (Seviğ, & Tanrıverdi, 2012: 1-527).

Cough

It is a general symptom in children and the practices applied by families to relieve cough are as follows; putting newspaper and wool on the back, making child sweat, feeding with radish water with honey, making child swallow salt and drink molasses boiled with pepper, honey milk, mint, lemon, syrup, thyme, flax seed, linden tea and raw egg, horse milk or black donkey milk and rubbing oil and Vicks on chest (Seviğ, & Tanrıverdi, 2012: 1-527).

Acc dents

For burns being in the first place among the home accidents, the methods used by families are rubbing tomato sauce, tooth paste, garlic, oil, yoghurt, milk, raw egg, crushed onion and potatoes and mud, washing with soap and scrubbing breast milk. For cuts and bleeding, the methods used are rubbing the burnt cloth into the wound, granulated sugar, salt, cigarette ash, tobacco, oil, spirit, cologne, alcohol, oxygen tincture of iodine (Seviğ, & Tanrıverdi, 2012: 1-527).

Ev l Eye

The evil eye which is very common in the Turkish society is a feared condition which is accepted by the Islamic religion. A disease or an undesired condition is thought to be the victim of bad looking eyes. For removing evil eye, the methods used can be making an amulet prepared (sorcery, black cumin), taking to a hodja, attaching a blue ivory bead, trying to keep the child far from eyes, covering the head of the child who is thought to be affected from evil eye with a cover and roasting salt, praying against evil eye and pouring lead over the child (repelling evil eye) (Seviğ, & Tanrıverdi, 2012: 1-527). It has been found in a study that the frequently used methods to protect from evil eye are wearing blue bead (45%) and having the child prayed (35%) (Tuncel, 2014: et al., 148-53).

Phys cal Pun shment

In some societies, physical punishment is a method of disciplining the child (Bridgewater, 2016: 30-4). There are some proverbs for physical punishment in

Turkish society, for instance “Spare rod and spoil the child” (Seviğ, & Tanrıverdi, 2012: 1-527). The physical punishment that makes a mark, causes injury, or threatens the child’s physical or emotional well-being is quite dangerous. When the child is brought to the hospital due to physical injuries, family members may say that the injuries occur because of some behaviors that do not fit the child’s age or level of development. Care giver can describe the injury as an action of sibling. If the child’s symptoms do not match with the injury reported by the caregiver, individuals should be alert for possible abuse. Symptoms can be evaluated more easily by the development of technology. For example, in shaken baby syndrome, cerebral edema or hemorrhage can be diagnosed by computed tomography (Hatfield, 2008: 1-694).

THE ROLE of CULTURE IN HOSPITALIZATION and DEATH of CHILD

Frequent childhood diseases and mothers’ health seeking behaviors may vary. In Utopia, factors such as the urban-rural living situation, the gender of the child and the educational status of the mother have an important influence on health seeking behaviors (Gelaw, 2014: et al., 705). Through accessibility of mothers living in rural areas to health services and increasing their awareness, it will enable children to receive healthcare services at earlier time in case of a disease.

Surgical procedures are quite feared in some cultures. Surgical treatment may not be desired because of the fear from anesthesia, also known as “put to sleep”. This can be avoided by making appropriate explanations and removing the language barrier (Hatfield, 2008: 1-694).

Death is not openly spoken in many cultures. The fact that a person is dying is only uttered in very specific settings and is not usually discussed with the dying individual. In some cultures, a cheerful atmosphere can be created in front of the dying child (Hatfield, 2008: 1-694).

CONCLUSION

A child belonging to any culture has the right to know his or her own culture, to respect the cultural heritage and to have equal and appropriate access to health care. Culture has a significant place in child health. It is essential for

healthcare professionals to provide care to children by recognizing cultural characteristics and preventing harmful practices.

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CULTURE AND MENTAL HEALTH

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ABSTRACT

Culture is an important variable on mental health. Culture is sometimes a challenging variable and sometimes a facilitating variable in human life. It is known that there is a positive relationship between cultural values and mental health problems. Differences and similarities of mental health according to cultures ensure the development of meaningful intercultural mental health practices. There is a need for intercultural communication skills in terms of mental health and diseases. Healthcare professionals should be culturally competent and effective. Cultural competence includes knowing different values, cultural customs, being in accordance with the traditions of the societies and being sensitive in the care of individuals.

CULTURE – HUMAN – CULTURE

Culture takes its source from people. Culture is a lifestyle.

Culture has different definitions such as "the traditional ideas and associated values," "the transfer of learned behaviors as a whole to the next generation", "shared symbols and meanings", "experiences that can be predicted in a group's behavior and lead to certain differences", "the whole of ideas, practices, norms and meanings embedding behaviors into a system" (Kağıtçıbaşı, 2014:127).

In the past, cultures were used to be separate and independent field of asset. However, over the past hundred years and especially during the last twenty-five years, cultures and nations have become increasingly interconnected and com-

pounded with complex ways while carrying some of their inherent qualities (Bekiroğlu, 2014:429-459).

In our evolving multicultural world, demographic and economic changes, differences at health levels of people coming from different cultures have directed health promotion, caregivers and institutions to consider cultural characteristics. Being a culturally competent healthcare professional is a priority in multicultural societies (Seviğ & Tanrıverdi, 2012:1-125).

According to Kağıtçıbaşı, human development always takes place in culture and cannot act independently of the culture in which it is embedded. Culture offers a viewpoint composed of hypotheses to understand other people and often does not notice the assumptions behind behaviors; therefore, behaviors are defined as normal or abnormal not culturally. He pointed out that the cultural environment attaches precious meanings to the behaviors observed and their causal connections which may reveal the underlying dynamics of these behaviors, so the same behavior can indicate different meanings in different environments (Kağıtçıbaşı, 2014:121-124)

For this reason, we should not ignore the culture in which the individual lives in order to make sense of human behavior.

Mankind transferring the knowledge, thoughts and skills which maintain the continuity of human life from generation to generation through culture shape the environment and interpret it with the cultural evaluation with the purpose of protecting health and ensuring wealth in order to dominate over the environment, the universe and herself/himself afterwards (İlbars, 1994:177-179).4

It is the combination of material and spiritual elements in all of the biological, psychological and social areas in individual’s life. Culture, which affects all the life experiences that encompass all areas of life we are in, is effective in the formation, shaping, and outpouring of mental illnesses (Kaplan&Sadok,2016:98). 5

As culture shapes our daily life, life also shapes culture. As stated by Bektaş, culture is fed from various sources just like a river. These resources are biology and instincts, needs, ecology, being a nation, regional differences and ethnicity (Bektaş, 2006:43-59). 6

Biology, instincts and needs: the individual who is a part of nature has to live in harmony with nature and to adapt the behaviors according to the day and night, seasons, birth, growth, and disappearance being the laws of nature.

Ecology: the individual spends her/his life by keeping up with various ecological environments such as mountainous areas, plains, forests and seaside.

Being a nation: Every society has its own specific culture. All countries have specific language, belief system, values, a state system, dressing, communication style and different forms of behavior. These characteristics distinguish the individuals from those living in other nations. Being a nation is an important source of culture.

Regional differences: the regions of the country provide diversity of culture and clothing, food, communication and behavior styles of individuals.

Ethnicity: Individuals grow with the values, belief systems, communication styles and language of the ethnic circle they are born in (Bektaş, 2006:43-59).6

CULTURAL INTERACTION

Culture includes interrelated concepts such as pluralism, multiculturalism, identity, difference and globalization. In particular, globalization has led to the development of a common view and process involving the different principles and cultures of the mentioned concepts. Intercultural relations and interactions have often been accepted as different and separate fields. But over the last century and especially in the last twenty-five years, cultures and nations have become increasingly interconnected and compounded via the complex roads despite carrying some of their unique qualities (Bekiroğlu, 2014: 431).

In the 21st century of today's world which has turned into a global village with the cultural, political, economic, technological, artistic and social dimensions, a strong and healthy cross-cultural sensitivity has emerged in order for the humanity to subsist healthily. Intercultural communication refers to the interaction and communication between individuals with knowledge and experience, as well as with other cultural and interacting cultural components. Professionals participating in the communication will choose to evaluate expressions, attitudes and behaviors according to their cultural norms and standards, as long as they cannot assess the communication behavior of individuals involved in a different culture. This situation will cause unhealthy intercultural interaction process and conflicts to be experienced (Tamam, 2000:173-183).7

The concepts of multiculturalism and diversity have emerged in the 1970s as a result of increasing social diversity in the United States in the 1960s, in-

tensification of equal rights and opportunities demands of women, racial and ethnic minorities and human rights movements following the recognition of racism, sexism and oppression towards these groups. In the 1980s and 1990s, multiculturalism became a concept that began to be studied professionally. Afro-American psychologists and women were among the first groups to stress that it should be more sensitive towards the needs of minority groups. As in many disciplines, it has been noticed following questioning of services offered to cultural minorities in the field of mental health that the services offered put the minority clients under pressure and the experts working in this field do not have adequate facilities to provide tailored services to clients from different cultures (Bektaş, 2006:45).

Mankind transferring the knowledge, thoughts and skills which maintain the continuity of human life from generation to generation through culture shape the environment and interpret it with the cultural evaluation with the purpose of protecting health and ensuring wealth in order to dominate over the environment, the universe and herself/himself afterwards (Bolsoy & Sevil 2006:85).8

INTERCULTURAL COMMUNICATION

Intercultural communication refers to the interaction and communication between individuals with different cultural and subcultural backgrounds, knowledge and experience. The conceptual framework and interest of intercultural communication as a discipline have expanded over time in a way to include internal subcultural groups that are differentiated in ethnically and racially in time.

It can also be said that the intercultural communication phenomenon has a call for intercultural dialogue beyond addressing communication and interaction patterns of different cultures and belonging ties. As stated by Selçuk, professionals participating in the communication will choose to evaluate expressions, attitudes and behaviors according to their cultural norms and standards as long as they cannot assess the communication behavior of individuals involved in a different culture. This makes it possible for communication conflicts to occur at any moment in the process of intercultural interaction (Ersoy, 1999:230-238). 9

Cultures were often used to be different and independent field of assets in the past. However, over the past hundred years and especially during the last

twenty-five years, cultures and nations have become increasingly interconnected and compounded with complex ways while carrying some of their inherent qualities.

It can be argued that the belief and mental climate that the intercultural differences are now considered to be reserves rather than the barriers in communication and interaction process is more common now. In fact, global leaders who play an active role in today's world also believe that cultural diversity will function as a source if they are well managed. In this regard, all students and employees can be taught how to create a cultural synergy with people with different racial, ethnic and national backgrounds in their own countries and to communicate more effectively (Ersoy, 1999:230-238).9

CULTURAL SENSITIVITY

Intercultural sensitivity is primarily concerned with the emotional field, as well as with the cognitive, emotional and behavioral domains of the interaction state. In other words, intercultural sensitivity mainly covers the area related to emotions. As another area, intercultural awareness corresponding to the cognitive level is the basis of intercultural sensitivity corresponding to the emotional level and these two areas respectively lead to intercultural competence indicating the behavioral dimension (Bekiroğlu, 2014: 434).2

The first and most important factor that is effective at the level of intercultural communication sensitivity is stated as "responsibility and caution in interaction". In other words, the importance of being careful and knowledgeable when communicating with people from different cultures in the context of this factor has been emphasized and it has been stated that they pay respect to the behavior patterns of different cultures and giving positive responses to the members of different cultures during communication and being open-minded is important (Bekiroğlu, 2014:435).2

All these conditions have made adequacy of intercultural communication in today's world and intercultural sensitivity being its complementary and reinforcer inevitable and indispensable (Bekiroğlu,2014:436). 2

In this context, first two confusions must be clarified in order to be able to define the concept of intercultural sensitivity. First, intercultural sensitivity is primarily concerned with the emotional field, as well as with the cognitive,

emotional and behavioral domains of the interaction state. In other words, intercultural sensitivity mainly indicates the area related to emotions. Secondly, intercultural awareness corresponding to the cognitive level is the basis of intercultural sensitivity corresponding to the emotional level and these two areas respectively lead to intercultural competence indicating the behavioral dimension. Thus, these are closely related with each other although they are separate concepts. (Bekiroğlu,2014:435).2

With reference to this perspective, intercultural sensitivity can be defined as the ability to develop a positive feeling that promotes appropriate and effective behavior in terms of intercultural communication in understanding and interpreting cultural differences. Such a definition points out to the dynamic nature of intercultural sensitivity. This indicates that individuals with intercultural sensitivity should have a motivating desire and tendency to understand, acknowledge and accept differences. The aforementioned desire and tendency results in yielding positive results from intercultural interactions (Tamam, 2000:178).7

In other words, the need for approaching the different cultures, sub-cultures and belonging ties with positive feelings, stands out as the main indicator of intercultural sensitivity. From positive emotions, the intention is to assess differences without prejudice and stereotypes, far from ethno-centrism and without judgment. This refers to an emotional world and a mental climate characterized by such traits as understanding, recognition, acknowledgment, respect and relativity.

ACCULTURATION ENVIRONMENT

Acculturation process addresses individual and family relations on the one hand and intergroup relations on the other and it involves psychological and socioeconomic-cultural adaptation. Acculturation is formed with relations between groups and individuals and these dynamics reveal the processes of adaptation at individual and group levels. The skills that contribute to "socio-cultural harmony" which means the adaptation to new culture and being able to actively operate within can change. The relative adaptive function of changing or preserving certain behaviors, values and relationships plays an effective role in how acculturation will occur. Cultural components are defined as a dynamic

process involving changing patterns of behavior, cognition and attitudes not as an unchanging and constant feature (Kağıtçıbaşı, 2014:122).1

In today's world, interrelated concepts such as pluralism, multiculturalism, identity, difference, otherhood and globalization function as important reference points discussed with various dimensions both in academic, political and public discourse. In particular, globalization has made an obligation for the relevant facts and developments to operate as a common agenda and process affecting the world scale and shared by including different countries and cultures. This condition also makes the countries and relations ranging from cooperation to imposition between different cultures and identities irreplaceable and inevitable (Çelik, 2015:246-259). 10

It has been stated that acculturation strategies change by acculturation field. It is stated that the integration which embraces two different cultures is the best strategy. It has been revealed in some studies that orientation to the culture of origin has a positive relationship with mental health, but not with socio-cultural success. It is also stated that biculturalism is generally more advantageous since it facilitates adaptation to different or even opposite environmental demands (Kağıtçıbaşı,2014:123).1

CULTURE-STRESS

Contrary to the definition of World Health Organization (WHO) regarding stress "the inadequacy of traditional adaptation method under the psychological, social and economic conditions of modern society", it is clear that traditional societies also suffer from harmful stress factors.

The concept of stress is important in terms of ecological approach. Stress is a consequence of the inability of individuals to develop positive relationships and to fulfill satisfying activities in the family, work and environment (Kut, 1994:181). It is not possible for a person to be healthy, to maintain spiritual and body integrity, to be peaceful, creative, productive and efficient and to have healthy relationships with the environment in a place where security feelings are damaged (Çelik,2015:247).10

Culture can be a positive factor in the struggle against the stress while it can create negative factors. In other words, some cultural beliefs, values and

practices may increase the number of stress factors the individual is exposed to (İlbars, 1994: 178).4

In general, this role can be protective or pathological. Culture can also help the stress response be shaped into a distinct “language of restlessness”. The groups exposed to the same stress factors show different responses in different cultures (İlbars, 1994:178).4

It has been found in various societies that cultural factors on the cultural appearance of stress play a complex role in the reaction to stress. While culture positively contributes to struggle against stress, it can also create adverse factors. In other words, some cultural beliefs, values and practices can increase the number of stress factors the individual is exposed to (Dinç, 2008:176-178).11

As stated by Hahn and Kleinman, “belief can be killed and healed”. Culture can be the source of some stress. This is called culturogenic stress (stress caused by culture). For instance, each society interprets “success” as opposed to failure, “prestige” as opposed to a disgraceful situation, “good behavior” as opposed to bad behavior by their own values and these concepts can be evaluated differently according to different societies (Kleinman, 1997:19). 12

The important thing in case of difficulty is that whether the event is perceived as a situation that distorts the balance in that culture. The reaction of individuals in every culture against difficulty differs. When it comes to individual reactions given to difficulties, it is important to reveal whether experiencing any sensation is culturally divergent (Seviğ,2012:244-24). 3

CULTURE and MENTAL HEALTH

In the Diagnostic and Statistical Manual of Psychiatric Disorders (DSM), the relationship between culture and psychiatric disorders is addressed more. Mental health care, treatment, therapeutic environment and communication develop in a culture with cultural connections (Kaplan&Sadock,,2016:152). 5

These kinds of traumatic experiences, whether driven by its influence on masses of the people, the family and the individual or they are natural events or created by human hands, seem to be an integral part of people’s daily life. Before encrustation of the wound that someone has opened, another one comes. It is not possible for a person to be healthy, to maintain spiritual and body integrity, to be peaceful, creative, productive and efficient and to have healthy rela-

tionships with the environment in a place where security feelings are damaged (Kağıtçıbaşı, 2014:123).1

The society has faced a rapidly developing technological and cultural trend, for which the society is not yet fundamentally ready, and has been influenced by its positive as well as its negative aspects. The changes in thought, belief, value and judicial system are the most authentic indicators (Çam, M&-Bilge,A,2015:17).13

Another fact of society is that it is in a continuous process of change. Change being the most fundamental element of development also brings a change in social structure, social organization, social relations, attitudes and behaviors and the value system. The person living in this dynamic structure is exposed to sometimes positive and sometimes negative traumas. The adaptation problem that emerges here yields positive or negative consequences for the individual in the direction of the individual's capacity to change, his/her ability, desire and wishes (Kut,1994: 180).15

The disease being a symptom and part of life is a phenomenon of human ancestry and is as old as human history. Mankind, who is in the struggle of treating the disease in every period and in every society, makes this struggle with value judgements, beliefs, customs-traditions, worldview and technology (Seviğ,2012:251).3

In all cultures, it is accepted that an unusual or unexpected variation occurs in the individual's feelings, thoughts or behavior in mental illness. This situation is assessed abnormal either by the person himself/herself or by the people around him/her. After this assessment, it is searched for ways to return to normal, i.e. back to previous situation. If the change is interpreted as a disease, the individual will apply for a remedy. The process begins with a physical, mental or behavioral change of individual in the face of any difficulty. The individual perceives this life, interprets the perception and expresses it. If the individual decides at the end of the interpretation process that what s/he lives is out of the ordinary or if this decision is made by others, the person starts to seek help. Culture is active and determinant in every stage of this process (Seviğ, 2012:251).3

These kinds of traumatic experiences, whether driven by its influence on masses of the people, the family and the individual or they are natural events or created by human hands, seem to be an integral part of people's daily life.

Before encrustation of one wound that someone has opened, another one comes. It is not possible for a person to be healthy, to maintain spiritual and body integrity, to be peaceful, creative, productive and efficient and to have healthy relationships with the environment in a place where security feelings are damaged (Kağıtçıbaşı, 2014:123).1

In unsafe surroundings, the life of the individual and his/her loved ones, physical and spiritual integrity, his/her material and spiritual existence and safety in short are threatened. The most important striking events threatening the human security are war, terror, natural disaster, accident, disease, economic crisis, poverty and deprivation, domestic violence, neglect, abuse and harassment, violation of human rights, torture, separation, migration, suicide and murders. Traumatic events have the potential to deeply affect not only the individuals experiencing them, but also next generations (Tamam, 2010:10).7

Beliefs, attitudes and behaviors regarding health and disease may differ in all societies. Pathological or incompatible behaviors in a society can be considered to be a normal behavior for another society (Çelik, 2015:246), 16

In today's world, interrelated concepts such as pluralism, multiculturalism, identity, difference, otherhood and globalization function as important reference points discussed with various dimensions both in academic, political and public discourse. In particular, globalization has made an obligation for the relevant facts and developments to operate as a common agenda and process affecting the world scale and shared by including different countries and cultures. This condition also makes the countries and relations ranging from cooperation to imposition between different cultures and identities irreplaceable and inevitable (Tanrıverdi, 2009:703-706). 17

In some societies, it is socio-culturally less acceptable for men to accept and reveal stress symptoms. The cultural values of a group can also be a protective factor against stress. For instance, it is possible to make it easier for the individual to cope with the difficulties of his/her life by strengthening the family unity and solidarity. Worldview of a culture can remove the stress via generalization of individual pain. In particular, religious beliefs, fatalism and such fatalist views as "God wanted so", "It was meant to be" or "It's destiny" are the good examples (İlbars,1994:179).4

Being a member of a group with a shared conceptual system can also provide assurance against stress coming out of uncertainty by giving meaning and consistency to everyday life. Members of cultures that value meditation and contemplation more than competition and financial success are often less exposed to stress. Another factor that needs to be mentioned is that raising the child and the stress brought by it are shared within the large family structure and this is a protective function in many societies (İlbars,1994:178).4

At the same time, there are also differences in the health problems of developed countries that are associated with cultural differences within themselves. This helps to create new perspectives for mental health care. Although the epidemiological studies conducted in many nations confirm that major depression and anxiety disorder is observed worldwide, social response, interpretation and symptomatic expression of these syndromes vary widely (Yeşilbaş,2008:9).18

It has been determined in UK example that although there are a range of core symptoms between cultures (loss of interest, failing to get satisfaction, failing to work, give reaction and thoughts of suicide), scores of core symptoms are high and the scores of somatic symptoms are low; In Turkey example, somatization, exaggerating the symptoms and self-pity scores are high. The feelings of guilt were found to be more severe in the UK sample although this was seen in both groups (Bekar,2001:1440).19

Although the thought of suicide score is higher in the studies performed in Turkey, there is no difference found between groups in terms of suicide attempts in the past. The low rate of suicide attempts in Turkey can be interpreted as Islamic religion prevents those thinking to suicide from realizing this thought together with the cultural characteristics. Pre-modern, modern and post-modern features exist together in Turkey. Migration is one of the most important psychosocial factors that often constitute a negative emotion and situation in human life.

Cultural differences in the new society in which individuals begin to live can be extremely decisive in the occurrence of health and adaptability problems. The new environment in which they are introduced will cause individuals to face less adaptation problem if it looks like their own culture and more adaptation problem occurs if it is different. The separation of the person from the environment in which s/he is accustomed to, loneliness, alienation, lack of self-

worth, lack of relatives and feelings of regret felt because of their abandonment affect the individual and lead to intense stress (Şahin 2001:3-11). 20

Stressful life events, significant social changes and the individual's culture being threatened can lead to various consequences and mental illnesses. It is known that the reason for the migration is out of one's own wishes, the new place; social and cultural differences increase the psychosocial problems. In the post-migration period, the cultural differences in the new society in which individuals begin to live can be extremely decisive in the occurrence of health and adaptation problems. The new environment in which they are introduced will cause individuals to face less adaptation problem if it looks like their own culture and more adaptation problem occurs if it is different. The separation of the person from the environment in which s/he is accustomed to, loneliness, alienation, lack of self-worth, lack of relatives and feelings of regret felt because of their abandonment affect the individual and lead to intense stress. Immigrants reveal insecure, hopeless, angry, skeptical, timid and closed behaviors most (Tuzcu, Ilgaz, 2015:56-67).21

An important dimension of the relationship between migration and health is the impact of migration process on the mental health of people. There are different studies in the literature indicating that migration affects mental health negatively. In particular, it is stated that compulsory immigration influences mental health negatively and female immigrants experience more emotional strain than male immigrants. In another study, migrant women were found to be less eligible than other individuals in coping with stress (Şahin,2001:57-67) 20

Migrating individuals encounter different stressors before, during and after the immigration process. These stressors can have different effects on the health of individuals and families. Migrants in migration process face many stressors such as unemployment, loss of social status, loneliness, language barrier and cultural differences. Due to the negative effect of stress on health and the inadequacy of the mechanisms of coping with stress, migrants are faced with many physiological and psychological health problems. In the study performed with young immigrants, the effects of immigration status (country-ethnicity), exposure to violence, cultural cohesion (linguistic knowledge), sense of control over one's own life, economic difficulties and education on psychological stress and psychosomatic complaints were assessed. As a result of this study, it is stated that psychological stress is related to the inability to adapt to new

cultures, the low control sense over one's own life and economic difficulties (Sayar,2003:226).22

It is stated that many psychiatric problems occur in migrant families and individuals, especially depressive disorders, anxiety disorders, somatoform disorders and adjustment disorders are observed frequently. When the immigration is thought to lead to the loss of the individual's sense of belonging to a large group and the abandonment of cultural life and traditions, the mental effects of immigration can also be predicted. The feeling of loneliness that accompanies this loss in the new settlement, the change in social roles, the uncertainty in cultural norms and values and the cultural shock it causes are the variables that explain the stress experienced in immigrant people and groups and point out mental disorders (Tuzcu&Ilgaz2015:61).21

The increase in the length of stay in the migrated area can negatively affect the mental health of the individual. In one study, it was determined that the incidence rates of schizophrenia were higher in Norwegian immigrants who reside in the US for 10-12 years than the new settlers. Another study conducted in Germany draws attention to the psycho-social problems of first generation Turkish immigrants with advanced age, living in Germany and working under difficult conditions throughout their lives. It has been determined in a study conducted in Turkey that the emotional problems that immigrant women live are low self-esteem, depressive mood, anxiety, guilt, loneliness and anger while social problems have been identified as language barrier, addiction, change in recreational activities, social isolation and ineffective social coping (Tuzcu&Bademli, 2014:55-66). 22

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STATUS AND PERIOD SPECIFIC CULTURAL APPROACH IN REPRODUCTIVE HEALTH

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ABSTRACT

Individuals' beliefs and practices about health are part of the culture of the society in which they live. In order to be able to provide better healthcare, it is necessary to know or understand, at least, how the group provided with healthcare perceives disease and health and what cultural factors underlie their behavior towards health. Cultural practices specific to several periods (menarche, menopause, and so on) within the context of reproductive health, especially in women, emerge by showing differences in almost every society. In this study, cultural approaches to reproductive health will be examined within the framework of being beneficial and harmful practices by giving examples from various countries specific to the particular situation and periods to which they apply.

INTRODUCTION

The World Health Organization (WHO) defines health as "It is not just the absence of illness or disability, but a complete state of well-being physically, mentally and socially." As seen in this definition that maintains its validity today, health is a multidimensional and broad concept. One of the most important factors affecting the general health status of individuals, especially of women,

is the problems that they encounter concerning reproductive health (Koluaçık *et al*., 2011:7).

On the other hand, reproductive health is defined as not only having any illness or disability in all fields concerning its functions and process, but also the complete well-being in mental and social terms (Set et al., 2006: 137-141).

Sexual ty, Sexual Health and Cultural Approach

Sexuality is a concept that starts from birth and continues lifetime, and is shaped by individuals' values, beliefs, feelings, personalities, likes and dislikes, attitudes, behaviors, physical appearances and societies in which they live. It contains not only the genitals, but the entire body and mind (Moseley, 2010:55-58; Taylor, 2007:69-105). According to the World Health Organization (WHO), sexuality consists of a combination of the effects of physical, emotional, intellectual and social traits that enhance personality, communication and love. It is a state of an individual to be healthy as a sexual being that positively enriches and enhances personality development, communication and love sharing, which provide not only bodily but also emotional, intellectual and social integrity. Sexuality is influenced by the interaction of psychological, social, economic, political, cultural, legal, historical, religious, biological and mental factors. According to WHO, sexual health is "not just the absence of illness or disability, but a state of well-being concerning sexuality in emotional, mental and social aspects" (WHO, 2010). Sexual health requires a positive and respectful approach as a result of the possibility of having both enjoyable and safe sexual experiences that are free from coercion, discrimination and violence in sexuality and sexual relationships (Parrinder, 2003: 355-67).

Despite differences in definitions and perceptions, sexuality has always existed since the presence of mankind and has not lost its significance for ages. As Incesu pointed out, "sexuality is a tough issue because it is both the most wondered and forbidden, both the most spoken and in fact, not spoken at all, is allegedly known, but in fact a little known, and it is praised on the one hand while ashamed of on the other hand." In a field full of such contradictions, healthcare professionals undertake important tasks. Because sexuality and sexual health are one of the issues that most concern society in terms of general health, and

sexual problems are the leading health problems that make people unhappy at the most. The impairment of sexual health does not only result in the interruption of physical health. The impairment of mental health, then of family health and social health in circles either in women or men also constitute a problem (Bozdemir and Özcan, 2011:37-46).

Individuals' beliefs and practices concerning health are part of the culture of the society in which they live. In order to be able to provide better healthcare, it is necessary to understand how the group provided with healthcare perceives disease and health and how they react to it. In order to improve the health-related behaviors of the society, health personnel should know or understand, at least, what cultural factors underlie these behaviors (Henkle and Kennerly, 1990:145-9; Akşit, 1995: 13-26). Each person develops the thoughts and practices that distinguish oneself from others and creates his/her culture over time, and preserves this cultural heritage through learning and teaching attitudes, actions and examples (Duffy, 2001: 487-95; Degazon, 1996: 117-34). Culture influences many aspects of human life, from the formation of personality to parental attitudes, from child rearing styles to the language being used (Degazon, 1996: 117-34). Culture is influential in how people think, what language they speak, how they dress, how they believe, how they treat their patients, what they do with the dead ones and how they are fed. Furthermore, it is influential in many levels, from the determination of the emergence of new diagnostic groups to the course of diseases, from the symptom patterns to determining what the disease is (Degazon, 1996: 117-34; Mayor, 1999: 50-2). When this effect is addressed with an example at nutritional level, the fact that some Hindus and Buddhists do not eat beef, that some African communities do not eat chicken and egg, that people in Mongolia, one of the Central Asian countries, do not eat fish, and that milk and milk products are not consumed in some regions in China and in Polynesia, arises from their cultural characteristics (Mayor, 1999: 50-2).

People have been striving for years to maintain their certain cultural characteristics. This belief is also reflected in their health behaviors and the individuals facing health problems look for the remedy in their cultural life. Today, there are innumerable traditional beliefs and practices that are employed from birth to death and even address various parts of life (Şirin and Ünsal Atan, 2012: 283-323).

REPRODUCTIVE HEALTH and CULTURAL APPROACHES IN SPECIAL CASES

Male C rcumc s on and Cultural Approach

Circumcision is an Arabic term which means cutting the skin on the tip of penis. It originates from the ‘Sunna’. It means a well-traveled road and the behavior appropriate for spreading. In Arabic, ‘hitan’ means male circumcision, while ‘hafz’ means girl/female circumcision. In brief, the tradition of mutilation, called ‘circumcision’, is applied to both sexes. In general, only men have been circumcised in Turkey. It is a tradition that has roots older than monotheist beliefs, which is authenticated by Old Egyptian reliefs and circumcised mummies (3000 BC). It is a pre-Islamic practice among the Arabs, while it is a tradition that began after Islam among the Turks. In addition to those who defended the tradition of circumcision, there were also those who seriously criticized it in the 1930s, such as Prof. Dr. Cemil Topuzlu, who also lived in the period of the Ottoman Empire. Indeed, those who lost an area where their nerve endings are naturally intense prior to adolescence will never know what they cannot experience (Akkayan, 2013: 55-56).

Although it is not known exactly where it was done for the first time, there is evidence that the Egyptians conducted circumcision in 2300 BC (Massry, 2011: 100-2). While circumcision is done in some societies for health reasons, it is a traditional, religious as well as a cultural practice in some of them (Glass, 1999: 17-21). Circumcision is one of the most common surgical procedures applied worldwide. While 60% of men born in the United States are circumcised, approximately every man is circumcised in Turkey (Brisson et al., 2002: 1343-6).

Discussions about the benefits and necessity of circumcision are ongoing. In the literature, there are reports showing that circumcision causes deterioration in some parameters of sexual function, while also there are reports showing that it leads to positive changes in the other parameters, as well as the publications suggesting that it does not cause any significant change (Haschke *et al*., 2013: 562-9; Frisch et al., 2011: 1367-81). Furthermore, these reports are often inconsistent with each other. Therefore, there is still a need for well-designed, unbiased and in-depth studies on this subject. When the benefits of circumcision are reviewed, the following information is obtained.

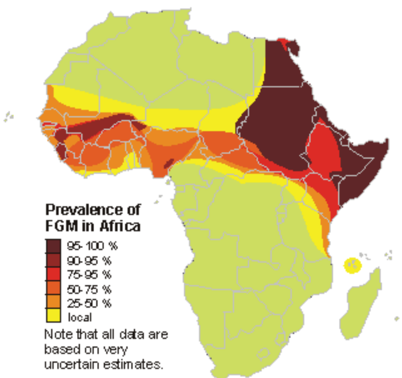
The incidence frequency of sexually transmitted diseases, including AIDS, is lower in circumcised men (Vanbuskirk et al., 2011: 1074-81; Wamai et al., 2011: 149). Penile cancer development is also less common in circumcised men. Moreover, the development of cervical cancer in partners of circumcised men is less (Morris, 2007: 1147-58; Drain et al., 2006: 172). Moreover, as expected, circumcision also prevents problems, such as phimosis, paraphimosis and balanitis (Shittu and Shokunbi, 2001: 534-6). Early circumcision also reduces the risk of urinary infection in boys (Singh-Grewal et al., 2005: 853-8; Tekgul, 2000: 297-302). As a matter of fact, the World Health Organization (WHO) endorses circumcision under appropriate conditions (WHO, 2007). Despite the benefits mentioned above, some countries' healthcare providers are opposed to routine circumcision on account of the fact that the benefits of circumcision are vague, that the skin being circumcised is a functional structure, and that circumcision complications may arise. However, they state that it can still be done by receiving the approval of family and the child if he is at the age to able to explain his idea (Karaman et al., 2013: 75-8).

Although circumcision appears to be a minor surgical procedure, there is an underestimated risk of complications when it is done without sufficient experience and appropriate conditions, and carelessly, just as every surgical procedure. In literature, there are publications reporting that a wide range of circumcision complications, such as 0.1%-35%, occur (Pippi et al., 2012: 231-5). In a study carried out in the US, it was reported that 7.4% of all pediatric urology applications had complaints about newborn circumcision and about 4.7% of all operations, performed by the pediatric surgeon clinic, consists of circumcision complications repairment (Pieretti *et al*., 2010: 515-8). Circumcision complications can be classified as early and late complications. In the early period, mild complications, such as pain, bleeding, swelling, insufficient skin excision may be seen as well as serious complications, such as death and glans amputation. In the late period, however, pain, infection, skin bridges occurrence between glans and penis shafts, urinary retention, meatal stenosis, meatal ulcers and fistulas may be seen (Karaman et al., 2013: 75-8).

Female Gen tal Mut lat on and Cultural Approach

The surgical application, by which clitoris that is responsible for the woman's ejaculation and orgasm is cut off, is called 'female genital mutilation'. This

practice, which is called ‘genital mutilation’, ‘castrating woman’ or ‘making a woman incapable of sexual pleasure’ by mainly sexual therapists, the United Nations, the World Health Organization and various countries, is a more ‘traditional’ practice in Central African tribal societies and in some of the Southeast Asian countries, especially in underdeveloped communities in which religious pressures are intense (WHO, 2016). According to UNICEF’s estimates for 2016, there are 200 million women living in 30 countries, including 27 African countries, Indonesia, Iraqi Kurdistan, and Yemen, where this practice that mutilated their reproductive organs has been carried out (Figure1).

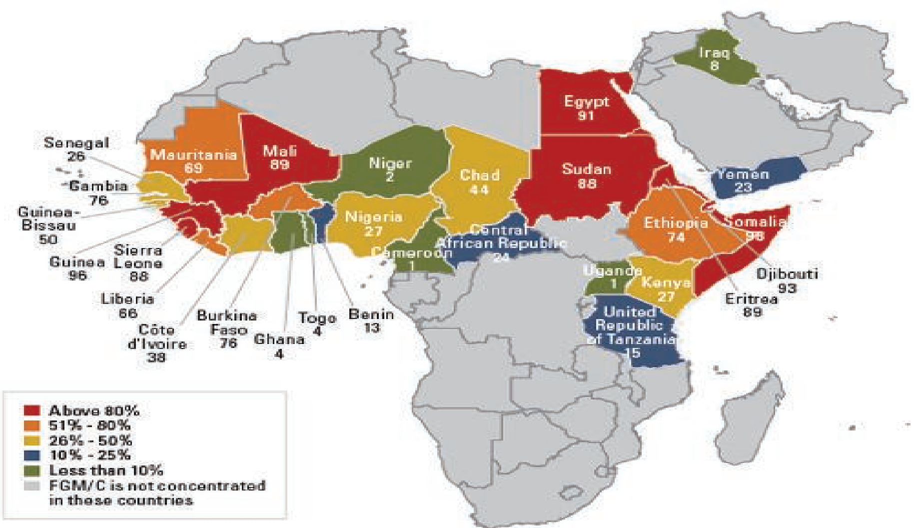


F gure 1: Est mated appl cat on areas and rates of cl tor s mut lat on n Afr ca. Source: UNICEF, 2016

This practice is typically performed by traditional circumcisers by using razors in the period, from a few days after birth to adolescence, and even after puberty. In countries where there are national statistics, it appears that most of the girls have gone through this practice until the age of five. The types of practice differ according to the country or ethnic group. Practices vary, such as the removal of the preputium and the clitoris glans, removal of internal lips, removal of internal and external lips and closure of the vulva. In this last practice, called infibulation, a small hole is left for urine and menstrual flow, and the vagina is opened for sexual intercourse and childbirth (Elizabeth, 2002:103).

The type of procedure performed may vary depending on ethnicity, in particular. Current estimates suggest that (on girls and women over the age of 15), Type I (mostly clitoridectomy) has been performed in about 90% of female genital mutation cases, II (excision) or IV (‘cutting’ without tissue removal) and approximately 10% (more than 8 million women) Type III (infibulation)

mutilation have been carried out. The most intense form of FGM, the infibulation is mostly applied in the North-Eastern region of Africa: Djibouti, Eritrea, Ethiopia, Somalia and Sudan. In West Africa (Guinea, Mali, Burkina Faso, and so on), there is a tendency to remove the tissue (clitoridectomy and/or excision) without stitching labia minor and/or major to each other. Although limited outside of Africa, it is seen in Syria, Iraq and Iran in Western Asia. This practice can be seen for ritual purposes in the form of making the genital area bleed by scratching in India, Indonesia and Malaysia, which are among South-Eastern Asia countries (Figure 2) (Abdulkadir et al., 2016: 958-63).



F gure 2: Percentage of g rls and women aged between 15 and 49 that underwent FGM by country
Resource: UNICEF, 2016

There are no health benefits of this practice for girls and women. These practices may cause severe bleeding and urination problems, followed by cysts, infections, as well as increased birth complications and increased risk of newborn deaths (WHO, 2016).

Female circumcision affects the health of the woman herself and the children to be born in a negative way both physically and sexually as well as physically. According to the 'primitive' traditions of Africa, clitoris excision is necessary for the cleanliness of woman and becoming a pure mother. Therefore, the marriage of a woman who is not circumcised is not welcomed. Because they

believe that a woman who explores the sexual pleasure cannot be loyal to her husband and cannot be a 'good, clean and pure' mother. Female circumcision is not included in religious beliefs in Islamic religion, yet female circumcision can be forcibly enforced by many religious leaders who disregard and insult women and womanhood. Therefore, it is necessary to address female circumcision in the context of human rights before the violation of sexual rights, and to bring highly severe legal sanctions to the agenda (WHO, 2016).

Menarche and Cultural Approach

Menarche is the sign of transition to adolescence, or from an asexual and infertile identity to fertility in girls. This change is also the beginning of transition to a different status within the community. With the menarche, it is inevitable for the girl, who will experience the menstruation process every month during the reproductive period, to encounter the beliefs of that community in the following period (Çakır Koçak and Sevil, 2016: 87-90).

According to certain religious beliefs, menstruation is a punishment imposed on women. What is interesting here is that the punishments are directly related to women's fertility. It is said that Eve and all the women received these punishments for offering an apple to Adam and for encouraging him and all humanity to sin. Due to the differences in perception between communities, the booked religions evaluated "blood" discharged from the body during the menstrual period in the context of the sinfulness and regarded the woman in this period as "dirty-unclean." It is stated that the woman who menstruates does not enter the sacred places of the community and cannot attend sacred ceremonies in many primitive societies (Berktay, 2012: 25). Countryside communities regard women as "dirty" during menstruation bleeding. With the occurrence of menarche, the girl undergoes a number of prohibitions for the purpose of educating her that are similar to the prohibitions encountered in the process of menstrual bleeding, which causes being detached from the society in which she lives (Bayraktar and Uçanok, 2002: 5-12).

Moreover, in many primitive societies, it is forbidden to look at women or to even step on her footprints in this period. In these communities and even in communities in Europe considered among civilized societies, there is a belief that women will reduce the abundance of the environment they are in, or the

abundance of anything they contact with. In his study carried out in the subculture of slums, Ersoy found that women are confronted with social reactions such as “sin”, “punishment”, “something to be ashamed of” about menstrual period. It was also found that women have adopted a range of behavioral patterns, such as staying away from men or not telling their menstrual periods to anyone. In the study, it is thought that the expression of woman born in Erzurum (“... they told me that it was a sin and forbade me to talk to men, and then marriage preparations started ...”) and the expression of woman born in Sivas (“... My mother and grandmother wanted me to not tell anyone and sit down and watch the moon as a one-time punishment...”) constitute an example of the difference in cultural approaches (Ersoy 1998: 25-35; Çakır Koçak and Sevil, 2016: 87-90; Bayraktar and Uçanok, 2002: 5-12).

There are numerous restrictions in our society as a result of social pressure caused by pre-Islamic and pre-Islamic beliefs. Even under today’s conditions, while the knowledge that girls are having menarche is kept secret, the practice of circumcision in boys is carried out in a crowded environment where people are together in a celebration mood. It is suggested that these practices, in particular, should be carried out in such a way that gender equality is not forgotten and that no special celebration is held for both genders and that this process can be normalized or celebrated for both boys and girls without exaggerating these special occasions (Çakır Koçak and Sevil, 2016: 87-90).

M scarr age and Cultural Approach

The Guttmacher Institute reported that 46 million miscarriages occurred annually around the world, 19 million of which are illegal and that only one fourth of the pregnancies in developing countries reach the birth, one third of the pregnancies are unwanted, 11% of them are unsafe, while 19% of them resulted in miscarriage (The Guttmacher Instıtute, 2017). At least one of the four miscarriages occurs in young girls between the ages of 15-19. Pelvic infections, infertility and even death risk are higher in intentional miscarriages in young women (Koyun et al., 2011: 67-99).

Miscarriage is a major health problem. An effective post-miscarriage care can significantly reduce the maternal mortality rate in low-income countries. In Africa and Latin America, it was aimed to reduce the negative impact of

abortion and unsafe miscarriages on health with postoperative care. Through strengthening the capacity of health institutions, the emergency treatment of complications of spontaneous or unsafe induced miscarriages, family planning counseling after miscarriage, urgent miscarriage treatment and reproductive healthcare can be provided. In Latin America, unsafe miscarriages constitute about half of all maternal deaths (The Guttmacher Institute, 2017).

The 25 per cent of the world's population (52 countries) lives in countries with very strict abortion laws. This increases the application of illegal and unsafe miscarriages. In Romania, abortion was legalized before 1992 and it was estimated that 86% of maternal deaths were due to unsafe abortions. In the first year after legalization, maternal mortality decreased by 40% (Şirin and Atan, 2012: 283-320). In Turkey, intentional abortions were legalized according to the New Population Planning Act passed in 1983, by which pregnancy can be terminated until the tenth week on-demand (Ministry of Health, 2008). However, the usage rate of traditional miscarriage, which are often harmful to health, is still high. According to TDHS 2013, a total of 10 pregnancies out of 100 pregnancies in the last five years ended with a miscarriage, 5 of which were intentional. Intentional abortion rates are higher in women with high levels of welfare and living in urban settlements (Turkey Demographic and Health Survey (TDHS), 2013). Traditional practices carried out for miscarriage have also been widely used in Anatolia and are very important for public health. Traditional methods of miscarriage are more frequent in groups with low education and socioeconomic level. Nevertheless, access to health services and utilization of these services is another factor affecting the practices. The reasons for applying these methods arise from unwanted pregnancies, women's resorting to these applications as a method of family planning due to deficiencies in training and service delivery (Saruhan and Unsal, 2003: 19-26). In the study carried out by Sevindik et al. (2007), the rate of women who had an intentional abortion was found 18.2%. While 93% of the women stated that they knew a traditional abortion method, 19.7% of them stated that they used it. 14.9% of all women stated that they removed heavy goods/flour bags, the 8.2% took gripin and aspirin, the 11.3% jumped from a high place or skipped rope, the 4.8% inserted chicken quill, matchstick, knitting needle and serum hose into the uterus, the 3.6% inserted hibiscus or eggplant roots into the cervix, the 2.6% boiled and drank quinine, henna or hibiscus, the 3.1% boiled milk with straw or parsley and sat

into its vapor when they started to suffer from pain in their abdomen, while the 10.8% of them stated that they shook out rugs (Sevindik et al., 2007: 321-4). It should be emphasized for women that miscarriage by means of traditional or medical methods is not a family planning method, and the deficit of education and family planning services should be met.

Gynecolog c Compla nts and Cultural Approaches

All women experience problems with discharge, bleeding and pain related to their reproductive organs and their functions throughout their lives. These may be either normal findings or disease symptoms. The culture, social expectations and level of knowledge that the individual is included in have an influence in evaluating changes in the reproductive organs. The fact that women are not able to make use of the health institutions adequately and tend to conceal their problems causes them to resort to some applications by themselves. Each of these practices deteriorates women's health and causes gynecological diseases and even maternal deaths (Şirin and Atan, 2012: 283-320). In a study to identify herbal products made by local people in India for treatment of reproductive system diseases, it was found that various plants have been used in different forms for gynecological complaints such as discharge (leucorrhoea), menorrhagia, dysmenorrhea, menstrual problems, amenorrhea, and menstrual irregularity. The studies showed that women employ practices for amenorrhea, such as boiling dill and parsley and drinking its water, boiling milk and parsley and sitting in its steam and putting parsley into vagina; for dysmenorrhea, warm application, warm shower and boiling linden, quince leaf, fennel, sage and drinking it, and for discharge, boiling and drinking stinging nettle and parsley, putting boiled garlic into vagina, applying apple mixture and sugar mixture and so on apart from the medical treatment (Hedge et al., 2007: 38-45). In Turkey, it was reported that the women have been using herbs for amenorrhea, such as celery, parsley, absinthe and yarrow; for menorrhagia, viburnum opulus, berberis and hydrastis; for dysmenorrhea, cinquefoil, viburnum opulus and berberis, and for regulation of sex hormones simififuga and black cohosh (Özbek, 2005: 170-4). Vaginal interventions alter the pH of the vagina and increase the risk of infection. Health personnel should be aware of vaginal infections as well as diagnosis and treatment, and of their preliminary factors and should enlighten women about the misleading practices. Because, even if the infection is cured,

the chance of recurrence is high unless the wrong practices are eliminated (Akdolun-Balkaya, 2015: 347-409).

Sexually Transm tted D seases and Cultural Approaches

Today, sexually transmitted bacterial and viral infections reached epidemic levels. While venereal diseases, such as gonorrhea and psoriasis, which are sexually transmitted diseases, are reduced, new diseases such as chlamydia, herpes virus, papillomavirus and HIV, which are more difficult to detect and treat, have emerged. The AIDS pandemic affects millions of people regardless of age, gender, social status or sexual behavior (CETAD, 2008). In Tanzania, social norms and economic reasons dragged young girls into sexual intercourse with much older males than themselves, and they encourage their partners to maintain their polygamy because of their richness. These intercourses increase the risk of HIV infection in young girls. In Africa, at the end of 2000, an estimated 13.2 million children lost their mothers due to AIDS. The number of women infected with HIV in Africa has rapidly reached and even exceeded the number of men (WHO, 2006). According to the report of WHO 2009, Sub-Sahara Africa was reported to have the highest HIV-infected population in the world with the rate of 67% (Tümer, 2010: 99-102).

In some parts of African societies, there is an obligation for the widowed woman to marry the brother of the dead spouse. In such cases, if the brother, who will be the husband, is infected with HIV, the inherited woman may also become infected. In some societies, young men must prove their assets before they get married. Men immigrate to places where they can earn money. These travels may cause men to have temporary sexual intercourse, which puts men at risk of HIV infection. Afterwards, they return to their spouses or girlfriends, and they may also infect them with HIV infection (Şirin and Atan, 2012: 283-320).

The cultural approach to prevent HIV/AIDS is to identify traditional cultural practices that encourage the spread of infection. Efforts should be made to identify practices that endanger public health, such as tattoo traditions, polygamy, exchange of partners and the belief that HIV/AIDS will be treated through intercourse with a virgin (Soma and Bodiang, 2003: 6-10).

Developments in informing young people about sexual information will help cooperate with young people. The Bangkok Fight with AIDS project

launched in Thailand has helped many women and men to become aware of condom usage. It is revealed that Thai women and men have seen sexy in a different way. While girls ask for a romantic relationship, men look for sex and sometimes force girls to have unsafe sex. The project published separate brochures for men and women based on the obtained data. In the brochures, the expectations of both sexes from each other are clearly stated. The brochures were very helpful and other editions were published afterwards (Soma and Boading, 2003: 6-10; Şirin and Atan, 2012: 283-320).

In addition to sexual intercourses, there are profound cultural values defined as sexual behavior in some cases. In many cultures around the world, having a great number of sexual partners increases man's social status and he is encouraged to express his sexual ability, and this behavior is worrisome. These learned behaviors and practices affect not only the spread of HIV/AIDS, but also women's early marriage, denial of cultural practices, such as female genital circumcision or women's decisiveness in safe intercourse (WHO, 2008).

REPRODUCTIVE HEALTH and CULTURAL APPROACHES n SPECIAL PERIODS

Cultural Approaches n Adolescence Per od

WHO defines 10-19 years of age as adolescence period, while 15-24 years of age as youth period. There are 1.6 billion young people in the world between the ages of 15-24, which accounts for 20% of the world population (WHO, 2005). In Turkey, the population of the young people is about 30% of the total population (TDHS, 2013). The adolescent/youth period is a period that should be addressed primarily in terms of sexual/reproductive health, since it is a period in which health habits and sexual behavior begin to shape in the transition from childhood to adulthood (Aslan, 2001: 1-3).

The adolescence period is a period when women's reproductive problems increase rapidly compared to men. Various problems arising during the adolescence period are of importance in the lives of adolescents. Furthermore, problems such as lack of information about preventing early sexual activity, sexuality and pregnancy, changes in marriage age, marriage in childhood, increased risk of sexually transmitted diseases, unwanted pregnancies, sexual exploitation and harassment arise from the lack of information on reproductive health of

young people in this period (Akın and Bahar Özvarış, 2003: 13). Given that the university environment brings together many young people with different backgrounds and experiences, it is possible to say that the interaction between them is decisive on the attitudes and behaviors of young people. It is also expected that the prevalence of premarital sexual intercourse among the students in the university environment, which is relatively comfortable, is higher. On the other hand, it should be considered that this group may be at greater risk unless they are informed, counseled, and provided the opportunity of clinical services regarding sexual health/reproductive health within the system (Koluaçık et al., 2011: 7-14; Akın and Bahar Özvarış, 2003: 13).

In most cultures, young girls and boys tend towards different social attitudes that affect their approach to sexuality. Men generally tend to be sexually active in order to prove their masculinity and become acceptable to others. Girls may adopt an attitude of not seeming knowledgeable about sexual issues; because they are afraid to be called immoral (Ersay, 2006: 1-13).

Around the world, men at the age of 15-19 who experience sex are not generally married, but young women who are at the same age and experience sex two, three or more times are married. Time to start sexuality in adolescents also changes depending on the country and gender. For women, the first sexual intercourse rate by the age of 17 is 7-10 times in Mali (78%), Jamaica (58%), Ghana (52%), the US (47%) and Tarzania (45%). In males, the first sexual intercourse rate was reported around 10 times in Jamaica (76%), the US (64%), Brazil (63%), while in the Philippines by 7% (Giray and Kılıç, 2004: 286-9).

Sexuality in Turkey, as in many other countries, has remained as an implicit issue, and education, service and research concerning this subject is limited. There is no structured sexual education program for adolescents in our country. We cannot say that parents, who will provide sexual education expected to start in the family, have sufficient knowledge about this issue. In addition, it is known that sexual issues are still taboo in the family due to social and cultural factors (Akın and Bahar Özvarış, 2003: 13; Set et al., 2006: 137-41). In line with these factors, parents should not be the only adult involved in the sexual education of young people. In Uganda, this definition has been extended to all adults who look after the child, mother, father, grandparents, aunts, uncles, step relatives and family friends. Health personnel, teachers, coaches and other people work-

ing with young people were also regarded as an important source of information (Şirin and Unsal, 2012: 283-320).

According to the report by Set, in a survey conducted on university students, it was found that 24.1% (44.5% of males, 3.9% of females) had sexual intercourse at least once and 40.7% of them had sexual intercourse with more than one person in the last six months. Nevertheless, in a study carried out on the students of medicine faculty, it was found that 44.5% of students with sexual experience did not take any measures against sexually transmitted diseases (Set et al., 2006: 137-41).

Adolescents may experience many health problems in connection with unprotected sexual intercourse they experienced when they were not ready. Every year, 15 million young girls in the 15-19 age group give birth. Young women terminate their pregnancy during their legal marriage as a result of unprotected and unsafe sexual with an intentional miscarriage. Every year, four million adolescent women have an intentional miscarriage. Maternal mortality rates in pregnancies under 18 years of age are 2-3 times higher than in pregnancies occurred at a later age. Maternal deaths in adolescents in Chile and Argentina are a direct result of unsafe abortions. Maternal deaths in adolescents in Chile and Argentina are a direct result of unsafe miscarriages. Because of the miscarriage complications in Peru, one-third of 15-24 year-old women were hospitalized (Ersay, 2006: 1-13). According to the 2010 report of WHO, half of the people who were infected with sexually transmitted diseases in 2009 (including HIV/AIDS) were young people in the 15-24 age group. In the world, it is reported that 33.3 million people live with HIV, of which 41% are young people (Tümer, 2010: 99-102).

The attitudes of healthcare providers should not restrict adolescents from attaining appropriate services and the information they need. The services for young people should be organized in a way to respect their cultural values, religious beliefs, privacy and confidentiality and to respect their rights, such as conscious decision-making (Akın and Bahar Özvarış, 2003: 13).

Cultural Approaches n Menopause Per od

Menopause, a universal transition period for middle-aged women, has not yet been fully understood. In its simplest form, menopause, which is identified as the ending of menstruation, defined as a complex transition that includes

biological, psychological, social, and cultural factors (Tortumoğlu, 2006: 1-11; Dennerstein, 1996: 147-57; Palacios et al., 2002: 69-77). In order to understand menopause thoroughly, psychological, social and cultural factors as well as biological factors should be considered (Lock, 2001: 494-504; Bayraktar and Uçanok, 2002: 5-12). Women experience menopauses differently despite similar biological changes during this period (Caudle and Chen, 1992:490-521). The studies carried out shows that there are significant differences between cultures as well as within cultures themselves in terms of menopausal perception, menopausal attitudes, and complaints in this period (Beyene 1986: 47-71; Lock, 2002: 132-6; Dennerstein, 1996: 147-57; Avis et al., 1994: 214-220; Robinson, 1996: 453-58). Cultural characteristics such as tradition-custom, ethnic structure, the value society gives to the elderly and women, the role of women, sexuality, women's life philosophy, the meaning attached to menopause by women and society have an important effect on menopausal perception, menopausal attitudes and menopausal complaints (Beyene, 1986: 47-71; Lock, 2002:132-6; Dennerstein, 1996: 147-57, Boulet, 1994: 157-76).

With the increase in life quality in recent years, the average woman's life span all over the world is prolonged. The life expectancy at birth is 78 for Turkey in general and for women 80.7 years. According to the results of the Address Based Population Registration System of Turkey, the proportion of women who is 45 years and older has increased every year (Turkstat, 2017). Women spend a third of their lives in menopause (Shah, 2001: 143-50). Therefore, the menopausal period has become increasingly important. The average age of menopause in Europe ranges from 50.1 to 52.8 years of age, while it ranges from 50.5 to 54 in North America, 43.8 to 53 in Latin America and 42.1 to 49.5 in Asia (Palacios et al., 2010: 419-28). The average age of menopause in our country announced by the Turkish Menopause Association was determined to be 46.7 in 2002 (Çiçek et al., 2004: 1163-80). Menopausal women living in different parts of the world have different experiences of menopause. Latino American women define menopause as "cambio de vida", which means that it is something they have to go through, and they regard it as a natural and uninvolved situation, while Irish women consider it to be an annoying yet an unexpected situation (Hall et al., 2007: 106-18). During the menopausal period, cultural characteristics, such as tradition-custom, ethnic structure, the value society gives to the elderly and women, the role of women, sexuality, philosophy of life, the meaning attached

to menopause by women and society are highly influential (Vural and Yangın, 2016: 8-15). Menopause in traditional cultures such as China is considered a characteristic part of life (Hall et al., 2007: 106-18). There is no corresponding word for menopause in Chinese. Hmongs, who live in the mountainous regions of China, also perceives menopause positively and explain it as a positive experience (Astbury-Ward, 2003: 437-45). In the study carried out by Kowalcek et al. (2005), 65% of German women perceive menopause positively and 84.6% of them stated that it is a positive situation to not have menstruation (Kowalcek et al., 2005: 227-35). In Asian countries where Arabs and Muslims are concentrated, women perceive menopause as the beginning of social freedom (Vural and Yangın, 2016:8-15). In Turkish society, the woman who became a mother has a higher status compared to the bride, while the woman who has her child married has a higher status compared to the mother within the family. The feeling of loss brought by the loss of womanhood is also compensated by going up to the level of manhood. This is the effect of Turkish and Islamic cultures. It is seen that the statements of "The meat cut by a woman no longer having menstruation is edible/halal" and "A woman no longer having menstruation can sit at the same place/table with men" have been associated with menopause. There is a widespread belief in the Turkish society that sexual life will end forever with the menopause period (Koç and Sağlam, 2008: 100-12). Bayraktar and Uçanok's approaches to menopause and their assessments in cross-cultural studies have shown that the results of the studies conducted in our country and in other cultures have significant differences at the individual and cultural level in experiencing menopause. Furthermore, researchers have shown that the results obtained from parallel studies in urban and rural areas provide significant support for the view that socioeconomic level differences occur even within each culture itself in terms of understanding the menopausal experience (Baytaktar and Uçanok, 2002: 5-12; Ersoy, 1988: 25-35).

In order to understand menopause thoroughly, psychological, social and cultural factors as well as biological factors should be taken into consideration. Women experience menopause differently because they undergo similar biological changes in this period. The studies carried out showed that menopausal perception, menopausal attitudes, and complaints in this period have great differences among cultures as well as within the cultures themselves. Cultural characteristics, such as tradition-custom, ethnic structure, the value society

gives to the elderly and women, the role of women, sexuality, women's life philosophy, and the meaning that women and society attach to menopause on the menopausal period (Tortumoğlu, 2006: 1-11).

Cultural Approaches n Andropause Per od

Due to the rapidly aging of the world population, the phenomenon of andropause, characterized by a falling tendency at total testosterone level, especially between the ages of 45 and 50, has become an important health problem, and this period causes a rapid decline in life quality of men. Although it is clinically and biologically incorrect, it is also true that this hormonal change is also an important part of the emotional and physical changes observed with aging (Kaufman, 1999: 157). In addition to the frequency of studies on women's menopause, the studies on this period of men are rather limited. The falling tendency in testosterone level, which started at the age of 40, becomes more prominent in later ages, and andropause emerges with other hormonal changes that observed along with it. Andropause, which has different clinical spectra such as decrease in sexual desire, behavioral changes, decrease in muscle intensity and strength, decrease in body hair, decrease in bone mineral density and increase in visceral fat, may not be seen in every aged man, in addition, each patient can have different clinical findings and severity (Bilen and Özen, 2001: 167-73).

While it is an undeniable fact that individuals are exposed to some biological changes during the andropause period, the psychosocial aspect of this period has always been a controversial subject. However, individuals encounter with the biological changes that they experience during andropause, as well as accompanying psychosocial precursors. As an evidence for this, ISSAM (The International Society for the Study of the Aging Male) emphasized the point that the level of androgens, which decline with age, influence individuals not only biologically but also in terms of the life quality and life satisfaction (Moreles and Lunenfeld, 2002: 74-86).

In addition to the life satisfaction and depressive mood in parallel to the decrease in the androgen level, sexuality is also an important trigger for these two conditions. The decline in the number and quality of sexual intercourse of the individual affects the life satisfaction and mood negatively. The individual who finds himself inadequate sexually feels performance anxiety and this affects the

courage of the person negatively (Bilen and Özen, 2001: 167-73). A decrease in sexual desire and satisfaction or a decrease in sexual intercourse strengthens the decrease in courage. Sexuality not only constitutes a biological phenomenon. However, there are psychological and cultural sub-layers of sexuality. Therefore, sexuality is not a concept that can be evaluated alone (Bolin and Whelehan, 2009: 135-38). According to the paper by Bansal (2013), the testosterone level, which decreases with age (200 ng/dl), causes a decrease in sexual life by 80%. In such a case, the individual tends to be close to his family and his involvement in family affairs is greater compared to his youth. It is stated that the loss of testosterone leads the person to become more "feminine." It has been noted that role changes, such as cooking, child care, cleaning and housekeeping are seen (Bansal, 2013: 54-68).

Most of the findings of the andropause period, which have gained importance in recent years, are mostly in the direction of descriptive and biological studies, and the studies that periodically examine aging in men comprehensively are rather limited. Psychosocial and cultural studies accompanying this are scarce. In order to understand the difficulties that men are experiencing during andropause, it is obvious that studies that address this particular cultural and psychosocial situation are essential.

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PREGNANCY, BIRTH AND POSTPARTUM CULTURE

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ABSTRACT

Health needs of people from different cultures can differ. Health is a relative concept that changes by culture. It is important to offer health services in compliance with not only the sense of modern medicine, but also culture. A health service model which excludes cultural attributes cannot be adopted by the society. Before planning the care services for the society, it is highly important for healthcare professionals who are in face-to-face contact with the society to get to know the relevant practices of the society to be served, to have knowledge on socio-cultural characteristics of individuals that may affect their health behaviors and to allow common use of medical treatment and practices that will not affect health negatively in terms of the efficiency of the service.

People have endeavored to maintain certain cultural attributes for years and this belief has been reflected on their health behaviors. The individuals who come across health problems have searched for the remedy in their cultural lives.

Especially our country witnessed great migrations due to its geopolitical position and became a region where various races and cultures merged. For this reason, it was under the influence of great civilizations in terms of the traditional practices about health. Women around the world are involved in a variety of traditional practices and beliefs at different rates depending on the cultural and social structure surrounding them. In society, women are expected to obey many traditions and beliefs as of pregnancy until the birth. Beliefs and practices

related to pregnancy start from the desire of the woman to become pregnant and affect women, their families and their environment.

Traditional practices related to pregnancy, childbirth and puerperium are of special importance in terms of maternal and child health services; these practices need to be known and looked through by both health professionals and the whole society. Thus, the cultural care including human beliefs, values, history, language and social structures should be combined together with health education and practices with a holistic view in order to reach a cultural approach in health service.

INTRODUCTION

Culture is defined as values, beliefs, attitudes and behaviors, customs and traditions created by human beings in response to the things created by the environment, shared, learned by people and transmitted from generation to generation. In another definition, culture is a function of variables such as society, humanity, educational process and cultural content and of the complex relationships between them (Güvenç 1994). Culture being a dimension of human existence is the reason for social, ethnical and personal variations. Every individual perceives the world from their own window (Clark, 2003).

The cultural values that hold the society together affect traditions, attitudes, beliefs, behaviors and lifestyles of people (Öztürk and Öztaş 2012). Cultural background plays an important role in the formation of health beliefs, values and health behaviors (Clark, 2003). Thus, the first step affected by culture is health conditions. Health and its contrary concept disease are one of the elements of cultural system. A condition considered to be disease in one society may not be addressed as disease in another society (Öztürk and Öztaş 2012). For this reason, culture guides all health practices such as receiving care, demanding service and adaptation to treatment in case of good health and disease. Cultural values, beliefs and attitudes should be considered in order to be able to meet the needs of individuals effectively. This is one of the most important factors of holistic approach. A health service excluding the cultural characteristics cannot be adopted by individuals (Öztürk and Öztaş 2012). For this reason, it is very important to understand traditional practices to prevent misunderstandings and to raise the level of modern health care (Okka et al. 2016).

Especially our country witnessed great migrations due to its geopolitical position and became a region where various races and cultures merged. For this reason, it was under the influence of great civilizations in terms of the traditional practices about health (Koçak et al. 2010). Women around the world are involved in a variety of traditional practices and beliefs at different rates depending on the cultural and social structure surrounding them (Okka et al. 2016).

Today, many mothers and infants lose their lives in developing countries due to the health problems in pregnancy, birth and postnatal period. This situation, which is referred to as maternal and infant health problems, remains a priority problem for our country too. Although women do not react to the medical precautions taken to prevent these deaths, it should be remembered that medical care is not approved in some cultures because of cultural differences (Seviğ and Tanrıverdi 2014). It is known that traditional health practices are still used today despite the rapid development of modern medicine (Çakırer and Çalışkan 2010).

Human beings undergo some biological and cultural changes throughout life. These changes that occur in human life are called “transition period”. Birth, marriage and death are the three main transition periods in human life. Each of them is divided into some sub-categories. These three transition periods are surrounded by many beliefs, traditions, manners, rituals and religious and magical practices and they tend towards and are managed by the characteristics of the affiliated cultural structure. The birth being the first phase of transition periods is considered to be a happy event both in our country and in the world (Başçetinçelik 2001). So, it is a period in which many traditions are applied. Beliefs and traditional practices related to birth in the past and today are examined under three main topics as prenatal, birth and postnatal period.

Traditional practices related to pregnancy, childbirth and puerperium are of special importance in terms of maternal and child health services; these practices need to be known and looked through by both health professionals and the whole society (Işık et al. 2010). The item in the Declaration of Mother’s Rights composed of 14 items and accepted on 24 September 2001 in Barcelona stating that “*women who give birth in institutions have the right to decide on issues related to clothing, food, the fate of placenta and other practices which bear cultural significance for them* “proves the importance that should be attached to the cultural practices (Atasay and Arslan 2001).

In order to be able to improve and maintain the health-related behavior of the community, it is necessary for health professionals to know what factors are behind the cultural practices and to try to understand these factors. Before planning the care services for the society, it is highly important for healthcare professionals who are in face-to-face contact with the society to get to know the relevant practices of the society to be served, to have knowledge on socio-cultural characteristics of individuals that may affect their health behaviors in terms of the efficiency of the service (Henkle and Kennerly 1990; Erbil and Sağlam 2010).

CULTURAL BELIEFS of PRENATAL PERIOD

In our traditional family structure, the child is seen as one of the basic requirements of marriage. It is a tradition to have a lot of children in our culture where crowded population is regarded as power, which is important for continuation of lineage and the family name. For this reason, when a woman becomes pregnant, everyone around her takes great care of her (Bülbül 2006). Beginning with the desire to become pregnant, a woman is under the influence of a culture. The most important rule for women who live in rural areas to earn their respect is to have a child. The woman who does not have a child is considered to be infertile and is criticized. So, the woman who wants to have a child applies to different methods and seeks for various remedies. For instance, on the first day when the bride comes to the groom's house in Adana province, a baby especially a boy is given on the bride's lap and a boy is rolled on bed while preparing the bride's bed (Başçetinçelik 2001). In Tekirdağ province, the woman suspected to be infertile sits on the vapor of boiled mallow, mortar and pottery is hit on the waist of bride, blackberry root is boiled and the bride is made to drink it, belly is pulled, plasters are put on the back, groins are pulled, tombs are visited, an animal is sacrificed, an amulet is prepared and a votive cloth is tied to trees.

The names given to the pregnant woman also change by the regions in our country. For example, *iki canlı*, *ağır ayak*, *yüklü* are used in Erzincan; the words of y*üklü, koynu dolu, koynu yüklü* indicating the pregnant woman are used in Yozgat Bozhüyük; *ağır ayak, gebe, kumlayacak* are used in Uşak; *yüklü, iki canlı, çocuk bekliyor, karnı burnunda* are used in Kandıra and *guzlacı* is used in Adana Ceyhan province. Pregnant women are included in traditional cultural system until the birth is completed. The surrounding environment is constantly

guiding for the health of women and the child to be born. So, the family does not leave the pregnant woman alone for a moment and all behaviors are under observation (Bülbül 2006).

The cultural practices are mostly seen in gender determination. A method commonly used in Anatolia within the framework of beliefs is to put scissors under one sofa and a comb under another one; if the pregnant woman sits on the sofa with scissors, the baby will be a boy and if she sits on the sofa with the comb, the baby will be a girl. When this test is made with scissors and knife, sitting on the sofa with scissors means a baby girl and sitting on a sofa with a knife means a baby boy (Işık et al. 2010; Artun 1998). Gender determination is possible with different methods in Anatolia. In one of these methods, a pregnant woman is laid on her back and a golden ring is tied on a rope then circled on her stomach. If the ring goes circle, a baby girl is believed to be born and if it swings back and forth, a baby boy is believed to be born.

In another test applied within the last weeks of pregnancy, the milk coming from the breasts of pregnant woman is squeezed into a spoon full of water and a baby girl is believed to be born if milk sinks to the bottom and a baby boy is expected if it stays on the surface (Işık et al. 2010; Artun 1998). Another test is pouring salt on the head of pregnant woman secretly. Scratching the nose as a reaction to salt is referred to a baby boy and scratching the hair is referred to a baby girl. Another use of salt with the same purpose is to secretly sprinkle it behind the pregnant woman and to look its place. If salt intensifies on hair, a baby boy is expected and if it disperses to other parts of body, a baby girl is expected (Işık et al. 2010). It is also believed that if the woman turns right after sexual intercourse, a baby girl is believed to be born and turning left is referred to a baby boy. Another belief is that the pregnant woman with aching groin and pointed belly, eating sour and dreaming about eating fig will have a baby girl and the pregnant woman with an aching back, big hips and downward belly, eating sweet things and seeing eating pepper in her dream will have a baby boy. It is still believed in some regions that a baby boy will be born if the pregnant woman's nose becomes bigger, belly line becomes darker, she sees a nail while digging on the field, a prayer is said by making her sit on the vapor and she sleeps on her right during pregnancy; a baby girl will be born if the pregnant woman sees gold and bead in her dream, her last male child resembles a girl, she eats strawberry and quince a lot and if she steals egg from another house (Erbil

and Sağlam 2010). In another society, a chicken gall is thrown into the fire. If the gall explodes, a baby boy is believed to be born and a baby girl is expected if not. A baby boy is expected if the baby kicks her mother's belly a lot (Artun 1998).

When the pregnant woman comes to the "food craving" period, she pays attention to eat some things while she avoids looking at certain objects and eating food. These behaviors are thought to be made in order to make up for the lack of certain substances within the woman's body physiologically. It is believed that if the pregnant woman does not eat what she craves for, her child will be born disabled and handicapped (Gökduman 2009). It is observed that the craved food is provided by the relatives of woman and some foods considered to be inconvenient are prevented. It is also thought that the baby of the pregnant woman eating these inconvenient foods will have marks on the body in colors specific to these foods. Some of these foods are liver, strawberry, blackberry and rose petal. Other beliefs are as follows; the baby will be bold if the pregnant woman eats egg and the lips of baby will be cleft in case she eats rabbit and camel meat. According to a belief not including any undesired points related to the color of foods, green and black foods can be effective in the baby's eye color (Işık et al. 2010).

Every behavior that a woman should or should not do during pregnancy is determined by cultural practices. Some of them are as follows:

Th ngs to do for a pregnant woman dur ng pregnancy;

- Eating such fruits as grape, apple, greengage and quince,
- Looking at beautiful person and everything beautiful,
- Smelling rose,
- Looking at sky and moon,

Th ngs not to do for a pregnant woman dur ng pregnancy;

- Looking at animals and dead,
- Eating such foods as fish, rabbit, head, foot, raspberry, strawberry and liver
- Chewing gum,

- Have her hair cut,
- Visiting a cemetery and watching horror programs on TV (MERSİN),
- Going out at night (Koyun et al. 2010; Işık et al. 2010; Yalçın 2012).

CULTURAL BELIEFS APPLIED DURING BIRTH

Birth, which is very important for traditional societies, is guided by various customs, traditions, beliefs and morals starting with the wish of the woman to have children (Koçak and Sevil 2016).

Birth pain is a unique experience for every woman. However, the meaning and perception that the woman gives to the pain and therefore the behaviors she has done in response to the pain are culturally determined (Köksal and Duran 2013). Women associate with a better understanding of the value of the baby in relation to the birth pain and feelings of suffering make maternal feelings better. "*Baby's value is better understood with labor pain… It becomes more valuable while making effort with pain… The babies of women having normal birth are more precious and you feel everything vividly". "We don't recognize that we are mothers without suffering from labor pain… I understand being a mom better when I suffer from pain… Feeling this pain makes me feel motherhood better… They say that you can't be a mom without suffering".* Such thoughts can also be affected from culture. Although it is a common thought that the labor pain gives you a spiritual satisfaction on being a mother, most of the practices performed during birth are the ones directed to facilitate the birth (Gökduman 2009).

Various studies have been conducted related to the traditional practices applied during birth. Some of the traditions and beliefs about birth are as follows:

In Central Anatolia, "Welwitschia" plant is wetted in the birth room to facilitate birth and it is believed that uterus will open as much as this plant opens. Locked doors or windows open, birds are fed, she is made to jump from a higher place. It is said that the woman with a mean husband has hard times when giving birth. The umbilical cord blood and spouse's blood is put on cheeks and lips of baby in order to make ruddy cheeks and lips (Koyun et al. 2010).

In Western Anatolia, it has been determined that tin is played and it shouldn't be notified to anyone other than the ones who will help during birth in order to ensure that the child is born quickly; otherwise, the mother is believed to feel so much pain. Turning the clothes inside out, unbuttoning the dresses, applying

hot soil-sand or olive oil on perineum, giving a message on the back are among the traditional practices during birth. With the purpose of removing pregnancy mask, hair is rubbed on face while in sweat. In order to accelerate the birth, the contractions of uterus are increased through stimulating nipples, pouring cold water over the head of pregnant woman without giving a notice, making her drink milk or eat egg shell powder in difficult deliveries (Koçak et al. 2010).

When placenta does not separate on time, pressing on the abdomen of woman with a clean broom, wrapping the heated brick in a clean cloth and pressing it on the abdomen of the delivering woman, making her vomit, opening her legs and making her wait over the vapor of a boiling pot, having her jump on foot and eat beaten garlic are among the traditional practices believed to facilitate the separation of placenta (Koçak et al. 2010).

CULTURAL BELIEFS APPLIED n POSTPARTUM PERIOD

A postpartum period is a developmental transition phase which is called the crisis process in which physical, social and emotional changes occur in the family. In this period, it is expected that women and family members will adapt to their new roles and necessary trainings are planned (Eğri and Konak 2011). However, postpartum discharge takes place at the end of 24 hours, making it difficult to monitor the mother and baby. In addition, no health institution is applied because of economic inadequacies, lack of trust in health personnel, perceiving the problems in the postnatal period as a normal situation and lack of social security unless it is too compulsory. Inadequate care in the postnatal period causes individuals to turn to traditional practices in order to solve their health problems (Çelik et al. 2012; Karabulutlu 2014).

It has been determined that making the pregnant woman keep warm, having her drink such herbal tea as anise, sage, lime tea, using drugs and praying are applied in order to ease the pain of puerperant (Katebi 2002). It is stated that the women in Tokat province raise their feet and put the heated tile under their feet in order to prevent bleeding after childbirth. The fact that the placenta of baby is buried into soil right after the birth has kept its place in traditional practices as of ancient times. The placenta considered to be a part of baby is seen as a sacred organ and the procedure applied to every being deceased is applied to this and placenta is buried into the soil. Mothers perform such beliefs as burying

the placenta of baby in a mosque courtyard by thinking that the child will have a religious belief, burying it in school yard by thinking that the child will get a good education, burying it in barn by thinking that the child will love animals and throwing into the water by thinking that the child will seek her/his fortune outside. These traditional practices are carried out with great care, just after birth in order to help the newborn keep pace with the world and to be protected from evil spirits. Believing that the baby's belly falls quickly, the baby's belly is firmly tied with umbilical cord, olive oil is rubbed on belly and a bath is given to baby.

It has been determined that the women in Turkey apply to traditional practices more than the women in Iran for special nutrition of puerperant (60%-24.7%); however, modern practices are performed more than the women in Iran (9.3%-2.7%). Consumption of milk and foods being rich in protein, iron, calcium and fiber are among the modern practices. The traditional practices are eating baklava, black eyed pea, soup, bulgur pilaf, okra and tomatoes and drinking lime tea, fennel and dead nettle. In addition, there are some local practices that are necessary for breast milk – necessary for the new born to live healthily on the first days – to be abundant and to come out quickly. For instance, the puerperant eats fermented, oily and honeyed foods. In Adana province, a slurry called *yağıl-ballı* composed of oil, molasses, red pepper and water is given to the woman who gives birth to increase the breast milk. As in every postpartum field, the first feeding time of the baby is affected from cultural practices. Concerning the first breastfeeding times of baby, it has been observed that 10.7% of women breastfeed their babies after crying, 9.3% after three times of prayer. In the studies of Eğri, Gölbaşı and Koç (2008), it has been determined that 20.8% of mothers wait for 3 prayers to breastfeed their babies, 9.5% of them strips and throws colostrum and 15.8% of them give their babies sugary water as the first food (Gölbaşı and Koç 2008). In the study of Şenses and Yıldızoğlu (2002) conducted in eight different provinces, it has been found that 58.5% of women breastfeed their babies after waiting for three prayers (Şenses and Yıldızoğlu 2002).

Traditional societies attach great importance to postpartum period. In this period, some measures are taken to protect the newborn and the mother from all kinds of harmful effects. The statement *"kırklı kadının kırk gün mezarı açık olur"* meaning that the grave of a woman being within the forty days of post-

partum period is open for forty days - which is commonly used in traditional regions - is an indicator of the belief that the woman is under the influence of various supernatural powers in puerperium (Sivri and Karataş 2015). In all Turkish societies, there are same beliefs about this evil spirit which is thought to haunt the puerperant with the names *Alkarası, Albastı, Albis, Almiş.* According to this belief, fairies come near to the puerperant who stays alone and leaves by taking her liver. So she gets puerperal fever and puerperant dies if this spirit leaves her liver in the water. Various practices are performed in order to prevent puerperal fever on mother and baby after the first forty days of birth. Some of the methods used to prevent puerperal fever are as follows:

- Gold with a red ribbon is attached to the head of puerperant's bed, a red candy is given to her. A red cover is spread over mother and child.
- A knife or scissors is put under the bed of puerperant.
- An amulet is prepared by hodja, a prayer is said on water.
- The puerperant is not left alone while sleeping.
- Those with green or blue eyes or the women who are in their period are abstained and it is undesirable for these people to visit the puerperant.
- Dirty diapers of baby are not left outdoors within forty days.
- The Quran is kept in the room of puerperant and baby.
- A red cloth is tied to door or brier is hung.
- It is not come side by side with another puerperant.

According to the belief, the woman who gets puerperal fever either dies or gets injured. Taking the woman with puerperal fever to hodja, saying prayers or reading Quran, preparing an amulet or making the woman drink the water on which a prayer is said are among the practices to treat the woman with puerperal fever. Also, taking a piece of cloth worn by her and burning and its thurification can be counted among these methods (Sivri and Karataş 2015).

The completion of the first forty days of the baby during the postpartum period is another area where cultural practices intensify. Some women say that they have a bath with their babies on the fortieth day of birth, some of them visit their relative's house and some of them perform Islamic memorial service (Koyun et al. 2010).

Some cultural practices related to baby care are also often preferred. Among these methods, salinization – a harmful practice – is applied in order to prevent the baby's sweating smell. Salinization is applied nearly in all regions of our country while the baby is put in salt completely in some regions and in some others, the baby is given a bath with water including some salt (Arısoy et al. 2014; Çalışkan and Bayat 2011). Due to the fact that salinization of a newborn causes pain, redness on skin and impaired integrity of skin, it is among the unhealthy traditional practices. It is believed that the baby will be tall if feet are held and the baby is swung upside-down after giving a bath. Moreover, arms are opened and closed to extend the muscles. The baby is swaddled for a well-proportioned body and diapered with soil since it keeps warm and prevents diaper rash (Karabulutlu 2014; Çetinkaya et al. 2008). Honey is rubbed inside the baby's mouth in order for the baby to be smooth-spoken (Cetişli et al. 2014). Other traditional practices used in Anatolia are tying the ears with cloth, rubbing breast milk on the face of baby with the thought that the baby will be beautiful, turning the baby continuously while sleeping with the belief that her/his head will be in a good shape (Karabulutlu 2014; Çetinkaya et al. 2008). In order to prevent jaundice, such methods as clothing the baby with yellow dresses, closing the face with a yellow scarf and giving a bath with the water in which gold is put are also used. In the study of Dinç (2005), it has been determined that 47.3% of mothers cut the back of baby's ear in newborn jaundice (Dinç 2005). As cutting the back of baby's ear may cause infection, it is not a healthy traditional practice (Karabulutlu 2014).

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CULTURAL APPROACHES TO INFERTILITY

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ABSTRACT

Infertility is one of the most important vital crises that affects the couples and cause stress. It is estimated that 8-10% of couples have the problem of infertility worldwide. For this reason, it is an important public health issue for our country and the developing countries. In many cultures, pregnancy and parenting are considered to be one of the important developmental steps of life and the inability to reproduce often leads to social stigma. Especially in the societies that are developing and have pronatalist policies, childless women are stigmatized, abstracted, excluded and neglected by the family and society. In many cultures, there are incorrect beliefs and practices for the cause and treatment of infertility. The problem of infertility and even the sex of the baby are often attributed to the woman and it is seen that this belief has existed from past to present. This review aims to evaluate the beliefs and approaches of different cultures towards infertility, to determine the negative effects of reflection of cultural differences on infertile women and to raise the awareness of health personnel.

INTRODUCTION

Millions of men and women come across the problem of infertility all around the world (Sheikhan et al., 2014: 52). In Western countries, infertility rates have increased due to the postponement of childbearing following the female participation in labour force after higher education (Cousineau, 2007:

293-308). The changes in demographic characteristics of the population such as the increased education levels among women, late marriage ages and increasing divorce rates, birth control and the developments in family planning and delayed childbearing age are seen as the main reasons for this increase in infertility rates (Speroff 2007:562,605). Infertility is a global problem affecting around 60 million to 186 million people worldwide (Ali et al., 2011: 1; Etuk, 2009: 86; Hammarberg, 2013: 190). In Turkey, it is estimated that 1.1 million of 11 million married couples are infertile (Onat, 2012: 243). The biggest contradiction in infertility is that its prevalence in the world is higher in the regions where fertility rate is high, which is defined as "drought in the middle of the abundance". In the pronatalist societies where too many children are desired and high fertility is welcomed, women do not use contraception methods regularly. Depending on the inadequate contraceptive use, there is an increase in the risk of unsafe miscarriages, postpartum infection and sexually transmitted diseases (STDs) (Inhorn, 2003: 1837). That's why, infertility prevalence has been reported to increase up to 30-40% in some parts of Africa (Etuk, 2009: 86; Hammarberg, 2013: 190).

CULTURAL APPROACHES to INFERTILITY

Whereas having a child is important in all societies and is perceived as a situation that upgrades the social status of couples and gives happiness to the family; being unable to have children is considered to be a situation that creates a crisis for all cultures and alters the viewpoint of the society towards the couples (Kılıç et al., 2011: 110). Dyer (2007: 69) has analyzed the studies on infertility and found that having children provides six main values; stability in the marriage, social security and internal support, sexual identity and parenting, social status and stigmatization, religious beliefs and emotional values. For this reason, infertility is not only a medical but also a social problem (Tabong and Adongo, 2013: 2). The meaning of infertility is influenced by many factors such as norms, values and role expectations and the culture for the individuals. Since ancient times, the role of women in the family and society has always been addressed as child care and fertility. Infertility is seen as a failure to carry out this role (Mellergård and Trulsson, 2013). For instance, an infertile woman in Ghanaian culture is labeled abnormal or incomplete. According to women, motherhood is perceived as synonymous with being a woman who is real, happy

and has achieved satisfaction. Moreover, social security and heritage, the continuation of generations and the provision of the couple's safety in the old age depend on children in the Ghanaian family (Yebei, 2000: 134). Some women are thrown out of the house by their husbands or by their husbands' families; men are pressured and encouraged by relatives to get a second wife and the purpose of the marriage is perceived as childbirth and reproducing the children who will maintain the heritage and name of the family and guarantee the continuity of the lineage. In addition to this, children serve as the form of social security of the old persons (Bokaie et al., 2015: 657). In African culture, the true meaning of marriage can only be found through childbirth and pregnancy (Cousineau, 2007: 297). For this reason, the childlessness in African culture is a potential cause of the imbalance in a marriage. Marriage is worrying for the couples when they cannot have children. Especially if the woman is infertile, the men are pressured to get married again (Bokaie et al., 2015: 645). In Chinese culture, a healthy childbirth is seen as a necessity. A good start and a good end are stated as healthy birth and peaceful death. Both are described as very important values for the other cultures in the Far East. Despite the one-child policy of China, it is extremely important to have a large number of children. According to a Chinese proverb, there are three ways to dishonor a family, the most important of which is childlessness. Having children is the most important purpose of the marriage. The women are most honored when they give birth to boys. Therefore, infertility creates psychological and social pressure for the individuals who live in the traditional, conventional and pronatalist societies (Lee and Kuo 2000: 54-55; Qui, 2001: 42-49; Kılıç et al, 2011: 111). In Bangladesh, a childless woman is seen to be punished by God. It is believed that God will forgive her and she can have children if she visits the holy places and makes sacrifices to God. Also in Bangladesh and Nahar, an infertile woman is imprisoned at home, is not allowed to go shopping alone and has no right to make decisions in any matter (Simsek, 2013). Infertility is expressed as "barrenness" which means "fruitlessness" in Turkey. Those who have infertility problems are also referred to as "barren". In our country, an infertile woman is despised by the family and society and can be defined as "infinite", "fruitless tree"; and an infertile man can be called "barren", "dölsüz (spermless)", "köse (beardless)" and "hadım (eunuch)". For this reason, the infertile men and woman can feel themselves incomplete, excluded from the society and ridiculed sometimes (Koçyiğit, 2012: 30; Teskereci, 2010).

It has been indicated that women pay the penalty for infertility in the cultures where women are accused and traditional structures are adopted. There is a general tendency in the society that childlessness is “always the guilt of women” (Donkor and Sandall, 2007: 1683; Fu et al., 2015). When we look at our historical process in terms of society, in the Epic of Manas, Manas’ father, Jakyp expresses the following phrases for his wife Chiirda; “I have been married to you for fourteen years. You have not tied your waist firmly; you have not given birth to a child. You didn’t visit the graves, entombed saints; you didn’t roll in the blessed places with apple trees and didn’t ask for a child by staying by the blessed fount at night. A childless woman is a widowed and barren woman and a fruitless tree that has no use except for being just wood.” These expressions indicate that women were often blamed for childlessness and that the traditional point of view of childlessness is reflected to the modern-day (Şimşek, 2013: 13). It is believed that the sex of the child born depends on the woman, in addition to being unable to have children is seen as a problem of the woman in many regions (Teskereci, 2010). In northern Ghanaian culture, when a woman cannot give birth to a boy, it is defined as “tertiary infertility” and those who experience this are treated like infertile individuals (Tabong and Adongo, 2013). In individualist cultures, it is important that the individual maintains the goals determined by themselves expressing that the group is distinguishable from them and the individual acts are based on their own thought rather than on shared norms. In such cultures, the social pressure towards marrying and starting a family may be weaker than in communitarian cultures. The desire to have a child comes after individual happiness and self-fulfillment. Although founding a family in individual cultures is a strong norm like in communitarian cultures as well, choosing a childless life is considerably respected (Mellegard and Trulsson, 2013: 9-11).

CULTURAL BELIEFS REGARDING the CAUSE of INFERTILITY

God is mentioned as the main cause of infertility in social studies. In this case, the childless person believes that fertility is controlled and regulated by a divine power. For example, it is believed that infertility is caused by the collapse of the taboos if the bride price is not paid in a society; and that the birth of the baby of the relatives who have blood relation causes the mother to have secondary infertility and that’s why the other members of the family are cursed in another society (Kimani and Olenja, 2001: 200-214; Aseffa, 2011: 13). In traditional

societies, infertility is perceived as a physical disorder originated from the wrath of God (Allah), evil spirits and breaking taboos. Children are accepted as the gift of God and being unable to have children is regarded as the result of sins. For this reason, God is believed to determine the reasons of infertility (Aseffa, 2011: 14). In a study conducted in Pakistan (2011), it was detected that the people commonly believed that infertility might have been caused by evil spirits and black magic, and 30% - 40% of the interviewees believe that the cause of infertility might be jinn and black magic respectively (Ali et al., 2011: 4).

Most of the people have limited information about the medical causes of infertility. The problem is the belief that other factors cause infertility apart from medical factors (Aseffa, 2011: 14). The most common biological cause of female infertility is seen as contraceptive methods that have been used previously. In a study, it is reported that both men and women believe that the previous use of contraceptives leads to infertility. However, the role of sexually transmitted diseases is indisputable as a common cause in male and female infertility. But, infertility in couples is mostly associated with the woman. Another biological cause of infertility is Female Genital Mutilation (FGM). In studies on mutilation and infertility, it is obvious that people have unjustifiable social beliefs. If a woman is uncircumcised, it is believed that the woman's sexual desires may be intense and she may exhibit "inappropriate" behaviors. Therefore, the failure of FGM is believed to lead to infertility. On the contrary, a study revealed that the circumcised females are under an important risk because of tubal factor infertility (Tabong and Adongo, 2013:2; Donkor and Sandall, 2007: 1684; Inhorn, 2003: 1837). In Egypt, the reproduction is "absolutely" monogenetic from the perspective of the poorly educated, illiterate and poor people who live both in the rural and urban areas; according to these people, the fetus is the previous form of sperm, the woman has no contribution to the biological genetic content, she performs just the task of feeding and setting of the growing fetus with the menstrual cycle (Inhorn, 2003: 1845). A study (2000) on how the public perceives infertility in the western countries were internationally conducted by Adashi and his friends in Belgium, France, Germany, Italy, Sweden and the United Kingdom, the United States and Australia and it was found that the awareness of the definition and incidence of infertility was low and only 38% of the participants perceived infertility as a disease. As a result, it was suggested that there was limited awareness on the infertility problem in Western countries

as well and infertility was surrounded by taboos even in these societies (Adashi et al., 2000: 331).

INFERTILITY and TRADITIONAL APPROACHES

Having children regarded as part of cultural identity in almost all societies brings along various traditions, customs and beliefs. Therefore, it is possible to see various traditional practices from culture to culture (Şimşek, 2013:1). It is not surprising that infertile individuals ask primarily for assistance from traditional healers and religious leaders, as the real cause of infertility is believed to be mostly supernatural powers (Okonofua, 1997: 206). Many people think that infertility can only be solved with the western medicine, if it has a medical cause. But, if people are of the opinion that infertility is a curse, magic or will of God, they look for a suitable solution without medical practices.

In the study of Ayaz and YamanEfe (2010: 383), two-thirds (66.9%) of women expressed the reason for the use of traditional practices as “hope”. Schaffir et al. (2009: 415) stated in their study that the most common reasons of traditional methods were “no harm in trying” (%56.8) and “traditional treatment support” (46%). Sami and Ali (2006: 261) determined that for 54.2% of their respondents, the main reason for seeking treatment was ‘the wish to become pregnant’.

Whereas in the cultures in which voluntary childlessness is respected, many women experience infertility as a ‘hidden stigma’, it is not possible to hide infertility in the cultures where voluntary childlessness is not welcomed. Due to the problem of social stigma associated with infertility problems, the hospital environment may not be sufficient to provide confidentiality. For this reason, people seek remedy from traditional methods first and then apply to medical doctors (Greil et al., 2011: 741-742). Moreover, some people stated that they preferred healers rather than doctors since that biomedical treatments take long time and traditional healers promise immediate treatment (Yebei, 2000: 136). In Gerrits’ study (1997: 39) in Mozambique, it was found out all infertile women appealed to herbal remedies, some of them tried 20-30 different herbal treatments and then they (only half of them) applied to hospitals. According to the study (2011: 263) of Ali et al in Pakistan, most of respondents preferred doctors first for the treatment; however, if the treatment failed, 75% of respondents chose hodjas, healers and other alternative practitioners. Schaffir et al. detected

with their study (2009: 415) that 62.2% of the women used traditional treatment methods and the most frequent practices were religious interventions (%33.8), sexual practices (28.6%) and diet changes (%21.8). In Yebei's (2000: 137) study, Ghanaian women migrating to the Netherlands stated that they often had to look for alternative practitioners such as herbalists and spiritual healers because of the high cost of medical treatments. McGee et al. (2007: 268) reported that 91.1% of participants in the study conducted in the United States used at least one traditional treatment method to get pregnant. In this study, it was determined that religious intervention (48%), changes in sexual practices (38%), diet changes (32%) and herbal medicine (12.7%) were tried.

The increasing awareness of people about the benefits of education and biomedical treatments has not diminished their interest on spiritual issues. Churches are seen as popular healing centers and many infertile women visit churches for praying. It is stated that individualized prayer programs specific to their situation were developed by priests in order to help infertile individuals in some churches (Yebei, 2000: 136). The traditional practices used by infertile women in Turkey differ from each other. Diagnosis and treatment options in infertility cases take quite long periods of time. Despite all the treatment alternatives, adequate success cannot be achieved in some infertility cases and the increasing desire to have a baby with age directs couples to use traditional practices (Tashan and Derya, 2013: 521). The practices in our country are traditional practices which have religious-magical nature and are in the scope of the field of folk medicine and medical treatment. In order to have a child, women appeal to not only medical treatments but also believe in destiny, good luck, fortune-telling, amulets, making sacrifices to God and visiting tombs regardless of whether these are related to religion. The belief in that magic can contribute to pregnancy is seen in many cultures as well as in Turkey (Koçyiğit, 2012: 34). According to the study conducted with 105 women by Nazik et al (2015: 23), 83% of women used traditional methods, 61% used traditional folk medicine, 27% used amulets, 21% visited hodjas and local midwives, 11% of them visited tombs or cemetery places and 11.4% of them made sacrifices to God. In the study of Engin and Pasinlioğlu (2002:3), it was determined that all of the infertile women visited hodjas, 50.6% visited hodjas / entombed saints and 44.6% applied to midwives. When the traditional practices performed by women for the treatment of infertility are looked through, 41% of them sit on the vapor by

pouring water on hot stone, 43.3% drink the water in which they put the amulet written by hodjas for three days and 37.3% eat plenty of walnuts, hazelnuts and peanut. In a study conducted by Günay et al. (2005: 105), it was found that 61.5% of infertile couples used any conventional method to have children; this ratio was found to be 24.2% in men and 60.7% in women. In this study, it was stated that men mostly made sacrifices to God and visited holy places (9.9%); and women mainly consulted herbalists (38.5%), visited religious places (%30.6) and consulted hodjas (%27). The study of Papreen et al. (2000: 33) with the infertile women in Bangladesh stated that the first options for treatment were consulting traditional healers, who mix plants, beliefs and spiritual healers. The first treatment option of the male participants was to remarry. Therefore, it is apparent through the studies that women mostly prefer traditional methods for the treatment, which might be due to the fact that women undertake the burden of infertility and are regarded responsible for infertility.

The researches in our country indicate to what extent the consequences of wrong traditional practices threaten women's health. Engin and Pasinlioglu categorized the traditional practices under three groups including 'sitting on water, vapor or pulp of mixture', 'combinations placed in vagina', and edible/drinkable combinations', and some of these practices were concluded harmful to health. The study of Engin and Pasinlioğlu (2001: 4) revealed that 71% of the women use traditional folk cures they know. When the question of what effects these cures have on health is asked, Engin and Pasinlioglu determined that 33.9% of women using traditional practices experienced no effect at all, whereas 33.9% of them had leakage and 16.9% had bleeding. Ayaz and Efe (2010: 385) reported that 15.2% of women using traditional practices experienced side effects related to these practices.

Very different traditional practices are preferred in our country as the studies indicate. According to a 67-year-old woman from the province of Ağrı, it is believed in the region that an infertile woman can get pregnant if she sits without underwear on the placenta of a woman who has just given birth. The elderly women said that this practice was used for a close relative of her during a birth she supported as a midwife and her relative could become pregnant later. Such an act may lead to an increase in the transmission of serious infections, such as HIV due to the absence of health personnel (Koçak and Sevil, 2016: 86). Likewise, within the study of Koçyiğit (2012: 34), a woman said that she had put

the egg cooked with olive oil and wrapped in cheesecloth in her underwear just before the tube baby treatment upon the advice of her relatives.

Substances applied intravaginally (e.g. wool, garlic and olive oil) and the vapor of substances such as chicken stool, tar or soap can also cause irritation or infections (Ayaz and Efe, 2010: 385). The practices implemented have characteristics that can threaten the biological health of women half of who the gynecological problems. The examples given show the remedies that women seek for childlessness. (Koçyiğit 2012: 33). In order to prevent such risks and side effects, it is important for the health personnel to make community-based information about the effects and consequences of the regional practices (Koçak and Sevil, 2016: 86).

INFERTILITY and STIGMATIZATION

Stigmatizing feature is either a visible or an invisible feature that is not natural and usual. Stigma, on the other hand, is reduced to the image of an insufficient or half person from the image of a whole person in the eyes of society and defined as the situation of individuals who are completely outside of the social acceptance. For infertile couples, the concept of stigma means loss, failure and a reduced self-reliance (Sen and Sevil 2016: 76). The deterioration in reproduction is perceived as a shameful inadequacy and leads to stigma. Stigma is defined as negative self-perception as an infertile woman, social alienation, isolation, not being understood and humiliation, negative self-perceptions regarding the behaviors of others (Kılıc et al. 2011: 112). Stigmatization, along with the social and psychological effects of infertility, can create a greater stigmatization in communitarian cultures than individualist cultures. In the communitarian culture, the woman is automatically accused of being guilty of infertility (Mellegard and Trulsson 2013:9). The first step after social pressure after marriage is the question “When are you going to have children?” Women express that they are exhausted of the questions about having children, feel guilty, are uncomfortable with the fact that their peers have children, are despised and excluded (Koçyiğit 2012: 31). In the Turkish society where women with children are cherished and those without children are somehow evaluated with a negative/critical perspective, it could be asserted that infertile women avoid entering places full of children due to the feelings of shame and guilt caused by this situation (Sen and Sevil 2016: 74).

A survey of the National Infertility Support and Information Group (NISIG) among its own members reported that 87% of the people felt pressure from the society in terms of infertility. Most of the participants therefore stated that they had difficulty to discuss infertility with their families (63%) and friends (58%) (CAHR, 2005: 10). The study of Sen and Sevil in Turkey (2016: 63) detected that the social pressure in the process of infertility caused women to be socially stigmatized and women felt internally themselves stigmatized even without social pressure. In their study, some of women stated that when they were diagnosed for the first time, they could not explain or could explain it only to the closest (Sen and Sevil 2016: 74). Donkor's study in Ghana (2007: 1689) stated that 64% of the women felt stigmatized. Infertile men, like infertile women, have to also struggle with the attributes. This kind of labeling causes infertile men to be exposed to social isolation, insults and disrespect clearly. A qualitative study also revealed that the male participant did not attend the meetings outside the church, and that people pointed at and insulted him (Tabong and Adongo 2013: 7).

INFERTILITY and VIOLENCE

Violence affects millions of "infertile" women's lives regardless of their socioeconomic and educational levels all over the world (Pasi, 2011: 255-256). 20% of women exposed to violence were reported to be subjected violence due to infertility (Bibi et al 2014: 123). The prevalence of violence (coming from husbands or partners) that women are exposed to in the presence of infertility was 41.6% in Nigeria, 33.6% in Turkey, 64% in Pakistan, 61.8% in Iran, 77.8% in India and 1.8% in Hong Kong according to the studies (Yıldızhan, 2009: 110; Ardabily, 2011: 15; Pasi, 2011: 255; Ameh, 2007: 375; Sami, 2012: 15). Yildizhan (2009: 110-111) reported that 33.6% of infertile women were exposed to domestic violence due to infertility in Turkey. 78% of these women specified that they were exposed to domestic violence for the first time after they were diagnosed with female infertility. This study found out that psychological violence was the most common type of violence used against infertile women followed by sexual and physical violence. According to the study of Farzadi et al. (2014: 147-149) in Iran, 45% of the participants were exposed to physical violence and 82% were exposed to psychological violence at least once. The most common type of psychological violence against infertile women was stated to

be swearing, humiliation and shouting and slapping (37%) and throwing any object (26.5%) were the most common types of physical violence. In the study of Sami (2012: 17) conducted in Pakistan, infertile women reported that they were exposed to verbal violence (60.8%), which was followed by the threat of physical violence (%42.1), abandoning home or divorce (%38.8). In the studies, psychological violence has been identified as the most common type of violence against infertile women (Ardabily, 2011: 15; Sheikhan, 2014: 4; Leung, 2003: 323; Sami, 2012: 15; Ameh, 2007: 375; Farzadi, 2014: 147-149). These findings show that infertile women are exposed to a higher level of emotional, physical, sexual and economic violence than fertile women (Akyuz et al., 2013-289). In addition, the related studies have documented the multidimensional effects of infertility that negatively impact marital life including polygamy, divorce, re-marriage, harassment, neglect and abandonment. In the study (2002: 61) with 236 infertile women, Orji stated that 38.9% of participants were divorced and remarried. Deribe et al. (2007: 4) conducted a study in Southwest Ethiopia and reported that some couples divorced because of infertility and childlessness and some of the husbands lost interest in their wives. On the other hand, some men stated that they planned to marry another woman to have a child.

CONCLUSION

Nurses are expected to be aware of the psychosocial and emotional effects of infertility and the experiences of women with infertility in their socio-cultural structure (Obeidat et al, 2014: 1). Conventional treatments are frequently carried out in our country and these traditional practices can harm the health of couples (Sen and Sevil, 2012: 385). For this reason, while providing an effective health service for family and group, it is necessary for health personnel to collect cultural data and make a cultural diagnosis, to recognize society from the cultural perspective, to know which cultural factors located in the traditional attitudes and behaviors related to health and to emphasize on the harmful practices that have to be altered (Simsek, 2013: 55). Health professionals should provide emotional support to infertile women in order to reduce or prevent the use of traditional practices (Tashan and Derya, 2013: 522). Therefore, a good infertility counselor must be “aware of religious, moral and cultural values and prejudices about sexuality and infertility”, “conscious of and respectful of the cultural and psychosocial factors of infertility and treatment” and “know how

infertility is perceived in different cultures and use this within counseling services" (Kocak and Sevil, 2016: 84). In addition, studies have shown that social pressure affects both genders when it comes to infertility but women undertake the main burden as society imposes the duty of camouflaging male infertility to women. For this reason, it should be adequately explained to society that infertility can be observed in both genders (Kocyigit, 2012: 36).

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THE PHENOMENON OF CHILD BRIDES AND ITS SOCIAL IMPACT

“Victims of Destructive Traditions and Patriarchal
Social Inheritance;
Child Brides”

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ABSTRACT

Marriages at an early age are a global problem that hinders the use of human rights, reduces the woman’s status and deprives children of the fundamental rights, especially their rights to education. Child marriage often compromises a girl’s development by resulting in early pregnancy and social isolation, interrupting her schooling, limiting her opportunities for career and vocational advancement and placing her at increased risk of domestic violence.

Although child marriages are a global issue, it is more common in underdeveloped and developing countries. On the other hand, in societies having a patriarchal and traditional structure, it is not regarded as an “issue”, since these marriages are considered to be a normal phenomenon and / or legitimized in those societies. Most studies have shown that the dominant reason is culture.

In this article, it was attempted to evaluate the phenomenon of child brides from a social aspect.

INTRODUCTION

According to the convention on the rights of the child, a child means every human being below the age of 18 years unless the law applicable to the child, majority is attained earlier. Marriages which take place during the childhood are also considered to be exploitation. These marriages are expressed in different terms including “early marriages”, “child brides” or “child marriages”. Most of these marriages which take place before the psychological and physical development of the child is completed are also described as “early and forced marriages”, since they take place without the conscious consent of the child. Approaches and applications related with early marriages change according to the social and cultural patterns (Özcebe et al., 2013: 86-93).

Although child marriages are a global issue, it is more common in underdeveloped and developing countries. On the other hand, in societies having a patriarchal and traditional structure, it is not regarded as an “issue”, since these marriages are considered to be a normal phenomenon and / or legitimized in those societies, which poses a major challenge in the struggle to solve the problem.

Child marriage is a cultural practice that continues to harm the lives of millions of girls around the world and limit their futures. Ending the tradition is more than a moral imperative; research shows that early marriage results in reduced schooling and limits girls’ economic potential. It is also correlated with high rates of sexual violence and abuse, and with higher rates of maternal and infant mortality (Lemmon et al., 2014).

THE SCOPE of the PROBLEM

Ch ld Br des n the World

Although child marriage is a global problem, it is more common in developing and underdeveloped countries.

According to UNICEF; worldwide, more than 700 million women alive today were married as children. More than 1 in 3 – or some 250 million – were married before the age of 15. Across the globe, rates of child marriage are highest in sub-Saharan Africa, where around 4 in 10 girls marry before age 18; about one in eight were married or in union before age 15. This is followed by Latin America and the Caribbean and the Middle East and North Africa, where 24 per

cent and 18 per cent, respectively, of women between the ages of 20 and 24 were married in childhood (UNICEF, 2016).

Globally, about one in seven adolescent girls (aged 15 to 19) are currently married or in union. West and Central Africa has the highest proportion of married adolescents (27 per cent), followed by Eastern and Southern Africa (21 per cent) and the Middle East and North Africa (14 per cent) (UNICEF, 2016).

According to UNFPA (United Nations Population Fund); Child marriage is actually quite common. About 1 in 3 girls in the developing world are married before age 18. New estimates from UNFPA show that this year alone, 13.5 million children – most of them girls – will be married before they turn 18. About 4.4 million of them will be married before they turn 15. This equals 37,000 child marriages each day. The majority of child marriages take place in Asia and the Pacific, the most populous region. There, about 40 million girls are child brides (UNFPA, 2015).

Ch ld br des n Turkey

The country with the highest proportion of girls married in childhood in Europe is Turkey, and the number of those girls cannot be determined precisely because some of them are married through religious procedures and legally they are not regarded as married.

According to the marriage statistics in the Central Population Administrative System (MERNIS) database, the proportion of legally married female children aged 16-17 within the total official marriages was 5.8% in 2014 and 5.2% in 2015 (table 1). The province with the highest proportion of child marriages was Kilis (15.3%), followed by Kars (15.2%) and Ağrı (15.1%), respectively. Provinces with the lowest proportion of official child marriages were Tunceli (1%), Rize (1.5%) and Trabzon (1.6%) (Turkish Statistical Institute / TurkStat 2014)

Married Children Aged 16-17 By Sex and Proportion In Total, 2002-2015

Number of total marriages			Number of child marriages		Proportion of child marriage in total (%)	
Year	**Male**	**Female**	**Boy**	**Girl**	**Boy**	**Girl**
2002	510 155	510 155	2 592	37 263	0,5	7,3
2003	565 468	565 468	2 236	45 981	0,4	8,1
2004	615 357	615 357	2 168	49 280	0,4	8,0
2005	641 241	641 241	2 270	51 944	0,4	8,1
2006	636 121	636 121	2 315	50 366	0,4	7,9
2007	638 311	638 311	2 279	50 723	0,4	7,9
2008	641 973	641 973	2 214	49 703	0,3	7,7
2009	591 742	591 742	2 072	47 859	0,4	8,1
2010	582 715	582 715	2 000	45 738	0,3	7,8
2011	592 775	592 775	1 860	42 700	0,3	7,2
2012	603 751	603 751	1 903	40 428	0,3	6,7
2013	600 138	600 138	1 866	37 481	0,3	6,2
2014	599 704	599 704	1 670	34 629	0,3	5,8
2015	602 982	602 982	1 483	31 337	0,2	5,2

TurkStat, Statistics on Child, 2015

Source: TurkStat, Marriage Statistics, 2002-2015

Although the number of births given by child mothers in Turkey continues to decline each year, it is still an issue of great importance. While the number of mothers who gave births in 2001 was 53 573, it was 22 369 in 2012. The rate of child mothers in women who gave birth was 4% in 2001 and 1.7% in 2012 (TurkStat, 2014)

The Number and Proportion of Mothers Who Gave Births between 2001 and 2012

Years	Total number of women who gave births	Total number of child mothers who gave births	Mothers' age group (<15)	Mothers' age group (15-17)	Mothers' age group (≥18)	The proportion of child mothers aged less than 18 in women who gave births
2001	1,323,288	53,573	2,729	50,844	1,269,715	4
2002	1,229,500	47,512	2,561	44,951	1,181,988	3.9
2003	1,198,853	40,188	2,348	37,840	1,158,665	3.4
2004	1,222,403	37,440	1,940	35,500	1,184,963	3.1
2005	1,243,883	36,623	1,715	34,908	1,207,260	2.9
2006	1,255,106	35,797	1,635	34,162	1,219,309	2.9
2007	1,289,016	35,159	1,415	33,744	1,253,857	2.7
2008	1,294,227	34,729	1,188	33,541	1,259,498	2.7
2009	1,263,289	32,070	822	31,248	1,231,219	2.5
2010	1,255,937	29,434	533	28,901	1,126,503	2.3
2011	1,241,412	25,677	385	25,292	1,215,735	2.1
2012	1,279,864	22,369	377	21,992	1,257,495	1.7

CAUSES of CHİLD MARRİAGES

Child marriage continues to be a reality for many of the world's girls because of a variety of factors. Among them are poverty, lack of education and job opportunities, insecurity in the face of war and conflict, and the force of custom and tradition.

Poverty

The most prominent social determinants are socioeconomic status and education. Girls living in poor households are almost twice more likely to get married before the age of 18 than are girls living in high-income households (International Center for Research on Women, 2013).

In poor households, girls might be regarded as an economic burden, and in these families, the burden of the family is expected to decrease as their daugh-

ters get married. Therefore, families marry their daughters in order both to alleviate the economic burden on the family and to earn money through bridewealth given by the prospective husband's family (Report on Child Abuse, 2016, International Center for Research on Women, 2013).

L m ted educat on and econom c opt ons

Lack of education is a major risk factor. There is a mutual relationship between education and child brides. Early marriages prevent an individual from continuing her education. Individuals with low levels of education are married early.

Early marriages are more prevalent among children whose families' educational and socio-cultural levels are low. Lack of education brings about the possibility of not benefiting from employment opportunities and thus causes those women to become poor. Poor women cannot adequately support their children to continue their education, which constitutes a risk factor for girls to become child brides. In boys, the general tendency is that they should get married after receiving a certain level of education, completing their military service, and having a job, which causes men to get married at a relatively later age. Moreover, girls are forced to leave their education early. Because the limited economic opportunities of the family are spent for the education of boys, it is assumed that girls' completing their education is not necessary (Mıhçıokur et al., 2015: 22-31; ICRW, 2013; Lemmon et al., 2014).

M spercept ons of Trad t ons, Customs and Rel g ous Bel efs

In the literature, it is stated that forced marriages at an early age, contrary to general belief, are not originated from religion but from tradition (International Center for Research on Women, 2007). Forced marriages of girls at an early age are based on the gender-based social pressure. In many societies, parents are under pressure to marry their daughters as soon as possible. Families try to prevent their daughters from becoming sexually active before marriage because women are regarded as honorary representatives of the family. Parents also think that if their daughters do not comply with social expectations, they will not be able to get married. In underdeveloped societies, marriage and fertility often determine a woman's status. In underdeveloped or developing societies, a woman gains a status as long as she gives a birth, which can be considered to be an important cause of child marriages. It is also believed that forced child marriages are asso-

ciated with clan and tribal connections or settlement obligations. For example, in Pakistan's Northwest Frontier Province, Afghanistan and some parts of the Middle East, a groom's parents consider their son's marriage to a young girl to be a means of balancing their debts or of settling disputes between families.

Traditionally accepted marriage types in some parts of Turkish society are bride exchange marriage (simultaneous marriage of a brother-sister pair from two households), betrothal in the cradle (marriage in which parents of two families promise or agree to marry their children in the future when the children are still infants), bridewealth marriage (marriage in which the bride's family asks money from the prospective husband's family to let their daughter marry the other family's son), blood money marriage (marriage in which the bride's family allows their daughter to marry the son of the other family in order to terminate the blood revenge between the two families) (Mıhçıokur et.al., 2015: 22-31; ICRW, 2013; Lemmon et al., 2014; UNICEF, 2017)..

Domest c V olence

Domestic violence, family conflicts, oppression by parents or elder siblings, lack of parental affection, being raised by a stepmother or stepfather after the loss of a mother or father at a young age are major risk factors for early marriages. Such conditions urge the child to develop a belief that marriage would be her escape from domestic pressure and thus lead to early marriages (ICRW, 2013; Mıhçıokur et al., 2015: 22-31).

Insecur ty due to armed confl cts

Families living in insecure regions might really believe that marriage would be the best way to protect their daughters from danger. In countries such as Syria, Afghanistan, Burundi, northern Uganda or Somalia, families can protect their daughters from being abducted or raped by armed groups by marrying them (UNICEF, 2013)

ISSUES DUE to MARRIAGES at an EARLY AGE

Marr ages at an early age and educat on

Education is both the cause and the consequence of early marriages. The rate of early marriage increases as parents' and children's education level decreases.

Children who are deprived of education are also deprived of participation in production, opportunity to have a profession, and employment opportunities, which leads to a vicious circle of unemployment, poverty and dependence particularly among girls since they do not have their economic freedom. Moreover, education enables an individual to make fundamental decisions regarding his/her life and to raise consciousness and thus to marry later (TurkStat, 2013, ICRW, 2013, Report on Child Abuse, 2016)

Early marr ages and soc al l fe

Adolescents are regarded as socially immature individuals. Individuals in this age group are considered to be unable to adapt to the necessary social roles and not to have completed their social development. However, expecting adolescents who have not yet completed their social development to transition from childhood to womanhood, increasing their domestic responsibilities, the society's imposing constraints on married women (e.g. married women are supposed not to go out alone), and their being exposed to domestic violence cause them to become isolated from the society or even to withdraw themselves from social life, and thus it becomes difficult for them to acquire social skills. Therefore, marrying children between the ages of adolescence, paves the way for peer isolation, lack of self-confidence and social alienation.

In addition, incomplete mental and physical development can lead to various diseases and psychological disorders in children who are married early. When girls are married at an early age before completing their education, they cannot protect themselves, and thus they may be exposed to physical, emotional and sexual violence by their husbands. In these marriages, domestic violence, family conflicts, divorces and even suicides occur frequently. The children of these children, who become parents before solving their teenage problems, can be problematic as well (Mıhçıokur et al., 2015: 22-31, International Center for Research on Women, 2013; UNICEF, 2013).

Increased maternal and nfant health r sks

Early marriages often result in early pregnancies. Of the adolescent pregnancies, 95% occur in low- and middle-income countries. According to population projections calculated under medium fertility assumption by United Nations for the period between 2010 and 2015, the region with the highest adolescent

fertility rate is Middle Africa with 137 births per thousand women aged between 15 and 19 while Western Europe has the lowest rate of 4.8 per thousand. The top 5 countries with the highest adolescent fertility rate are in Africa. The 3 countries ranking first, second and third are Niger (204.8 per thousand), Mali (175.6 per thousand) and Angola (170.2 per thousand) respectively (TUİK, 2013).

Girls who marry and give birth before their bodies are fully developed are more at risk of death or terrible injury and illness in childbirth. In 2007, UNICEF reported that a girl under the age of 15 is five times more likely to die during pregnancy and childbirth than a woman in her 20s. Risks extend to infants, too: if a mother is under age 18, her baby's chance of dying in the first year of life is 60 percent greater than that of a baby born to a mother older than 19 (ICRW, 2013).

In addition to death, young girls face tremendous health risks in childbirth, including a serious condition known as obstetric fistula. Obstetric fistula results when a young mother's vagina, bladder and/or rectum tear during childbirth. It causes urine and feces to leak from her, and without surgery, the condition lasts the rest of the girl's life. Fistula patients are commonly poor women, ages 15 to 20, many of whom are child brides (ICRW, 2013)

HOW to PREVENT CHILD MARRIAGES?

Ch ldren's educat on

Inclusion of topics such as the disadvantages of early marriages, reproductive health and maternal-child health in the curriculum, increasing the number of regional schools and boardinghouses in the economically backward regions where traditional values dominate, organization of campaigns such as *Haydi Kızlar Okula*! (Girls, let's go to school!) aiming to increase girls' school enrollment rate, organization of vocational training courses to provide opportunities for women to start their own business, determination of parents who do not allow their children to complete the compulsory education and taking deterrent measures against those parents are important for the prevention of marriage at a young age.

Publ c educat on

Parents (both mothers and fathers) must be convinced of medical, psychological and sociological disadvantages of early marriages. Public's awareness

of sexual abuse and social public health should be raised. Educational projects focused on schools, health centers and public education centers should be developed to raise awareness, especially in rural areas. It should be ensured that the educational program given to youth enrolled into the military service under the control of the Ministry of National Defense and the Ministry of Health should include the early marriage issue as well. Locations and phone numbers of complaint centers a young person can consult when he/she is forced to have early marriage should be shared with the public. The effectiveness of the written / visual media should be kept in mind and be utilized in providing information and attitude changes.

Med cal and Psychosoc al Problems Encountered n Adolescents and The r Infants

Medical	**Psychosocial**
Mother	
Obesity, excessive increase in body weight	Not going to teaching institutions
Preeclampsia	Limitations in social activities
Anemia	Loss of business opportunities
Sexually transmitted infections	Poverty
Head-pelvis mismatch	Divorce and separation
Severe hemorrhages	Social isolation
Postnatal problems	Stress / depression
Frequent pregnancy	Substance use
Deterioration of general well-being	Frequent pregnancy
Maternal deaths	
Medical	**Psychosocial**
Baby	
Low birth weight	Growth retardation
Premature birth	Exploitation
Sudden infant death syndrome	Behavioral disorders / substance use
Acute infections	School failure and school dropout
Accidents	Unemployment / poverty
Infant deaths	Unwanted pregnancy

Çınar, N., et al., 2017: 15-19

Prevent on of rel g ous m spercept ons and trad t onal pract ces

Community leaders play an important role in the prevention of religious misperceptions and traditional malpractices. It should be ensured that headmen (elected neighborhood representative) and religious officials be knowledgeable enough about legal procedures and fulfill their responsibilities adequately.

Determ nat on of early marr ages

Keeping the records of marriages is very important from all aspects. Since early marriages are not official marriages, the exact number of early marriages is not known. Because the records kept by the General Directorate of Population and Citizenship Affairs and TurkStat include only marriages of children in the age group of 16-17, they do not reflect the actual number of early marriages. If all the child marriages under 18 years of age are to be determined, the state should carry out a scientific study to create a database on this issue. In universities, students should be encouraged to write master's thesis and doctoral dissertation on early marriages to create a database.

CONCLUSION

Marriages at an early age are a global problem that hinders the use of human rights, reduces the woman's status and deprives children of the fundamental rights, especially their rights to education. Child marriage often compromises a girl's development by resulting in early pregnancy and social isolation, interrupting her schooling, limiting her opportunities for career and vocational advancement and placing her at increased risk of domestic violence .(UNICEF, 2017) .

Early marriages are an issue to be dealt with in Turkey, which aims at gender equality.

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DISCRIMINATION AGAINST THE ELDERLY

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ABSTRACT

Ageing is a biological process in which structural and functional changes are observed which occur in the organism over a period of time. As the society ages, patient profile changes and the prevalence of chronic diseases rises simultaneously with chronological, social and economic changes. Ensuring the quality of life of elderly population will be one of the major challenges which require extraordinary success for this century. It should be taken into account that ageism, elderly abuse, frailty, nutritional deficiencies, and societal-social deficits might also appear as major problems in ageing societies apart from health issues. Stereotyped opinions and prejudices towards older people and old age bring discrimination along with them. Elderliness is considered by individuals to be a bad condition that needs to be avoided, if possible. Discrimination against the elderly is often based on individuals' fear of death and the importance they place on being young, physical beauty, and economic efficiency. The old people's expectation of first priority is to be provided with universal healthcare systems without any discrimination.

INTRODUCTION

While there is no standard definition for elderliness, the term is defined in quite a lot of areas including physiology, biology, economy, and sociology. World Health Organization (WHO) regards the chronological definition for old age and accepts it as being “65 years old and over”. There are also other criteria used for age. For example, United Nations uses 60+ year group as a basis in its studies in this area. However, WHO’s definition is based on regarding national and international studies on old age. Elderly population itself is further divided into sub-groups. These groups are defined as “young old” (65-74), “old” (74-84), and “oldest-old” (85+). The changes occurring in the structure and functions of human body with aging are called biological aging; the changes occurring in the organs depending on this are as physiological aging; the changes in a person’s perception of life and lifestyle depending on the fact that one feels himself/herself old are as emotional aging; and the maintenance of functions in society when compared to individuals of the same age is as functional aging (Republic of Turkey, Ministry of Family and Social Policies, 2013).

The rate of the elderly population has been gradually increasing and the world’s population has been aging due to the rise in life expectancy in the last century. While in 2012, the number of people aged 60+ was 809 million and had a share of 11% in world population, the number is estimated to reach 1375 million and to share 16% of the world population in 2030. These data indicate the fact that life expectancy has risen and the world’s population has aged. (Global Age Watch Index, 2014.)

Elderly population in Turkey is also increasing in parallel with the world’s population which is globally aging. While the number of elderly population was 5,682.000 in 2012, it reached 6,651.000 in 2016 with a 17,1 percent growth over the past five years. Elder people, as a proportion of the total population, increased from 7.5% in 2012 to 8.3% in 2016. While in 2012, 60.3%, %32.5% and 7.1% of older population was successively occupied by those aged 65-74, 75-84 and 85 and over; in 2016, 61.5%, 30.2% and 8.2% of older population was successively occupied by those aged 65-74, 75-84 and 85 and over (TUİK, 2016).

It is known that life expectancy at birth is 74.6 years in Turkey and is expected to be 78.5 years between 2045 and 2050 (Gökçe Kutsal, 2009: 579).

The effects of this demographic change, defined as “population aging”, are seen in different ways in societies. Changes in society’s socio-cultural structure, attitude and behaviors have an impact on the way society perceives old age and on the services delivered for the elderly and lead to various problems. One of them is ageism, especially towards the elderly. The term ageism was first used in 1969 by Gerontologist Robert Butler, who is the founding director of the National Institute on Aging. Butler defined ageism as a term towards the elderly which can turn into action such as racial and gender discrimination (Robinson, 1994). According to Palmore, ageism is “a term which defines the prejudice against older persons through attitudes and behaviors (Palmore, 1999).

Aging is perceived as a pathological situation which is bad; should be avoided if possible or at least decelerated as much as possible; and is seen as a disease. Thus, ageism refers to different manners, prejudices, attitudes and behaviors towards a person because of his/her age and comprises both positive and negative attitudes. While positive attitudes include items such as kindness, wisdom, trustworthiness, political power, freedom, and happiness, negative attitudes include items such as sickness, incapacity, ugliness, deterioration in mental functions, mental illnesses, uselessness, isolation, poverty, and depression (Koç et al 2013: 50.)

Attitudes towards older people can sometimes be prejudiced just like racism. Seemingly harmless though, such prejudices make negative views on aging permanent and people’s attitudes influence the services provided for older people. It is important to build support systems for prevention of crisis in older people’s lives and to make efforts to enhance their self-confidence (Akdemir et al., 2007: 215). Older people have an increasing need for social policy arrangements and service models regarding issues such as employment, career, leisure times, access to healthcare and social services and eldercare. In order to develop these, we should not have misconceptions and stereotypes about the elderly and old age. These misconceptions have a negative impact on older people’s integration with society and their use of social welfare services (Çilingiroğlu et al., 2004: 225).

Old age is a relative concept. Every aged person has a biological history, a working experience and an emotional life. In addition, old age varies from one society to another and by age as well. Social and cultural elements play an important role in the struggle between aging and death in every person. Aging,

as an individual change, is a person's decline in physical and mental terms. Although aging is individual, social values and other factors determine the value and place given to old people and old age in society. Therefore, old age is not only a biological fact but also a social and cultural one (Küçük, 2016: 60).

It is not right to answer the questions like "Who is old?" and "When does elderliness begin?" using only one definition. In such subjects as retirement, insurance and planning, statistical methods are used to determine old age. For demographical studies and analyses, statistical information is necessary in social policy but fails to explain an old person's situation. That is because rate and time of physical aging is quite different than mental and emotional aging (Prime Ministry State Planning Organization, 2007).

Older people's status and prestige in society constantly change; a variety of meanings are attributed to elderliness; and being old is regarded as a process of gradually withdrawing from society. Decline in physical activity and loss of or decrease in roles cause older people to alienate from society and withdraw into themselves. This loss of roles negatively affects a person's family relationships, career and sense of belonging to society. While it is agreed that an older person's activity in his/her life gradually decreases, social interaction is also decreasing as the society becomes isolated from old people. Also, "what older people can do" cannot be in parallel with the pace of technological advancement in developing societies (Akdemir et al., 2007: 215).

The ties between family members in Turkey are still strong and older people's choices of their living environment show differences especially compared to developed countries. Survey results show that 7 out of 10 elderly persons live in the same house or in the same building, street or neighbourhood with their children. There is no significant difference between genders. In addition, it is evident that overall preference is for living with or very close to their children. Such preference can be considered to be quite advantageous in social and economic terms for both the old person himself/herself and his/her children (Prime Ministry State Planning Organization, 2007). The goals for the elderly are set in National Action Plan for Seniors and the actions to be carried out are as following;

- Development of human rights treaties and practices of other human rights laws by combating all forms of discrimination, especially against

older people; ensuring full enjoyment of all human rights and fundamental freedoms,

- Acceptance, encouragement and support of older people's contribution to families, societies and economy,
- Creating opportunities for ensuring and maintaining older people's participation in cultural, economic, political and social life and life-long learning; designing programs and providing support; ensuring their access to social environments outside their homes and aged care homes,
- Facilitating mutual assistance between older people and their participation in the groups in which individuals from various generations are involved; providing opportunities to make them fully understand their own potentials and providing them with necessary information on these matters,
- Creating suitable conditions for volunteer works in all age groups, including getting to know the society; facilitating the participation of those who take little or no advantage of the volunteer works,
- Development of the cultural, social and economic role in a multifaceted way of understanding; promoting maintenance of older people's contribution to society including non-remunerated works,
- Considering elderly people independently of their economic contributions and treating them well and with respect, regardless of loss in capacity and other situations,
- Taking older people's needs into consideration and respecting for the right to live with dignity in all periods of life,
- Promoting positive attitudes of employers towards continuity of old workers' employment because of their productive capacity and being aware of older people's value in working life including themselves (Prime Ministry State Planning Organization, 2007).

AGEISM

The world's gradually aging population, including Turkey, causes the concept of elderliness to be perceived in an increasingly negative category (Ünalan et al., 2012: 115). This gives rise to the assumption that ageism, which is defined

as “systematic maintenance of stereotyping and discrimination against people because of their age”, will become a risky situation for our country as well (Butler, 2005:84). Ageism is defined as a situation which leads to negative and prejudiced attitudes and behaviors towards old persons. These situations include such behaviors as avoiding spending time with the elderly and not wanting to communicate with them (Lou et al., 2013: 49; Thompson, 2001).

In other words, ageism can also be described as not trying to know about an elderly person and not making any endeavour to understand him/her. Background, education, and experience of elderly people are not taken into account in today’s capitalist societies and the elderly are considered to be consumers and a burden to economy. This is all about our stereotypes that we basically learn without noticing, internalize and do not question (Buz, 2015: 268). The way an old person behaves, what he/she wears, and what she feels change depending on the individual’s age rather than the individual himself/herself (Palmore, 1999).

As in every form of discrimination, according to Butler age-based discrimination occurs at three levels, which are individual, cultural and structural (Butler, 2005; 84-6). At individual level, a person’s view on age and aging is a determining factor and is largely related to the assumptions about aging in which one grows, socializes, and learns. At cultural level, determinants are how culture views old people, how it is introduced through printed media, jokes about being old, insulting witticisms, attributions and so on. The culture’s attributions about age determine negative or positive assumptions on old age. As for structural level, it means that institutions or policies are not structured considering old people and no or inadequate services are offered for them as well as unfair policies and services (Buz, 2015: 268). Marcus and Sabuncu examined proverbs about old age in Turkish culture in their study in 2015. It is seen that while some of them have negative stereotypes, some of them have positive stereotypes about old age. The positive ones are respect, wisdom, friendliness and sincerity while the negative ones are identified as being close to death, incompatibility, frailty and incompetence (Marcus, Sabuncu, 2016: 1007).

Ageism, which involves stereotypes, avoidance and discrimination towards older people, causes young people to consider older people different from themselves and increases fear and anxiety about aging. Ageism sometimes affects the communication between young people and the elderly and causes some young people to do their work and treat them like a child worrying that elderly person

is unable to perform his/her own works. Elder abuse and neglect is another important problem resulting from ageism. Negative attitudes towards aging and old age occasionally affect an old person's participation in society. The elderly who are isolated in society experience deterioration in their cognitive abilities (Baydora, 2010: 33). Therefore, ageism is one of the most important barriers to participation of the elderly in society.

All people in the world are afraid of aging. That is because being old is identified with being weak and needy (Çilingiroğlu, Demirel, 2004: 225). There are various factors regarding "why people discriminate on the basis of age";

- Fear of death and the fact that being old is closely associated with death. Discrimination against the elderly is an expression of young and middle-aged people's fears about weakness, uselessness, sickness and death.
- The importance placed on physical beauty, sexuality, economic productivity and productiveness. Values such as youth, dynamism, productiveness and individuality and young images are promoted in a wide range of areas from policy to ads and from education to administration. In this way, aging reduces self-confidence in societies where physical appearance and youthfulness are a part of their identity and causes them to develop negative attitudes towards being old.
- Third factor is the emphasis laid on economic productivity and productiveness. Both the beginning and end of lifecycle (children and elderly) are regarded as years which involve no productivity and no contribution to production. It is accepted that middle-aged people meet the needs of children and the elderly and look after them. The elderly are seen as a burden since they leave behind their economic productivity.
- As a result of the fact that majority of surveys are conducted in institutions such as aged care homes, nursing homes or hospitals, the society perceives the elderly as in need of constant care. The surveys conducted in such institutions caused the society to assume that the elderly are in need of constant care. In fact, only 5% of elderly population is in need of care and lives in these institutions(Çilingiroğlu and Demirel 2004).

Age discrimination in working life may occur while recruiting, employing or dismissing a person, that is in all areas of employment. Mandatory retirement is seen as an example that has an impact on age discrimination in employment.

It is stated that "Forcing retirement at a particular age for those who want to continue working creates age discrimination". There is no evidence indicating that forbidding employers to force retirement age can become a deterrent factor while it is likely to decrease the employment of older workers (Rupp et al., 2005: 335). It is indicated in studies that there are restrictive practices against older people in workplaces and medical environments also (Baybora, 2010: 33; Stuart-Hamilton, Mahoney, 2003: 251; Ferrario et al., 2008: 51).

In the research conducted by Allan et al., it is suggested that lack of empathy, stress, aging anxiety and especially personality traits play a role in the discrimination against the elderly (Allan et al., 2014: 32).

Palmore identifies the stereotypes towards the elderly as below;

- Most of the elderly are disabled or sick.
- Elderly people have no sexual desire.
- Older people are strange, but youth means beauty. Women are afraid of losing their beauty as they age.
- Mental abilities, learning and memorizing get weaker in old age.
- Mental disorders are inevitable for many of elderly people and cannot be treated.
- Older people are useless. They are disabled because of their physical and mental illnesses and stop working. Few of them work but inefficiently.
- Older people live alone and are socially isolated.
- Majority of people think that elderly people are poor. A sick, insufficient, lonely, useless and poor elderly person who lives on his/her own is generally in depression.
- Political powers of elderly people are less than thought (Palmore, 1999).

Discrimination against the elderly occurs in different forms like **considering elderly persons dependent and in need of care, disregarding them, excluding them from social life and neglect/abuse(**Çayır,2012).

Considering the elderly **dependent and in need of care** is a wrong perception. Although there are old people who need constant care, not every elderly person is in the same situation. The rate of people aged over 60+ who maintain their life independently and provide moral and financial support for their chil-

dren is higher. Not every elderly person is confined to bed or in need of care. The rate of old people who are confined to bed is around 8%.

Another important discriminatory attitude is that **the elderly are disregarded**. The assumption that older people act in a childlike fashion, are easily offended, forgetful, vindictive, stingy, conservative and so on gives rise to the fact that advices and decisions of elderly people are not regarded.

Excluding the elderly from social life is among the discriminatory attitudes towards them. Early theories on elderliness (disengagement theory) were based on the assumption that people naturally withdraw themselves from society as they age and this is a norm. It was assumed that older people become happier as they withdraw themselves from social life. Further theories, on the contrary, (activity and continuity theories) show that older people become happier as long as they are socially active.

Neglect and abuse is a serious attitude in age discrimination. Insisting that an elderly person should be looked after in the family, especially in traditional societies, may result in his/her not receiving good care and being neglected. The elderly may be abused in sexual, physical and financial terms. For example, they may become exposed to psychological pressure of their immediate surroundings about inheritance. There are findings on mistreatment, neglect and abuse of the elderly who stay in the institutions outside of their immediate surroundings (Buz,2015:268).

Elderly persons may be abused and neglected by family members and caretakers or in nursing homes. It could be difficult to diagnose neglect and abuse as the elderly, in addition to being old, have chronic diseases as well as the ones that affect their cognitive and mental states. Each patient should be evaluated considering his/her own conditions. It should be ensured that all medical tests are completed before diagnosing neglect and abuse. Also, doctors have difficulty in diagnosing elder abuse for various reasons and do not know what to do when he/she makes the diagnosis. It is stated that doctors leave the responsibility of reporting the problem to social workers or nurses when they encounter an elderly patient who is neglected or abused, they are not aware of the problem, they do not have adequate knowledge on this, they lack or have no training in the subjects of interview, diagnosis and differential diagnosis, they ignore the fact that family may abuse an elderly person, they are unwilling to engage in

forensic cases and they are unable to distinguish findings of abuse in some cases as they imitate chronic diseases. All these problems may lead to continuity of elder neglect of abuse. Doctors should be aware of risk groups in terms of neglect and abuse and ensure that especially elderly people in this group are monitored closely. It is important to know how to conduct medico-legal evaluations for elderly people who are neglected and abused and what area of expertise is needed in what situations. For this reason, this subject should be included in undergraduate, postgraduate and continuing medical education (Toprak Ergönen, 2012: 98).

Elderly population comprises 43.9% men and 56.1% women. Life expectancy for 2010 in Turkey was 76.5 years for women and 69.3 years for men. Life expectancy for women is generally longer. Therefore, an increase in the number of elderly women is observed in society. However, it is a known fact that they are more at risk in terms of health and have lower quality of life (Gökçe-Kutsal, 2012). On the other hand, it is accepted that women face double discrimination in that they also deal with ageism in old age apart from gender roles and discriminatory practices they have experienced so far (Kalaycığlu, 2003).

Social rights for the elderly must be the ones desired to be achieved all over the world.

The right to fair income and social security: Older people need to have a fair income. It is important for the income, provided either as retirement or as old age pension, to meet life standards of the elderly population and become continuous.

The right to work: The types of employment that are suitable for the elderly must be created and age-related discrimination must be fought against in order to help them become involved in available employment.

The right to health: Chronic diseases that increase with age or loss of certain competences may prevent people from leading a comfortable life in old ages. Having a health problem may have an impact on every part of an elderly person's life from his/her economic condition to participation in social life. In this respect, access to health services and appropriate facilities for health problems is of vital importance in old age.

The right to access lifelong education: 83% of the female population aged 65+ is uneducated and/or elementary school dropout. The rate is 53% among

men. Considering the rates of literacy among the population aged 65+, rate of illiterate women is 78% while men's is 26%. Elderly population's having right to access education is a social rights-based and a pertinent demand.

The right to family life: Maintaining their life in their own environment, which is in their homes with their family, is a right for the elderly.

The right to housing: It is important that social policies which are to provide the right to housing for the elderly take socioeconomic differences into consideration. In addition, all actions to be taken regarding housing should involve arrangements of outdoor as well as houses. One of the most controversial issues regarding meeting the needs of increasing elderly population is the project of "Age-Friendly Cities". It includes such issues as revision of transportation facilities according to the needs of older people, extending the time of traffic signals for pedestrians and arranging kerb heights in such a way that it would not hinder older people's climbing.

Social aid/social care: Elderly population should not be forced to decide between depending on the mercy of others and living in misery and their access to the right to live with human dignity should be ensured. Both define the responsibilities of the government towards individuals. Protection of individual autonomy can be ensured only by resolution of this responsibility using an approach based on human rights (Dural and Con, 2011).

ACTIONS TAKEN AGAINST ELDERLY DISCRIMINATION

Recently, the issues of integration of elderly with the society and increasing their functionality as well as their life quality have risen on the global agenda. Support, confidence, love and care provided to elder people by their families are of particular importance for elder people to overcome the problems coming along with ageing, perceive themselves as individuals who are still loved, cared, respected in society, and live a happy and satisfying ageing period. It can be hardly claimed that there exists adequate capacity in Turkey to include elderly in political, cultural and social platforms with individual or collective efforts and to ensure their active participation. Accordingly, in order to eliminate all sorts of discrimination against and exclusion of disadvantaged groups and the elderly, it should be ensured that solidarity between generations and public awareness

are achieved particularly in education and other areas such as social, economic, cultural and so on. (Turkish Prime Ministry State Planning Organization, 2007).

For elderly to be healthier and more active, policies for elderly should be reformed. Rather than bringing short term solution by means of social security systems, there should be measures that take into account demographic changes in population. Health, education, employment, policies need to be aligned with this change (Çilingiroğlu et al., 2004).

Services delivered to prevent elderly discrimination and to promote positive perception of ageing and education planning should be reviewed. It is known that healthcare service providers focus on acute health problems of elder people rather than dealing with chronic ones (Çilingiroğlu et al., 2004).

In this scope, under the coordination of The Undersecretariat of State Planning Organization Directorate General of Social Sectors and Coordination and the cooperation of Social Services and Child Protection Agency, a report on “the Situation of Elderly People and National Plan of Action on Ageing” was drafted by representatives of United Nations Population Fund, public agencies and institutions, universities and civil society organizations in 2007. As a part of the plan, main problems of elderly people were examined and it has been recorded that about 90% of elderly people aged 65 and over has a chronic disease. The report addressed the situation of elderly people and the services offered in Turkey as well as the current situation and actions to be taken on certain key topics such as active participation of elderly in the society and the development process, strengthening solidarity between generations, ensuring their access to information, lifelong improvement of health and well-being, improving the socioeconomic conditions of the disadvantaged, provision of full access to health care and nursing service, provision of information and training opportunities to health care personnel and other health care providers that serve elderly people service, provision of elderly people’s active participation in development and implementation of healthcare policies, provision of supporting and facilitating environments (Turkish Prime Ministry State Planning Organization, 2007).

Under the Second Five-Year Action Plan of the Ministry of Health for the period of 2009-2013 that covers the activities for the promotion and development of healthcare, “eliminating the threats against public health and promote healthcare” was established as a strategic target and the objective of “promoting

healthcare and enabling equal public access to health life programs" was widely covered. To this end, the Department of Promotion and Development of Health-care" and "Department of Non-Infectious Diseases and Chronic Cases" were established and started their operations under the Ministry of Health Directorate General of Basic Health Services in 2018. (Republic of Turkey, Ministry of Health).

In November 2011, by Decree Law Concerning the Organization and Duties of the Ministry of Health and Affiliated Bodies, "Directorate General for Improvement of Health" was established to increase knowledge, awareness and control skills of society and individuals regarding their health and to encourage them to take responsibility on this and participate in decision processes (Official Gazette, 2011).

Ministry of Health designed "Strategic Plan and Action Plan for Risk Factors Prevention of Cardiovascular Diseases and Control Program, 2008", "Strategic Plan and Action Plan for Primary, Secondary and Tertiary Protection Prevention of Cardiovascular Diseases and Control Program (2010-2014)", "Action Plan for Prevention of Chronic Airway Diseases (Asthma-COPD) and Control Program (2009 - 2013)", "Action Plan for Prevention of Diabetes and Control Program (2011-2014)", and "Healthy Diet and Active Life Program (2010-2014)", which include strategic and action plans for risk factors to improve older people's health. (Ministry of Health).

Ministry of Health also designed the "Manual of Diagnosis and Treatment for Elderly Health 2010" to support works to prevent chronic diseases risk factors; the "Elderly Health Modules" which include training modules for trainers who will carry out health education for raising public awareness of health; and "Healthy Diet and Active Life Programs" and published guidebooks including informative ones such as diets for improving the elderly health, fight against tobacco, physical activity, eating in some illnesses and obesity (Ministry of Health). In addition, non-governmental organizations in Turkey publish books for improving the health of the elderly, conduct various studies and surveys on old age and healthy aging; and organize symposiums, conferences and meetings (Turkish Geriatrics Society; Turkish Geriatrics Foundation).

As stated in our national health policy, all personnel engaged in elderly care should be improved in terms of quality and quantity in order to achieve

the target profile of elderly health. Another aspect is raising the awareness of public in this regard. It is necessary to establish institutional structures related to geriatrics in sufficient numbers such as aged care homes, nursing homes, day care centers for the elderly, day care geriatric hospitals and home care services and visits and to establish educational systems that aim to work with the elderly one-to-one and make observations by ensuring integration of these with geriatric academic sciences (Kite et al., 2005: 241).

In prevention of discrimination, “School-based intergenerational solidarity models” emerges as social tools that enable (constant) resource transfer and learning between young and old generations. By means of these models, the interaction between young and old generations is attempted to be achieved in order to provide benefit for a certain target group (Güven et al., 2012: 99).

Intergenerational solidarity models can be used in which the elderly field experience in education is benefitted from. Regarding the tendency in providing services, healthy and active old people (service provider) who are sensitive to social problems, willing to contribute to solving these problems or feel themselves responsible in this regard take charge within these models so as to make significant contributions to children’s personal development and educational processes. In addition, in school-based intergenerational solidarity models which are implemented in certain times, intergenerational activities can be organized only once, seasonally, annually or occasionally; or carried out in a certain frequency or regularly as required by an activity. In this way, the activities that enable children and the elderly to have knowledge on a different age group and to see and meet a different age group outside of school environment are carried out (Güven et al., 2012: 99). By means of school-based intergenerational solidarity models positive changes can be achieved in the life of children/youth. Such changes can sometimes be seen in the life of children, sometimes of the elderly and sometimes of both generations.

There are several practices in this context in Turkey. With the help of “Intergenerational Interaction Model for an Active Life” project, the elderly and young people are encouraged to get together and accordingly become involved in social life. The model enables interaction between young volunteers and the elderly through some activities such as going on trips, taking nature walks, going to concerts and going shopping. The elderly’s taking an active role in society and contributing to developing young people’s awareness of social responsi-

bility are aimed at in this way (Yıldırım, 2015: 275). In Turkey, where some break-ups occur in intergenerational relationships, more initiatives are needed to increase the interaction between generations. In this regard, it is essential that the values and responsibilities supported both by our culture and educational system are learned in an intergenerational interaction environment beginning from early years. The best procedure to follow is to start the legal regulations, which will pave the way for active participation of the elderly in economic, social, cultural and political processes and the practical disciplines following them from local living environments of the elderly and then to ensure that they are integrated nationally.

CONCLUSION

It is of great importance to diversify services for the elderly according to their needs by taking into account differences between them. In addition to regulations that make it easier for them to live independently in their homes, institutional care, different models, and home care services for the elderly should be developed. Providing institutional facilities only could be an output of age discrimination most of the time (Buz, 2015: 278).

Considering the fact that age discrimination occurs at individual, cultural and structural levels, it is important to make interventions at these levels for elimination of it.

Even the professionals depicting aged care homes as “workhouses or the last stop” and not wanting to let an elderly person in the family live there is an important example for stereotypes about old age and it is necessary to carry out activities in society for transformation of such stereotypes.

Successful aging is closely associated with not only personal characteristics, but also with psycho-social, economic, and physiological support services that are provided for them socially. As in all other countries, it has become a must to review the phenomenon of old age and the policies for old age in our country as well. The attitude towards aging should discuss more than elderly care such as integration with society, regaining the status and roles which are lost, increasing functions, and using free times efficiently.

Necessary works should be carried out to deliver a society-oriented elderly care service which has a comprehensive approach based on the social determi-

nants of health and aims to ensure elderly people lead an independent life in their environment as much as possible and to increase their standard of living. An organization for elderly health which regards priorities of the country, provides health and social services together, involves all the elderly without any obstacles to access, is based on a systematic monitoring, is delivered by a multidisciplinary team, and priorities a primary care health service integrated with the second/third care should be established as well as a policy for elderly health which includes all these components in the first place. Then this policy should be put into effect by eliminating the obstacles to the implementation of it.

The fact that the light led by people who spend their old ages healthfully and happily light the way for all individuals- children, youth and adults- is a hope for the future. We should keep carrying this hope by fulfilling our duties and being aware of our responsibilities.

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SENILITY, DEPRESSION, AND NURSING

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ABSTRACT

With aging, the frequency and extensity of depression, which is one of the psychological disorders, increase. Frequently seen in the elderly, depression, decreases life quality, causes health expenses to rise, and remains to be an important health issue. Unless treated, it causes premature death, impairment of health, social isolation, rises in morbidity and mortality; with the right treatment life quality of the patient increases. Along with the nurses' roles in the treatment of depression and patient care, it is significantly effective that they abide by the patient's treatment by cooperating with her/him and their families. Encountering with the elderly in all grounds, nurses should lead them to activities to help them practice communication skills along with informing and supporting the elderly and their families.

INTRODUCTION

Health services could vary with the scientific and technological developments in the world, notably in the developed countries, improvements in the control of infectious diseases, extension of the measures that protect and improve health. The death rate has been reduced by the factors such as disease prevention by effective methods of diagnosis and treatment, providing early treatment, developing social conditions, ensuring health services to be accessible by every walk of life, and improving dietary habits (Ağırman, et al., 2017: 234-240). Developments in protective health services also reduced fertility and

baby mortality rate. As a result of these factors, life expectancy has increased, lifespan has become longer. With the increase of the life expectancy, human population over 65 in the society has escalated (Kurt, et al., 2013: 32-39; Görpelioglu, 2009: 21-28). As a result, average life expectancy and accordingly the number of the elderly in the developed and developing countries has been rising gradually. This caused societies to face economic, social, and health issues (Hocaoğlu, 2010: 36-48). While the agreed cutoff is 65 demographically, World Health Organization accepts 60+ to refer to the older persons (Bilir, 2006: 3-9). In our country, the old age population was detected as 8% in 2014; old population (65+) was 6 million 192.962. According to population projections, old persons populations is estimated to be 10.2% in 2023, 20.8% in 2050. If the rate of the 65+ population of a society to total population is above 10%, that society is called an old society. Aged population is considered to be an indicator of wealth level. In Turkey, 65+ population rate is 7-8% (Görpelioglu, 2009: 21-28).

The word elderliness refers to the development in the later period of life and the changes in the individual. Elderliness is a period when there are losses and downfalls in life. Also, it is a result caused by cultural, environmental, and economic factors. Elderliness is a notion with biological, physiological, psychological, sociological, and chronological aspects and it could be defined in various aspects. When putting a chronological order to the aging in the human life, WHO considered 65+ to be elder people. According to the categorization of the WHO, 40-65 is called middle age, 65-74 is called young elderliness, 75-84 is called old age, 85+ is called very old age. This classification may not go for everyone as elderliness indications may vary depending on living standards of persons (Bilir, 2006: 3-9). Elderliness is a mentally risky period where people experience disabilities, losses and where physical issues which need medication increase, cognitive functions weaken, thus, people become more dependent on environment (Eker, et al., 2004: 75-83). One of our main goals should be to free aging and elderliness away from being scared and avoided and from being a concerning situation. Health care workers' part in aging period is to take measures to ensure that people live an active, productive, and a creative life also at their later ages. (Görpelioglu, 2009: 21-28; Softa ,2014: 3-150)

SENILITY and DEPRESSION

As people age, they experience both physical and spiritual changes. The existing power, prestige, economic independence, functionality, and busy living conditions start to diminish; the person's status changes from active to passive. Elderliness is somehow a period when there are losses. The person may have lost her/his loved ones, spouses, friends, or children. On the other side, social communication starts to have inevitable disconnections, hardships in physical skills commence to occur, physical disorders and multiple medication uses come to the fore. As a result of these, older persons often suffer from depression. Depression, which is a mental disorder often seen in older persons, cause individuals to have a reduced life quality and spend more on health; thus, it remains to be an important health problem in this period. Unless treated, it causes premature death, impairment of health, social isolation, rises in morbidity and mortality; with the right treatment life quality of the patient increases. Losing a spouse or close person creates a mental breakdown for an older person. This could be a preparatory factor for depression as it will cause loneliness and isolation in the older person. Losses in physical appearance, power, role, and position in the aging period make the older person dependent. As a result, with feelings of sadness, guilt, pessimism, unhappiness; characterized depressive disorders could occur (Duru, et al.,, 2009: 34-41; Şahin, et al., 34-41; Eker, et al., 2004: 75-83; Ağırman, et al., 2017: 234-240).

Depression is a syndrome that an individual goes through symptoms such as slowdowns in thinking, speaking, and motions, and slowdowns in physiological functions with such feelings and thoughts as foziness, unworthiness, weakness, reluctance, and pessimism in a deep sad feeling situation. Emotions that are specified by depression diagnosed individuals are anxiety, unworthiness, guilt, despair, and anger (Ançel, 2007: 67-77; Ağırman, et al., 2017: 234-240) Unworthiness might mean feeling inadequate or failing to adopt a realistic attitude for evaluating their own worthiness. These feelings reflect a decrease in self-respect. Expressions such as ''I'm not good; I will never be useful'' are common. Guilt is a common symptom of depression. Despair occurs due to incapability in performing the simplest things. These individuals believe that nothing will ever change. This is exactly a feeling of despair and it could cause the individual to consider suicide to be a way out from this mental situation. With despair, comes the feelings of hopelessness. Fury and irritability are natural outcomes of

despair. Reduces in physical activity and isolation from society are commonly seen. Older persons usually complain about fatigue and exhaustion, they become dependent, passive, and desperate. Excessive crying, intense focus problems, and forgetfulness, physical complaints such as repeated pain which does not respond to treatment, changes in sleeping habits, insomnia, oversleeping, waking up too early, excessive fear or mental pain regarding the physical disease or other physical symptoms are seen (Saygılı, 2013: 88-89).Neurovegetative symptoms, somatic complaints, agitation, forgetfulness, and hallucinations are often detected in senile depression. Patients often suffer from energy loss, problems in focusing, sleeping problems (especially waking up early or frequent sleep interruption), appetite and weight loss (Göktaş, et al., 2006: 30-7). These symptoms are important factors that make depression harder to diagnose at later ages. Delusion of persecution and hypochondriac (about having an untreatable disease) are seen more widely than delusion of self-accusation. Aging also causes significant, recoverable disorders in high cognitive functions such as short-term memory, learning, voluntary focus along with a general slowdown in mental processes. Sometimes depression could also be a precursor symptom of dementia. Depression in older persons could be concealed by somatic complaints or cognitive symptoms or older persons could have difficulty in remembering and reporting their problems. Therefore, depression in older persons is the leading disorder which is hard to diagnose and usually treated inadequately (Bilir, 2006: 3-9). Eker, et al., 2004: 75-83). Depression is usually accompanied by anxiety, which is followed by dementia, delirium, psychotic disorders and personality disorders in older persons (Yaluğ and Yıldız, 2009: 253-273).

DEPRESSION EPIDEMIOLOGY n SENILITY

Even though it could occur at any age, it is the most common mental disorder suffered at later ages. Many of the older persons with depression are difficult to diagnose. Diagnosis is difficult at later ages as being naturally worn out or having chronic disorders due to aging are common notions. It is reported that 13,5% of the older persons in our society have a depressive disorder (Akgün, et al., 2004: 133-138). Epidemiological studies have shown that major depression incidence reaches the top between the ages 45 and 55. After the age of 60, it becomes less frequent with the opening of the major depression table for the first time. Healthy older persons having an independent life in society have been

found to suffer from major depression less (1-5%), while they show depressive symptoms significantly high (about 15-18%), it is stated that major depression is directly proportional to age (Eker, et al., 2004: 75-83: Kim, et al., 2007: 123-134). Major depression incidence changes depending on the older persons living environment. This rate changes between 1 and 5% in those who live in society and do not have physical problems. The rate among older persons hospitalized for medical or surgical reasons is about 12% (Göktaş et al., 2006: 30-37). Ağırman and his friends have found that 56% of older persons have mild depression, 39% have medium-level depression, 7.7% have heavy depression. Major depression rate among cognitively healthy older persons with chronic physical diseases living in nursing houses goes up till 20-25% (Koeninget, al., 1992: 235-251).Wu et al (2011) stated that there is a rise in depression at the age of 65+, and there is a relation between age and major depression (Wu, et al., 2011: 3-28). Affecting approximately 10-15% of older persons population, depression frequency in nursing and care houses reaches up to 25%. Physical problems that might show up in old age contribute to depression both with their direct effect on depression and by causing skill loss and effecting independent functioning. In a study that was carried out in Turkey in 2005, it was found that old age depression frequency is 18%. In another study that was carried out on different individuals who went to geriatrics polyclinic, major depression in 30.7% of the people and 35% of the in-patients has been detected. It has been found that 15-20% of older persons show depressive symptoms, there have been clinically significant cognitive losses and dementia occurrence (Duru, 2009:34-41; Yaluğ and Yıldız, 2009: 253-273). In another study, depression levels of 213 older persons were checked, according to Geriatric Depression Scale grade, 43.86% of them were found to be at risk of depression, it was suggested in the same study that institutional supports for older persons should be increased (Midilli, et al., 2015: 23-33). According to a review study including 74 studies carried out on geriatric populations in the different parts of the world, the generality of depressive disorders throughout the world changes between 4.7 and 16%, and living alone is an important risk factor for senility depression and suicide (Barua, et al., 2010: 89-92).

DEPRESSION CLINIC

Older persons could conceal their depression in various ways and they deny most of the symptoms. Denying the disease is mostly used among older persons and it can cause doctors to fail to diagnose physical or psychic pathology in older persons. Older persons adapt to avoiding depression using phobic defense. Some of the older persons could hide behind an ego defense in the shape of a phenomenon of “ a person who will never get old” against their fear of aging and death. Isolation is an orientation period used for coping with the denied affection changes. Constant alienation from object relations causes emotional connections with other persons to weaken. The last stage of this period is social solitude. This makes depression to be worse. Somatization is frequently used in older persons. This means that physical complaints are often encountered (Eker, et al., 2004: 75-83). In the last period of their lives, they feel the need to assess their senile lives. The old person tries to determine how s/he spent his/her life in their own responsibility. If the individual has spent a productive life s/he will have a feeling of satisfaction, if the situation is vice versa, they will be desperate, which will be worse with the living conditions and losses (Softa, et al., 2015: 12-21).

CLASSIFICATION of DEPRESSION

Major Depression according to DSM IV’s classification of depression diagnosis in older persons: Depressed emotional status is a clinical syndrome, including at least five of interest or satisfaction loss, excessive loss or gain of weight or appetite disorders, insomnia or oversleeping, fatigue or energy loss, feeling worthless or intense guilt, instability, repeated death thoughts or suicide thoughts symptoms and lasting at least two weeks. Major depression is more common in older persons above 60 and with diseases and who are in-patient or living in nursing houses. Minor depression: It is a clinically important disorder in which there is not enough the necessary symptom time or number for major depression. Heavy acute emotional instabilities are less than major depression or depressed emotional status with 1-3 symptoms of major depression or interest loss. **Dysthymia:** It is the chronic mild depressive disorder situation including at least two of these symptoms: instabilities lasting for two years, insomnia or oversleeping, fatigue or energy loss, losing concentration or having difficulty in making decisions or despair (Akdeniz, et al., 2010: 25-46; Yaluğ and Yıldız, 2009: 253-273).

OLDER PERSONS DEPRESSION SYMPTOMS

Depression in older persons is usually characterized by intense concerns about physical disorders. Patients report persistent sadness, despair, and loss of self-confidence. They lose energy and focusing skills. Sleeping disorders, appetite instabilities, and weight loss may occur. Older persons with depression look messy because of losing self-care ability. They mostly prefer dark colors. Their facial expression is sad. Crying, failing to stand still, agitation and unrest, failing to communicate with the doctor, talking low and slow, a slowdown in moves and stooping are significant features. Patients express that they have low energy and they constantly feel tired. They have sleep disorders. Even if they have sleep disorders, they constantly want to sleep. They lose weight because of appetite loss. They have difficulty in expressing problems regarding private physical symptoms and losses in memory or financial, personal or family issues. They frequently talk about losing their close ones. They state emotions of being left, unworthiness, guilt, suicide thoughts, and hopelessness. They fail to focus for a long time due to weak concentration. Depressive older persons avoid talking about their emotional complaints; they bring forward their complaints about cognitive changes and somatic problems (Göktaş, et al., 2006:30-37; Eker, et al., 2004: 75-83; Akdeniz, et al., 2010: 25-46).

RISK FACTORS n SENILITY DEPRESSION

In literature, studies have found that being a woman, being divorced or living separately, low socioeconomic level, inadequate social support or having no social support or negative life experiences emerged unexpectedly or recently are closely related to the depression suffered by older persons (Göktaş, et al., 2006: 30-7: Şahin, et al., 2012: 38-42: Softa, 2014: 3-150; Akdeniz, et al., 2010:25-46; Yılmaz, 2016: 2-20). Weakening of social relationships, loneliness, less financial gain, economic hardships, physical disorders, loss in sexual capacity, inadequate self-confidence, loss of neuron and neurotransmitter, inability to meet daily life activities, decrease self-respect, loss of a spouse, use of antihypertensive (especially beta-blockers) could be listed among senility depression risk factors (Özmenler, 2001: 109-15: Eker and friends, 2004: 75-83; Yaluğ and Yıldız, 2009: 253-273). Older persons' living environment (home or nursing house), economic status, education level, free-time activities are effective fac-

tors for the prevalence of depression. Softa's study states that in houses or nursing houses depression level is middle, the reason for this is that older persons are ready for senility period, they are satisfied with their lives, they have coping strategies, they have adequate social support systems, they sense health in a good way, they have effective and positive socio-cultural structure (Softa, 2015: 63-76). Another study carried out on older persons have found that being at later ages, 73-76, being a women, being widow or single, having a chronic disease, having poor education and low level of income, having losses, not having social support contribute to the prevalence of depressive symptoms in older persons (Softa et al., 2016: 18-24: Eker, et al., 2004: 75-83).Good prognosis features for depression in older persons are healing from former episodes, femaleness, outgoing personality, having worked in the near past, not having used drugs, not having suffered from a serious psychiatric problem, mild depression severity or not having serious life problems or diseases (Yaluğ and Yıldız, 2009: 253-273; Akdeniz, et al., 2010: 25-46).

DEPRESSION TREATMENT n OLDER PERSONS

While the response to depression treatment is slow, there is a success rate of 60-80%. However, treatment should start as soon as the depression diagnosis in older persons is clinically made. Because however high the chance of successful treatment of depression is, when it is not effectively treated it can result in premature death, a rise in the risk of suicide, decrease in functions and impairment of health (Wood, 2005: 335-349; Akdeniz ,et al., 2010: 25-46).

General Principles of Coping with Depression in Senility:

-Health personnel should be trained in terms of depression in senility,

-Depression in senility is a separate and treatable disorder,

-Depression is not a natural consequence of senility.

-Older persons have the right to get suitable pharmacological treatment and psychological intervention.

Patient receiving older persons' major depression treatment should mostly be hospitalized. Hospitalization is necessary especially if the patient's physical health is poor, the risk of suicide is high if the patient has delusions and it is known that patient's compliance to treatment is not good, cognitive functions are impaired and there are no social supports. Before starting the treatment

chronic diseases should be searched and drugs used should be assessed. Antidepressants are effective in 65-75% of all depressions (Eker, et al., 2004: 75-83). In older persons with minor depression or the ones with compliance problems, psychotherapy methods such as active listening or supporting might be beneficial. Consequently, methods used in the treatment of older depressive persons are pharmacotherapy, electroconvulsive therapy (EKT), psychotherapeutic approaches (Yaluğ and Yıldız, 2009: 253-273; Akdeniz, et al., 2010: 25-46).

DEPRESSION n OLDER PERSONS and NURSING

While gerontology nursing has not been defined in the nursing regulation, community mental health center nurses are given the duty, authority, and liability to provide information on senility mental development characteristics, and consultancy on coping methods for physical, emotional, and social problems that can emerge in this period.

-They should evaluate depression symptoms and findings comprehensively.

-Detailed stories should be heard from other family members and acquaintances who know the patient.

-The patient is encouraged to perform independent behaviors (putting materials to be used after shower in an easily accessible place, supporting them to go to the bathroom constantly and without help).

-Mutual trust is ensured. The older person should be respected.

-The patient participates in decision-making process and is informed.

-The older person is encouraged to express their feelings of weakness experience and to ask questions.

-Their efforts for making decisions and participation in their self-care are supported by positive feedback.

-The family is educated on depression symptoms.

-Adverse effects of the treatment are notified, the importance of taking the medication on time and in the correct dosage should be stressed.

-The family is given training on suicide thoughts and increasing depression symptoms, the necessity of consulting to a doctor under these circumstances is explained. Nurses should keep in mind that older persons are prone to suicide,

the risk of self-violence of the individual both in the hospital and society should be evaluated carefully.

-It is explained to the patient that the negative thoughts of the patient about themselves are not pure facts.

-Through the cooperation of the patient and the family, measures to make it easier for the patient to fall asleep without medication in accordance with the patient's habits (warm milk, warm shower and so on).

-It is ensured that the patient goes to sleep at the same time every day.

-Proper environment is prepared before meals, and rest before meals are provided. Nutritious meals high in calorie and protein should be planned.

-Poor nutrition is detected considering activity level, psychological situation, medication and their adverse effects.

-The patient is encouraged to participate in activities deemed interesting by themselves to make them socialize. Social support is important for coping with daily stresses.

-The patient is given assistance for explaining feelings and demands by role-playing.

-Communication ways to express stress failed relationships. The old person and family are supported.

Depressive older persons should be asked about their suicidal thoughts.

-Family members should be provided help about patient's abiding by the treatment.

-Older persons found to be at risk by studies should be supported. Especially older persons in nursing houses should be supported.

Methods used in depressive older persons' treatment: While the response to depression treatment is slow, there is a success rate of 60-80%. However, treatment should start as soon as the depression diagnosis in older persons is clinically made. Because however high the chance of successful treatment of depression is when it is not effectively treated it can result in premature death, a rise in the risk of suicide, decrease in functions and impairment of health (Yaluğ and Yıldız, 2009: 253-273). Although nursing definitions in care period show individual differences, nursing definitions are listed as follows: changes in thinking process, self-care inability, changes in nourishment, constipation,

diarrhea, sleeping interruptions, chronic low self-respect, inadequate individual coping skills, despair, weakness, social interactions problems, risk of harming themselves, and changes in family processes (Pınar, et al., 2012: 86-91).

CONCLUSION

Frequently suffered by older persons, depression remains to be an important health problem. Mental health along with physical health should be considered in providing services to individuals in the society. Therefore, depression symptoms and risks in older persons should be demonstrated early and people should immediately apply for health services. This will make older persons' life quality better. As unworthiness feeling existing in most depressive patients will lead to a notion such as no one needs to spend time with me, nurses should spend time for their patients to provide adequate care and treatment. Because depression not only has a negative effect on treatment but also reflects older persons' daily activities, it causes their situation which is prone to physical dependency to be worse. In worse situations, it can result in premature death, rise in the risk of suicide, decrease in functions and impairment of health. Early treatment response is slow however successful.

Nurses, mental health nurses or nurses working in geriatrics, and all health personnel should hold training programs for older persons and their families and talk about what to do about depression which is a mental problem as senility is a period where there are skill losses and dependency increases. Primary care service providers that older persons frequently consult should follow older persons in terms of depression. They should work in cooperation with the other health personnel and family regarding treatment and rehabilitation. Training on social support and family support should be scheduled.

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HYGIENE PRACTICES AND NURSING CARE FOR ELDERS

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ABSTRACT

Elderliness has become a global concept with the increase of elderly population around the world in the recent years. The problems that elders face are no longer seen as personal problems, yet they are seen as social problems now. Some of the problems elders face are; Alzheimer, dementia, visual disorders, hearing disorders, osteoporosis, walking disorders and urinary incontinence which make personal hygiene difficult to practice but in which hygiene is very important. Therefore personal hygiene practices should be considered important for enhancing body image of elders, improving their quality of life, increasing their physical and psycho-social welfare. Maintaining integrity of skin and sufficient hand hygiene of elder individuals prevents microorganism from entering the body, well-cared hair improves the body image, healthy sense organs protect individuals from accidents, good oral hygiene ensures efficient and balanced nourishment, good foot care ensures moving easily and independently, and correct perineum cleaning prevents many problems. Hygiene practices, some of whose benefits we pointed out, is one of the most important matters of senescence.

INTRODUCTION

World Health Organization (WHO) identifies individuals aged 65 and older as “elder”. According to the course of aging and the changes forming in the

body functions, the stages of senescence are classified as “late adulthood” between 65-74, “elderliness” between 75-84, and “late elderliness” at the age of 85 and above (Aksoydan 2012, 7; Saraç and Yılmaz 2015: 2).

Elderliness can be defined in different ways; biologically, physiologically, emotionally and functionally. While biological elderliness is defined as changes that take place in body structure and functions due to ageing, physiological elderliness is defined as personal and behavioral changes due to biological changes, emotional elderliness as one’s changing his/her life style due to feeling old, and functional elderliness as the inability to maintain functions in society when compared to individuals of the same age (Eren, et al. 2011: 84; Aslan, 2014: 293).

The concept of elderliness is very important to all countries given that the number of elders in the world population is increasing rapidly. According to the researches in 2002, 400 million people over 65 years of age are living in the world and it is estimated that by 2050 this number will increase about 4 times and become 1.5 billion (Eren, et al. 2011: 84). Although Turkey’s ageing population rating is not the same with that of developed countries, statistical data show that population is ageing rapidly. In our country the elderly population is increasing at a higher rate than the population of other age groups. While the population of 65 years and over was %7,7 in 2013, it is estimated that it will increase to 10.2% in 2023 and will be among the countries that are overpopulated with elders (Hastaoğlu, 2018: 90; Saraç and Yılmaz, 2015: 2).

These figures bring many problems for the elderly in the health, social, cultural and economic fields with them. The more one ages, the more the health care requirements increase and many basic daily-life activities that are done successfully before, become impossible to perform (Altındiş, 2013: 236). Therefore, hygiene practices, which are very important for the protection and maintenance of health, need to be performed and taught elderly individuals correctly.

HYGIENE PRACTICES

Hygiene involves self-care practices regarding ensuring welfare, protection from diseases and maintaining one’s health. And self-care refers to one’s ability of covering his/her own nutrition, excretion, clothing and cleaning needs without others’ help. One can become dependent on others permanently or temporarily

when performing these activities, which once he/she took care of independently, in case of a disease, disability or elderliness. For both psychological and physical well-being, these activities should be done regularly and efficiently.

Age factor is important in self-care practices. Individuals' needs, which differentiate depending on age, should be determined. Decrease in physical strength and movement and loss of the ability to self-care due to aging effects individuals' self respect negatively and feels like he/she is losing control over his/her body (Ay, 2016: 370).

The purposes of hygiene practices for elders are; eliminating toxic substances, body fluids and temporal microorganisms from the body, getting the individual to relax and rest, reducing muscle tension, eliminating malodors of the body, making the general appearance of the individual positive, improving the body image, as well as maintaining and improving skin care (Ay, 2016: 372).

Caring for elders who depend on others' for their daily-life activities must be done carefully like those of babies' and children's because an individual who has become dependent due to ageing needs even more help when moving or performing daily-life activities (Sabuncu and Ay, 2015: 604).

SKIN CARE

Skin is the biggest organ which includes nerve endings, glands, hair follicles, lymphs and veins in it, covers the body and protects it, and has significant functions for human life. Skin's main functions are protecting the body from external effects, helping respiration, regulating the body temperature, managing fluid-electrolyte balance, vitamin d synthesis, tactile sensing, producing secretion, and eliminating toxic substances from the body. To this respect, hygiene practices are very important to maintain skin integrity and functions (Aştı and Karadağ, 2011, 376: Aştı and Karadağ 2013: 445; Ay, 2016: 366).

A healthy skin should be warm, soft, and should have an elastic turgor and a vivid tone. Also its integrity should not be damaged by scratches or scares and its color should not be damaged by cyanosis, hepatitis or paleness. However its physiological structure may change due to various factors. One of these factors is old age. Due to ageing, the skin loses its elasticity and humidity because sebaceous and sudoriferous glands secrete less. Slowdown of blood circulation and especially deficiencies of vitamins A,C,D,E make the skin pale, and the loss of

subcutaneous fat and elastic tendons causes wrinkled and sagging skin. Brown spots may appear as a result of decrease in melanocyte which gives the skin color. Burning, stinging, tingling sensations, itchiness and desquamation due to dryness, may occur on the skin (Aştı and Karadağ, 2013: 445; Ay 2016: 372; Altındiş, 2013: 195-7).

Many unpleasant problems may occur due to these changes on elders' skins. Since deterioration and thinning of the skin elasticity makes the skin sensitive and vulnerable, it may easily get bruised or wounded. Due to circulatory impairment, wounds may take a long time to heal and may develop infection. Some sensory and perceptive changes may result in late reaction to stimuli, and due to the slowdown in reaction speed, one may fall and this may lead to fractures or injuries (Altındiş 2013: 195-7).

Nursing care is important for preventing and solving these problems and for offering elders healthy and active lives. The main purposes of skin care are eliminating toxic substances from the body, preventing malodors and maintaining skin health and integrity. The essential practices for maintaining skin health and integrity can be listed as such;

- ✓ To prevent skin dryness; one should not be exposed to the sun for a long time, should not go out when the sun is at its highest should use hat and glasses for protection and should use sunscreen regularly,
- ✓ To prevent skin dryness; one should not shower too often, should not use excessive soap or hot water when cleaning his/her skin, should use moisturizing soaps, should wash and dry off the skin gently, should use moisturizing creams,
- ✓ To prevent skin dryness and irritation; thin, soft and cotton clothes should be preferred, one should keep one's living environment moist, one should dress according to the season and temperature,
- ✓ To maintain skin integrity; skin's color, temperature and turgor should be evaluated, it should be checked if there is scratches, wounds or infections on it, pressure on the bones should be avoided, security precautions should be taken to avoid falling and traumas.
- ✓ To eliminate itchiness; all practices that cause skin dryness should be avoided, itch relief lotions should be used if necessary,

- ✓ To protect the individual's body image; some cosmetic products and therapeutic approaches should be prescribed in order to eliminate old-age pigments,
- ✓ Daily hygienic care is crucial for elders because of the change on their skin. That being the case, everyday, the skin should be observed, evaluated, precautions should be taken for potential problems, existing problems should be treated with appropriate methods, daily hygiene practices should be performed in accordance with the above mentioned methods. All these will ensure a healthy and integrant skin and a comfortable life for the elderly.

HAND CARE

Hands are the organs which get dirty most and have the most contact with microorganisms. The hand flora is divided into two classes; permanent and temporary. Permanent hand flora does not cause infections unless it is relocated or body's immunity is weakened. Temporary flora may cause infections. These microorganisms (of the temporary flora) are placed mostly in the nail through dirt and oil and they can be removed when one washes his/her hands properly (Aştı and Karadağ, 2013: 453).

Nails help protecting the tips of fingers and toes. A nail consists of root, body and edge parts. Nails seem as if they are pink because of the capillaries laying underneath them. The skins on the side of the nails are called cuticle. A healthy nail is transparent, flat, smooth, a little cambered, its fold is pink, and its edge is translucent. In case of a disease or old age, the nail structure may go through some changes. Elderly's nails become thin, matt and fragile, and they grow more slowly (Aştı and Karadağ, 2013: 453).

Hands and nails play an important role in the transport of microorganisms to the body. Hand care is the first step of personal hygiene. Disease-causing microorganisms are mostly transmitted from person to person through hands. The microorganisms transmitted through hands, which are in constant contact with the environment, may cause many diseases from a simple cold to deadly diseases (*,3). Therefore hands and nails need to be cleaned regularly and properly.

The purpose of hygienic hand washing is removing all temporary microorganisms and some permanent microorganisms from hands. Many microorgan-

isms can easily place in the nail edges and grow there. Thus, cleaning nail edges is also very important. Also, elder individuals should use nail polish and nail polish remover as rarely as possible because frequent use of these products may lead to nail dryness, nail delamination and broken nails (**,4-5). The following practices can be used for elderly's hand and nair care;

- ✓ Hands should be washed well before and after dinners, before and after using the bathroom, after coming home from outside, after touching animals, after touching objects like money that many other people used, after using a handkerchief, before and after touching food, and after getting dirty.
- ✓ Plenty of water and enough moisturizing soap should be used when washing hands,
- ✓ Hands should be rinsed well in order to get rid of the remaining soap which would cause dryness,

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- ✓ After washing and rinsing process, hands should be wiped dry with a soft and clean towel in order not to leave the skin wet,
- ✓ Hands and nails should be moisturized with an appropriate lotion or cream so that they do not become dry,
- ✓ Fingernails should be cut round once a week, if nails are thick, hands should be soaked in water before cutting, hands should be washed again after cutting nails,
- ✓ Contact with chemical cleaners should be avoided and if necessary gloves should be used in order not to cause dryness and irritation of hands and nails,
- ✓ Individual's towel and equipments he/she uses for nail care and clipping should be personal.

HAIR CARE

Hair grows from the follicles of the dermis. Blood veins supply necessary nutrition to every follicle for hair growth. Sebaceous glands secrete sebum, which moisturizes hair and scalp, in every follicle. Sebum gives the hair shine. Hair colour depends on the amount of melanin the skin has. While hair grows on a regular basis, 50-100 hair strands are lost per every day (Aştı and Karadağ, 2011: 378; Ay 2016: 396).

Hair's growth, look and tidiness cue individuals in about their hygiene practices and state of health. Hormonal changes, psychological and physiological stress, ageing, infections, diseases, nutrition, and the use of some medicines affect the structural features and look of the hair. For example, decrease in serum protein level causes hair dryness and splitting. Hair dryness and easily splitting of the hair strands may occur due to excessive use of shampoo. Dry hair, which is usually caused by aging and protein deficiency, requires less frequent shampooing (Aştı and Karadağ ,2011: 378; Ay 2016: 396).

Hair and scalp should be evaluated before starting hair care for elders. Hair's coarseness or softness, greasiness or dryness should be examined and scalp should be checked to see if there is hair loss, infection, wound, dandruff, louse, etc. (Ay, 2016: 397).

Hair care for elders should be given in order to ensure that hair and scalp are clean and healthy, to speed up the blood circulation on the scalp, to ensure individual's comfort, to boost his/her self-esteem, to make him/her take part in his/her own hygienic care (Aştı and Karadağ, 2013: 451).

Hair is very important in terms of elderly's physical appearance, social relations, and body images. Sweat, sebum, dirt, and scurf reside in the hair which surrounds scalp. If the hair is not cleaned regularly, it will look greasy and weak. In addition to this, the hair will lose its natural colour and turn gray due to the decline in melanin production with the effect of aging, it will become thin and weak. That's why hair care is important for maintaining hygiene and boosting individuals' self-confidence (Ay, 2016: 396-7). The necessary practices for the protection and maintenance of hair health can be listed as follows:

- ✓ Hair care equipment (such as hairbrush, comb,) should be personal,
- ✓ Hair care equipment should be cleaned properly,

- ✓ Hair-specific cleaning products (such as soap, shampoo) should be used,
- ✓ Frequency of washing the hair should be decided depending on the characteristics of the hair (such as dry, greasy).
- ✓ Hot water should not be used when cleaning hair,
- ✓ Hair conditioner should be used if necessary in order to ensure that the hair will not get dry and in order to comb easily
- ✓ A soft towel should be used when drying the hair,
- ✓ A wide tooth comb should be used for curly hair,
- ✓ If the hair is tangled, it should be divided into parts and then combed,
- ✓ Hair should be combed every morning,
- ✓ Hair should not be tied too tightly,
- ✓ The individual should be encouraged to deal with his/her own hair care independently by giving them the necessary tools,

One of the important problems for hair and scalp is head lice. Lice are parasites that live and feed on the scalp. Lice are thin and they have a greyish-white color. Delousing the hair is a difficult process. They are contagious and will be transmitted around when one does not delouse his/her hair. Nits look like scurf. It can be identified by itch, scratches and vesicles due to itching on nape and scalp (Ay, 2016: 400). One should pay attention to these when going under lice treatment;

- ✓ Dry hair must be covered with lice killing shampoo and left for minutes,
- ✓ Hair should be washed then combed with a narrow tooth comb,
- ✓ Hair should be dried naturally, hairdryer should not be used in order not to spread the lice around,
- ✓ Same process should be done after 12-24 hours and one should continue doing this until he/she gets rid of the lice completely,
- ✓ The tools used must be boiled, washed with very hot water, and especially the seams should be ironed well,

EYE, EAR and NOSE CARE

Eyes are important organs for getting information about the environment and carrying out daily-life activities. To see, eyes should be healthy structurally

and functionally. An eye consists of the iris which gives the eye-color, the cornea which covers the iris like a transparent layer, and the retina which covers the inside of the eyeball and consists of nerves. Ears are organs of hearing which are on the sides of the head. An ear consists of three parts; external ear, middle ear and internal ear. Nose is an organ which is in the middle of the face and which consists of cartilage and bone, and has the functions of smelling and respiration. Nose is also an important organ regarding the relationship between senses of taste and smell. In situations where the sense of smell has deteriorated in any way, the sense of taste may also deteriorate (Aslan, 2014: 89-90).

Eye care may not be necessary since the eyes clean themselves with tears and eyelids and eyelashes prevent foreign bodies from entering the eyes. But special eye care is necessary for careless patients, patients who have had an eye operation and the elderly. Visual disorders may appear especially due to ageing. In elders' eyes, lens elasticity and corneal sensitivity disappear, tears decrease, iris color disappears. Cataract, glaucoma and age-related macular degeneration are the most common pathological visual disorders among elderly. If cataract is not treated it may cause glaucoma and blindness. Decrease in tears occurs because of lachrymal glands and it irritates the cornea. For this reason, many elder individuals cannot identify the colors well (Özkahraman, et al. 2012: 22; Aştı and Karadağ ,2013: 454; Altındiş, 2013: 159).

The purposes of eye care for elderly are preserving and maintaining eye health, preventing corneal dryness, preventing problems such as infection, etc. and cleaning the secretion remains in the eye (*,8). To maintain eye health for elders;

*T.C. Millî Eğitim Bakanlığı. Hasta Ve Yaşlı Hizmetleri. Kişisel Bakım İhtiyaçları. Ankara: 2016

- ✓ Eye cleaning should be done from inner canthus to outer canthus with a clean, soft cotton cloth,
- ✓ If there are crusts round the eyes, eye care should be done after they are softened,
- ✓ In order not to damage the eye, no pressure should be applied when wiping,
- ✓ Materials such as eyeglasses and so on that elder individuals use should be cleaned regularly and they should be informed about how to use them,

- ✓ If there is dryness in eyes, lubricating eye drops or artificial tears should be used,
- ✓ One should be careful about cataracts, annual checkups should be advised,
- ✓ One should be aware of elders' sensitivity for bright light and give them time to get used to the changes in lighting,
- ✓ Environments of elder individuals should be well-lit and environmental safety should be ensured,
- ✓ Elders should be taught that they need to see a doctor when they have crusty, red, watery, etc. eye problems.

Elders' earwax becomes harder due to the decrease in secretion in auditory canals and this reduces the protectiveness of the earwax. Ears become more vulnerable to external factors and prone to developing infections. Itchiness occurs due to the atrophy on the ear skin and this may cause irritation on ears. Elders should be informed about the fact that they can use hearing aids for hearing loss (Altındiş, 2013: 176-7). To ensure ear health for elders;

- ✓ Earlaps and the back of the ears should be wiped with a clean, soft cloth,
- ✓ Elders should be informed about the fact that sharp objects and cotton swabs should not be inserted in the ears,
- ✓ Situations which cue that the person may have a hearing problem should be identified and evaluated,
- ✓ If using a hearing aid, it should be taken off before bed,
- ✓ Hearing aids should be protected from water and excessive heat and should be preserved in its own case,
- ✓ If an elder is using a hearing aid, he/she should be informed about getting it checked once a year.

Nasal mucosa is normally pink and without discharge. If there is nasal discharge, it should be examined. For example, colorless, watery discharge is caused by allergy. Nasal discharge, sneezing, coughing, loss of smell and nosebleeds are the most common symptoms seen in elderly. Nasal bleedings are often the result of dryness of the mucosa due to arid climate or dry and hot air running around during winters (Aştı and Karadağ, 2013: 454; Altındiş 2013: 178). To ensure the nasal health for elders; nasal discharge should be cleaned

with a soft paper tissue, their environment should be moistened, their nasal condition should be evaluated and they should be informed about seeing a doctor in case of any problems.

ORAL CARE

We perform activities like eating, talking and laughing, which are very important in our daily lives, with our mouth and organs in it. Oral hygiene is as important for social communication and self-esteem as it is for eating and talking (Ay, 2016: 388; Aştı and Karadağ, 2013: 448).

Oral hygiene practices are carried out in order to maintain integrity and humidity of the oral mucosa, to ensure the periodontal health, to remove the unpleasant taste and smell in the mouth, to clean the intraoral elements, to teach the correct hygiene practices and to comfort the individual (Aştı and Karadağ, 2013: 448-9).

A healthy mouth's mucosa is normally pink and moist. Healthy teeth are orderly and bright. The gingiva is pink, humid, hard and relatively non-elastic (Aştı and Karadağ 2011, 378). Through ageing, decrease in salivation, teeth loss, gingival recession, palatal disruption and decrease in sense of taste may occur (Aksoydan, 2012: 8).

Insufficient and inactive oral care may lead to many health problems for elders. Infection on oral tissues and gingiva, tartar, bad breath, tooth decay/loss, and dryness of mouth mucosa are among locally-developed problems. But these oral/dental problems may cause many serious problems such as digestive, respiratory and cardiac diseases (Aksoydan, 2012: 8; Erol, et al. 2016: 106).

To prevent these problems for elder individuals, necessary precautions about oral and dental health should be taken and to detect treatment requirements, oral health should be evaluated and daily oral care practices should be taught (Erol, et al. 2016: 7). Necessary practices to ensure and maintain oral health are as follows:

- ✓ Teeth should be brushed using a suitable toothbrush and toothpaste, and teeth brushing should be made a habit,
- ✓ If fizzy and sugary drinks or food has been consumed, teeth should be brushed within an hour, or if that is not possible, one should gargle his/her mouth,

- ✓ If there are dental plaques, one should gargle his/her mouth with oral care solutions,
- ✓ One should be careful about food's temperature since very cold or very hot food and beverages can harm the tooth enamel.
- ✓ One should pay attention to adequate nutrition since mineral and vitamin deficiencies may cause tooth decay/loss,
- ✓ Nuts that have hard shells such as walnut and hazelnut should not be cracked using teeth,
- ✓ The hard shells of nuts like chestnuts and walnuts shouldn't be broken with teeth.
- ✓ A dentist should evaluate oral structure every six months.
- ✓ Elderly individuals should be encouraged to do their own oral care and be given the necessary instructions.

Another important problem with elderly individuals that can cause many health problems is the drying of oral mucosa. The drying of oral mucosa can lead to smelly breath, speech and swallowing hardships, inner mouth wounds, canker sores and infection development, deterioration of sense of taste and if it goes untreated for a long time, it can lead to decayed teeth and gingival diseases. To prevent and treat the drying of the oral mucosa;

- ✓ Elderly individuals should have a high liquid intake, lots of sugarless drinks should be consumed,
- ✓ Their environment should be properly humid,
- ✓ Drinks that contain acid, sugar and caffeine should be stayed away from,
- ✓ Food or drinks that are too hot or cold should not be consumed,
- ✓ They shouldn't drink alcohol or smoke,
- ✓ The natural voice tone should be used when talking and one shouldn't talk too much,
- ✓ Try not to catch upper respiratory infections
- ✓ One should try to breathe from the nose as much as possible,
- ✓ Use moisturizing creams to prevent dry lips.

With old age, it is noticed that individuals who do not do sufficient and regular oral care lose teeth and use prosthetic teeth later on. Regular care for

prosthetic teeth is important in regards to preventing gingival infections, bad breath and providing oral hygiene. The prosthetic teeth of the elderly should be removed and properly cleaned especially before sleeping, so there is no leftover food under them, microorganisms don't multiply and that the gingiva can rest (Ay, 2016: 393). For the care of prosthetic teeth;

- ✓ They should be removed before going to bed,
- ✓ After being cleaned by brush they should be kept in water in a closed box,
- ✓ Gums and over the tongue should be brushed with a soft brush and rinsed with solution,
- ✓ First the top teeth then the bottom teeth should be put in place with slow movements,
- ✓ They should be cleaned and brushed after every meal.

FOOT CARE

The feet are important bodily structures that carry the body's weight, allow people to walk, stand and move around. Should the anatomical or physical construct of feet deteriorate the whole nervous-skeletal system could be affected. If one disregards foot health it can cause pain in feet, legs and waist, limitation of movement and fatigue. Due to the unique mechanical structure and functions of feet, they require special care (Aştı and Karadağ, 2013: 451).

Special care is especially required with elder people's feet to prevent; foot and toe nail infections, smell, aching and soft tissue damage. These problems can be avoided by often evaluation and regular cleaning of feet. Individuals do not notice foot or nail problems until there is discomfort and/or pain. Elderly people should be educated on problems that can occur with feet and nails and the symptoms of such problems (Aştı and Karadağ, 2011: 410; Ay 2016: 401).

For feet to be evaluated properly, one must first know the qualities of healthy feet. Healthy feet have uncompromised skin entirety. The skin is pink, smooth, soft and warm. There is no oedema, inflammation, swelling or pain. The toes stand still properly and mobility is normal. Pulse observations from feet are regular and have normal fullness. The skin surrounds the entire nail and

the cuticle is in good shape, the nails have a pink colour (Aştı ve Karadağ, 2013: 451; Ay, 2016: 401).

As people get older, depreciation symptoms occur in feet. Due to the mechanical effects of years of bearing heavy weights there can be changes in the bone and soft tissue structure of feet. Feet of elderly individuals are affected by causes such as trauma, increase of loaded weight and walking disorders. The preservation of foot health is very important with elders who have decreased levels of physical activity as it limits mobility. Increase in thickness of skin under the foot, calluses where pressure is applied, bone bulges and deformities limit mobility further. Toenails of elders are; slow in growth, become more matte, get thicker and curlier. Also orthopaedic deformities, systemic illnesses, vascular and sensory problems have negative effects on foot health (Altındiş, 2013: 197).

One of the most common problems elders suffer from is foot aches. Diseases such as diabetes, rheumatoid arthritis; injuries and congenital deformities are causes of foot aches. Aching feet can lead to abnormal walking or limping. These are reasons why foot care has an important place for elders. Also if systemic problems like diabetes and neurological illnesses are present problems may be noticed later than regular. Especially elders in these situations should not walk barefoot and should check their feet every day. Lack of foot care in elders who have diabetes can lead to complications like wounds that not heal and even loss of limb (Aştı and Karadağ, 2013: 452; Altındiş, 2013: 200).

The primary purposes of foot care for elders are; to provide clean feet and comfort for the individual, accelerate circulation, prevent or if present remove smelliness, prevent of if present treat infections, observe problems that may occur with feet and nails and treat them and to teach them and their families proper foot care. For elder people to have healthy feet they should apply the following instructions:

- ✓ Feet should be washed with warm water and soap everyday and rinsed with lots of water.
- ✓ To avoid especially fungal infections between toes being most important, feet must be dried properly.
- ✓ Foot skin must be observed for symptoms like stretch marks, ingrown toenails and infections.

- ✓ Calluses should not be cut; cuts, scratches and pustules should be treated on time.
- ✓ Elders that have diabetes should especially check their feet everyday and if rashes, swelling, broken toenails or sensitivity is present medical advice should be sought.
- ✓ If toenails are thick and hard they should be soaked in warm water to soften and then cut straight and not too short.
- ✓ If the skin is dry moisturizers or lotions should be applied.
- ✓ Socks shouldn’t be tight and cotton socks that retain sweat should be preferred and changed every day.
- ✓ One shouldn’t wander around barefoot; shoes that fit properly that don’t slip and are soft should be used.
- ✓ Moves that prevent proper circulation should be avoided and exercise should be done to increase circulation.
- ✓ Elders and their families should be educated about the importance of proper foot care.

PERINEUM CARE

The perineum is the area that is limited from symphysis pubis at the front, the ischium at the sides and the coccyx bones at the back, which starts from the pubis and ends at the anus and covers the boundary of the exterior genital organs. Due to lack of exposure and being enclosed it is one of the most hot, moist and dirty areas of the body. Accumulation of bodily fluids like urine and sweat in-between skin creases provides a convenient environment for microorganisms to grow and multiply easily. These are reasons why infections can easily occur in the perineum and irritation and smelliness may present with skin and mucosa (Aştı and Karadağ, 2013: 463; Ay, 2016: 402).

Due to the anatomical structure of women, a shorter urethra and smaller distance between urethral meatus and anus, microorganisms can easily enter the meatus or vagina. This is why perineum care is very important for women in preventing genital and urinary tract infections. Urinary infections are more common with elders than with adults and progresses more seriously and can cause complications. With old age, women have thinning in the protective layer of the

urinary epithelium and increase in vaginal pH levels while men have a decrease in fluids secreted from the prostate that prevent infections (Aştı and Karadağ 2013: 463; Altındiş, 2013: 64). This is why regular perineum care is important for elders in order to prevent infections that may come up.

However perineum care may cause shyness with elders. That is why, the individual's privacy must be protected and be in accordance with asepsis principles. Necessary procedures for preservation and maintenance of perineum health can be listed as such;

- ✓ Cleaning of the perineum must be done after every toilet visit correctly. The cleaning procedure should be from the least dirty area to the most.
- ✓ Women should clean from the pubis to the anus(down and away) and men should clean from the pubis to the urethral meatus and scrotum.
- ✓ To prevent infections, after cleaning, the area should be dried with a soft white toilet paper thoroughly and not left damp.
- ✓ Unless absolutely necessary soap should not be used for perineum cleaning as it disrupts the flora of the perineum area and cause infections. That is why just water should be used.
- ✓ Growth of pubic hair can lead to infections and smelliness so they should be removed with appropriate methods regularly.
- ✓ To decrease sweating in the area cotton based underwear should be preferred.
- ✓ To prevent vaginal infections, immune system boosting food must be consumed.
- ✓ Elders should be taught perineum care and be told to seek medical advice should complaints like itchiness, rashes, burning and discharge occur.

Also urine and stool incontinence are important problems for elders. Causes of incontinence in women can be postmenopausal shortening of the urethra and inner surface thinning, decrease in urethra sphincter tonus and weakening of the pelvic structure due to pregnancies. In men enlarged prostates can cause urinary retention (Özkahraman, et al. 2012: 21). Even though urinary incontinence is a problem that increases with age and is more common with elders, individuals seeing this as nature running its course do not feel the need to seek medical advice. However the underlying cause must be investigated and the el-

derly individual should be given proper treatment. Also kegel exercises should be done, regular bathroom schedules should be applied as well as diuretics consummation such as tea and coffee should be decreased. Elderly people who have stool incontinence should first find the cause and then treat properly. Bowel exercises should be done for anal sphincter control, defecation habits must be gained, sufficient fluid intake should be provided, cleanliness of the peri-anal region should be given proper importance, elder people who use diapers should change them often, regional skin integrity and infection symptoms must be observed, the elderly individual and his/her family should be given all the necessary information, such problems causing physical and social problems should be prevented and quality of life should be increased (Altındiş, 2013: 239).

RESULT

As a period of a living being's life, elderliness requires different responsibilities and applications for individuals and society. Elder people who have to deal with many physical and psychosocial changes that come with old age can have an increased quality of life if their needs are evaluated, problems prevented and removed.

The elderly individual may need help in matters such as what the changes in his/her life mean, the effects they have on day-to-day life and what path to take in order to fulfil his/her needs. For the elderly individual to protect and sustain his/her health and to able to live independently the focus should be on what the individual can do and not what he/she cannot do.

With old age, circulation slows down, muscle tone weakens, due to less fat being produced the skin and hair gets dry. Hair begins to lose colour and grows slower. Due to saliva secretion decreasing the oral mucosa dries. Teeth may fall out and the individual may use prosthetic teeth. Usage of prosthetic teeth affects oral cleaning procedures. Due to circulation slowing down, especially with elders' foot cleanliness and care is important. As urinary infections are a higher risk and can cause complications perineum hygiene should be given care.

To prevent and resolve problems that may develop in elders,

- The skin should be observed and evaluated every day, precautions should be taken for problems that may occur, existing problems should be treated properly, daily cleaning procedures should be done correctly,

- Hands should be washed thoroughly before and after meals and bathroom visits, after returning home, contact with animals or items that many people come into contact with like money, using tissues, before and after coming in contact with food and when dirty and then kept properly moist.
- With elderly individuals, to maintain hygiene and increase confidence hair care must be given appropriately and independence must be provided,
- Should elders have lack of or insufficient mouth care it can lead to many kinds of health problems, that is why the drying of oral mucosa should be prevented, regular and proper care should be taught and should a problem arise it should be treated,
- To prevent foot and toenail infections, smelliness, aching and soft tissue injuries in elders, special care should be given, feet must be evaluated often and regularly cleaned,
- Urinary infections, urinary and stool incontinence are important problems that face elders. That is why to provide comfort and maintain health, correct perineum care is very important.

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A PUBLIC HEALTH OVERVIEW ON SMOKING ADDICTION

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ABSTRACT

Smoking is a major but preventable public health problem in Turkey and the world, being an important cause of morbidity and mortality. WHO defines smoking at least once per day regularly as smoking addiction leading to psychological and physical dependence. The results of the Global Adult Smoking Survey (GASS), based on data from 22 countries, indicate that there are 879 million smokers, totalling 721 million men and 158 million women. Turkey Global Adult Smoking Survey in 2012 has shown that the incidence of smoking among adults aged 15 and over was 27.1%, corresponding to 14.8 million adults. The rate of smoking is higher among men than women. Currently, about 5 million people die each year in the world. Most of these mortalities are seen in low- and middle-income countries. 8 million people are expected to die each year due to smoking by 2030.It is estimated that by the end of this century, one billion people will die due to tobacco use and 80% of the mortalities will occur in low and middle income countries. The smoking epidemic has evolved into a worldwide pandemic in the last fifty years when the harms of smoking are understood very well.

INTRODUCTION

What does add ct on mean?

In general, addiction can be defined as an irresistible desire for an object, a person, or an entity, or a state of being under the pressure or control of another

will (Korkmaz and Simsek, 2017: 14-23). Goodman described addiction as a behavioural pattern which serves both pleasure and avoidance from inner disturbance.(Goodman, 1990: 1403-1408). Nowadays, the addiction, an important challenge in terms of mortality rates, lost years in life and hospitalization costs, has become a significant biopsychosocial issue since the individuals have started to realize that some substances change their mental state temporarily and make them feel different (Korkmaz ve Şimşek, 2017: 14-23; Şehbaz ve Kılınç, 2005: 98-1021; Yıldırım, 2016: 108-128).

The substance addiction refers to the loss of control on substance intake by an individual. It is described by WHO as a significantly higher prioritizing behavior towards a psychoactive substance used than other tasks and objects previously valued by the individual. In other words, drug abuse becomes a behavior pattern to an extent that is detrimental to both the individual and the society in which he / she lives (Yorgancıoğlu and Esen, 2000: 90-100).

Regardless of the reasons of starting and using from the past to the present, the substances taken by an addicted individual may be considered to be redemptive for several reasons including getting rid of experienced negative mental state, feeling of happiness, relief of anxiety and depression. Addictive substances are non-vital, naturally or synthetically available,drugs which affect the central nervous system functions and bodily structure of the user, causing permanent harms in the progressive process, and subsequently forming mental and behavioral problems in the individual and resulting in death in the end. (Ozcan et al., 2013: 152-175)

Tobacco is the generic name given to the various plants of the Nicotinia family, especially Nicotiana tabaccum, pertaining to the family Solanaceae (Solanaceae) and to the leaves of these plants which are used as pleasing substances. The length of the plant's leaves is about 1-2 meters. The height of the plant varies depending on the growing regions and this annual herbaceous plant has flowers with a cluster or rhomboid shape with an average of 60-90 cm in red, yellow and white colours.The most distinctive property of the tobacco plant in comparison to other plants is the presence of the substance called nicotine found in its leaves. The leaves of the plant contain a special chemical alkaloid substance, called nicotine and can be used after shredding, drying and powdering processes by burning and smoking, chewing in the mouth or orally inhaling its powder (Özcan et al., 2013: 152-175).

Nicotine is an alkaloid, composed of organic nitrogenous substances, which is found in the form of particles in cigarette smoke and is the main substance causing addiction. The scientific genus name of the plant “Nicotinia” is derived in honor of Jean Nicot, the French Ambassador to Lisbon,Portugal who sent tobacco tobacco as a drug to the French regent, Catherina de Medicis who suffered from migraine to relieve her pain.(Özcan et al., 2013: 152-175).

The term of nicotine addiction was first used in the “Surgeon General” report in 1964, and in 1979’s report, it was announced that nicotine was a very powerful addictive substance. In the report in 1988, it was shown that the addictive substance in tobacco was nicotine and had pharmacological and psychological effects similar to heroin-cannabis addiction. (Öztuna, 2004: 546-560). It is described by the American Psychiatric Association as a psychiatric disorder with cognitive, behavioral and physiological symptoms (Argüder et al., 2013: 81-87).

TOBACCO’S HISTORY n TURKEY and the WORLD

Tobacco is known to have been cultivated by continental native tribes and used in daily life when Christopher Columbus discovered America, and have been used for religious reasons, especially by experienced shamans in religious rituals. Tobacco smoking commenced in the USA, the homeland of tobacco. It has been understood from the records that the natives used tobacco leaves as incense with the scented plants in their religious ceremonies. As a result of the expeditions to America, tobacco was brought to Europe in 16th century for the first time and started to be cultivated in France, Portugal, Spain and England respectively and spread to the whole world. The product quality is seen as a very important reason for tobacco use, and climatic conditions have a decisive role in its quality. For this reason, tobacco needs to be cultivated in certain climatic conditions and suitable soil types.Sandy, loamy, humus and water-free soil types are the most favourable growing areas for the plant. It is known that the plant was introduced from Antilles to Spain and then to Europe by Spanish sailors in the 1500s. According to the 2003 FAO report, (United Nations Food and Agriculture Organization), China, Brazil, India, the United States and Zimbabwe are the leading countries in tobacco production respectively,accounting for about 67% of world tobacco production (Özcan et al., 2013: 152-175).

Turkey is ranked as the sixth tobacco producing country in the world with 216,000 tons per year. While countries such as China and Brazil are increasing tobacco production, there is a serious decrease in production in Zimbabwe, India and the United States. (Özcan et al., 2013: 152-175).

The tobacco was introduced to Anatolia in 1601-1603 during the reign of the Ottoman ruler Ahmet I, when Venetian, English, Dutch and Spanish mariners brought their smoking habits to Istanbul. It is thought that the first tobacco farming in our country started around Yenice and Iskeçe. The tobacco, originally used as an incense, medicine and daily ornamental plant in religious ceremonies, has begun to be consumed in the form of pipe, cigar, snuff, chewing gum, hookah and cigarette since its pleasing effects were recognized. The cigarette tobacco grown in Turkey include thin, small-leaved, well-burning and pleasant aroma, quality and oriental tobacco. From oriental tobacco leaves, chewing, pipe and hookah tobacco are produced and used. Turkey has been producing approximately 25% rate of oriental tobacco across the world, emphasizing the importance of tobacco in our economy in view of the number of employed people and its producers and the position in the international markets of and this product has a crucial role in our agriculture and foreign trade (Özcan et al, 2013: 152-175).

The nicotine found in the leaves of the tobacco plant is considered one of the stimulants affecting the central nervous system and it is widely consumed in several different forms like cigarettes, shredded tobacco and cigars in a pipe , or by chewing the leaves in Turkey and around the world (Kulaksızoğlu, 2008: 211).

SMOKING ADDICTION

The World Health Organization (WHO) defines smoking addiction as smoking at least one cigarette per day on a regular basis and causes more psychological addiction than physical (Aksoy, 2012; 26; Şahbudak et al., 2015: 104-127). According to another definition, smoking addiction refers to regular smoking within a period of at least one month, feeling deprived after cessation, failure to stop smoking despite being harmed, and unsuccessful attempts to quit smoking (T.C. Ministry of Health, 2008: 7).

The level of addiction is dependent on the nature of the substance used and the biological background of the user. Namely, some substances are addicted to in a shorter period of time, while others are addictive in a longer period of time. Additionally, one regular smoker per day becomes addicted to smoking at the end of a month, while regular alcohol use leads to addiction in three to five years (Tekalan, 2012: 26).

Smoking tobacco is a serious global problem and an important health hazard that can harm almost any organ in the body and eventually lead to death (Bassiony et al., 2015: 1-11). The fact that smoking tobacco is harmful to health has officially been included in the report published in 1964 by the Head of the US Public Health Services Department for the first time in the United States. (Bilir and Aslan, 2005: 75-79) Smoking tobacco is one of the most significant public health issues both in the world and our country awaiting to be solved. (Kaplan et al., 2013: 312-319). It is also one of the leading causes of preventable deaths in our country. "Smoking tobacco" has been recognized as a type of addiction by the World Health Organization. According to the reports by World Health Organization, smoking tobacco causes about 6 million deaths per year in the world, more than 600,000 of which are passive smokers. Particularly in Turkey, the most common way of tobacco use is smoking. 1.2 billion people have been smoking cigarettes. If this situation persists at is today in the future, it is estimated that 10 million people will have died from smoking worldwide by 2020 and 80% of these deaths will occur in developing countries[1].

Smoking or the inhalation of smoke over time leads to strong psychic and weak physical dependence on the individual. Pharmacological evidence has shown that the principal addictive substance in tobacco plant is nicotine. Having psychoactive effects and being used as a positive reinforcement (for pleasure), nicotine intake through non-smoking ways and lack of demand for low-nicotined cigarettes are among the reasons why the nicotine is responsible for addiction (Yorgancıoğlu and Esen, 2000: 90-100).

Smoking or the inhalation of smoke over time creates strong psychic and weak physical dependence on the person. Pharmacological evidence has shown that the principal addictive substance in nicotine is nicotine. Psychoactive formation and positive reinforcement, nicotine addiction in non-smoking routes and lack of nicotine reduced cigarettes are among the reasons why smoking nicotine is responsible for addiction (Yorgancıoğlu and Esen, 2000: 90-100).

There are four theories that have been put forward to date about why people smoke;

The first theory is grounded on the fact that it is a habitual action. While some researchers argue that it is an addictive equivalent to other drug addictions, others remain more cautious, mentioning that it is a habit or a learned behavior, and choose to blame the nicotine as an addictive substance. The second theory postulates that smoking is rooted in desires in the subconscious that have been hidden since childhood and haven't been based on a rational choice. The third theory suggests that smoking is a behavior that is particularly evident in the search for enthusiasm and innovation among the individuals with a low self-controlled personality. The last theory assumes that it is a conscious choice and smokers are aware of the benefits and harms of smoking, and even if they are objectively wrong in this subject, they tend to behave accordingly or try to behave as such. It is thought that in recent years, smoking addiction is not only associated with psychological factors but also environmental and physiological factors, and the amount of cigarette consumption is related to type of addiction. It has been suggested that physiological dependence overcomes psychological dependence as the amount of cigarette increases (Benowitz, 1992: 415-529, Jarvik, 1991: 571-575, Stuart et al., 1994: 1-12, Yorgancıoğlu and Esen, 2000: 90-100).

The symptoms emerging after cessation are referred as "nicotine deprivation". Long-term and persistent nicotine uptake results in neuroadaptation. Over time, increased number of nicotine receptors in the brain develop tolerance to some of nicotine-specific effects, and nicotine-induced deprivational symptoms arise when the cessation occurs. Nicotine deprivation criteria include the emergence of four or more of the following findings within 24 hours following the cessation or reduction of use (Yorgancıoğlu and Esen, 2000: 90-100).

1. Dysphoric or depressive mood

2. Insomnia

3. Irritability, irritation or anger

4. Anxiety

5. Unable to concentrate on one's thoughts

6. Restlessness

7. Increase in heart rate

8. Increased appetite or weight gain

It has been stated that the most widely used addictive substance in the world is tobacco (Oğuztürk and Gülcü; 2012: 99-105).

FREQUENCY of TOBACCO USE n the WORLD and TURKEY

“Smoking tobacco” has been recognized as a type of addiction by the World Health Organization. Particularly in Turkey, the most common way of tobacco use is smoking. 1.2 billion have been smoking cigarettes [1].

In recent research has shown that 1.2 billion people in the world over the age of 15 are smoking cigarettes, which means that one in every three adults is smoking regularly. It has been determined that a vast majority of smokers (80 %) live in developing countries (Oğuztürk and Gülcü, 2012: 99-105).

In a survey conducted in 1991, it was estimated that smoking in the world would increase by 2% per year until 2000, in developing countries by 3%, and there would be no remarkable change in developed countries (Dikmen, 1991: 48-49). As expected, the rates have been steadily increasing in developing countries and decreasing in developed countries. While the rate of smoking has been diminishing in developed countries, it is increasing in Turkey. Similarly, whereas total cigarette consumption in the world decreased by 4.12% between 1990 to 1999, it increased by 52.18% over the same period in Turkey.Turkey ranks together with Pakistan and Bulgaria in the first three countries in the world in terms of use of tobacco (Oğuztürk and Gülcü; 2012: 99-105).

When the annual cigarette consumption figures of some countries in the world in 2004 are compared, China ranks as the first one with 1.777 million cigarettes per year, followed by the USA with 402 billion, Russia 374 billion and other countries continued as Japan with 279, Indonesia 171, Germany 127, Turkey 109 and Italy 99 billion per year. Throughout the world, 5.4 trillion cigarettes per year are smoked. It has been evidenced that smoking is remarkably most common in China in the world. One of the most important reasons why the case is so with China, the leading smoking country, is undoubtedly its huge population. Turkey ranks seventh though (Oğuztürk and Gülcü; 2012: 99-105).

Although the number of smokers may vary among the countries, it is estimated that 1.6 billion people will be smoking between 2010 and 2020, followed

by 1.8 billion between 2020 and 2030 and 2,2 billion between 2040 and 2050 (Oğuztürk and Gülcü, 2012: 99-105).

The highest amount of tobacco in the world is grown by China and Brazil. China produced 2.397 tons of tobacco in 2007, which equals to 39% of the world's tobacco production while Brazil accounted for 15% of world tobacco production in that year. Turkey ranks 6th in the world with an annual production of 75 thousand tons, meeting 1% of world tobacco production (Oğuztürk and Gülcü; 2012: 99-105).

The results of the Global Adult Tobacco Survey (GATS) in which figures from 22 countries are evaluated, there are 879 million tobacco users or smokers of which 721 million are men and 158 million women (Asma et al., 2015: 1-65, Dede and Cinar, 2016: 69-72).

Smoking hookah, which is a special form of tobacco use, has gained popularity in recent years, both in the world and in our country especially among young people (Dede and Çınar, 2016: 69-72).

According to Turkey Global Adult Smoking Tobacco Survey in 2012, the prevalence of smoking among adults at ages of 15 and over in Turkey has been found as 27.1%, which means 14.8 million adults have been smoking. In males (41.5%), the use of tobacco products was higher than females (13.1%), indicating that approximately 11.1 million men and 3.6 million women have been smoking. Currently, 23.8% of the tobacco users smoke every day and 3.3% occasional does so. The frequency of using tobacco products per day is higher in men (37.3%) than women (10.7%), meaning that approximately 10 million men and 3 million women smoke tobacco products everyday. The occasional smoking is lower both for men and for women than everyday. The frequency of occasional smoking is 4.1% for males and 2.4% for females. Those who do not smoke constitute 72.9% of the population, which means a total of 39.7 million adults (15.7 million men and 24.0 million women). 59.8% of Turkish adults haven't used any tobacco products during their lifetime (the rate is 39.3% in men and 79.1% in women). A total of 32.6 million adults, including approximately 10.7 million men and 21.9 million women, have never smoked throughout life, (Turkey Global Adult Smoking Tobacco Survey, 2012: 33).

Manufactured cigarettes are the most widely used tobacco product in Turkey. When the frequency of use of various tobacco products is evaluated, man-

ufactured cigarettes are by far the most commonly smoked products with a rate of 25,7%, followed by wrapped cigarettes with a rate of 2,6%, smoking hookahs with a rate of 0,8% and other tobacco products 0,4%.About 14 million of the 14.7 million adults choose to smoke manufactured cigarettes in Turkey. Among both genders and in urban and rural settlements, the most commonly used tobacco products are manufactured cigarettes. Approximately half a million people smoke hookah while 1.5 million people smoke wrapped cigarettes. The majority of adults smoking hookah and wrapped cigarettes are men, with 385.000 men smoking hookahs and 1.3 million smoking wrapped cigarettes. In terms of age, it is seen that the use of any tobacco product (35,7%), cigarettes or cigars (35,6%) and manufactured cigarettes (34,4%) is the highest in those aged between 25-44. The group with the second highest use of any tobacco products include those aged between 45-64 with a rate of 25.9%. The third highest group include those aged between 15-24. One in every five adults in this group is using any tobacco products. The group with the least use of any tobacco products include those aged 65 and over with a rate of 8.8%. Among men, those aged between 25-44 had the highest rates in terms of both smoking (51.9%) and manufactured cigarettes (50.0%). The second age group with the highest use of tobacco products among men include those aged between 45-64 (%39,2). Among women, the group with the highest rate of using any tobacco products include those aged between 25-44, followed by the second group including those aged between 45-64 and the third group aged between 15-24. The frequency of use of any tobacco products among these groups is 19%, 13% and 7.4%, respectively. The frequency of using any tobacco products in women is considerably lower than men. Among women, the frequency of any tobacco use in those aged between 25-44 is 19% while more than half of the men in the same age group (52.1%) use tobacco products. The rate of those smokers living in rural areas is 22.0% while it is 29.0% in urban areas (Turkey Global Adult Tobacco Survey, 2012: 33).

The rate of manufactured cigarette use is 20.3% in the rural areas and 27.8% in the urban areas. A similar difference is seen in smoking wrapped cigarettes among men. The use of wrapped cigarettes is 4.1% in the rural areas and 5.7% in the urban areas. However, women living in cities (0.9%) are more likely to smoke wrapped cigarette than those living in rural areas (0.5%). The rate of using any tobacco product is the lowest in those who received no education

(11,0%) within the whole group. Those who still use tobacco products have the highest rates among high school graduates (33.9%). The current rates of using any tobacco products are among the primary and secondary school graduates and university graduates with similar percentages as 29.7%, 27.2% and 26.7% respectively. There is still a discrepancy between men and women in terms of using any tobacco product though this difference is not statistically significant. The rate of using any tobacco product is the lowest only among women who did not attend any school compared to all the groups (5.9% and between 12.1% and 19.2% in the other educational groups) (Global Adult Smoking Tobacco Survey, Turkey, 2012: 33).

Turkey is one of the largest cigarette manufacturing and consuming countries in the world. Since 1980, the rate of smoking cigarettes in Turkey has been continuously increasing. Despite the economic crises, the high inflation rate, the slowdown in the rate of population growth, the decline in GNP per capita between 1980 and 2010, cigarette consumption has increased from 52,000 million in 1980 to 93300 million in 2010. Cigarette consumption increased by about 90%. The average cigarette consumption in Turkey between 1990-2002 has increased by 43%. This increase has been arising from the fact that cigarette prices are lower than those in the world in Turkey. According to the classification by the World Bank related to income groups, the average price of cigarettes in high-income countries is 3.23 US dollars while the average price is $ 0.75 in Turkey [2].

In those countries with middle and high income, tax rates on cigarettes is very high. There is a significant difference in terms of taxes on cigarettes between middle and low income countries and developed countries. The price of cigarettes is increasing in parallel with the rise in inflation in Turkey.The current market price of local and foreign brand cigarettes has increased since 1995 (Oğuztürk and Gülcü, 2012: 99-105).

The other reasons for almost annual increases in smoking cigarettes in Turkey following 1980 include the laissez faire of import and sale of American cigarettes in 1985 and the establishment of foreign cigarette factories in Turkey in 1991 (Karaöz et al., 2010: 24).

Many independent studies show that tobacco use is associated with socio-economic factors such as age, education, gender, occupation, ethnicity and place

of residence and so on in developing countries at international, national and subnational levels. When considering the issue of tobacco use, social factors and their roles must be highly recognized. Socioeconomic inequality and its impact on health are a global public health challenge. Inequalities in terms of morbidity and mortality rates between the rich and the poor in most countries are most often attributed to tobacco use or smoking. Studies carried out in western countries have indicated that there is a relationship between socioeconomic factors and tobacco use among disadvantaged groups (Palipudi et al., 2012: 1-9, Alkan, 2017: 35-44). The tobacco use in developing countries is about 9% of the women whereas it accounts for 22% in developed countries, (Mackay and Eriksen, 2002: 26; Alkan, 2017: 35-44). The frequency of tobacco use or smoking differ among men and women. It is emphasized that there are several cultural, socioeconomic and psycho-social reasons for this difference (Alkan, 2017: 35-44). Traditionally, women have always lagged behind men in tobacco use. However, recent studies have shown that gender differences in tobacco use have been elliminated and the evidence show that the gender gap in tobacco use in the industrialized world has changed and there is a slight difference between men and women in the use of tobacco products (Ganatra, 2007: 1366-1371). A national report including data from some countries shows that the highest level of tobacco use is seen among men and disadvantaged people living in rural areas, with low educational levels (Palipudi et al.; 2012: 1-9; Alkan, 2017: 35-44).

Many social, economic and political factors are influential in the spread of tobacco use around the world. The rapidly changing social environment, social sanctions and other similar factors contribute notably to this phenomenon,posing a significant threat to individuals, families, communities and nations. The most common reasons for children and young people to start using tobacco or smoking include peer pressures, parental habits and allowances granted for children. Tobacco use is also seen as a symbol of independence and maturity among young people (Khude et al., 2015: 169, Jarallah et al., 1999: 53-56, Alkan, 2017: 35-44).

EFFECTS of TOBACCO (SMOKING) ADDICTION on HEALTH

The use of tobacco products, especially cigarettes, has been proven to cause serious diseases and ultimately death, which causes the society to suffer problems, loss of production and increased health care costs (Karlikaya et al., 2006: 51).

Cigarette smoke contains more than 4,000 substances, some of which are pharmacologically active, antigenic, cytotoxic, mutagenic and carcinogenic. A great proportion of the mainstream smoke (92-95%) is in the gaseous phase and contains 0.3-3.3 billion particles per 1 ml. The average particle diameter is 0.2-0.5 mm, which is on an inhalable level (Karlıkaya et al., 2006: 51).

Smokers tend to get sick more frequently than non-smokers at the same time, except for mortality effects. The smokers are more often diagnosed with acute or chronic diseases than those who have never smoked before or quit smoking recently, resulting in being more deprived of daily activity, having more bedridden days and more frequent absence at school or work. Half of those who start smoking during adolescence and have been regularly smoking for a long time lose their lives and half of these individuals die in middle age. Life expectancy of these people is 20-25 years shorter compared to non-smokers. Smoking is associated with approximately 50 chronic diseases that do not result in immediate death. Smoking is the leading cause of lung cancer, chronic obstructive pulmonary disease (COPD) and peripheral atherosclerosis (vascular disease). It is also the main cause of cardiovascular and cerebrovascular diseases. It is associated with nearly 20 lethal diseases. Additionally, it accounts for 80% of all chronic pulmonary diseases, as well as cardiac disease and cancer-related deaths (Karlıkaya et al., 2006: 51-64).

Smoking imposes pathophysiological changes almost everywhere in the lower respiratory tract, including peribronchial inflammation and fibrosis, changes in epithelial structure and function, vascular intimal thickening and alveolar destruction (Foster et al., 1985: 633-639, murin et al., 2000: 121-137, 64). It has been reported that many respiratory dysfunctions develop in smokers. Respiratory complaints are significantly higher in smokers. There is a dose-response relationship between chronic cough, sputum, wheezing and dyspnea. Silier loss in airway epithelium, mucous gland hypertrophy, increased number of goblet cells and increased permeability are the conditions responsible for these symptoms (Hasan, 1996: 1579-1580; Karlikaya et al., 2006: 51-64). Smoking is the main risk factor for COPD. There is a direct dose-response relationship between COPD and smoking (Beck et al., 1981: 149-155, Karlikaya et al., 2006: 51-64). Clinically significant airflow limitation occurs in 10-15% of smokers. As a result, the number of deaths from COPD, pneumonia and influenza are

significantly higher in smokers than in non-smokers (Hasan, 1996: 1579-1580; Karlıkaya et al., 2006: 51-64).

It was officially reported for the first time in the "Surgeon General" report issued in 1964 that there was a causal relationship between smoking and lung cancer. It has also been proved that smoking is a major cause of lung cancer in both men and women for all histological types (epidermoid, small cell, large cell and adenocarcinoma), which cannot be contradicted in subsequent studies. Lung cancer is one of the most prevalent types of cancer, causing 1.3 million deaths annually throughout the world and remaining one of the major health problems (Cohen and Khuri, 2003: 315-324, Karlıkaya et al., 2006: 51-64).

In the USA, one-third of all deaths from cancer are attributed to smoking (Karlıkaya et al., 2006: 51-64). Epidemiological studies indicate that smoking is associated with many types of cancers (eg, mouth cavity, larynx, esophagus, bladder, kidney, pancreas, stomach and cervix) (Hasan, 1996: 1579-1580; Karlıkaya et al., 2006: 51-64) . Generally, the risk of developing cancer in these areas is less than that of lung cancer. Significantly, when a smoker is exposed to a smoking-induced cancer, the risk of developing a secondary cancer is found to be higher.

Many prospective studies show that both male and female smokers have a higher risk of myocardial infarction, recurrent cardiac attacks, and sudden death due to coronary artery disease (CAD) (Hasan, 1996: 1579-1580, Karlıkaya et al., 2006: 51-64) . The incidence of CAD in smokers is 2-4 times higher than others. The risk of death from CAD is related to the number of cigarettes smoked per day, the extent of inhalation, the age at which to start smoking and the number of years of smoking. In addition, smoking influences other risk factors such as hypercholesterolemia and diabetes in CAD (Hasan, 1996: 1579-1580, Karlıkaya et al., 2006: 51-64).

Many studies have shown that smoking causes a stroke among both women and men. The risk of stroke in smokers is two times higher than non-smokers. This risk is predominant and stronger in younger individuals (Karlıkaya et al., 2006: 51-64).

Smoking during pregnancy and postnatal period poses serious risks to the fetus, newborn and infant. This leads to fetal loss, premature rupture of membranes, premature birth pain and birth, placental abruption, placenta previa, hy-

pertension, preeclampsia, fetal toxicity, retardation in growth, neurotoxicity, deformities, Down syndrome, sudden infant death syndrome, low birth weight and birth defects / deformities, hyperviscosity in the newborn, hypertension during infancy and childhood, behavioral, psychiatric and cognitive complications, mental retardation,childhood cancers, death due to respiratory diseases, asthma, pneumonia and other respiratory diseases, otitis media, burns, and fire-related deaths in childhood. The effects of smoking on the reproductive functions and the fetus have also been investigated extensively today. Some researchers found that smoking affects fertility and reported delayed conception in women and increased the rate of sperm abnormality in men (Maraklıoğlu and Erdem, 2007: 47-55).

The chemical substances in cigarette smoke cause the reproductive functions to decline and increase follicle depletion. The smokers tend to have menopause (cessation of menstruation) about 2-4 years earlier than non-smokers[3].

Bone density has been shown to be at lower levels among menopausal smokers than non-smokers. The female smokers are more at the risk of having hip fracture than non-smokers (Mackay and Amos, 2003: 123-130, Karlıkaya et al., 2006: 51-64).

Smoking can increase the risk of developing occupational pulmonary diseases and trigger current work-related lung disease. The workers who smoke and are exposed to coal, silica, wheat and cotton dust are more likely to develop chronic bronchitis than non-smokers. There are several accumulative risk factors. Similarly, the risk of developing COPD due to exposure to cigarette smoke and cotton or silica dust altogether is even greater. Smoking also plays an important role in the development of occupational lung cancer. Smoking workers exposed to asbestos, radon, arsenic, diesel exhaust, aromatic amines and silica dust are at a higher risk of developing lung cancer than non-smokers. There is a synergistic risk for two exposures such as asbestos and radon products. For example, a non-smoking worker working in asbestos insulation runs the risk of having lung cancer 5 times higher while this risk is 50 times higher in a smoking worker working in asbestos insulation (Karlıkaya, 2004: 262-275).

Stomach and duodenal ulcers are seen two times more common in smokers compared to non-smokers. Smoking is associated with wrinkling at an early age, osteoporosis in women, and sexual dysfunction in men. It may be associated with

Graves Disease, cataracts, macular degeneration, degenerative disc disorder, sleep disturbances, and depression. Tobacco smoke may interact with drugs such as propronolol, propoxyphene and theophylline (Karlıkaya et al., 2006: 51-64).

Smoking also reduces the effectiveness of the medication used in the treatment of the diseases it causes. Certain substances found in cigarette smoke affect the metabolism of drugs by activating the liver enzyme systems. For example, the half-life of commonly used theophylline in COPD is shorter at 50 % among smokers. The metabolism of drugs such as antiarrhythmics, steroids, anticoagulants and insulins is also affected and the treatment of chronic diseases is complicated due to smoking (Karlıkaya et al., 2006: 51-64).

The risk of both rheumatoid arthritis and rheumatoid lung involvement increases among smokers. The risk of having cataracts and age-related macular damage increases among smokers. Women with anxiety (restlessness) disorders, bulimia (ie.psychogenic overeating and vomiting), depression, attention deficit disorders and alcoholism are more likely to smoke. The link between these disorders and smoking is still being investigated. The studies carried out over the last two decades have proved that smoking causes more wrinkles in the skin, thus making the smokers look less impressive and older (Karlıkaya et al., 2006: 51-64).

According to the results of a study done; smokers know that smoking has negative effects on both their health and their job performance, but they admit they cannot quit smoking. Another important finding of this study is the negative relationship between smoking and the job performance evaluations of the individuals and the negative influence of smoking smoking on job performance as these findings show that the individuals declare about the negative impact of smoking on their job performance. The result of this study brings up the suggestion that smoking behavior would lead to lower level of job performance; this in turn would impact the organization’s performance and costs. Therefore, the organizations are encouraged to take precautions and actions in order to prevent or minimize the tobacco use in workplaces and in individual lives for yielding better individual and organizational results. (Korkmaz et al., 2017: 286).

ENVIRONMENTAL SMOKE

Environmental smoke (ES) is one of the most common indoor air pollutants. Environmental smoke was categorized as Group A carcinogenic substance

by the US Environmental Protection Agency (EPA). The environmental smoke consists of two subsets called secondary level smoke (SLS) and tertiary level smoke (TLS). Although there are many documents on active smokers and the effects of SLS, TLS is a relatively new concept in the field of environmental and public health. The combination of smoke from the burning of cigarettes or other tobacco products and smoke emitted by the smoking person is defined as SLS. Accounting for the third largest cause of preventable deaths in the world, the SLS contains more than 4,000 known or suspected chemicals that are detrimental to health. It is stated that 40% of children worldwide are exposed to SLS and SLS accounts for 28% of deaths among children. There is evidence from a variety of studies that SLS causes learning disability, attention deficit /disorder and hyperactivity, neuromotor function disorders, behavioral and perceptional problems among children. Although ventilation and filtration techniques are effective in reducing SLS, they fail to completely eliminate it (Dede and Çinar, 2016: 69-72).

Most of the cigarette smoke in the indoor environment can be kept on hair, leather, clothes, furniture, floor, walls, bedding, carpets, dust and other surfaces and these can remain there for longer periods of time. These residues are referred as TLS. The components of TLS can turn into gaseous phase again or react with oxidants in the environment to form secondary pollutants. Common cleaning methods such as vacuuming or wiping, as well as applications including ventilating the room, opening windows, using fans or air conditioners, or smoking only in certain areas can not fully prevent or eliminate TLS. It is not possible to protect children and infants from SLS and TLS by only smoking in the open air. Active smokers continue to release harmful chemicals from their breath and clothes into the air indoors when they enter the house shortly after finishing smoking their cigarettes. The studies on TLS are realtively new, and the data on people's level of exposure to TLS and its resultant effects on health are not yet sufficient. The findings obtained from experimental studies conducted in a controlled laboratory environment support the view that TLS residues are a challenging public health problem (Dede and Çınar, 2016: 69-72).

REASONS of SMOKING

Although smoking seems to be an individual choice, it is mentioned in the literature that many factors may contribute to starting smoking. Parental atti-

tudes and family background, group of peers and friends, individual, biological and sociocultural factors have a remarkable impact on smoking.

Many studies have shown that smoking is significantly more prevalent in families of young people who have not yet begun to smoke than non-smokers, as the presence of smokers does not make a good model for these young people and in parallel with that, smoking habits are more common in the families of smokers who also smoke than those whose families do not smoke. It has also been found that smoking cessation among parents who smoke regularly is effective in their children's starting or quitting the habit. The studies have shown that smoking habits are more prevalent among children whose parents have lower education and income. (Tengilimoğlu et al., 2013: 1-26).

Individual characteristics such as rebelliousness, risk taking, and intentional behaviors to have pleasure are considered to be important risk factors in starting smoking in the future (Burt et al., 2000: 115-125).

Studies conducted on family members of the smokers indicate that genetic predisposition is influential in starting smoking, developing addiction to it or quitting (Carmelli, 1992: 829-833). It has been found that those children whose mothers have smoked during pregnancy are more likely to smoke in the future and even develop higher levels of addiction (Hellstorm-Lindahl and Nordberg, 2002: 289-293).

Young people in search of finding an identity for themselves, especially during adolescence, can consider smoking to be one of adult behavior patterns, and therefore they can start to smoke in order to be admitted to a group of friends and prove their maturity (Tengilimoglu et al., 2013: 1-26). In many studies, smoking was found to be more prevalent among the young people whose close friends are smokers than non-smokers and to be a desired behaviour pattern for the peer group into which the young individual wants to participate (Kutlu and Çivi, 2006: 71-79).

It is mentioned that the young people in the developing, densely populated countries with high crime rates where drug abuse is approved by the society and the physical conditions are deplorable are at greater risk. In addition to this, being born as a man in many countries, it is known that smoking is the biggest trigger of tobacco use and that men smoke 4 times more cigarettes than women (Tengilimoğlu et al., 2013: 1-26).

COMBATING TOBACCO (SMOKING) ADDICTION and ROLE of SOCIAL CONSCIOUSNESS

Tobacco consumption is a major public health problem and one of the most important causes of morbidity and mortality both in the world and in our country. This is also important because it is a preventable health problem (Sema et al., 2018: 89-99, Üçer et al., 2014: 58-62, Saka et al., 2016: 5423-55433; Önsüz et al., 2009: 11-122 , Yigitalp, 2015: 121-127). Smoking is described as "the world's fastest-spreading and longest-lasting epidemic" by WHO (Önsüz et al., 2009: 11-122).

Tobacco use and addiction is the most important preventable cause of death leading to lethal diseases and shortening the life expectancy on average by 10 years. Currently around 5 million people die each year due to the use of tobacco in the world. Most of these deaths occur in low- and middle-income countries. If current trends continue, the number of people expected to die each year due to tobacco use will reach 8 million by 2030. If necessary precautions cannot be taken, it is estimated that by the end of this century, one billion people will die due to tobacco use and 80% of the mortalities will occur in low and middle income countries. The phenomenon of smoking epidemic has evolved into a worldwide phenomenon called a pandemic in the last fifty years when all the details of the harms and dangers of tobacco use are understood very well (Sezer and Kayım Pıçak, 2011: 133-143).

The underlying cause of this issue, which kills 12 thousand people every day in the world, is not tobacco itself since the plant does not kill people in the field it is grown. However, the World Health Organization (WHO) has already announced that "in all epidemics there is a way of transmission and also a means that leads to the spread of diseases and eventual deaths. As to the tobacco epidemic, this means is not a virus, bacteria or other type of microorganism, rather an industry and business strategy. " This statement draws attention to tobacco industry, which creates the actual problem in a subtle manner (Elbek, 2014: 54-59).

The post-1965 period was the time when reinforced American blended, easily smoked industrially produced cigarettes were introduced to the world through deceptive marketing strategies. Several large tobacco producing companies that boosted this spread have almost completely seized the world ciga-

rette market except for China. The incidents in the 1990s, especially in the US, along with a review made by the US Food and Drug Administration (FDA), the cases following the review and another review by WHO made people aware of the truth behind the cigarette producing companies and revealed the significant role in the growth and persistence of the smoking epidemic. (Sezer and Kayım Pıçak, 2011: 133-143),

Several policies have been implemented in many countries to prevent widespread smoking and thus reduce smoking-induced deaths (Kaynak Malatyalı and Büyükşahin Sunal, 2017: 137-149, Tengilimoğlu et al., 2013: 1-26).

Despite efforts to increase the share of the tobacco industry in the national economies, these programs have been implemented in a comprehensive and serious manner throughout the world in recent years. They started with the prohibition of selling tobacco products to persons under the age of 18, making it widespread and evolving into more sanctionary regulations over time in the closed places and in the open spaces to the extent that it is nearly totally prohibited (Tengilimoğlu et al., 2013: 1-26).

Tobacco production control is a demand, supply and harm reducing strategy aimed at improving human health by eliminating or decreasing tobacco use and exposure to tobacco smoke. It aims to combat its harms to the society and state budget (Gelen et al., 2011: 132-139).

The main strategies of tobacco production control should be “prevent starting to smoke”, “support for quitting” and “prevention of passive smoking from tobacco smoke” (Korkmaz and Şimşek, 2017: 14-23).

The first international agreement in order to deal with the growing use of cigarettes and other tobacco products at the international level, a global threatening health problem and tackle the strategies developed by the tobacco sector, Tobacco Control Framework Contract (FCTC), was put into practice in 2003. Owing to this contract, it was expected to control tobacco consumption which is one of the most important challenges threatening public health in our age (Başol ve Can, 2015: 1-15).

WHO and FCTC contracting parties have officially stipulated to protect the health of their communities by participating in the campaign against tobacco use. In order to help the countries to fulfill their commitments in FCTC and to transform this global consensus into a global practice, the MPOWER policy

package that has been proven to reduce the use of tobacco throughout the world and prepared according to WHO and FCTC criteria was issued (Başol ve Can, 2015: 1-15).

The M power package includes regulations for a world without tobacco, along with the rest of society, especially policy makers, healthcare providers and non-governmental organizations. Moreover, the MPower package offers the means to create a world where tobacco use is reduced by highlighting the legal and socio-economic contexts to support tobacco-free life. The main purpose of the package is to ensure that no children or adults are exposed to cigarette smoke any more (Başol ve Can, 2015: 1-15).

It is essential to carry out rigorous follow-up activities, systematic investigations to develop policy making and put them into practice and collect data on the development of applications, which would be expected to reduce global tobacco use. Partial interventions are often inadequate to reduce tobacco use in society. Therefore, the intervention needs to be comprehensive and viable.

COUNTRIES are REQUIRED to IMPLEMENT the MPOWER POLICY PACKAGE IN THE FOLLOWING

Mpower package includes the following steps and interventions:

M (Monitoring) ; monitoring tobacco use

Protecting people from passive smoking

P (Protect) ;

Intervention p1;

Making and enforcing laws and regulations for a smoke-free environment in all enclosed public places, including health facilities, schools, businesses, restaurants and bars

Offering help / support to quit smoking

O (Offer) ;

Intervention o1; Strengthening the healthcare system to recognize and recommend smoking cessation as one of the primary conditions of healthy lifestyle. Supporting community initiatives such as smoking cessation phone consultation lines and making low cost drug treatments easily accessible.

Warning against the harms of tobacco and smoking

W (Warn) ;

Intervention w1; Creating effective packages with warning symbols.

Intervention w2; broadcasting anti-tobacco advertisements

Intervention w3; using independent mass media to combat against tobacco use.

Use of advertisements, promotions and sponsorship prohibitions on tobacco products

E (Enforce);

Intervention e1; Preventing direct advertisement, promotion and sponsorship of tobacco products by making necessary legal regulations.

Intervention e2;

Preventing all kinds of advertisements, promotions and sponsorships on tobacco by making necessary legal regulations.

Increasing VAT on tobacco products

R (Increase (increasing taxes)) ;

Intervention r1; Ensuring that the taxes on tobacco be adjusted periodically to inflation rates and allow them to grow faster than financial affordability of the consumers (smokers)

Intervention r2; Strengthening tax regulations to reduce illegal trade (smuggling) in tobacco products (Başol ve Can, 2015: 1-15).

The most important step in the context of tobacco control in Turkey is that Framework Convention on Tobacco Control (FCTC), approved by the World Health Organization at the 56th Assembly, was approved officially by TBMM (Turkish Grand National Assembly) in 2004. The approval of the International Code of Criminal Procedure by TBMM (Turkish Grand National Assembly) has made it mandatory to make the current number 4207 law conform to the FCTC. After this obligation had been fullfilled, Law no. 4207 was amended by making the Law No. 5727 in accordance with FCTC and it was enacted on January 3, 2008 with the positive votes of all parties having a parliamentary group. Regarding the content of tobacco control law, it is seen that it is ranked as the world's 6th and Europe's 3rd most comprehensive law. While this process related to the law is ongoing, the National Tobacco Control Action Plan was prepared for the 2008-2012 period and announced to the public in 2007. In May 2008, the Law No. 4207 was published in the official gazette and put into force. To facilitate

the implementation of the legislation, the Provincial Tobacco Control Boards (ITKK) were established in 2007. After the legal infrastructure explained above was completed, the law was put into practice. As a consequence of implementing tobacco control measures in the country in 2008-2012, the frequency of tobacco use decreased to 27.1%., Turkey ranked as 4th among European countries in 2012 in the implementation of MPOWER's strategies. During this period, our country was deservedly awarded due to successful practices by WHO. When the amount of tobacco consumption was examined in 2011, it was seen for the first time in 15 years that less than 100 billion cigarettes had been sold. However, in 2012, with an increase of 8 billion, it has nearly reached to the limit of 100 billion again (Kılınç and Günay, 2014: 4-7).

In addition to this, building public health awareness and supplementary activities to enhance sensitivity can be done in achieving towards the right behavioral patterns. Purposefully, various and remarkable activities are being globally held on "special" occasions for challenging issues related to health and disease. The member countries of World Health Organization (WHO) introduced a" World Without Tobacco" Day in 1987 to draw attention to the epidemic of tobacco use and the diseases and deaths caused by it. As a result of this initiative, it was accepted as "World Without Tobacco" in 1987 and then the day of April 7th in 1988 was announced as a special occasion, later to be replaced by the day of 31st May as a World Without Tobacco Day. The day has been celebrated as World Without Tobacco Day every year (Aslan and Şengelen, 2014: 1-4).

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HEALTH LITERACY AND CULTURE

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ABSTRACT

Health literacy is defined as the skills to access, understand, and use health information to sustain and protect individual health and recently, health literacy has been considered to be a multi-dimensional concept beyond these skills. One of the most important of these dimensions is culture dimension. Leading factor that affects this structure between health and culture is health literacy. Health literacy is shaped with cultural infrastructure of individuals. Individuals gain and use health literacy in their own socio-cultural environment. Reciprocal relationship between health and culture has constantly changing, transforming, and dynamic structure. In addition to health risks of limited, insufficient, or low health literacy for individuals, there are various social negativities such as ineffective use of health resources and increased treatment costs.

The purpose of this study was to analyse the relationship between health literacy and culture that individuals live in. With this study, our aim was to reduce lack of information on this subject and contribute to future studies.

INTRODUCTION

Modern health system that shapes with developing technology has extremely complex structure for health service providers and health service users compared to past. Currently, new responsibilities such as being informed about individual, regional, and global health problems and provided health servic-

es, knowing individual responsibilities and rights, and making decision about health have emerged.

Being healthy is one of the most fundamental rights of each individual. Therefore, obtaining information, understanding, evaluating, applying, and positively benefiting from health services is the natural right of each individual. Benefiting from this highly complex structured system is only possible with sufficient health literacy.

World Health Organisation defined health literacy as “willingness and capacity of people to access heath related resources, understand and perceive health related information and messages to form an opinion regarding health services, make decisions, protect, sustain, and improve their health throughout their life” (WHO, 2013).

Health and disease concepts are phenomenon that cannot only be explained with biological processes. These phenomena frequently occur from biologic and environmental factors as well as cultural applications. These occur as the social structure of the society shapes over time. They exist due to interconnected relationship with each other. Reciprocal relationship between health, disease and culture has constantly changing, transforming, and dynamic structure (Yeşilşerit, 2012: 25).

While individuals learn definitions of health and diseases, causes of and protection methods for diseases, how to describe physical symptoms from the culture they live in, they also learn approach towards diseases from these cultural norms (Scambler, 1991: 35-45).

One of the most important factors that affects this structure between health and culture is health literacy. Therefore, relationship between culture concept and health literacy should be evaluated from a wider perspective. Health literacy is shaped with cultural infrastructure of individuals. Therefore, while interpreting this information related with health and acting based on this information, it is important to have skills to notice, understand, and use social identities, traditions, collective consciousness of these different individuals (Zarcadolas et al, 2006 : 20).

Knowing and recognising cultural properties of a society are inevitable conditions to offer desired level of health services to society, acceptance of such service by individuals, participation of the public to these services, and educa-

tion of the public regarding this topic. Since information related with health will be filtered from the culture of that individual, if these messages are created compliant with cultural properties, these messages will be clearer and more effective (Sevil and Bolsoy, 2006: 3).

Mainly, individuals form their health literacy based on cultural codes. Cultural norms in the society of an individual are dominant dynamic elements in health literacy of an individual.

Health literacy is empowered from diversity. Health literacy initiatives will give the best results if organised with approaches that understands diversity of how people and societies consider health. Role of culture should be considered to develop all messages and recommendations related with health literacy.

This study consists of six sections. In the first section following introduction section, health literacy definition and conceptual framework is presented. In the second section, dimensions of health literacy are evaluated, and in the third section, measurement of health literacy is considered. In the fourth section, concepts for health literacy are defined, and in the fifth section, relationship between health literacy and culture is analysed. The sixth section presents results and recommendations of this study.

DEFINITION and CONCEPTUAL FRAMEWORK of HEALTH LITERACY

Today, the gap between reading-writing and literacy has been widened and evolved to interpretation based literacy. Scope of literacy is expanding every day by combining with new terms (media literacy, visual literacy, and health literacy). Health literacy is a new concept that combines health and reading-writing fields and this concept is highly related with reading and writing skills. Low literacy limits personal, social, and cultural development of individuals. Additionally, health literacy can directly affect individual health.

Generally, health literacy concept defined as skill of an individual to access, understand, and use health information to protect and sustain health was first presented in 1974 under “Health Literacy As Social Policy” study. (Simonds, 1974: 15-25). Studies on this topic have accelerated since 1990s, and various definitions of health literacy are given in the literature (Speros, 2005: 633-640).

Health literacy includes understanding medical education brochures, instructions for prescribed medicines, appointment cards, doctor explanations, hospital consent forms, coping skills for complex health system, and applying rules to realise health care. Today, health literacy covers a wider scope. Health Literacy Committee of Medical Institution of USA classified health literacy under four categories These categories are cultural and conceptual knowledge, oral literacy that contains talking and listening skills, written literacy that contains reading and writing skills, and functional skills. (Berkman et al, 2010: 10-20).

World Health Organisation detailed definition of health literacy in 2013 as follows: Health literacy is related with general literacy and it is willingness and capacity of people to access heath related resources, understand and perceive health related information and messages to form an opinion regarding health services, make decisions, protect, sustain, and improve their health throughout their life." (WHO, 2013)

In "Dictionary of Health Encouragement and Improvement" published by Ministry of Health defined health literacy as "cognitive and social skills that determines skills and motivations of individuals to access, understand, and use information to encourage and sustain good health". Health literacy means achieving knowledge, personal skill, and self-confidence level to act to improve individual and public health by changing individual lifestyle and life conditions (Cirhinlioğlu, Z, 2014: 10).

Health literacy is connected with various factors as a complex concept. Factors that affect health literacy can be divided into two as individual and systemic factors (**Figure 1**). Individual factors are age and gender, literacy skills, cognitive skills, motivation physical and emotional health, health care experience, private health conditions, beliefs about health, and socio-economic status.

Systemic factors are communication skills of health service providers, health information complexity, properties of health care environment, demands and expectation of health system from patients, time pressure on health care professionals.

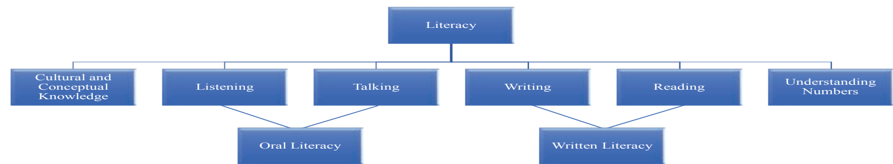
Figure 1: Health Literacy Connection

(Health Literacy Connection, 2018)

Health literacy occurs based on interactions among these factors that affect health results (Health Literacy Connection, 2016). Health literacy is caused by communication and interaction of individual skills and health systems. In other words, health literacy is the common function of social and individual factors.

As seen from these definitions, health literacy is affected from various factors beyond basic reading skills. Written literacy, oral/aural literacy, numerical health, cultural and conceptual knowledge also effects health literacy of an individual (Nielsen Bohlman, Panzer and Kindig, 2004: 38).

Figure 2: Health Literacy Variables



(Neilsen-Bohlman, Panzer and Kinding, 2004: 38)

While first definitions focused on reading, writing, and numerical skills, latter definitions emphasised social skills and communication skills as well as accessing, understanding, and using health information skills to make appropriate decisions regarding healthy life and health. Although health literacy concept has different definitions and components, all definitions have common elements such as reading, understanding a written text, using information in decision making process, and communication skills (Sorensen et al, 2012: 80). Health literacy concept also emphasises access to information, analysing, being equipped for criticism, message, information and creating and expressing new messages rather than having meaning knowledge (Coulter et al, 2007: 24-26). Health literacy is passing down knowledge about health information and servic-

es to guide individual and public health decisions and behaviours, accessing to this knowledge, understanding, evaluating, and using this accessed knowledge (Sezgin, 2011: 141).

Health literacy has different meanings for professionals as health service providers and individuals who are using these services. Health literacy is occupational satisfaction, correct communication, and using clinical skills for health professionals. For individuals who receive health services, health literacy is being understandable, having more active role in decision participation, and benefiting from higher quality health services (Bilir, 2014: 61-62).

Limited, insufficient, or low health literacy has various negative effects on individual, public, and health system. These effects can be listed as unhealthy life, difficulty to understand training for chronical or non-contagious diseases due to lack of knowledge, problems using protective health services due to lack of knowledge and problems during application, usage of emergency room and increased hospitalisation, difficulty and problems in following treatment, increased medication application errors, increased medical costs, tendency to increased death ratio. (Durusu-Tanrıöver et al, 2014: 25-26).

Researches showed that insufficient level of health literacy may cause low usage rate of protective health services, latency for health care during symptomatic period, lack of understanding deterioration, non-compliance with medical recommendations/instruction, lack of self-care, increased health costs and mortality rates (Tokuda et al, 2009: 411).

HEALTH LITERACY DIMENSIONS

Health literacy can be regarded as a mediator factor that enables individuals to effectively manage their own health and health system usage processes. In individual terms, health literacy is skills and abilities to comply with healthy lifestyle and make healthy selections.

For health literacy subject, researchers considered different criteria and suggested different classifications to present health literacy dimensions (Sorensen et al, 2012: 7-13). The most common of these classifications is by Nutbeamun (2000) that considers cognitive and social skills of individuals and their behaviours. In this classification, health literacy is considered in three dimensions:

1. Functional (basic) health literacy is based on basic reading and writing skills and individuals at this level can read health education materials (Nutbeam, 2000: 323). This level is formed as a result of traditional health education that explains health risks and how to use health services and this generally provides individual benefits.

2. Communicative (interactive) health literacy means having social and cognitive skills in communication with health servers. Individuals at this level can benefit from health activities and use their knowledge under changing health conditions (Inoue, 2013: 323). There is individual benefit rather than public benefit at first and second level.

3. Critical health literacy requires advanced cognitive, social skills, and critical thinking abilities. This way, individuals can evaluate health information at criticism level, develop their capacity, understand social, political, and economic dimensions of health and interpret these dimensions (Sykes, 2013: 323). Here, the purpose is personal and social development. This type of health literacy is beneficial for the public (Nutbeam, 2000: 259-262).

Health literacy consists of connecting with health system and skills needed to make decisions about health. According to Ishikawa, health literacy contains three components (Ishikawa and Yano, 2008) : 1. Written health literacy (writing and reading); 2. Oral health literacy (listening and talking); 3. Numerical health literacy (using and understanding numbers). Individuals are expected to understand and apply oral information about medical consultancy and treatment. Additionally, numerical, graphical, and visual information interpretation is required by accessing and using computer, internet, mobile phones, and other smart devices.

Health literacy is defined as a culture creation tools to protect and sustain health (Hergenç, 2011: 57). Since cultural structures such as different religion, race, and life experience in societies affect health knowledge and behaviours of individuals, a classification that considers culture sensitive behaviours and learning was made by Zarcadolas et al and health literacy was classified in four dimensions.

1. Fundamental literacy is to have reading, writing, speaking, and counting competence.

2. Scientific information literacy is having skills related with technology and science that covers awareness of certain circumstances in scientific process. Accordingly, this literacy is knowing basic scientific concepts, skills of complex technique perception, and understanding technology.

3. Citizen literacy is based on skills of awareness for public topics, critical approach, and being included in decision making process.

4. Cultural literacy represents skills of awareness and usage of collective beliefs, traditions, word views, and public identity to interpret and apply health knowledge. This literacy states skills for awareness, understanding, and using social identities, world views, traditions, and collective consciousness of different individuals during knowledge interpretation and acting based on this knowledge. According to Zarcadolas et al., health literacy is a multi-dimensional concept beyond reading and understanding skills of information related with health. However, while this multi-dimensionality presents dept of this topic, it also makes measurement and evaluation challenging (Zarcadolas et al, 2006: 20-25).

MEASUREMENT of HEALTH LITERACY

Heath literacy is considered to be an abstract concept. However, certain tests were developed to measure health literacy starting from 1974 where this topic was discussed in the literature. These tests can be used for measuring health literacy at individual and system level. However, there are no measurement tools that can be accepted as golden standards. There are no scales in our country on this subject. Although health literacy effects benefiting and getting a result from health services type of individuals, there is no common ground regarding the most appropriate way to measure health literacy (Thompson et al, 2003: 24-28)

If health literacy is the capacity of individuals, reading competence and vocabulary measurement will be sufficient. If health service systems require high reading and oral communication skills, measurement of individual capacities will completely reflect competence of an individual to understand and use materials related with health. However, if health literacy is communication capacity of individuals, and it is based on health service systems or more generally to the relationship between public, individual level measurements will be insufficient.

Although it is challenging to measure reading levels comprehensively, scales that evaluate individual capacity are developed. The most common measurements, based on reading and comprehension of individuals, are Rapid Estimate of Adult Literacy in Medicine (REALM) and The Test of Functional Health Literacy in Adults (TOFHLA) tests. Other than these two tests, there are Newest Vital Sign Test (NVS), Health Activities Literacy Scale (HALS), and Electronic Health Literacy Scale (eHEALS) (Aslantekin et al, 2014: 328-332).

REALM and TOFHLA among these test measures certain areas that are accepted as general capacity indicators of individuals rather than comprehensive capacity evaluation. REALM is 66 item word recognition and pronunciation test that measures vocabulary. TOFHLA is an evaluation tool that measures reading fluency. In this test, there is reading and comprehension section to measure prose literacy. Literacy that this test aims to measure is related with understanding health system and proper communication skills of individuals within this system and disregards ordinary literacy skill.

NVS test is based on document skills and numerical skills with percentage calculation competence. HALS is a tool that measures literacy related with health develop based on National Literacy Activity Scale (NALS) in Canada. HALS contains items that evaluate prose, numerical, and document literacy in five areas in health (health protection and improvement, disease prevention, sustaining health care, and access to necessary services). To understand reading capacity related with health at public level, length of HALS leads difficulties to use although this test has potential value. eHEALS literacy test regards six main skills including traditional literacy, health, knowledge, media computer literacy, and scientific literacy. This test enables short practical measurements to determine capacities of patients in limited time rather than being a public and comprehensive test. More comprehensive tests are needed to understand gaps between capacities and current demands to develop knowledge that can be understood by larger portion of the public and to help providing guidance about health problems for children and adults. Coherent, non-time consuming and reliable measurement tools must be developed for researches. However, it is still uncertain whether is it possible to develop a strong, practical "survey" test that will identify individuals with limited literacy (Baker, 2006: 880-883).

It can be seen that current measurement and evaluation methods to measure health literacy are insufficient. To evaluate health literacy in a sensitive way

and conduct planning and actions in this direction, more comprehensive scales are needed without disregarding cultural and social dimensions. This way, studies that focus on determining health literacy levels can improve as well. Based on these developments, public health status level and life quality will increase (Aslantekin et al, 2014: 329-334).

CONCEPTS RELATED WITH HEALTH LITERACY

Health literacy is a multi-dimensional concept and consists of different components. Conceptual models not only include main components of health literacy but also individual and system focused factors that affect health literacy level of individual and methods that link health literacy to health results (Sorensen, 2013: 85).

Health literacy continues to expand by adding new concepts. Tones (2002) considered health literacy a concept that represents health education and approach to strengthen an individual. This is one of the fundamental tools to develop health literacy and this empowers individuals. The purpose is to empower individuals to make their health decisions based on knowledge and develop their own health management skills. A process that enables individuals with more control over health determiners can at the same time has positive effect on public and environment they live in. There are connections between health literacy and social capital concepts. Individuals with health literacy have lived longer and make a significant effort to develop their own and their children's knowledge and skills. It is believed that healthy people will use health system less and demand very few health services (Ratzan, 2001: 213). In the following years, health literacy definition is expanded to emphasise groups as well as individuals. Health literacy has become one of the important topics in public health with studies that showed effects on health behaviour and health expenditures. Public health literacy is a complementary of individual health literacy (Tones, 2002: 287-290). Recently, Health Promotion, Health Education, Health Communication, Social Marketing concepts have emerged that are closely related and frequently used with health literacy.

Public health literacy was defined by Freedman et al. (2009) in three dimensions. Each dimension includes separate competence. 1. Conceptual basis: These include basic knowledge to understand processes related with public

health. Individuals or groups should have the skill to discuss their opinions, evaluations, and perspectives for basic public health concepts, public health structures, and ecology. 2. Critical skills: Skills to obtain and evaluate necessary health knowledge to make health decisions that benefit public. Each individual or group should have such skills. 3. Civil and public participation: This keeps public at the centre of public health literacy. Additionally, this provides skills and resources to eliminate health anxiety with civil and public participation (Freedman DA et al, 2006: 445-450).

Health Promotion is represented as an easing process to increase control of people on health development and their health. Health promotion represents a comprehensive social and political process. This process not only focused on increasing individual skills and capacities, but also changing social, environmental, and economic conditions so that effects on health of society and individuals will be milder. This is the process of increasing control of individuals on health determiners, thus, improving their own health (WHO 1998).

Health education consists of opportunities consciously structured towards learning. This is defined as a communication method designed to improve health literacy such as increasing knowledge and developing life skills that help individual and public health. Health education is not only about sharing knowledge but also about encouraging required motivation, skills, and self-confidence (self-benefit) to improve health (WHO 1998).

Health communication is a strategy to inform about public health anxieties and keep important health topics on agenda. Using mass communication and other technological innovations to publish health knowledge that benefit public will increase awareness of individual and society regarding certain aspects of life and health development.

Social marketing theory considered that successful and effective experiences in market analysis, planning and control techniques in commercial marketing can successfully be applied to social events. Purpose of social marketing is to provide services for social benefit and real needs of society by using traditional marketing methods. Today, planning of health education and health development programs make social marketing research mandatory. In various countries, there are social marketing campaigns for nutrition education, family

planning, vaccination campaigns, and other health education campaigns (Dişsiz et al, 2016: 34-39).

HEALTH LITERACY and CULTURE RELATIONSHIP

Health occurs in daily life and health literacy born from socio-cultural context of people and helps people to be shaped in socio-cultural context. (Parsons, 2001:48) In historical process, area where culture concept was commonly used was cultural anthropology. Health anthropology is among health culture studies as an indispensable part of cultural anthropology. Health sociology considered effects of social reasons of health and diseases. This is the sub-branch of sociology that analyses relationships between health and disease and social structure. First approach of anthropologists to culture was descriptive and classifier approach. Approach of Tylor was the most accepted one. For Tylor, "culture or civilisation is a complex whole involving knowledge, art, customs and tradition and similar skills, abilities, and habits learned by humankind as a member of society". Over time, culture concept was perceived differently among countries. French and British preferred civilisation concept rather than culture concepts. In Germans, culture concept was emphasised. (Elmacı, N, 2000: 40-47).

Culture is a reality built by societies; however, culture becomes natural over a long period and builds new products. Within this scope, roles, relationships, symbols, and values at the basis of social institutions are becoming meaningful by passing from social construction process. On the other hand, it is challenging to define culture. There are hundreds of definitions with different perspectives. Therefore, common properties of these definitions are important. For Boyle and Andrews, 4 unchanging basic properties of culture are adaptation of an individual to environment, being learned by individuals, passing down, being sharable, and being dynamic and changing process. (Bekar, 2001: 136)

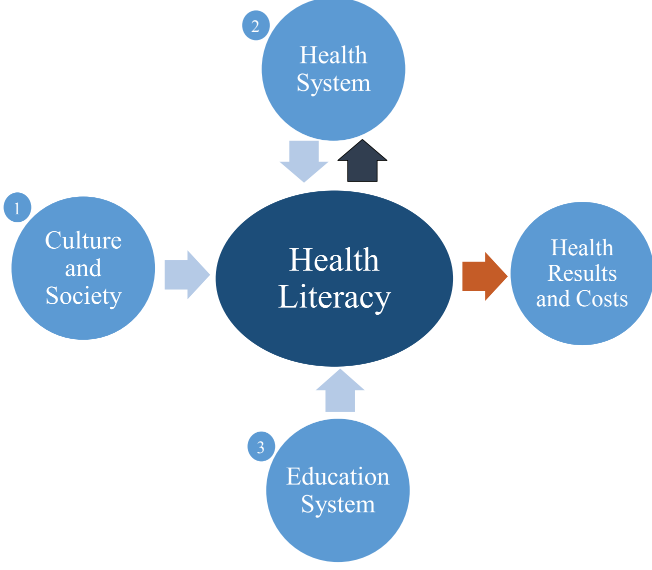
Culture is a complex harmony of language, belief, tradition, customs, manners, rituals, ethic, and shared values stated as lifestyle of a society. Culture is a constantly changing dynamic structure that is non-stationary.

Health and culture are concepts that exist within each other. They exist due to interconnected relationship with each other. In terms of individual and public health, importance of cultures people are in and socialise is apparent as culture is the texture of life. There are views, attitudes, and behaviour patterns show in

cultural life and forms health aspects of culture in human lives. Reciprocal relationship between health and culture has constantly changing, transforming, and dynamic structure. (Yeşilşerit, 2012: 35) While individuals learn definitions of health and diseases, causes of and protection methods for diseases, how to describe physical symptoms from the culture they live in, they also learn approach towards diseases from these cultural norms. (Scambler, 2001: 130-140). One of the most important factors that affects this structure between health and culture is health literacy. Therefore, relationship between culture concept and health literacy should be evaluated from a wider perspective.

Health literacy is shaped by interaction of individual skills of individuals a healthy environment, health system, education system, family, work, and social and cultural factors in the society. (Figure 3). (Neilsen et al, 2004: 34).

Figure:3 Areas That Effect Health Literacy



(Source Neilsen-Bohlman, Panzer and Kinding, 2004 :34)

Individuals gain and use health literacy in their own socio-cultural environment. Health literacy is an important social capital. Individuals make decisions about health in their houses and in the society they live in. Families, peer

groups, and societies are generally the first source regarding information related with health. These resources help shaping functional health literacy skills related with product and service selection. These resources can present important information on alternative treatments, self-care and family care, current support services and first aid as well as health developing, protective, and disease preventing behaviours. When individual and public health literacy are supported, societies can use cultural capital of their members and contribute to larger social development and strengthening social capital. (Williams et al, 2002: 3050-3060).

Health literacy is shaped with cultural infrastructure of individuals. Individuals use collective beliefs, traditions, world views, and social identities to interpret health information and act accordingly. Culture has an important role for formation of health beliefs and values of individuals. While individuals learn definitions of health and diseases, causes of and protection methods for diseases, they learn approach towards diseases from these cultural norms. Additionally, habits to use health technologies, treatment and medication approaches are determined with religious knowledge and cultural rules. (Rudd et al, 1999: 10-20).

Information related with health will be filtered from the culture of that individual, if these messages are created compliant with cultural properties, these messages will be clearer and more effective. At this level, cultural literacy concept becomes important. Cultural literacy represents skills of awareness and usage of collective beliefs, traditions, word views, and public identity to interpret and apply health knowledge. Cultural literacy enables individuals and institutions with different culture, class, race, ethnicity, and religion to answer with respect and in effective manner. At the same time, cultural literacy represent being health understanding of certain culture and how health status of individuals are affected by cultural practices. Approach of an individual or institution to communicated individual is organised in a way that protects honour, differences, and respect. Cultural literacy should be reciprocal. Communicating person (doctor, health personnel) should know and understand cultural properties of recipient. At the same time, recipient should be aware of occupational cultural properties of the individual providing health information.

Mainly, individuals form their health literacy based on cultural codes. Cultural norms in the society of an individual are dominant dynamic elements in health literacy of an individual. Culture is determinative to shape knowledge,

attitude, and behaviour related with health and disease. Each society develops health and disease understanding based on their own value system. Health and normal are different in each society and culture. Similarly, disease types, disease perception and coping methods, health risks show significant differences between societies. Disease and effort to cope with diseases that have a long history as humanity have been common properties of all human societies. While disease is a universal phenomenon, disease and coping with disease that have a long history as humanity changes based on socio-cultural variation of that society and diseases gain meaning based on cultural patterns. For example, pain and ache caused by various diseases are closely linked with socio-cultural structure of societies. Cultural attitudes developed against pain are gained by children as their parents and family groups teach them. Children learn their reaction towards pain or ache with cultural environment. In some societies, excessive sensitivity of parents towards diseases is completely related with cultural relativity. As a result, there are various social factors that determine health level of individuals, groups, and societies. Health problems, disease risks, and death rates experienced by individuals are directly or indirectly affected from various social factors. Mainly, lifestyle and habits of individuals and societies largely affect diseases (Cirhinlioğlu, 2014: 37-40).

Since humans are both living organisms and actors with a personality, social, and cultural existence, health and disease must be handled as both organic and socio-cultural phenomenon for humans (Parsons, 2001: 45).

RESULT

Obtaining information, understanding, evaluating, applying, and positively benefiting from health services is the natural right of each individual. Today, health systems have extremely complex structures for users of the system. Benefiting from this system correctly is only possible with sufficient health literacy. Health literacy is among the strongest social determinants by using correct knowledge, empowering individuals with controlling their health, individual and social benefits, and with important effects on health results (Gözlü, 2018: 35).

Literacy and health literacy are basic skills required to live in a modern society. Accessing knowledge sources to protect and develop health, reading

and understanding this knowledge, making decisions based on this knowledge and applying these decisions are only possible with health literacy. As universal access to health services is a right, health literacy should also be accepted as universal right. Policies that accept health literacy as a right should be developed and accordingly, long and short term programs should be organised to develop health literacy (Berkman et al, 2010: 12-20).

Health literacy can be considered to be a prioritised policy subject and legal regulations can be realised. Achieving a health society with healthy individuals is the fundamental purpose of health policies. There is need for organising and developing health studies in complete health area regardless of being disease or patient to achieve healthy society. In addition to current knowledge and experience, with knowledge and results obtained from future studies can significantly decrease disease and death rates by starting from individual and reaching towards society (Durusu Tanrıverdi et al, 2014: 14).

Development of public health represents a comprehensive socio-political process and wide participation is necessary for sustainability. Health literacy encourages participation and health literacy is among outputs of health development (The Ministry of Health, 2011).

Health or certain disease literacy level of individuals is important in increasing health level of societies. Literacy level of patients in this case plays an effective role at the beginning, treatment, and control of disease.

In the literature, it can be seen that low health literacy is related with bad health results. Studies showed that individuals with low health literacy were insufficient to overcome obstacles. Therefore, individual efforts to develop health literacy are insufficient. In addition to duties of patients, institutions, organisations, and foundations that offer health services both national and international level should undertake important tasks to develop individual health literacy.

Although health and disease evokes medical process and concepts, these are social and cultural phenomenon as much as medical phenomenon. Attitudes and behaviours of individuals regarding health literacy are accepted as reflection of their culture. Awareness of the society should be increased with sufficient education on health subjects in terms of appropriate knowledge selection to solve access of health knowledge problem of patients, knowledge reliability, validity, and use. It is necessary to present sufficient education and teaching to increase

health literacy. In all these efforts to increase health literacy level of individuals and societies, relationship between health literacy and culture should not be disregarded. Cultural structure of a society affects perspectives of individuals towards health and disease. Accepted perceptions regarding health and disease approach will be around well-settled patterns. For example, which symptoms are symptoms of disease, treatment and doctor choices of individuals are related with culture and structure of society rather than medicine. Individuals can learn easier and more effectively with cultural norms of the society they live in. It is believed that education, teaching, and practices that will carry health literacy to higher by accepting this fact will provide more positive results. Development of health literacy level will lead health culture development to be determiner of correct resource use and individual health and public health.

Knowing and recognising cultural properties of a society are inevitable conditions to offer desired level of health services to society, acceptance of such service by individuals, participation of the public to these services, and education of the public regarding this topic. Since cultural factors directly affect health literacy level, organising health status increasing efforts in harmony with cultural infrastructure will increase positive externality effect.

As a result, to reach higher health status, it is evaluated that studies towards increasing health literacy level based on public cultural elements will be beneficial.

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THE FACTORS AFFECTING ADHERENCE IN ISOLATION MEASURES

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ABSTRACT

Isolation is a protective method that prevents the transmission of microorganisms from infected patients to other patients, visitors and health care personnel, requiring the separation and restricting movements of the infected person for protective purposes. Therefore, isolating a patient with a specific infection reduces the spread of nosocomial infection. Isolation measures include washing hands and wearing gloves, placement of patients in separate rooms, or patients with the same effect in the same room, necessary procedures to be followed when the patient needs to be moved to another place, wearing aprons and special garments, face masks, separation of patient's belongings, collecting the laundry in an appropriate way and cleaning them. Most health care institutions have varying policies and procedures for isolation measures. Most infection control committees emphasize that health care staff are difficult to maintain in terms of isolation measures. Adherence to the isolation measures among health professionals is important both for patient care and psychological and social well-being of patients and their family.

INTRODUCTION

Despite advancements and breakthroughs in health care, nosocomial infections are one of the most common complications of hospitalization in our country as well as being a worldwide health problem (Ertek, 2008: 9-14; Hal-

comb, Griffiths and Fernandez, 2008: 206-224; Kosucu, Goktas and Yıldız, 2015: 105-108). Isolation measures are considered to be the most effective and successful method to prevent nosocomial infections (Ismailoglu, Zaybak and Babadag, 2014: 63-73; Usluer et al., 2006: 5-28; Gorak, Savaser and Yıldız, 2011: 39-67).

Isolation is one of the most important issues in infection control. It is a protective method that prevents the transmission of microorganisms from infected or colonized patients to other patients, visitors and health care personnel, requiring the separation and restricting movements of the infected person for protective purposes (Ulusoy and Görgülü 1996), and restricts the separation and movement of the infected person for protective purposes (Karabacak, 2012: 413-444). It is widely practiced in many health care facilities and it is also emphasized that isolation practices are necessary to reduce the spread of nosocomial infections (Halcomb, Fernendez and Griffiths, 2006: 50-77). These measures must be provided for all patients in the hospital and are a key to being successful in controlling infection in hospitals (Ismailoglu, Zaybak and Babadag, 2014: 63-73; Usluer et al., 2006: 5-28).

Most health care institutions have varying policies and procedures for isolation measures. Most infection control committees emphasize that health care staff are difficult to maintain in terms of isolation measures (Halcomb, Griffiths and Fernandez, 2008: 206-224; Cromer, 2004: et al., 451-454). The purpose of the isolation measures is to prevent microorganisms from infecting or colonizing other patients, visitors and health personnel, and includes all units and their staff engaged in diagnosis, treatment and care (Celenkoglu, Akıncı and Kucukkece, 2009: 1-3; Tayran and Ulupınar, 2011: 89-98).

Nurses and physicians are legally responsible for following the precautions for infection control, diagnosis, treatment and care in the health service provision. This situation is expected to be seen in the attitudes of health staff (Akyıl and Uzun, 2007: 66-72; Tayran and Ulupınar, 2011: 89-98; Arısoy, 2009: 183-187; Namal, 2004: 19-66). It is highly important for health staff to know what sort of isolation measures should be taken in each case and procedural steps of isolation and to evaluate their attitudes towards isolation measures with proper methods on a regular basis (Sahin and Akıncı, 2004: 309-316; Usluer et al., 2006: 5-28; Turkoz, 2000: 4-6).

DEFINITION of ISOLATION

Isolation means excluding, separating and setting aside. The most effective way to prevent the spread of pathogenic microorganisms is to isolate its source. Thus, the transmission of microorganisms from patients to healthcare personnel, from health personnel to patients, from a patient to another and from patients to visitors can be prevented (Gorak, Savaser and Yıldız, 2011: 39-67).

The most effective way to prevent the spread of pathogenic microorganisms from a specific area is to isolate its source. Therefore, isolating a patient with a specific infection reduces the spread of nosocomial infections. The isolation has been playing the most important role in infection control nowadays since it prevents the spread of infectious diseases. The purpose of isolation measures is to prevent the transmission of infectious microorganisms from patients to healthcare personnel, from health personnel to patients, from a patient to another and from patients to visitors.

THE IMPORTANCE of ISOLATION

The isolation is one of the most important steps in controlling infection. Considered the most important indicators of care and quality in hospitals, nosocomial infections, can only be reduced or prevented by isolation measures. Nosocomial infections that may arise when measures are inadequate can cause prolonged hospitalization, increasing morbidity, mortality and costs of treatment (Demir, 2014: 1; Tayran and Ulupınar, 2011: 89-98). When isolation measures are applied appropriately, undesirable consequences of these infections can be reduced or eliminated completely (Gorak, Savaser and Yıldız, 2011: 39-67).

Isolation of infected patients is one of the most important techniques to be used in order to prevent nosocomial infections, which breaks the process of infection chain involving the causative agent, the host, the susceptible host and way of transmission (Gulay, 2007: 569; Yüceer and Demir, 2009: 226-232; Ozturk, 2007: 188-193). The most fragile point of this chain is the way of transmission (Goren and Fen, 2005: 706-723).

ISOLATION MEASURES

Isolation measures are the most effective way to prevent the spread of infections from health staff to patients and vice versa (Alp, 2006: 193). Combat-

ing nosocomial infections in health facilities in all countries, including Turkey is maintained by infection control committees considering isolation measures. These measures have been updated at various dates. Disease-specific isolation measures have been used since the 1970s. By assessing infectious diseases individually, it has been identified which measures should be taken in each case. Isolation measures were categorized into seven groups in 1983, including precise isolation, contact isolation, respiratory isolation, tuberculosis isolation, isolation of drainage secretion, isolation of blood and body fluids (Deniz, 2014: 18). The type of isolation can also be determined by the microorganism that is infecting and the way of transmission (Gorak, Savaser and Yıldız, 2011: 39-67; Behrman, Kliegman and Jenson, 2008: 1184-1186; Bowden and Greenberg, 2008: 342-346).

The last guideline prepared by CDC's on isolation measures[1] was published in 2007;

1. Standard Measures
2. Extended Measures

a. Contact precautions

b. Droplet precautions

c. Airborne precautions

d. Protective Environment.

1. Standard Measures

Standard measures refer to the precautions that should be taken in order to prevent microorganism infections from being transmitted from patients to other patients, patients to health staff and health staff to patients (Alp, 2006: 194). There are two goals to be set while isolating measures are being taken. First and the most important one is that these measures should involve all the patients in the hospital regardless of the diagnosis and level of the infection on the ground. This set of goals commonly called standard measures, form the basic strategy for being successful in controlling infection in hospitals. The second is putting isolation measures for specific patient groups into practice. This group should be investigated within the scope of measures for contagion and accordingly, a set of measures should be taken to prevent the infection from infected or colo-

nized persons with epidemiologically important agents. These standard measures have been developed with the aim of protection from infections caused by defined or yet non-defined agents that can be transmitted by blood and moist body excretions. These measures should be taken for blood, all body fluids (except sweat), shattered skin and mucous membranes (Usluer et al., 2006: 5-28; Gencer, 2008: 71-78).”[5]

These are a set of precautions that should be taken for all the hospitalized patients irrespective of diagnosis and infection. The background of these measures is that each individual who is admitted or referred to a health care facility is considered to be the carrier of potential infection regardless of diagnosis and infection. Here, the aim is to prevent infection from the patient to other patients, health staff and visitors (Alp, 2006: 194; Alp, 2012: 43; Usluer et al., 2006: 5-28; Ozturk, 2011: 9-16).

The following measures are recommended to be taken to achieve this goal:

- Non-sterile gloves must not be worn during contact with the body’s secretion, mucus, and shattered skin except blood and sweat.
- Hand hygiene must be applied after removing gloves.
- Personal protective equipment (such as apron, mask or goggles) must be used in addition to gloves when the body fluid or secretions may splash around.
- Surgical masks in addition to goggles or regular masks must be used in situations where blood and other body fluids/secretions are likely to spread around during medical procedures such as endotracheal aspiration, endotracheal intubation, vascular invasive intervention, and so on.
- The person performing the operation during any spinal intervention (such as myelogram, lumbar puncture, spinal anesthesia, and so forth) must wear a surgical mask.
- Protective gloves must be worn while contacting with body fluids / secretions and contaminated surfaces/materials. Hand hygiene should be provided after gloves are removed.
- Transfer of polluted materials must be done so as not to cause contamination in the environment.

5 https://www.aj cjournal.org/art cle/S0196-6553(07)00740-7/pdf (Date of access: 10 March 2018)

- After use, gloves must be removed and hand hygiene must be provided without touching anything.
- Necessary equipment like masks must be used to protect eye, nose and mouth mucosa during the procedure when there is a possibility of splashing body fluids, blood, secretions and excretions
- Since body fluids, secretions, excretions and blood may splash during the procedures, special aprons and garments must be worn to prevent contamination of the skin and clothing
- The contaminated apron must be removed without touching its outer surface and hands should be washed.
- Blood, body fluids, secretions and excretions, contaminated things, clothing and other materials must be removed without touching the contaminants, mucous membranes and the skin and contaminating other patients and the environment.
- Disposable materials must be discarded immediately, and those to be reused should be sterilized / disinfected by appropriate methods.
- Bed sheets must be sent to the laundry so as not to pollute the environment (T.C. Ministry of Health Infection Control Nursing Certificate Program, 2010).

2. Extended Measures

a. Contact Precautions

This type of isolation is used against epidemiologically important, direct or indirect contact contaminants. Direct contact usually occurs through the skin to skin contact between the infected patient and the susceptible person, usually through hands. Indirect contact occurs as a consequence of the interaction of contaminated environment or contaminant agent and the susceptible host (Usluer et al., 2006: 5-28).

Table 1: Isolation Methods and Conditions Requiring Isolation (Usluer et al., 2006)

Measures	Conditions
Standard Measures	These measures should be taken in the care of all patients
Respiratory Isolation: Those patients with suspected or known infections that may be spread through respiration	Measles, varicella (including common zona), tuberculosis, SARS, viral haemorrhagic fever, Ebola, Lassa, Crimea-Congo, Marburg
Droplet Isolation: Those patients with suspected or known infections that may be spread through respiration	
Meningitis, pneumonia epiglottite, sepsis **Other respiratory infections spread through droplets**	Neisseria meningitidis, Haemophilus influenzae Diphteria, pertussis, Mycoplasma pneumoniae, group A beta-haemolithic streptococci infection
Other serious viral diseases spread through droplets	Adenovirus, influenza, mumps (epidemic parotitis), parvovirus B19, rubella
Contact Isolation: Those patients with suspected or known infections that may be spread through direct contact	
Colonization, Infection with resistant bacteria	MRSA, VRE, GSBL, multi-resistant pseudomanos aeruginosa, Enterobacter cloacae
Enteric Infections	Clostiridium di cile, Escherichia coli O157,H7, hepatit A, rotavirus, shigella
Respiratory infections seen among children or infants	RSV
Enteroviral infections seen among children and infants	Rotavirus, parainfluenza infections
Highly contagious skin infections	Skin diphteria, herpes simplex (newborn/neonatal mucocutanous), pediculous, scabies, impetigo, open abscess, cellulites or decubitus, shingles, children with staphilococcal fronculosis, zoster infection
Viral haemorrhagic conjunctivitis	
Viral haemorrhagic fever	Ebola, Lassa, Crimea-Congo, Marburg

Contact measures are implemented in case of direct or indirect contact with rapidly and intensely spreading diseases. Infection by contact may occur in the case of direct contact with an infected patient, or indirect contact with contaminant tools and the environment (Gorak, Savaser and Yıldız, 2011: 39-67; Usluer et al., 2006: 5-28; Caylar, 2005: 185-195; Bodur, 2002: 135-141).

Diseases requiring contact measures include enteric bacteria that produce MRSA, VRE, Acinetobacter, Expanded Spectral Beta-lactamase (ESBL), and Pseudomonas aeruginosa, lapactic agents (EHEC, Shigella, Difficile) respiratory syncytial virus in newborn and infants, enterovirus disease, ebola virus disease, herpes parainfluenza virus infections, diphtheria, shingles, large abscesses, cellulite, decubitus, impetigo (Gorak, Savaser and Yıldız, 2011: 39-67; Ozturk, 2007: 188-193; Caylar, 2005: 185-195; Posfay-Barbe, Zerr and Pittet, 2008: 19-31).

The follow ng measures should be taken;

- There must be a privately allocated room. If a private room is not available, patients with the same infectious disease may share the same room.
- Prior to direct contact with the patient upon entering the room, hands should be washed, protective gloves should be worn and then be removed as well as the hands be washed before leaving the room following the contact with the patient.
- The protective apron must be worn if there will be a contact with the patient and the patient’s environment or infected material. The apron must be worn on entering the room. These are disposable and non-sterile aprons. The apron must be removed before leaving the patient’s room.
- Standard cleaning and disinfection methods must be used to prevent environmental contamination.
- Patient transfer must be at the minimum level possible, and if the transfer is absolutely necessary, it must be ensured that the environment will not be contaminated (Gorak, Savaser and Yıldız, 2011: 39-67; Ozturk, 2007: 188-193; Caylar, 2005: 185-195; Kıran and Alp, 2006: 83-84; Alp, 2006: 196; Alp, 2012: 43; Ciftci, Aksaray and Cesur, 2003: 293-296).

b. Droplet Precautions

The particles are larger than 5 microns (μm). They are transmitted to the susceptible host from patients or carriers through coughing, sneezing or talking. Since large droplets cannot be suspended in the air for a long time and cannot be transported to very long distances, they are spread through contamination by close contact. No special ventilation systems are required (Usluer et al., 2006:7-8). There must be more than about 1 meter distance between the source and the susceptible person in order to avoid the infection. The susceptible person may be infected through nose-mouth-conjunctiva. The infection may be spread when the infected patients talk, cough, clean or blow their nose and during procedures like aspiration, intubation, or bronchoscopy (Alp, 2012: 46).

c. ***Airborne Precautions***

Particles of 5 μm or smaller can be suspended in the air for a long time and be transported to very long distances. In this way, the microorganisms suspended in the air can infect a patient in the same room or further away. The susceptible host can be infected via airway or ventilation. In this case, disease airway measures must be used (Usluer et al., 2006:18-21).

Respiratory measures are used for the infections spread through respiration from the infected patients and droplets smaller than 5 μm. Since the droplets are smaller than 5 μm, they can be suspended in the air for a long time and transported to long distances. For this reason, patients in the same room or other rooms, health staff and even visitors may become infected by airway or ventilation (Gorak, Savaser and Yıldız, 2011: 39-67; Usluer et al., 2006:18-21; Alp, 2012: 46).

Diseases requiring respiratory measures include tuberculosis, measles, chickenpox, Severe Acute Respiratory Syndrome=SARS (Gorak, Savaser and Yıldız, 2011: 39-67; Ozturk, 2007: 188-193; Caylar, 2005: 185-195).

The following respiratory measures are put into practice;

- The patient must be looked after in a room provided with negative pressure. If a single room is not available, the patient can be put in the same room with another patient diagnosed with the same infection.

- Room air must be thoroughly filtered at a high level before passing on to other parts of the hospital, or be exhausted directly from a clearance outside the building.
- The room door must be kept closed
- When entering the patient's room, an N95 mask must be worn. The mask must be removed after leaving the room and closing the door.
- The patient must not be taken out of the room as much as possible. If the patient needs to be taken out of the room, he or she must wear a mask.
- The tools in the room must be removed after being cleaned in the room.
- When the patient leaves the room, the room must be cleaned with appropriate disinfection methods (Gorak, Savaser and Yıldız, 2011: 39-67; Ozturk, 2007: 188-193; Caylar, 2005: 185-195; Alp, 2012: 46-47).

d. Protective Environment

- Patients with allogenic bone marrow transplantation must be monitored in a protective environment until the number of neutrophils is greater than 500, unless absolutely necessary.
- Single-bed patient rooms must be provided.
- The air entering the room must be passed through HEPA filters (99.9% efficiency) which can filter out particules in the size of $\geq 0.3\mu$.
- The requirement for HEPA filters for autologous bone marrow transplantation patients is not as well defined as for allogenic bone marrow transplantation patients.
- There must be a pressure difference of 2.5 Pa between the patient room and the outside of the room (positive pressure rooms) and >12 air changes per hour.
- The flowing direction of the filtered air must be towards the corridor from the patient (clean → dirty).
- The room must be well insulated to prevent airflow from the outside into the room (walls, ceiling, windows, electrical sockets, and so on)
- Dust control in the room must be ensured effectively and all surfaces must be easily wiped, cleaned or / disinfected.
- Fresh or dry flowers must not be available in the room.

- If there is construction and repair work in or around the hospital and the patient is absolutely necessary to go out of the protective environment, he or she must wear a N95 mask (Alp, 2012: 47).

DESCRIPTIVE MARKERS n ISOLATION MEASURES

In order to establish a common language among the health staff, and a non-verbal communication method which is effective in isolation measures and standardize the use of markers in isolation, new regulations must be done in SEN07-Core Isolation Measures within the scope of Health Quality Standards under Health Services Dimension in Hospital Version 5 set to prevent infections by T.C. Ministry of Health, General Directorate of Health Services, Health Quality and Accreditation Department

SEN07.01 It is important to determine when and how isolation measures to be taken for infected or colonized patients must be implemented. While doing this, both nationally and internationally acknowledged guidelines on isolation measures must be taken as a basis.

SEN07.02 In infected or colonized patients, descriptive markers indicating the method of isolation applied must be used. The descriptive markers certified by the Ministry of Health must be used for the method of isolation in the following:

- A yellow leaf in respiratory isolation,
- A blue flower in droplet isolation,
- A red star in contact insulation.

According to the decree of the Infection Control Committee, the name of the isolation method and its application can be used together with the images used for the descriptive markers.

SEN07.03 Isolation measures and descriptive markers must be applied to all service procedures, including triage of the patient. These standards have been determined by the Ministry of Health. The supervision of relevant applications has been performed by the supervisors recruited in the Infection Control Committees, Infection Control Team and Ministry of Health in hospitals (T.C. Ministry of Health General Directorate of Health Services Health Quality and Accreditation Department, 2015: 423; Cifcti, Aksaray and Cesur, 2003: 293-296).

Table 2: Descriptive Markers (T.C. Ministry of Health, General Directorate of Health Services, Health Quality and Accreditation Department, 2015: 423)"

Four-Leaf Clover (Risk of Falling Down)
It symbolizes luckiness and refers to the fact that the cases of falling down must not be considered to be a sign of bad luck
Yellow Leaf (Respiratory Isolation)
Trees are lungs of nature and their leaves are that of the trees,too. The first letter of respiration " s" in Turkish (solunum) is used
Blue Flower (Droplet Isolation)
The yellow point in the middle represents the patient and the petals around the point refer to droplets
Red Star (Contact Isolation)
The five corners of the star refer to five fingers of a hand. The red colour represents figuratively the danger of contacting with the patient like touching fire

THE FACTORS AFFECTING COMPLIANCE to ISOLATION MEASURES

Nosocomial infections are the most important indicators of the quality of care in hospitals. As the biggest and most important step in preventing these infections is isolation measures, it is necessary for health staff, especially the nurses and physicians who are caring the patient individually, to know and take these measures appropriately during practice. These infections can have undesirable consequences such as morbidity, mortality, prolonged hospitalization and increased treatment costs (Yüceer and Demir, 2009: 226-232; Hacımustafaoglu, 2005: 95-99; Ozturk, 2011: 9-16).

These infections are mostly spread by health staff. Therefore, hand hygiene is one of the most important and effective methods to prevent them (Bilgen et al., 2011: 26-35; Hancı et al., 2012: 113-121; Ozyurek and Bulantekin, 2008: 21-32).

Physicians and nurses are required to follow the isolation measures carefully. For this reason, they must be convinced to follow these measures and receive continuous training (Cetin, 2009: 11-15; Uyar, 2005: 493-503).

The nurses who are together with the patient 24 hours a day have much more responsibility than others in this case. First of all, nurses should be aware that nosocomial infections can be prevented, and know, apply and reinforce measures in their practice for the prevention of these infections and all the world-accepted standard measures and transmission methods (Yüceer and Demir, 2009: 226-232; Caylan, 2006: 8-10). The factors that affect compliance to isolation measures can be classified as general factors, institutional factors, and patients and their relatives

1. Ind v dual Factors

Health professionals are in the highest risk group in terms of infectious diseases. For this reason, they must know and take isolation measures to protect themselves and their patients. They must act with their team members and use their knowledge and skills in the most effective way to provide quality and safe health services.

Health professionals must be knowledgeable about isolation measures, sensitive and able to fulfill their responsibilities appropriately (Ozvarıs, 2000: 178). The low number of staff can affect compliance to isolation measures negatively (Katırcıoglu et al., 2009: 249-253). The level of education and work experience of the staff are also other factors. The lack of materials to be used for isolation measures such as sanitary equipment, hand disinfectants, sinks, or remote installation of the equipments can also reduce compliance (Caylan, 2006: 8-10).

2. Inst tut onal Factors

Health institutions are obliged to develop policies on health professionals to be aware of effective infection control practices. The most important policies include regular training sessions on isolation measures. The most successful

way to prevent infection from spreading in health facilities is to establish infection control programs. These programs are to be maintained and supervised by Infection Control Committees. The effectiveness of the programs must be assessed through staff training, evaluation and follow-up. In evaluation and follow-up, it must be checked whether recommended measures are followed, protective equipments are available and used correctly. Further training topics must be determined according to the results of the evaluation and follow-up. Health professionals who do not comply with the isolation measures must also be warned about these measures (Deniz, 2014: 33).

In health services, there is a need for continuous training to control infection. This is due to scientific breakthroughs and technological developments in the field of infection control, which are accompanied by learning new information and developing new skills (Uyar, 2005: 493-503; Ozvarıs, 2000: 178).

For this reason, in-service training courses should be given in the following intervals;

1) Before the new health professional starts work,

2) At regular intervals (at least once a year),

3) In any situation that may create a risk (an accident, an increase in hospital infections, repairs / renovations, epidemics),

4) When there is novel information obtained about isolation measures (Uyar, 2005: 493-503).

Despite advancements in the field of medicine in our country, efforts to control nosocomial infections have failed to prevent them. The only way to achieve this is to maintain institutional policies and organize regular trainings (Ozturk, 2011: 9-16).

3. ***Factors Related To The Patients and Their Relatives***

No matter how many healthcare professionals follow isolation measures, infections will continue to spread rapidly if patients and their relatives do not comply with these measures. Patients and their relatives have the same obligation as the healthcare professionals (Demir, 2014: 34). Hence, patients and their relatives should be informed about infection, ways of spreading, control measures and their behaviors should be monitored.

CONCLUSION

Ensuring compliance with control measures requires a multidisciplinary teamwork to prevent infections. The incompatibility of health professionals with isolation measures can cause many infectious diseases to spread quickly. Health professionals' compliance with isolation measures ensures safe and quality health care. Therefore, it is necessary for health professionals to use protective equipments for safe health care, know and follow isolation measures. Health professionals should act with their team members and use their knowledge and skills in the most effective way to provide quality and safe health services. Correct practices should be determined in terms of prevention of infections and training programs should be developed and implemented for them. Health care institutions should emphasize the need to adhere to the recommended isolation measures. Intervention studies to determine the compliance of health professionals to isolation measures are essential to patient and staff health and safety.

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https://www.ajicjournal.org/article/S0196-6553(07)00740-7/pdf (Date of access: 10 March 2018)

CHAPTER 2

CULTURE AND EDUCATION

DEVELOPMENT-EDUCATION RELATION AND COMPARATIVE ANALYSIS ON EDUCATION PROBLEMS IN TURKEY WITH OECD COUNTRIES ACCORDING TO PISA RESULTS

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ABSTRACT

Education is the main locomotive of economic and cultural development. Differences in development between countries are measured by their access to knowledge and technology and the trained population constitutes the greatest value of the countries. This study adopts the aim of comparing the education levels in different categories among (OECD) countries and determining the general problems of education by making a general conclusion. Comparisons were made in different areas within the scope of the study and the conclusion was obtained by means of PISA Mathematics, Reading and Science exam results. Following the research, the PISA exams measure the ability of students at 15 years of age to comprehend, understand, formulate, interpret and provide solutions to relevant topics. Today, where globalization and technology shape business markets, the need for a larger proportion of adults with wider and more specialized skills is increasing. It is obvious that the number of students involved related to enrolment rate is the basis of education. Increasing the proportion

of education spending within total public spending will increase the quality of education and motivation of teachers will indirectly increase due to an increase in their income and an opportunity of giving better education will be provided. In this study, our country is compared with other OECD countries in these fields. Thus, the competition level of our country with other countries has been emphasized.

INTRODUCTION

This study analysing the education-related table of Turkey comparatively with the OECD – being a union in which Turkey is included – countries is a research considered to be a step to remove the deficiency of researches performed on education.

It is possible to hear in different platforms that Turkey's education is problematic (Gedikoğlu, 2005: 10). However, it is clear that there are a number of study deficiencies in terms of putting this in numbers. Although various researches have been conducted related to general education problems in our country (Gedikoğlu, 2005; Gür and Çelik, 2009; Yılmaz and Altınkurt, 2011; Uygun, 2013; Özyılmaz, 2013, Kösterelioğlu and Bayar, 2014), it has been observed that these researches do not address the dimensions related to exam results that are the clear expression of the problem. So, the purpose of this study is to express the table more clearly by manifesting this problem with numbers.

The research was discussed in four parts. In the first part, education was evaluated. Education being a social institution is a structure realizing important tasks in the society. The first part in which we will make the sociological analysis on the importance of education in society can be seen as the introduction part of our study.

In the second part, education and development relation emphasizing the theory that education constitutes the focal point of development being the main starting purpose of the study was discussed. The big share of education in development moves of the developed countries was presented in this discussion and education-development relation was evaluated. It is understood that the driving force of the developed countries' economies in the world systems is the education sector and particularly the information sector that develops with education (Bozkurt, 2017: 145).

In the third part, the research method was presented. The route followed in a study is important in terms of giving a clue about the place where that study will reach. The path to be followed for the gains obtained from any research will also play a key role in achieving success. In this study, the method describing the way to be followed is the statistical analysis of data and interpretations related to this analysis.

In the fourth and last part, Turkey's condition according to PISA results was analysed. The situation of the students who receive education in our education system according to an international evaluation system was examined with a comparative analysis. The fact that the table is clearly observed has been explained with data. In the light of data, it was possible to make suggestions in the conclusion part of the study.

It is necessary to address the explanations related to education before considering education-development relation.

EDUCATION

Education being the process of making those - not ready for life yet - be ready by adults (Kurtkan Bilgiseven, 1987: 14) is the activity of raising and bringing people to maturity both via their families and schools. Individuals, starting from their parents, acquire the ability to become a social entity together with the peer group. These achievements are provided to the individual through education. The individual becomes an educated human being in another step of being a social entity gained in school environment.

According to another perspective, education is a name derived from Turkish Word "eğmek" which means shaping, regulating and civilizing. In addition to the basic meaning of change-changing and shaping, the concept of education here can also be perceived as bringing to a different condition other than the current situation (Özkan, 2016: 1).

As different from the above approaches, education can be defined as "It is the process of bringing the desired change in the behaviour of the individual through her/his own experience" (Ertürk, 1975: 12).

Considering the general approaches related to education, the individual dimension is prominent. In fact, education - as a multifaceted functional process - also assumes the responsibility of meeting the expectations of society in terms

of its outcomes. When addressed in this respect, education is one of the most important tools that countries can use to provide maximum benefits from rapid development and change experienced in economic, social, cultural and political contexts and to minimize the negative consequences that may arise in them. It is expected that a community composed of educated people will be a community of more regular, successful, productive and healthier individuals (Afşar, 2009: 87).

Education - which has an important power in terms of individual, social, economic and political functions - shapes the individuals in the direction of the cultures of the societies and the attitudes desired to be attained. In addition, education also has the responsibilities of keeping up with new paradigms in science, technology and art, and raising innovative, inquisitive and tolerant individuals. Due to the fact that states have a political system, states have such expectations as preserving their existing political systems and continuing their existence, which are necessary in order that states can survive. The fulfilment of these functions would be possible by making the citizens adopt and internalize the principles of the political regime that the state and societies possess (Sarıbaş-Babadağ, 2015: 19).

Through helping the individual - who is included in education system – explore her/his own potential and creative power, it also has very important tasks such as ensuring humanitarian development, increasing the harmony and awareness towards society and the world, improving the sense of citizenship and providing the skills, abilities required by national and international labour markets. In addition, education increases the capacity of individuals to apply what they learn to real life and ensures that they are able to use new knowledge and technologies effectively in accordance with current conditions and become more productive (Gül, 2008: 181-182).

Education has a very important place in the social structure as every segment of society is directly or indirectly affected by problems in the education system. It can be stated that students, teachers and administrators are affected from these problems of education (Yeşil-Şahan, 2015: 125). It is told that they are the parties of problems as the most affected one and it is obligatory for them to be the parties also in solutions.

Today's world sees education as a whole of life-long activities and organizes its work, accordingly. In other words, education plays a role as an important factor that shapes human beings and gives people awareness from cradle to the grave (Özgür, 2016: 23).

Education, aiming to raise a citizen who provides the qualified labour force as required by the society, who is a harmonious and socialized citizen for her/his country and who develops attitudes in accordance with the interest of the country (Kızılay, 2015: 994) has undertaken the characteristic of being a social sub-system having functions in the society. Any society in the world does not have the chance to win the competition that exists in the world league of countries without having new generations who constantly renew and develop themselves with their intellectual structure, intelligence, ability and desire. It is the education institution being the supplier of the information industry which is the locomotive of the new world order, which is characterized by its name being called globalization and being a power source of information at its centre.

This new era has a very brutal understanding of competition. The way to cope with this competition is to develop and train strong brains and it is very important. There is a close relationship between education and development, as the indication of the development of the state and societies is the educated human capacity. In a sense, it is crystal clear that the basic needs of social structure should be absolutely met in order for education to be functional (Güngör, 2016: 99).

It is necessary to discuss the relation between education and development in this part of the study.

EDUCATION and DEVELOPMENT RELATION

Development is an attempt to change the structure of society by following certain economic policies of political power in order to increase the prosperity levels of individuals. With this aspect, development is both an economic and social process. Raising many young people in line with a developing economy and constitutional goal demonstrates the economic, as well as social, cultural and psychological impacts of education (Çakmak, 2008: 36).

The education system, which ensures the provision of qualified labour force and human power outsourcing (Demirli, 2014: 40), is among the indispensable

factors for social life. So, if there is no education subsystem in a social system or if it is inadequate, the functioning of the social structure will be problematic. It will be faced with difficulties in providing the functional integrity.

From the perspective of economy, education is also a sector since educational institutions raise people in different professions that economy needs. So, the way for overall global development in a country passes through the increase in the educated human power. An increase that can be obtained in the number of educated people in the country will help to rise above the level of contemporary civilizations. If people in a society promote as per the education, that community will be in the category of developed societies.

Education is the investment that a person makes to gain profit for herself/himself in the long run. This concept, referred to as human capital, constitutes the focus of researches on education economy. Human capital, which develops as a result of people's investing in themselves through education, raising or other activities, is based on the fact that they increase their future income by increasing their lifetime earnings. Many economists have pointed out that education contributes to increasing the productivity levels of employees just like the acquisition of other physical capital elements in the form of new machinery and equipment that increase the productivity of a factory or other enterprise (Büyükaslan, 1995).

Another important dimension of the education-economy relation is savings. Saving is an economic issue that is important in terms of creating fund for investment. It is important that the saving that can be regarded as an important driving force of economic development ensures the creation of resources both as physical capital and human capital (Dura, 1996: 23). In a sense, this phenomenon that can develop or be expanded depending on the human factor is a kind of gain obtained as a result of human learning.

When we look at the developed world countries, we see that serious investments are made in terms of education. For this reason, we can say that education is the most important factor in the development of a country (Çalışkan et al., 2013: 29-48). Education is the most important indicator of social development level especially personal development (Nartgün et al., 2013: 80-89). Disruptions and problems in the field of education create much negativity in many different areas (Gedikoğlu, 2005: 66-80).

Looking from a different aspect, the high level of educational quality in comparing developed and developing world countries reveals the difference of economic power. In other words, we can say that the economically strong countries of the world invest in information more (Perktaş, 2016: 159-160). In addition, the superiority and development level of the developed world countries in the field of science and technology reveals their differences compared to other world countries. The difference features having a say, giving direction to different world countries and its superiority in terms of economy, politics and international relations.

The fact that the level of education is high means that the country and its citizens are sensitive to the law (Özden and Erbay, 2017: 347-358). In a country where the concept and knowledge of justice exist, it is not possible to have crooked relations and to experience negativities. In such world countries, the quality of life of individuals and societies is high, their political governance and individual relations in society are organized. The sense of confidence that individuals living in a society have for the country's administrators creates a positive impact on the way the country operates in every perspective. We can exemplify the six best-ruled countries in this regard. These are Denmark, New Zealand, Canada, Japan, Botswana and Chile. In these world countries, education quality is at the top level, justice concepts and practices work fairly well. The relationship between society and the country is based on trust, and the functioning of the management system is very good. Especially in these world countries, investments made in infrastructure are at very high level. In these countries, the quality of life and the society's level of welfare are also very advanced as the educational needs for the development of the individuals who make up the society are quickly realized by the state and the administration.

It should be remembered that the investments and the improvements made in education create benefit primarily for the state. Because the investment made in education is long-term and the turnover is evaluated in the wide frame. The fast and shortest return of the education investments made should not be expected (Günel and Tanrıverdi, 2014: 73-94).

Educational investments are generally multifaceted. Inter-institutional communication and coordination and international studies are important factors in this sense.

It is obligatory to perform serious researches regarding which field and direction is required for the investments to be made and to evaluate them.

When we look at the negative conditions and disruptions experienced in the Turkish education system in recent years, it seems that this situation is multifaceted. In particular, the negative conditions experienced in the exam system have confronted both the individuals receiving education and educators and institutions offering education (Sarıbaş and Babadağ, 2015: 18-34).

The inability to establish the Turkish education system has caused many concepts to disappear and experiencing constant changes in the education system (Yıldıran, 2013: 25-45).

Moreover, there have been disadvantages in the international arena such as the constant criticism on the quality of the Turkish education system, which has led to the decrease in the quality of education in the international sense (Kösterelioğlu and Bayar, 2014: 177-187).

When we look at the developed world countries, first the creation of the system in the field of education is considered to be in the foreground and then the practices for the correct and effective functioning of the system are realized.

If education, development and Turkey relation is evaluated together, the below results have been achieved: "In order for education to serve the purpose of growth and development, it is necessary to establish a development perspective for human development and to design educational policies accordingly while emphasizing science and technology policies at the same time. The increase in the amount of education investments alone is not enough. It is important that these investments are made to the right places. The "right places" described here denote the shortcomings and gaps within the existing systems arising from the social and economic structures of the countries. In short, the right planning is an important step that will develop and advance societies. The point that should not be missed here is to act quickly, effectively and uncompromisingly at the application stage. This is the only way for Turkey to advance more regarding the situation and to ensure social welfare. Correct analysis, correct planning and uncompromising application will contribute to the development of Turkey" (Taş-Yenilmez, 2008: 183).

RESEARCH METHOD

In this study, international evaluations were carried out by using basic statistics. Data belonging to the study were obtained from the website of OECD[6]. The OECD countries of Austria, Australia, Belgium, Canada, Czech Republic, Chile, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Iceland, Israel, Japan, Korea, Latvia, Lithuania, Luxembourg, Mexico, Norway, Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, United Kingdom, United States, Turkey, and New Zealand are in this study.

PISA EXAM RESULTS

"Mathematical performance, for PISA, measures the mathematical literacy of a 15 year-old to formulate, employ and interpret mathematics in a variety of contexts to describe, predict and explain phenomena, recognizing the role that mathematics plays in the world. The mean score is the measure. A mathematically literate student recognizes the role that mathematics plays in the world in order to make well-founded judgments and decisions needed by constructive, engaged and reflective citizens."

According to the total results of the 2015 PISA Mathematics examination, the mean score of 45 countries was found to be 486. The three most successful countries were Singapore, Hong Kong and Macau-China respectively. The students of these three countries scored 564, 548 and 542 respectively. The least successful countries were Brazil, Indonesia and Peru. The students of these three countries scored 377, 386 and 387 respectively. Turkey is ranked as the 40th in terms of total score. The mean score of Turkish students was found to be 420. The mean score of female students was 418 while the mean score of male students was 423.

Looking at PISA Mathematics exam results of Turkey by years, it is observed that this score was 423 in female and male students in 2003 while this score reached the highest point of 448 in 2012 and then decreased to 423 in 2015.

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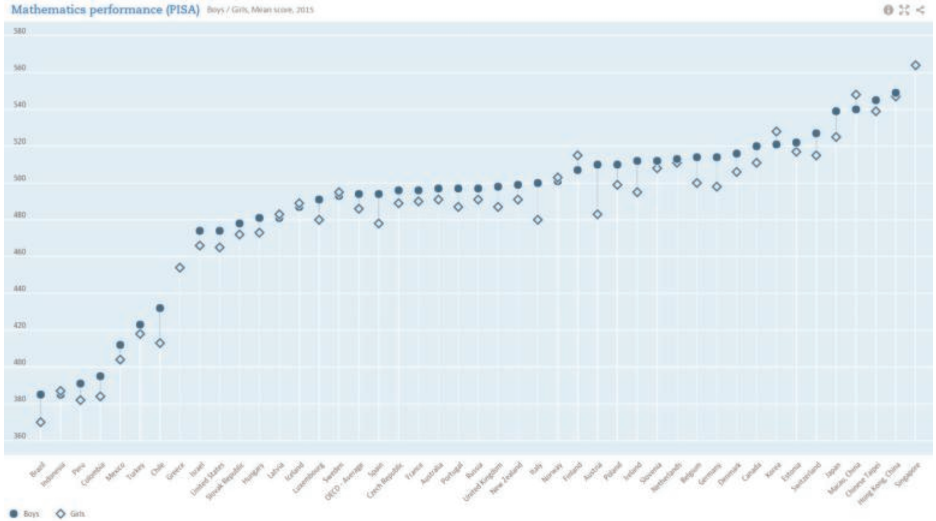
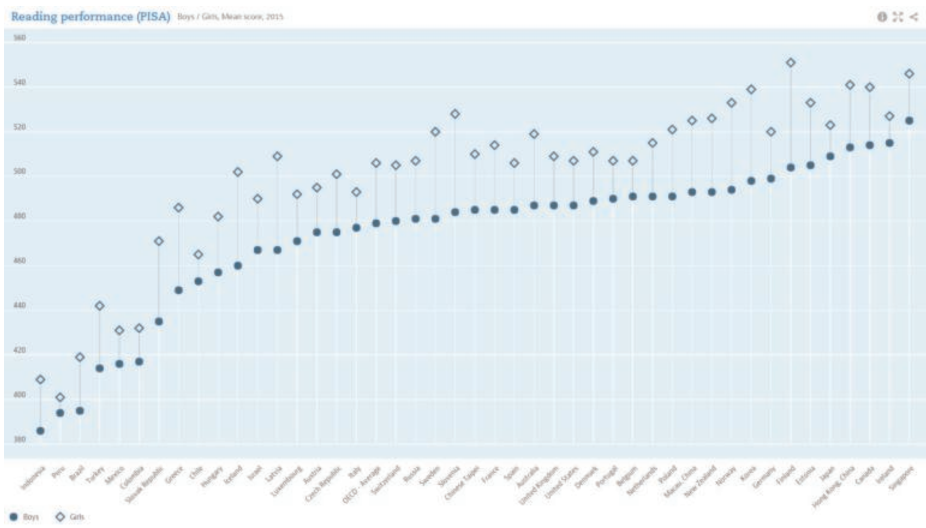
6 Wh le macro theor es emphas ze nat onal react onary tendenc es and gnore nter-personal relat onsh ps that make up the soc ety, m cro theor es focus on d erences between nd v duals and emphas ze that there are d erent exper ences n soc al zat on processes between nd v duals just l ke there are between soc et es.



"Reading performance, for PISA, measures the capacity to understand, use and reflect on written texts in order to achieve goals, develop knowledge and potential, and participate in society. The mean score is the measure."

According to the 2015 PISA Reading performance results, the mean scores of 45 countries were found to be 487. The three most successful countries were Singapore, Canada and Hong Kong. The students of these three countries scored 535, 527 and 527 respectively. The least successful countries were Indonesia, Peru and Brazil. The students of these three countries scored 397, 398 and 407 respectively. Turkey is ranked as the 40th in terms of total score. The mean score of Turkish students was found to be 428. The mean score of female students was 442 while the mean score of male students was 414.

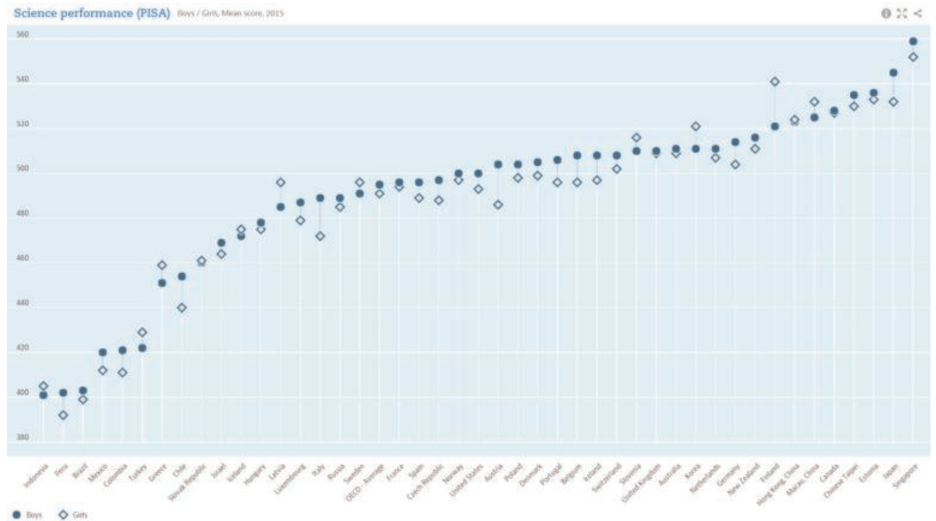
Looking at PISA Reading performance results of Turkey by years, it is observed that this score was 441 in female and male students in 2003 while this score reached the highest point of 475 in 2012 and then decreased to 428 in 2015.



"Scientific performance, for PISA, measures the scientific literacy of a 15 year-old in the use of scientific knowledge to identify questions, acquire new knowledge, explain scientific phenomena, and draw evidence-based conclusions about science-related issues. The mean score is the measure."

According to the 2015 PISA Scientific performance results, the mean scores of 45 countries were found to be 488. The three most successful countries were Singapore, Japan and Estonia. The students of these three countries scored 556, 538 and 534 respectively. The least successful countries were Peru, Brazil and Indonesia. The students of these three countries scored 397, 401 and 403 respectively. Turkey is ranked as the 39th in terms of total score. The mean score of Turkish students was found to be 425. The mean score of female students was 429 while the mean score of male students was 422.

Looking at PISA Scientific performance results of Turkey by years, it is observed that this score was 424 in female and male students in 2006 while this score reached the highest point of 463 in 2012 and then decreased to 425 in 2015.

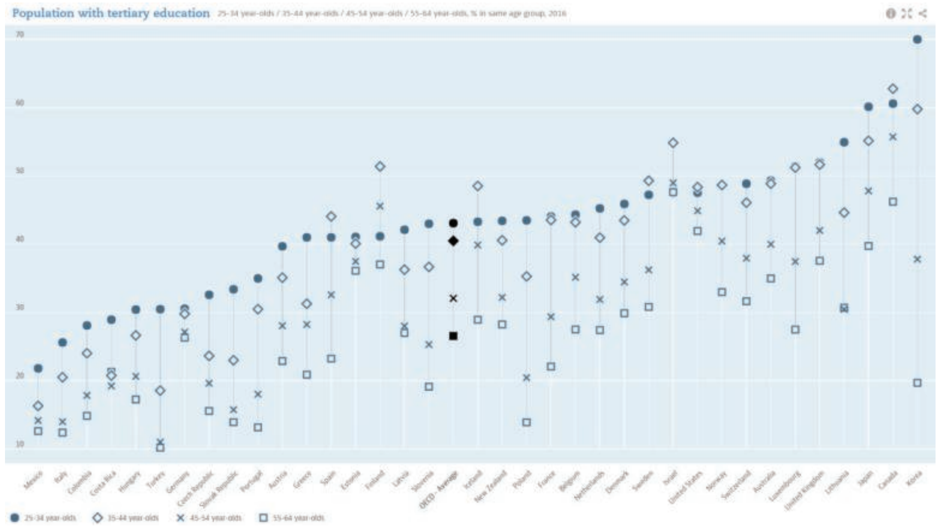


The Rate of Population with Tertiary Education (Higher education)

"Population with tertiary education is defined as those having completed the highest level of education, by age group. This includes both theoretical programmes leading to advanced research or high skill professions such as medicine and more vocational programmes leading to the labour market. The measure is percentage of same age population. As globalisation and technology continue to re-shape the needs of labour markets worldwide, the demand for individuals with a broader knowledge base and more specialised skills continues to rise."

It has been determined as per the 2016 results that Turkey is ranked as the 29th with a rate of 30% in terms of the population with tertiary education for the age group of 25-34 among the OECD countries. The countries with the highest level of tertiary education in the same group were found to be Korea with 70%, Canada with 60% and Japan with 60% respectively.

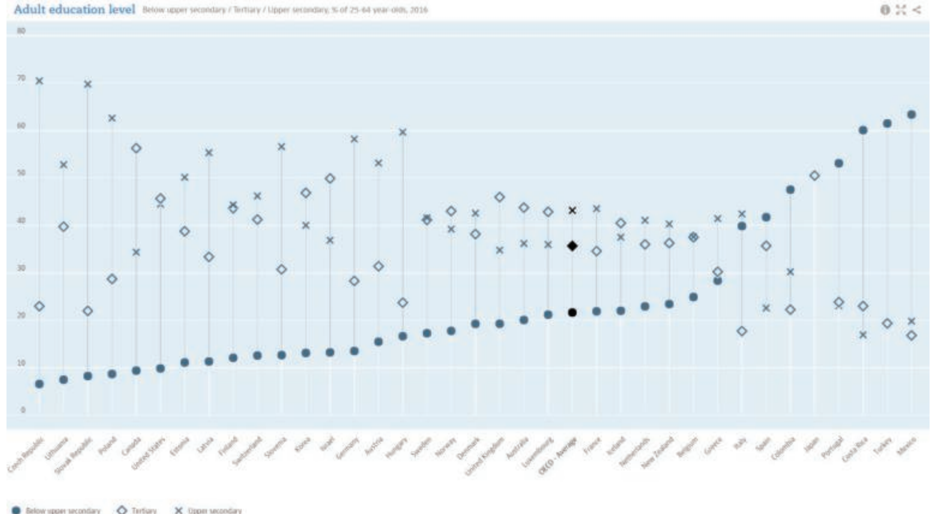
It has been stated that the tertiary education in Turkey in 2016 was 30% for the age group of 25-34, 18% for 35-44 age group, 11% for 45-54 age group and 11% for 55-64 age group. The rate of those with tertiary education for the age group of 25-34 was 10% in 2002 while this rate rose to 30% in 2016.



Adult Education Level

"This indicator looks at adult education level as defined by the highest level of education completed by the 25-64 year-old population. There are three levels: below upper-secondary, upper-secondary and tertiary education. Upper-secondary education typically follows completion of lower-secondary schooling. Lower-secondary education completes provision of basic education, usually in a more subject-oriented way and with more specialised teachers. The indicator is measured as a percentage of same age population; for tertiary and upper-secondary, data are also broken down by gender."

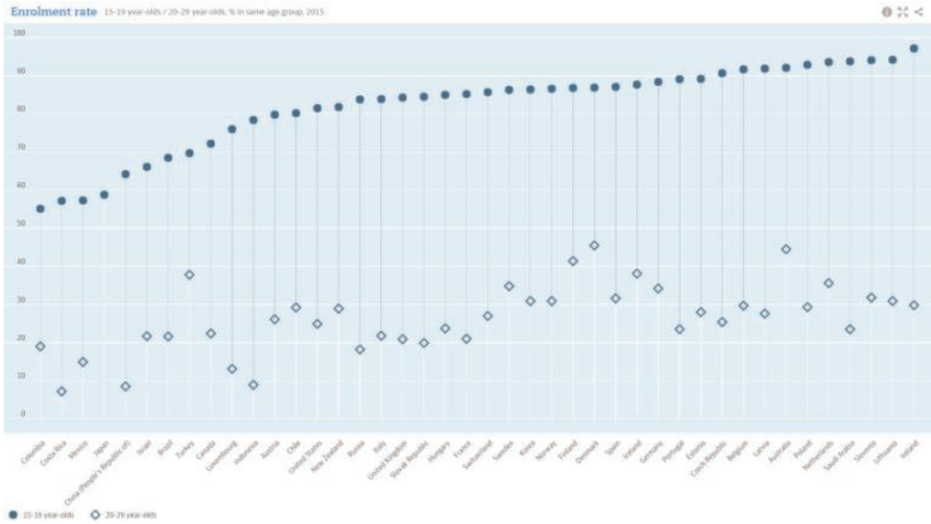
It has been determined as per the 2016 results that the upper-secondary education average of OECD countries for the adult group (25-64 years old) was found to be 37%. The countries with the highest level of education in this group were found to be Czech Republic, Slovakia and Poland. The mean scores of these countries were found to be 70%, 69% and 62%. Turkey is ranked as the last one with 2% among 36 countries.



Enrolment rate

"Enrolment rates are expressed as net enrolment rates, which are calculated by dividing the number of students of a particular age group enrolled in all levels of education by the size of the population of that age group. Generally, figures are based on head counts and do not distinguish between full-time and part-time study. Enrolment rates are also broken down by gender. In some OECD countries, part-time education is only partially covered in the reported data."

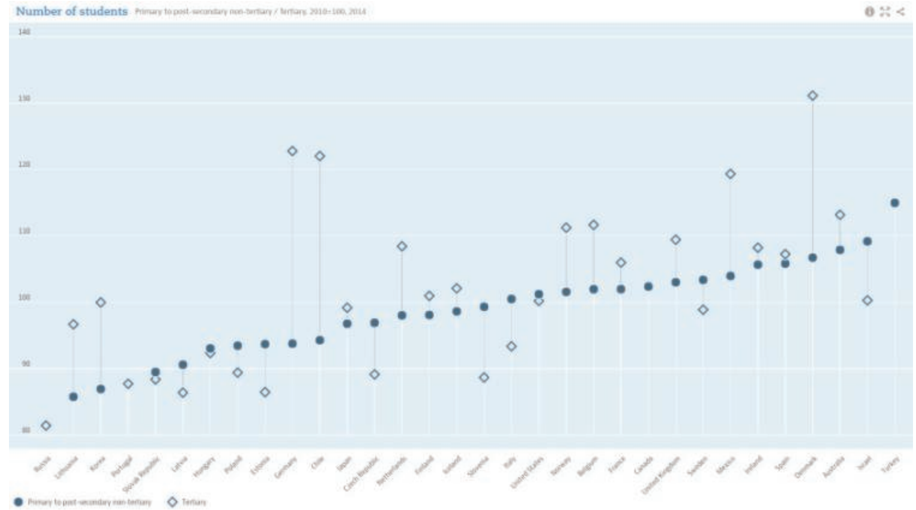
When the enrolment rate of 2015 for the age group of 15-19 among the OECD countries was analysed, it was determined that the countries with the highest rate were found to be Ireland, Lithuania and Slovenia. The rates of these countries were 97%, 94% and 94% respectively. Turkey was found to be ranked as the 35th among 42 countries. The enrolment rate is 69% for the age group of 15-19.



Number of students

"Number of students is defined as the number of enrolments at a given level of education. This indicator is measured as an index, base year 2010, divided into primary and primary-secondary and post-secondary and non-tertiary levels."

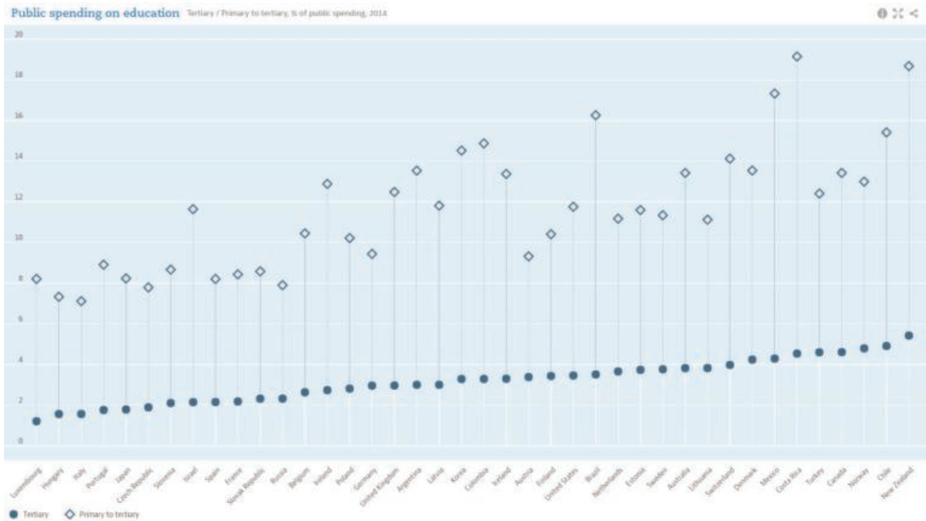
Analysing the number of students up until the tertiary education level for the year 2014 among OECD countries, it was ascertained that the highest increase by the base year 2010 was in Turkey, Israel and Australia respectively and these rates were 115%, 109% and 108%. It is stated that there has been a gradual increase in the number of students in Turkey since 2010 and it reached to the peak point of 115% in 2014.



Education spending ratio within public spending

"Public spending on education includes direct expenditure on educational institutions as well as educational-related public subsidies given to households and administered by educational institutions. This indicator is shown as a percentage of GDP and of total government spending, divided by primary, primary to post-secondary, non-tertiary and tertiary levels. Public entities include ministries other than ministries of education, local and regional governments, and other public agencies. Public spending includes expenditure on schools, universities and other public and private institutions delivering or supporting educational services. This indicator shows the priority given by governments to education relative to other areas of investment, such as healthcare, social security, defence and security. Education expenditure covers expenditure on schools, universities and other public and private institutions delivering or supporting educational services."

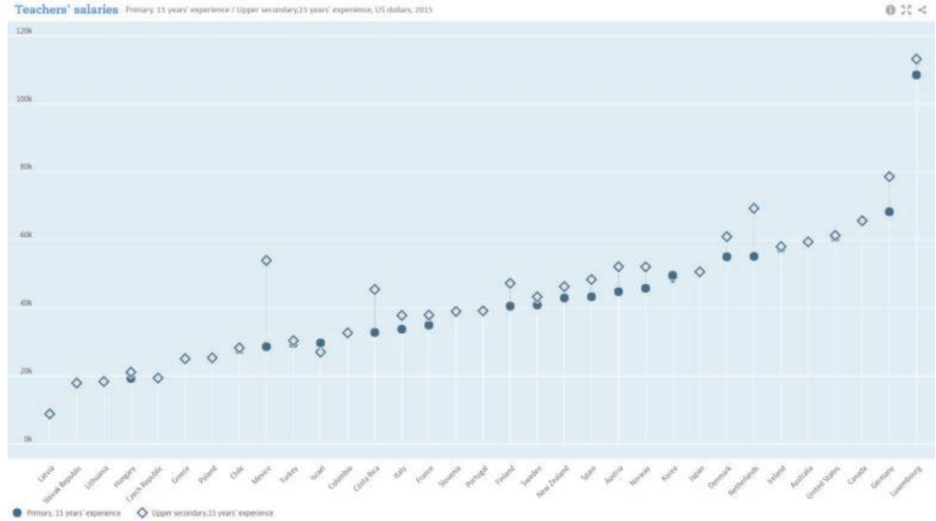
The countries spending most on education within the total spending of 2015 among the OECD countries were found to be New Zealand, Chili and Norway respectively and total spending rates were determined as 5.4%, 4.9% and 4.8%. It has been established that Turkey is ranked as the 5th among these countries and allocates a share of 4.6% to education within the total spending. The education spending within total spending in Turkey was 1.68% in 1995 while it rose to 3.8% in 2014.



Teachers' salaries

"Teachers' salaries are the average gross salaries of educational personnel according to official pay scales, before the deduction of taxes, including the employee's contributions for retirement or healthcare plans, and other contributions or premiums for social insurance or other purposes, but less the employer's contribution to social security and pension. Salaries are shown in USD covering primary and secondary teachers with minimum qualification at the beginning of their career, after 10 and 15 years, and at the top of the scale. Trends in salaries are shown as an index with base year 2005."

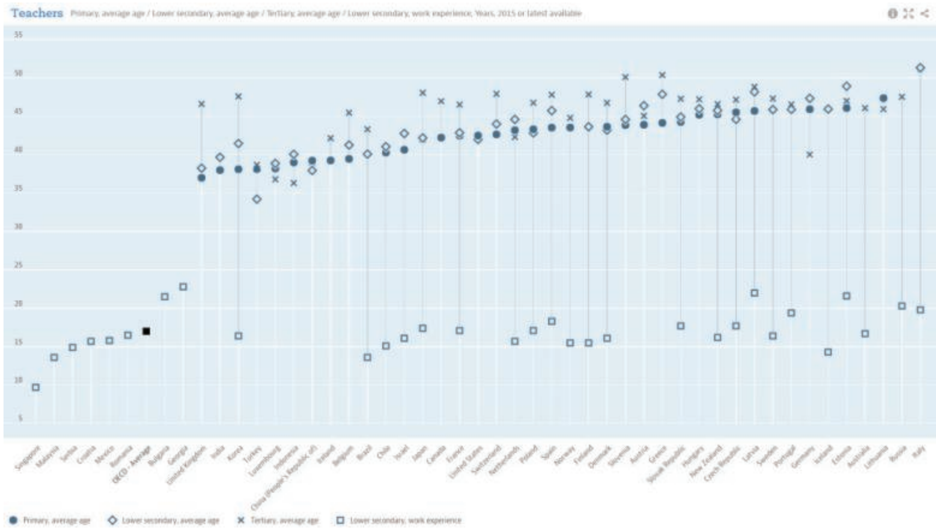
Analysing the countries with the highest teacher salaries of 2015 among the OECD countries, it was stated that these countries were Luxembourg, Germany and Canada and the income of teachers with the experience of 15+ years were 108 thousand dollars, 68 thousand dollars and 65 thousand dollars respectively. It has been established that Turkey is ranked as the 24th among these countries and the income of teachers with an experience of 15+ years are 30 thousand dollars.



Experience and ages of teachers

"A teacher is a person whose professional activity involves the planning, organising and conducting of group activities to develop students' knowledge, skills and attitudes as stipulated by educational programmes. Teachers may work with students as a whole class, in small groups or one-to-one, inside or outside regular classrooms. In this indicator, teachers are compared by their average age and work experience measured in years. Teachers do not include non-professional personnel who support teachers in providing instruction to students, such as teachers' aides and other paraprofessional personnel."

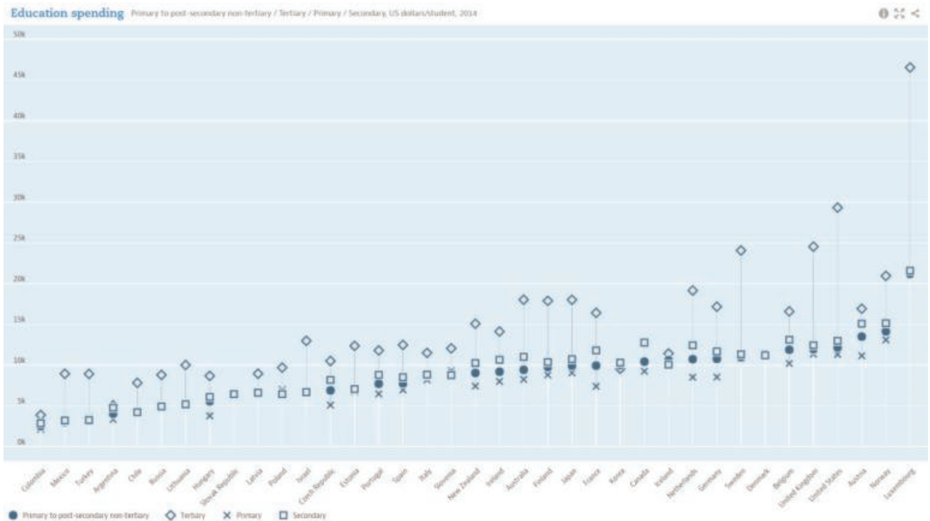
Analysing the experience and average age of teachers serving under lower secondary education among the OECD countries for 2015, it was determined that the highest average age was in Italy, Estonia and Lithuania respectively and the ages were 51, 49 and 48. It has been established that Turkey is ranked as the 36th among these countries and average age of teachers in Turkey is 34. Nevertheless, average age of teachers in Turkey does not differ by years.



Education spending

“Education spending covers expenditure on schools, universities and other public and private educational institutions. Spending includes instruction and ancillary services for students and families provided through educational institutions. Spending is shown in USD per student and as a percentage of GDP.”

It was determined that the highest education expenditure allocated up to the tertiary education level within the gross national product among the OECD countries for the year 2014 took place in Luxembourg, Norway and Austria and these expenditures were 21 thousand dollars, 14 thousand dollars and 13 thousand dollars respectively. It has been stated that Turkey is ranked as the 35th among these countries and 3 thousand dollars approximately from the gross national product is spent per student. While this spending was 1207 dollars in 1995, it reached to the peak point of 3254 dollars in 2014.



CONCLUSION

Education is a social institution that plays a role in social life as the driving force of social development. When measuring the development levels of social structures, the first thing to address is the level of education of people living in the community. The emphasis is made on development-underdevelopment based on criteria such as how much of that age's population can be educated, how much education budget is allocated from the total budget of the country, education expenditures and the average age of the students.

As can be understood from the comparative analyses, education in Turkey is problematic. Turkey is pointed as a very underdeveloped country in various exams and measurements because of these problems. It is understood that education is confronted with huge problems due to falling behind nearly in every criterion.

In the analyses performed on different exam skills, Turkey's situation is observed as follows:

- According to PISA exam results, Turkish students get low scores in mathematics, reading and scientific skills among all countries. Although the female students are better than male students in general, the exam results of all students have been found to be considerably low.

- The rate of individuals with tertiary education in Turkey is less than half of Korea being in the first place. Turkey ranks last in adult education. Our country is behind many countries regarding the enrolment rate and is ranked as the 35th. Despite all of these negative consequences, Turkey leads other countries in terms of an increase in the number of students at tertiary education. Turkey presents a positive outlook by ranking in the 5th place among other countries in terms of the education budget allocated. However, the income of teachers with an experience of 15+ years is low despite all these conditions and it ranks in the 24th place with 30 thousand dollars. Education spending per student is behind all countries and ranks in the 35th place.
- Average age of educators in other countries is generally high. The rate of young educators in our country is higher.

It is clear that the table reveals itself against Turkey and from now on, education should be given special importance in order to fix this table. Educational investments are expensive and yield results too late. However, education should no longer be a problem since it is only possible for countries to cope with the brutal competition conditions in the world through a very powerful education.

Young population of Turkey will make it obligatory to better understand the importance of educated young population. In other words, an uneducated and crowded young population will be one of the most important problems of a country. Young population with little education appears to foreshadow a crisis for social structure. They stand out as a condition open to creation of social crises.

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SOCIAL SKILLS OF THE CHILDREN HAVING DIFFERENT REQUIREMENTS AT THE AGE GROUP OF 0-6

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ABSTRACT

The human with the biological readiness learns the social skills by observing a model. As a social creature living in a society with the perfect harmony is possible under the fundamental condition of learning and developing social skills for a human. The social skills of the pre-school children are connected to the facts of learning more about emotions, controlling them and also communicating through them and developing empathy skills. The pre-school children gain their social skills by observing and imitating the elders' behaviours. They develop their social skills by using the imitation and observation from their parents to their relatives and peers, priorly siblings, and observing their reaction to them. But under some circumstances like illness, war, abuse or migration children might live separate from their parents and that can affect their social skills and development negatively.

INTRODUCTION

The fact that people can maintain their life in harmony as a social existence is possible with having appropriate social skills. Although people have some biological preparednesses congenitally, they learn especially social skills by taking some models. In this sense, the film of Tarzan comes to our mind suddenly,

the film, which is about the fact that a researcher family dies in a forested land and their child survives by being fed by monkeys, shows the important role of characteristics of the social environment which the individual is born and lives in gaining social skills. When the child does not have a family which is the first social environment the child recognizes, the bases of the social skills are laid by the individuals who will take care of the child or foundations.

In fact, the child means an individual who cannot meet his own needs, he needs care and protections and his needs are met by his parents under normal conditions. However children can have to leave their parents and live in different environments in some circumstances with some reasons such as war, migration, death and and so on. No matter which environment the child lives in, he will be shaped in every aspect according to the characteristics of this environment and he will gain especially social skills by taking model from the environment. In this point, social skills which will be gained in the environment will affect the child for limetime. So, social skills are very important for the adaptation of the child to the social life successfully, cultural sensitivity, responsibility, welfare and peace of the society.

Interactions of the people who have different cultures are increasing day by day with the effects of globalization in the world (Yesil, 2009: 100). Behaviour of each person is affected by the culture which he/she lives in and also he/she affects the culture which he/she lives in. Individuals start to gain culture by learning their mother languages. For this reason, multilingualism is important in the development of cross-cultural sensitivity. Multilingualism is also one of the important building blocks of European Union as a strong symbol of desire of union under the diversity (Sacan, 2015: 704). Sensitivity to the culture or having a multicultural outlook not only requires not to make language, religious, race, ethnic origin discrimination but also requires to be respectful to different thoughts and life styles. Nowadays, ‘‘Values Education’’ which takes place in education system in our country and all over the world serves for this purpose exactly by protecting basic human values such as love, respect, equality, trueness, honesty, helpfulness, justice, mercy, tolerance, generosity and responsibility and handing down these values to the next generations. Behaviour of the adults is very important due to the feature of being role model for them in preschool period which learning by imitating the adults is the most common. In this sense, it is very important and necessary that parents at home, teachers at

school, adults who work with the children in other foundations hand down the basic human values to children by both verbally and as a role model (Sacan, 2016: 141-142). Although social behaviour changes from culture to culture, it has been confirmed in the studies conducted with preschool children that ‑children accept cultural differences much more easily and they do not have difficulty in making cross-cultural friendships (Trawick-Smith, 2014: 317). Therefore it is thought that all adults who work with children, especially parents, need to have cultural sensitivity and education programmes must be planned for enhancing tolerance and awareness of them on this topic.

Social skills of the children who have different requirements and have to live in different environments with various reasons will be examined and recommandations will be made for improving their social skills in this section.

SOCIAL SKILLS of the CHILDREN HAVING DIFFERENT REQUIREMENTS

Soc al Sk lls n the C ldren Who are Impat ent

Child health which is one of the important indicators which shows welfare and development level of the countries is closely associated with socioeconomic level of the society, quantity, quality and accessibility of health care services which are offered to children and hygiene conditions. According to Report of Situation of World Children of UNICEF, it has been reported that approximately 6.6 million children lost their life because of preventable reasons in 2012 and these children couldn't use their life and development rights which are their most fundamental rights. (UNICEF: Report of Situation of World Children , 2014).

It has been reported that factors which cause death of the children who are under 5 years old in Turkey are congenital abnormalities, perinatal reasons, meningococcal infections, pneumonia and heart diseases. A substantial part of the infant deaths come true in the first 24 hours and infectious diseases such as sepsis, acute respiratory tract illnesses (LRTI), meningitis, diarrhea have an important place among the causes of death (Yalcınoz Baysal, 2016: 99). Every child goes through LRTI nearly five-eight times a year in preschool period (Aksit, 2002: 132). According to the data of Turkey Health Surveys (2010), it has been reported that the most common disease in children who are between

the ages 0-6 upper respiratory tract infection with the rate of 31,6% and it is followed by diarrhea (25,5%), contagious diseases (9,6%), anaemia (iron deficiency anemia and and so on) (9,4%) and problems of mouth and dental health (7,8%) (TSI, 2011).

All people and especially children can get one or more diseases in their life. Diseases can be seen later due to various accidents and other reasons as it can be congenital. When and how the disease has occured is important because it determines reactions which the child will show. Because children who have congenital diseases usually encounter with situations such as going to the hospital, being tested, taking medication, staying in the hospital sometimes from their birth, these situations become a part of their life. And children who become sick later and have to stay in the hospital find themselves in an environment where they have never known and there are painful processes (Er, 2006: 156).

Disease is one of the most common and general stress reasons for children and reactions which the child shows to stay in the hospital are examined in two groups as general reactions and reactions which are peculiar to the disease (Etaner, 1980 cited in Gültekin and Baran, 2005: 2). While general reactions of the child to the process of staying in the hospital depend on age, psycosoial and cognitive development process, humour, parental attitude of the child, how much the child has been informed about the disease and staying in the hospital, hospital conditions, attitudes of hospital staff, reactions which are peculiar to the disease change by depending on the course of disease and limitations which the disease causes in the child. The child has to leave his home where he feels himself safe and playmates when he starts to stay in the hospital (Basbakkal, Sonmez, Celasin and Esenay, 2010: 459). Contrary to what is believed every disease and staying in the hospital do not affect mental health of the child negatively. Severity of disease, duration of staying hospital, personal characteristics and development level of the child are determinative in reaction of the child (Karabekiroglu, 2009: 60).

It has been stated in a study which has been conducted with the children who have been staying in the hospital whose sleep and eating habits change, behaviour of nail-biting temporarily, urinary and fecal incontinence, using baby bottle are seen. Separation anxiety is mostly seen in the children who are between 6-month and 4 years old and it has been reported that staying in the hospital for more than one week causes behavioural disorder in the children under 5

years old (Celik and Ozbey, 1999: 381). It's been reported that the social skill education program increases the social satisfactoriness and positively affects the life quality of the pediatric brain tumor patients (Barrera et al., 2017: 1).

There are child life specialists who prepare children before staying in the hospital, surgery and a painful process in the hospitals in USA (Kyle, 2008 cited in Kıran, Calık and Esenay 2013: 4). Child development specialists work for this purpose in children's hospitals in our country. However the number of them is very few. And it is seen that there is not a child development specialist even in pediatric clinics of some university hospitals.

Children who have an acute disease and his family have very little time to be prepared for the process of staying hospital and sometimes they have no time for it because it occurs suddenly. For this reason, anxiety levels of the children who have been hospitalized due to an acute reason and their families are higher than anxiety levels of the children who have been hospitalized due to a chronic disease and their families (Er, 2006: 159).

Chronic disease is defined as a situation which lasts 3 months or more, usually does not recover completely, causes permanent disabilities and needs a long time care, observation and inspection (Bilir et al., 2003 cited in Baykan, Baykan and Nacar, 2010: 174). 1-2 %of all child population have chronic health problems which affect everyday activities or need treatment each day and 10%of them are serious chronic diseases (Newacheck, cited in Aksu, 2008: 2-3). The fact that treatment process of chronic diseases is long and difficult, children need a good care, they sometimes need to keep away from social environments due to infection and treatment brings some economic burdens to the family increase the responsibilities of the family. In addition to this, it also causes the families to go to the center regularly where the hospital is due to the fact that treatments of these diseases are received in general public hospitals and sometimes university hospitals. The fact that controls and treatments of these diseases need to be done regularly and these control processes sometimes last 2 or more days causes the family to experience accommodation problems in the province where the family has their child treated and so they experience economic problems too. This situation affects the family and also the child.

When the child goes back home, he can improve dependency to his parents, especially his mother, according to the type and seriousness of his disease

after he comes out of the hospital. And sometimes mothers can behave over-protectively against their children and they can reinforce their dependency as a result of the anxiety and worry which they have experienced. For this reason, it is very important to remember that there are some requirements of the child which are appropriate for his age in addition to his disease, and they need to be met while taking care of the children. In this sense, the family must be informed about the approach to the child after going back home in addition to his disease.

The fact that his mother is with him when he becomes sick both will make his mother relax and the child will feel himself safe. However some hospital conditions do not allow his mother to stay with him as patient accompanist sometimes. A toy or an object which the child has known can be kept in such circumstances. It can be provided that the child has confidence in his parents and separation anxiety can be decreased with frequent and short-term visitations by providing free visitation possibility to his parents.

Children whose biggest activity is game must be provided with the opportunity of playing game in the hospital, playrooms must be created and the materials which are found in these rooms must be sufficient in terms of quality and quantity that will meet the requirements of the children. The game will both make the children feel relax and convey their emotions and thoughts.

Soc al Sk lls n the Ch ldren Who are Neglected and Abused V ct ms

Child abuse is defined as ‘‘behaviour which effects the health and physical development of the child negatively and is made by an adult or a country consciously or unconsciously’’ by World Health Organization. According to the data of World Health Organization,40 million children who are at the age group of 1-14 years old are abused or neglected and need support in the world (cited in Simsek, Ulukol and Bingoler, 2004: 48). It has been confirmed in a study that cases of sexual abuse are 81,3% of the judicial applications (Tahiroglu, Avcı and Cekin, 2008: 1).

Karaman Kepenekci (2001) defines negligence as the fact that development of the child is inhibited as a result of the fact that individuals especially the parents who are responsible for taking care of the child do not meet the physical requirements of the child such as nutrition, sheltering, dressing, emotional

requirements such as being loved, supervision and health and education requirements (cited in Uğurlu & Gülsen, 2014: 10).

Child abuse is classified as physical, sexual, emotional and economic abuse and child neglect is classified as physical, emotional (Taner and Gokler, 2004: 82), health and education. Physical abuse is the fact that the child is hurt by the parents or the individual who is responsible for taking care of the child by being bitten, burned, beaten and and so on. And physical abuse includes situations such as leaving the child hungry, poor nutrition, not helping the child to wear suitably to the season, unhygienic environment and putting the protection of the child in danger (Depanfilis, 2006 cited in Besken Ergisi 2015: 191). Although emotional neglect and abuse is used interchangeably, emotional neglect is expressed as the fact that emotional support,care, affiliation and wishes of the child are neglected and he witnesses domestic violence (Besken Ergisi, 2015:193), emotional abuse is defined as criticizing the child always, mocking, giving him unappropriate responsibilities, exposing the child to unappropriate media materials (Hendry and Macinnes, 2011 cited in Besken Ergisi, 2015:186). Many of the physical and sexual abuses include emotional neglect and abuse, too (Sahiner et al., 2001 cited in Taner and Gokler, 2004: 85). While ecoonomic abuse is expressed as making the child work, sexual abuse is the fact that the child gets into a sexual interaction with someone who is 4 years older than him/her by persuading or using force to take sexual pleasure (Kurtay, 2006: 30). Education negligence is stated as the fact that the child is not allowed to go to the school when he reaches school age, neglecting his absconding from the school and his special education requirements are not met (Dereobalı, Cırak Karadag and Sonmez, 2013: 52). And health negligence is that medical requirements of the child are not met. The situation which is the most frequently encountered is the child cannot benefit from the protective health services about being vaccinated. When it is thought that routine vaccination includes 40% 0f the children in our country, dimensions of the health negligence can be seen (Ertem, 2005: 445).

In "Research of Child Abuse and Domestic Violence in Turkey" which was done between the dates of May-August in 61 provinces selected by TSI, interviews were conducted with 1886 children between the ages of 7-18: 54% of them are boys 46% of them are girls. It has been stated in the result of the study that all of the participants have been abused at varying rates and most of the behaviour which has been exposed or done is abuse according to the defini-

tion of World Health Organization and some articles in the contract about UN Child Rights are violated. And it has been confirmed that individuals who abuse the children are family members, teachers and peers (Korkmazlar Oral, Engin and Buyukyazıcı, 2010:18). It has been stated in the studies which have been conducted about child abuse in Turkey that emotional abuse takes place on the top with the rate of 78% (Turhan, Sangun and Inandı, 2006: 153). While rate of child abuse in uneducated families is 40% , it is 17% in the families whose educational level is high (Yalcınoz Baysal, 2016: 107).

Children have also fundamental human rights like adults, too. The fact that children need to be protected against ‘‘any kind of physical and mental violence’’ while they are under protection of parents or other individuals is found in the Contract about Child Rights which our country supports, too. As per articles 19, 32, 34 and 35, 37, 38. of Child Rights Contract of United Nations, contracting countries are responsible for protecting children against any kind of maltreatment, torture or other cruelly, inhumane, insulting treatment or being punished including physical and emotional violence or abuse, negligence, sexual abuse. In addition to this, governments are responsible for taking any precaution in order to prevent any negligence and abuse towards the child (Korkmazlar Oral, Engin and Büyükyazıcı, 2010:9). As per articles 278, 279 and 280 of the law no 5237 of Turkish Penal Code which was accepted in 2004 obligation of crime notification is stated and various sanctions have been applied for the ones who haven’t notified the crime (Turkish Penal Code, 2004). It has been stated that cerebral hemorrhage, hearing problems can be seen in the babies who have been exposed to the physical abuse in babyhood and trauma which has been experienced can cause cognitive and behavioural problems in the next periods. The levels of cortisol and catecholamine which rise in reply to the stress resulted from the trauma effect the behaviour development of the child by causing synaptic connections among the neurons to damage and the destruction of brain cells. This situation also shows itself as sleep disorders and night terror in babyhood. A child who is 2 years old shows his reaction to the stress with burst of anger and emotion and shows aggressive behaviour towards individuals who take care of him and his peers. Children who are at the age of preschool period show similar reactions to the stress but some differences occur in their reactions in 4-5 years old according to the gender. While boys usually show extrinsic behaviour such as anger, aggression, verbal threat, girls show

intrinsic behaviour such as somatic symptoms, depression, social withdrawal, stomach-head ache and and so on. (Dehon & Weems 2010, cited in Odhayani, Watson and Watson, 2013: 833).

Table 1: Behavioural Reactions of the Children in the Case of Negligence and Abuse (Odyahani, Watson and Watson, 2013:834-835)

Abuse	Emotional Abuse and Deprivation	Sexual abuse	Negligence
-The fear of going home or escaping from home -Unusual aggresive behaviour -Changes into attending the school and success -Keeping away from the family, friends and activities which he likes before -Low self-esteem, indi erence and withdrawal -Suicidal ideation or behaviour of hurting himself	-Refusing to eat -Growth retardation -Antisocial behaviour -Anxiety and depression -Behaviour of attention getting	-Timidity -Regression behaviour -Anxiety and fear -Nyctophobia and night terror -Changes in eating habits -Changes in school performance -A ective disorder -Enuresis or encopresis -Escaping from home -Antisocial behaviour -Behaviour of hurting himself	-Growth and development retardation -Hygiene problems -Permanent rashes -That requirements of immunization, eyes and teeth treatments are not met -Abdominal distention which is caused by innutrition in babies -That the baby is passive -Look of unexpressive face -Lack of energy -Decrease in attending the school and success -Stealing the food or begging

As a result of the fact that the attacker is usually an adult who is familiar and trusted in sexual abuse cases and love and trust are abused, sense of trust of the child is effected profoundly. The fact that when he tells what he has lived, he is not believed and accused for it in the situation which the attacker is especially someone in the family can also cause the child to feel alone and damage his sense of trust and justice (Ugur, Sireli, Esenkaya, Yaylalı et al., 2012: 84).

It has been reported in the studies that children who have been abused physically in early ages show aggression and unappropriate behaviour for cooperation more and children who have been neglected in preschool period are more timid. In addition to this, it has been confirmed that children who have been abused have depression, anxiety and low self-esteem more and they behave as rowdies at school (Berridge, 2007: 7). It has been reported that abuses in the childhood period can cause some effects in adulthood, too. Most of the children and young people who grow up in the environments which violence is used as solving problem, discipline tool or a way of earning respect or statue have more tendency to use violence against their wives and children when they become adult (Korkmazlar Oral, Engin and Buyukyazıcı, 2010: 10). The problems which can be seen in the individuals who have been exposed to the abuse in their childhood period in the adulthood can be counted as eating disorders, alcohol or drug addiction, depression, anxiety, panic disorder (Diaz, Simantov & Rickert, 2002: 811).

Figure 1: Three Stages of Reaction Period in the Children Who are Neglected by Their Families or Have to Live Separated From Their Families (Karabekiroğlu, 2014: 124-125)

First stage : Feeling yourself unhappy and protesting his parents (crying,embittering)

Second stage : Becoming introverted and sorry (beginning of eating and sleep disorders, joylessnes).

Third stage : Getting used to the case,accepting it and refusing to care about the parent

Whether if it is abusing or neglecting, every negative behaviour also affects the social skills of the children negatively (Rogosch, Oshri & Cicchetti, 2010: 897). In the result of interviews or observations which has been obtained in the studies which have been done with the children who are abuse and/ or negligence victims, it has been stated that social skills of the child change according to the type and violence of the abuse and duration of exposure which he has experienced. It is seen that the child who is older than his other siblings and has been exposed to the abuse more needs more support in personal behaviour such as expressing his feelings, self-concept and interpersonal behaviour such

as collaborating, speaking and playing game than his other siblings and he more sufficient for behaviour related to the duty such as taking responsibility and behaving in a way which is appropriate for the rules in the observations which have been made about the siblings who have been abused physically, emotionally and neglected.

The risk of doing risky and dangerous things in the adolescent age can increase by the bad behaviours that children faced in the earlier ages (Kim-Spoon, Cicchetti, & Rogosch, 2013: 512). It has been observed that low self-esteem, eating disorders, elimination disorders (enuresis, encopresis), sexual identity and sexual behaviour disorders and drug use are seen more in addition to the problems observed in the children who have been abused physically when the abuse which has been exposed is classified as sexual abuse.

When social skills of the children who have been abused physically and emotionally and/or the children who are negligence victims are assessed, it has been observed that most of the children can listen to what is spoken, ask questions and adapt to the directions , but they need to be led verbally and they need a model for them in the skills of starting the conversation, maintaining it, introducing themselves and other people, complimenting and thanking, attending the group, apologizing and persuasion, which are related to initiating and maintaining the communication. It has been observed that children are reluctant to attend any activity or study which are done with the groups in the scope of collaborating with the group and they run from their responsibilities in the group. And in the scope of the skills towards the emotions, it has been understood that they need completely verbal leading while expressing their love and good feelings and they cannot improve strategies for coping with the fear. It has been seen that they sometimes behave so aggressively or passively in order to deal with anger of the other side and this attitude changes according to the fact that the other is a figure of an authority or a force. When the skills for dealing with the aggressive behaviour are examined, it is understood that children do not have sharing behaviour on the contrary, they have behaviour of having and trying to have more than they need. When the skills of dealing with stressful situations are examined, it has been observed that they cannot cope with this situation when they encounter with a failure or group pressure and they have been ashamed of it and they need support and leading. It is seen that feedbacks which are expected from them cannot be received in the skills of deciding what

they will do, researching the source of the problem, collecting information and concentrating on something and these are related with the skills of planning and problem solving.

It has been found that babies who have been exposed to both the negligence and abuse and children in preschool period improve anxious attachment and they do not have good peer relationships. It has been stated that children who are abused show more aggressive and inciting behaviour against their peers and children who are neglected withdraw themselves from social relationships, they abstain from the wishes of their peers or resist (Sanders ve Brown, 2007: 208-209). It has been stated that game skills of the children who are abused do not improve , they do not obey the rules, they hurt their peers physically or verbally and they cannot improve close relationships with their peers (Gulay, 2010: 178). It can also be possible that children who faced negative behaviour in the early ages can successfully grow up to be adults by increasing their social skills (Griese & Buhs, 2014: 1052). Thus in an intervention it's also seen that developing the social skills is beneficial (Oshri, Topple & Carlson, 2017: 1097).

Soc al Sk lls n the Ch ldren L v ng W th The r Mothers n Pr son

It has been observed in the result of the observations which have been obtained from the studies with the children who live with their mothers in the prison and the interviews which have been done with the children and mothers that social skills of the children change according to duration of staying in the prison, the age which they start to live in the prison and the conditions of the prison. It has been observed that social skills of the children between the ages 0-3 who live in prison environment without toys, peers and with the pressure of other prisoners are more insufficient than other children who live in prison, too but live in natural conditions and take nursery service. When the importance of 0-6 years for the child is thought developmentally, it is understood that conditions of open prison and closed prison can even cause different effects in the development of the child, it becomes clear that these children who encounter with lack of intensive stimulus are more insufficient in all development fields than their peers who grow up in normal conditions. It is not realistic to expect these children to be physically and spiritually healthy because their requirements of game and toy are not met, they cannot reach the food which they need

completely and it is even impossible for them to watch cartoon film in the ward environment which they are staying.

Social skills of the children have been assessed in six basic fields in the result of observations and the study conducted with the children at the age group of 5-6 who do not take nursery service and are born in closed prison and it has been observed that most of the children do not have social skills in the expected level. When it is thought that these children live in the prison environment from their birth, it has been observed that children are not effected possitively in terms of the social development with the reasons such as the fact that they do not have a normal social environment and they do not have parents or relatives who can be role model for them between the ages 0-6, the most important period in the development of social skills, so these children feel inferior to their peers in the scope of their social skills. It has been observed that most of the children have the skills of listening and obeying the directives in the field of initiating the relationship, maintaining it partially, but they do not have the skills of initiating the conversation and maintaining it, asking questions, using the expressions of kindness (such as please, thank you), introducing themselves and other people, asking for help, apologizing, giving directives. When their skills of working with the group are examined, it has been understood that most of them do not have the skills which need taking responsibility, respecting the views of other people and adapting to jobsharing in the group and they need verbal leadings. It has been understood in the field of skill towards the emotions that they know their own feelings, but they need verbal leading while expressing themselves, they need support in expressing their positive feelings and understanding the feelings of other people and they have difficulty in coping with the fear. When their skills of dealing with aggressive behaviour are examined, it is seen that they do not want to share their belongings, they cannot gain the skills of dealing with mocking, controlling their anger, protecting their rights and asserting them, instead of these, most of them prefer to cry or show aggressive behaviour. When it comes to the skills of dealing with the stress, it has been observed that they cannot cope with the situation of failure, group pressure, shame and loneliness, they need support in deciding what they will do for the skills of planning and solving problem and most of them insufficient in the skills of searching the reasons of the problem, setting an objective, collecting information, deciding and concentrating on a work.

Emotion transfer realizes with social interaction between the individuals. Because emotions are important in maintaining the child's life, communicating and leading his behaviour, they also play basic role in establishing social bonds (Goleman, 2005: 145-146, Inanc, Bilgin and Kılıc Atıcı, 2005: 230). The skill of interpreting and realizing emotional expressions of other people develops in the first year. Social attention is seen in approximately in 8-10 months, babies try to get emotional information from the individual who takes care of them in suspicious situations actively. Self awareness and the skill of combining basic emotions enable the complicated emotions such as shyness, timidity, pride to occur during the period which they start to walk (Berk, 2013: 253-254).

The skill of recognizing facial expressions is very important for a successful social interaction (Fox & Zougkou, 2011 cited in Palermo, O'Connor,Davis, Irons & McKone, 2013:1). It has been found that children who have been exposed to emotional conversation with their mothers understand the emotions better (Farrant, Maybery and Fletcher, 2013: 1). It has been stated in a study done with the children who are between the ages 4-6 that children whose skills of understanding the emotions are high show positive social behaviour more and have better peer relationships (Liao, Li and Su, 2013: 111). When it is thought that gesture, mimic and tone of voice are more important than words in the communication, it is unlikely children interacting with the individuals who have more negative emotional and facial expressions due to the environment which they live in the prison to understand the facial expressions correctly, recognize the emotions and express them.

While only one stress factor does not damage the development of the children much, developmental delays and disorders occur more frequently and they are damaging when more than one stress factor such as poverty, stress of the parent, insufficient parent skills, depression of the parent comes together (Bøe et al., 2014: 706; Evans, Li and Sepanski, 2013: 1342). It has been stated that guiltiness of the women stems from many factors such as poverty, drug abuse, domestic violence, abuse, dysfunctional family and they commit a crime because of financial problems mostly. And it has been confirmed that women who murder someone commit these crimes due to violence, beating, abuse and pudicity (Saruc, 2013:211). It is seen that most of the guilty women have experienced many traumas before starting to live in the prison. It has been confirmed in another study that there is an significant relationship between desperation

levels and the levels of depression about the death and death anxiety of the prisoners and sentenced people positively (Yıldız, 2011: 1).

Psychosocial incompetences in early childhood damage social and emotional developments of the children (McDermott, Troller-Renfree,Vanderwert, Nelson, Zeanah and Fox, 2013: 1). Children are being punished in a sense by living with their mothers in the prison which is deprived of social environment. Development right which is the most fundamental right of the child is damaged. Vygotsky who supports the necessity of social interaction and emphasizes the support of the adults in development of the preschool period children draws attention to the importance of the environment and peer relationships in the child development and has stated that problem solving skills also increase when communication and social interactions of the children increase (Yıldız, Yıldız-Bıcakcı and Aral, 2015: 48). Child is an individual who grows up in a complicated system affected by the environment in different levels according to Ecological Systems Theory, too (Berk, 2013: 25). Moving possibilities of the children who live a more stable life in the conditions of the prison are limited and they are even forbidden to make a sound in a crowded environment usually, briefly it can be forgetton that they are children.

While physical conditions of the women's prisons which are just for women in our country are more appropriate for the children to stay with their mothers, this situation can change in mixed gender prisons more. There are preschools for the children in women's prisons (such as Bakırköy Justice Preschool). Children living with their mothers in the mixed gender prisons have to live together with nearly 15-17 women in ward system. Each of these people is in the prison because of different crimes. There are small playing fields for the children who share a single bed with their mothers, do not have their own bathrooms and have to listen to troubles and problems of the women in the same ward everyday. There is not an officer who deals with the children regularly in the playing fields. Although it can be seen sometimes that studies are done with the children with projects, maintainability cannot be provided. Going out of the garden and playing of the child are among the rules. While children spend their time with their mothers in the first 3 years of their life, children who are 3-6 years old benefit from special nurseries on space available basis within the scope of the project of "Uçurtmayı Vurmasınlar". Children go to the nursery with a car which has a civil number plate, but officers who take them to there

are with the children with wearing their service uniforms and hand the children over the nursery.

These children who do not have sufficient connection with the social life maintain their life without recognizing relationships and places which are inseparable parts of the daily life such as family, neighbour, grocery store, greengrocer, market. It is difficult for these children to maintain their healthy development socially, emotionally, physically and cognitively in the environment where interaction and communication are not lived, and which consists of the individuals who communicate with limited vocabulary and have various psychological problems due to the environment which they live in. It has been assessed that there can be deficiencies in the skills of initiating the communication and maintaining it, recognizing and expressing the feelings, listening to what is spoken, asking questions, obeying the directives, initiating the conversation and maintaining it,introducing themselves and other people, complimenting and thanking, attending the group, apologizing and persuading, working with the group, improving the strategies of dealing with the fear, dealing with the anger of their peers, making a decision, searching the source of the problem, collecting information and concentrating on a work in these children.

Soc al Sk lls n the Ch ldren L v ng Away From The r Home W th the Reasons Such as War or M grat on

Migration is done with the aim of benefiting from advantages of the place which will be gone or escaping from the negative conditions of the region which is lived whether it is done by exceeding the borders of the country or in the country (Baltacı, 2014: 9). Migration is defined as the fact that individuals live in another place geographically (Celik, 2007: 88) for a length of time or permanently.

Internal migration is usually from rural to urban areas in the country. And external migration are population movements which are realized from one country to another to live long time , work and settle in it and it is usually from underdeveloped countries to developed countries (Saglam, 2006: 34-35). Our country has a very distinctive location in Europe as a country which is "emigrant", "migration-receiving" and "migration transit country" due to its geographical location (Icduygu, Erder and Genckaya, 2014: 14).

Like all over the world power fact is one of the important structural problems in our country. Mobility arising from the migration has an important role in social,economic and cultural change of the settlements which are both migration-receiving and emigrant countries and it also causes some problems. Migration which is from rural to urban areas at first usually is from urban to urban nowadays. And it has been seen recently that migration tendency of urban to rural areas has been increasing (Bulbul and Kose, 2010: 76).

People sometimes have to emigrate from the region which they live due to the wars. The most recent example for this is that millions of Syrian have had to leave their home as a result of the civil war which started in 2011 in Syria and has been going on for nearly 5 years. It has been stated that there are more than nearly 2.7 millions of Syrian in our country (Unicef, 2016) and nearly half of them are children and young people. It has been stated in the literature that children who have migrated experience more emotional and behavioural problems such as anxiety, depression, post-traumatic stress disorder, decrease in self esteem, problems in peer relationships than other children (Ceri, 2015: 140). Syrian children encounter with some risks violence, psychological problems, child marriage and attending armed groups as the individuals who experience the war at first hand (Unicef, 2016).

Effects of the war and the fact that refugee (asylum seeker) immigrant status is being prolonged always hinder education of the children widely and their mental health and even their lives are under risk. In addition to this, we usually encounter with Syrian children who have been forced to emigrate from their country to our country while they are begging alone or with their mothers, selling hankies, wiping the cars' glasses at crossroads (Turkbay, 2016:75). Children are exposed to lots of difficult life cases such as problems experienced in war territory in meeting essential nutrient needs, exposure to physical, emotional violence, physical injury, death of the people, witnessing the torture, always hearing sounds of the bombs and guns. Frequently, parents exposed to the similar situations cannot carry out their parenting roles completely and children usually have to cope with the traumas which they have experienced alone (Ceri, 2015: 140).

One of the most important problems of the individuals who have migrated is the fact of whether they can adapt to the place which they settle or not. Struggling with the adaptation in the migrated country, linguistic problems, econom-

ic problems, insufficiency in the social support also cause the increasement of the physcosocial problems (cited in Gülşen, Knipscheer & Kleber, 2010:109; Teodorescu, et al., 2012: 316; Tuzcu ve Ilgaz, 2015: 56). When the individuals who lead the relationships with their own values in the cultural environment which they get used to it move to another place, they also enter a different cultural environment. Although the individual knows language of the place which he has just moved, he can feel himself alone, the fact that he does not know the language of that place can cause bigger adaptation problems. It is expected the people who emigrate to the city to adopt life style of the city. However this cultural change is not realized in a short time, it is usually realized after a few generations and individuals usually start to settle in suburbs of the city where the people who have migrated live like them by establishing shantyhouses (Yorukoglu, 1989: 41-47).

They have difficulty in finding a job or have to work in low-paying jobs due to the fact that families who have migrated from rural to urban areas have low educational levels and they do not have skills and experiences to work in qualified works in the city. This situation brings about economic and social difficulties, too (Gunsen Icli, 2009: 140). Families who live on the breadline have difficulty in meeting their children's nutrition, dressing and expenditures and so tension in the family increases and it causes the children to be unsuccessful in the school and drop out of the school (Bal, Aygul, Oguz and Uysal, 2012: 209-210). The fact that families who migrate have a lot of children brings about the problems such as domestic violence, negligence, abuse, breakup of the family, being unsuccessful at school, decrease in parent supervision and increases criminal tendency of the children (Gunsen Icli, 2009: 140-141). Factors effecting the family such as unemployment, domestic violence, parent disagreement and divorce usually affect behaviour of committing a crime and unability to get his act together of the child (Hetherington, Cox and Cox, 1985: 529; Patterson, DeBaryshe and Ramsey, 1989: 268)

Implementation of early intervention programs is very important for healthy development and providing adaptation to their new life of the children and families who have settled in shantytowns of the city with the migration. Problems such as common anxiety disorder, acute stress disorder, post-traumatic stres disorder can be seen usually in both adults and children due to traumatic experiences lived before in addition to adaptation to new settlement in forced

migrations lived after the war. For this reason, psychosocial support services should be given regulary and psychiatric assessments should be carried out after providing life safety of both adults and children, meeting basic needs such as sheltering, nutrition, dressing first of all. First anchor of the children are their parents after difficult life experiences. It is important that parents benefit from support services with their children like parents must put on their oxygen masks at first in order to help their children in difficult situations aboard. If parents are strong and enduring enough they can support their children more, and enable them to deal with the trauma which they experience.

RESULT

We witness lots of wars and violence news in the media in Turkey and in the world everyday. We must not forget that we are human in order to live in a more peaceful, safer world. Human is more emotional living being that he is not just a physical structure. In this case, he wants to be cared, rest, being valued, accepted, loved and love. That all these emotional requirements are met, in addition, physical needs are very important for both happiness of the individual and safety and peace of the society which he lives in. Because happy people spread their happiness to their environments like a drop of water which spreads in waves when it drops into slack water and they keep away from the violence by being more easy going and sharing. Meeting emotional needs of the people is possible with the social relationships. Children who have good social skills establish more positive relationships with both their parents, relatives, neighbours and other adults and their peers.

Man is a social being who is born, lives and dies in lots of relationship connections. Culture of the society which he lives in draws a life map showing what is right or wrong. And the family which the individual directed by this life map is born in is the structure that meets or needs to meet the highest requirements of the individual such as being protected, loved, belonging and self realization by starting with the most fundamental requirements like nutrition,sheltering and dressing.

The child learns to recognize himself and his feelings, how he will communicate, express his wishes, behaviour control by taking the adults as models with healthy attitudes of his parents at first as a result of interaction with his

environment while he is growing up in a healthy and conscious family under normal conditions. So, values which provide protection and maintenance of existence of the society are passed down from generation to generation by experience. However children cannot live with their parents in some situations. Although they live together with them, they cannot maintain this development healthfully sometimes because of insufficient parental skills of their parents. Parents cannot know how to meet these requirements sometimes when the child has different requirements. In this case, families need support. It is very important to be noticed and met these requirements in 0-6 years old period which developments of the children are fastest.

In this scope;

-Risk maps must be done throughout the counrty and at the level of provinces and studies about the features of risk regions must be planned,

-Early intervention programs must be generalized and they must be implemented in a planned and systematical way,

-Poverty must be struggled and especially with the child poverty,

-Obtaining information about health and disease of the child is the most fundamental rights of the parents. If parents have sufficient information about health process of the child their anxiety and stress will also decrease and they can help their children. For that reason, families must be informed about the disease and its process in a way that they can understand,

-Child also has right to take information about his disease and treatment in a way which is appropriate for his age. If children have information about both hospital and their treatments, their approach to the treatment will also be better too, and this will increase the success of the treatment.

-Qualified personnels and child development specialists must be employed who can implement special programs and support inpatient children and their families socially and psychologically,

-In service trainings must be arranged periodically by domain experts about psychosocial needs of the children and their families and approach to them for all personnels working in health institutions,

-Hospital rooms and services must be arranged in certain standards according to the needs of the children throughout the country,

-Adaptation programs must be prepared for realizing their healthy adaptation to the place which they have just settled in for the children and their families who have to leave the region which they live because of the migration and war and these programs must be systematic and they must be sustainable,

-Legal sanctions about child negligence and abuse must be increased,

-The number of centers which serve for rehabilitation of the children who are abuse victims and quality of available centers must be increased,

-Education programs must be arranged about noticing abuse cases and approaches after the abuse and centers must be determined for the educators and families by providing cooperation among the institutions about the abuse,

-Line of "Alo 183" must appear on visual,printed and social media in order to increase its recognition,

-Precautions must be taken for enabling the children to continue to the school,

-It must be provided that only academic education is not sufficient in the schools, programs for educations of being a good individual must be improved, adults who will implement these programs must interiorise the program at first without forgetting their feature of being role model. It must not be forgotten that behaviour is more remembered than what is said,

-Staff who works in preschool education institutions which are the first social environments which the child gets into after his family is one of the most important personnels of early intervention. In this sense, they must take periodical educations in issues related to the situations such as special requirement, negligence, abuse and disease and and so on,

-Service models must be prepared for reducing disadvantages of the environment which they live in by examining good implementation examples abroad for the children who stay with their mothers in the prisons,

-Family support specialists employed by Ministry of Family and Social Policies must take part in the studies for the family and child in a full equipped way.

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EDUCATION-CHANGE AND SOCIAL STRUCTURE

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ABSTRACT

Being a social being, an individual has to live in harmony with the society at every stage of his or her life. This process which is called socialization can be achieved through education. Education is to be in line with the era and the society. Education catching the era and training individuals appropriate to the era's conditions are possible with it being ready for change. Education which can be defined as bending and shaping is one of the most important institutions of contemporary societies. Each society has to establish an educational institution appropriate for its own structure because each society has different structural characteristics. Education that is imported or emulated will raise imported individuals. It is difficult or impossible for individuals who were educated like this to adapt to the society. Individuals who are appropriate for the social structure are individuals who do not clash with the society's values, who know their historical past well, who look forward to the future and who are open to innovation. Individuals who do not stay away from their true selves but at the same time who are open to change have the ability to become the individuals of the future. The most important characteristic of the future's individuals is that they are open to innovation, but they also protect their cultural characteristics. Societies created by individuals with these characteristics are societies that can maintain their existence for a long time.

INTRODUCTION

Although each society is generally shaped by the union of the same institutions, the functioning of these institutions, which constitute the social structure, differs from society to society. The differences in the functioning of social institutions are the result of society's cultural characteristics coming through the historical process. Institutions such as education, health, justice, economy and politics are included among the institutions constituting the social structure. Education has been the most important institution among the institutions making up the social structure, and this will continue in the future, too because society is made up of individuals. Healthy adaptation of individuals to the society is an important factor in social continuity. Socialization, which is the healthy adaptation of individuals to the society, is among the most basic functions of education. For this reason, every society wants to weave its own characteristics in the education system while creating it.

Different instruments play a role in the formation of educational systems. There is no system that comes to existence independently from the social structure. If the education system is independent of the social structure, instead of generating solutions to social problems it will cause problems to become more complex. While making educational decisions, it is necessary to know the social structure in general and particularly the area these decisions will be used in, that is, the individuals. While forming the education system, it is necessary to analyze the traditions, customs, manners, habits, belief systems and legal rules of the society where the system will be applied and to act according to the effect of these on society. Traditions, customs, manners, habits and belief systems create values. Values are road maps of societies and therefore of individuals.

Every society exists with its values. Societies want to transmit their own values to individuals in order to continue their existence. The stronger the transmission is, the more continuous the society is. Because of the social characteristics surrounding the individual, values are the guides of the individual's actions. To understand the actions of the individual, it is necessary to know the social values in which he or she lives in. Just like how it is not possible to see the bud of an onion without taking out the scales, it is not possible to understand and discover the values that give meaning to people's behaviors and expectations without taking out the layers surrounding them (Egeöz, 2003: 27-28). Inspira-

tion for individuals' behavior, values come before desires and enables behaviors to emerge (Brubacher, 1986: 42). Values constitute culture. Culture also means society. Culture and society are like two circles intersecting on the individual that exist through the individual and have common areas on it (Nirun, 1967: 71).

It is possible to compare social construction to human organism. The presence and co-movement of organs that are the same in every individual is important for the organism to function healthy. However, the same organ in each individual is not always compatible with someone else's. For this reason, the most important concern in organ transplants is the compatibility of the organ with the organism the organ will be transplanted in. The same is true for societies. All societies are composed of many different institutions such as education, justice, health and economy. During the establishment of these institutions, the general structure of the society should be taken into consideration and care should be taken for these institutions to work in harmony with each other. Especially the changes that are made either by taking the changes directly from the developed societies or by imitating them are not always beneficial and can be even harmful. The most important reason for this is that the changes/innovations made are not compatible with the social structure.

Among the institutions making up the society, the educational institution is a privileged institution with its own characteristics because it is the most basic institution for educating individuals for the social continuity. In many fields, the results of many investments can be seen in the short term. It is not possible to see the results of investments made in education in the short term. Investments and changes made in education are long term. The success of these investments and changes also depend on the general characteristics of the society.

Just like every individual - even two siblings from the same parents - can have different characteristics from each other, different social structures can differ from each other. For this reason, no society can be guided by the rules of another society, nor can it be manipulated by theories developed for other societies. If this is ignored, the society becomes unhappy. Confusion and restlessness arise. Said Halim Pasha (?: 53) stated that the practices taken from other societies may be perfect, but that this perfection exists within the society in which practice takes place, therefore the same practice may not excellent results for another society.

Failure in the implementation of every innovation is caused by attempting to implement things that are harmful or impossible to implement (Said Halim Pasha,?: 54). Whatever the area, any change or innovation to be made in society must be done after its evaluation in terms of its compatibility to the structure of the society to which it is applied. Any kind of social change needs to take society's value systems into consideration (Türkdoğan, 1997: 27) because individuals' adopting values coming from the past is important during the process of becoming a society.

The resistance to changes or acceptance of changes in any area is directly related to the acceptance of the changes by the individuals the changes are applied to. Acceptance or rejection of the change is proportional to the individual finding something about him or herself in the change. According to Berkes (1997: 16-17), change should be about the classes and masses in general wanting pushing and executing the change. Berkes (1997: 16-17) indicated that if this is not done, the change will change the society for the worse, not for the better, and the change will turn into something that is forced and wasteful.

The most profitable investments are the ones made in education. However, the results of investments in education are seen in the long run. For this reason, long term planning of educational plans is important. Frequently changing educational practices are the most harmful practices for the society, therefore for the individuals. It would not be wrong to say that long-term educational plans that are not perfect are often more beneficial than the perfect educational practices that change frequently.

The societies standing with practices unique to themselves and appropriate to their own social structure are the societies that have their freedom in their own hands. The degree of freedom a nation is possesses is measured by the efforts it makes in spiritual and intellectual progress (Sait Halim Pasha,?: 75). On the other hand, the degree of dependence a nation has to others is closely related to whether or not practices are made by outsiders and disconnected from their own culture and past. Since every nation has its own ideas and needs, nothing can be more difficult than a nation making use of other nations' experiences for political and social affairs. If nations did not have their own ideas and feelings, the discipline of sociology would be strangely interwoven with the discipline of zoology. For this reason, it is difficult for a nation trying to benefit from the experiences of other nations not make irreparable mistakes (Sait Halim Pasha,

76-77). The degree of a change bringing social benefits is proportional to how well the ones bringing the change know the society and execute changes that are beneficial to the society. In addition to knowing the society, it is also important that the people bringing changes are competent in their fields. Varış (1985) stated that today it is not possible to imagine leaving the growth of plants and raising animals to unqualified people. Therefore, it is not possible to imagine leaving educational services to unqualified staff. This is because education in today's society is one of the most important factors affecting the social and economic mobility of the social segments (Boyacı, 2008: 1).

In addition, the speed of the change is also effective in bringing benefits to the society. Especially in traditional societies where people are hesitant towards change; rapid change can encounter resistance and bring harm instead of benefit. While the individual in a traditional society lives with new cultural values, he or she acts with the thought style his or her original culture taught (Büyükdüvenci, 1991: 65). The evolution of people, tribes and institutions is always slow. When a nation becomes an advanced civilization, it can be said that this civilization is the fruit of a long past (Berkes 1997: 41). Another factor in the acceptance of change is the willingness of individuals to change. Otherwise, Güngör (1990: 33) stated that the individual in a traditional society can see what is called innovation as a threat to the future because every society wants to deal with the negativities created by the change in its own terms and direct it in the way they planned by controlling the change (Dinçer, 2003: 102).

One of the important functions of education is to provide socialization. Socialization is the process of ensuring individuals to see themselves as the members of the community they live in by teaching them the written and oral rules of society they live in. This process mostly involves elementary school age. Especially the first three years of elementary school are important in ensuring socialization. In these grades, instead of heavy subject matters, individuals must be equipped with social values intertwined with life, and their sense of belonging must be developed. All these can also be called the teaching of social behavior patterns. Educational practices should be life-focused and skills-based instead of exam-oriented. Just like Prince Sebahattin and İsmail Hakkı Baltacıoğlu stated, the ideal individual of this age is an entrepreneurial individual who can stand on his or her feet without needing others and act by using his or her own mind. Such individuals can only be trained through education.

When we look at the educational practices today, it is seen that the practices are planned and implemented based on exams. Even in the first year of elementary school, after learning how to read and write, individuals are faced with tests and are forced to improve their ability to choose the right choice among multiple choice questions. Exam results are considered to be evidence for the schools' success. The success of educational institutions is measured by the number of students they send to best schools at the next level, by the individuals they the best of the higher-ranked schools, not by the individuals they gain. As is this is something to be proud of, in order to attract more students for next year, the test results are announced to the public through newspapers, billboards, and so on. The educational success of cities in official statistics is determined by their scores in nation-wide exams such as TEOK, ÖSS and LYS that change in every couple of years. In a situation like this, students, even in university, cannot express themselves. They have difficulty in answering open-ended questions in the exams, and cannot write their thoughts properly. It is very difficult to even read students' hand-written names on the exam papers. In the first week of a course, majority of the students are concerned about how will the exams be (multiple-choice or open-ended questions) rather than the content of the course. Using a little exaggerated expression, it can be said that the system is nearly brining up students that answer the question of "what do you think about this issue?" with the answer "can I have the choices?". Another important criticism for the implemented system is about the subjects taught to students. In many departments and classes, it appears that students cannot answer questions about values and social history. Students with knowledge of Western education do not seem to have knowledge about their own past, for example, about Avicenna and al-Farabi.

DEVELOPMENT and EDUCATION

People are both the subject and object of development. The development of a society means the use of all of that society's resources. The most important of these sources is the individual. Without the development of the existing knowledge, skills and attitudes of the individuals, the resources of the society such as mines, forests, soil and seas cannot be properly and adequately used (Miser, 2000: 5). Since the results of investments made in people cannot be seen in the short term unlike other investments, it is possible for people to consider these

to be waste. However, on the contrary, the most important and necessary investments done are the one done in people. Investment in people means investment in education. The investments made in education, that is, investments made in people give long-term results and their effect is long-lasting.

Similar to the waves a pebble causes when skipped on water, investments in education provide an altogether development by affecting all the other institutions of the society. Since the human element is in every corner of the social sphere, it is not possible to think of social institutions without people. Because of this, during the efforts for development, it is necessary to take people into consideration first and to start with people first in every field and institution. It is important to improve vehicles and roads in order to prevent accidents. However, no matter how strong the roads and smart the vehicles get, without educating the people who will use them, accidents will not be prevented. On the contrary, they may increase. Even the use of medicines developed for human health is associated with the human factor that will use them and the medicine usage information and skills. Whether full technological structures or factories are beneficial or damaging is also directly related to the people who will use them and their education.

Education, on the one hand, provides re-production in the society, and on the other hand, ensures individuals to acquire and transform various roles and skills (İçli, 2001: 65) because the concept of education means to bend, shape and fix. Ülken (1967: 11) defined education as teaching individuals and nations values by shaping the soul and character. Based on these, education and society are two important concepts that affect each other and be affected by each other. For this reason, it is not possible to ensure social transformation without taking the individual, individual development, society, and particularly the social values into consideration. In today's society, education is one of the most important factors affecting social and economic mobility of the social segments (Boyacı, 2008: 1). Development moves in society necessitate action by taking all the elements constituting the structure into consideration. Otherwise, one side will be incomplete or inaccurate and therefore this will lead to imbalance. The human treasure that does not come from the society cannot be productive for that society. The most basic condition for being productive is to know the society and to be able to determine the needs of the elements making up the society by analyzing these elements. Otherwise, just like how looking at and analyzing a

situation from the outside is not enough to fully understand the situation, the social theses of people who do not come from the society and who do not know it will hang in the air.

The most important feature that distinguishes human beings from other living things is their intelligence and therefore their ability to think. The way in which the mind is used and how it is used determines the type of education. It is also possible to dehumanize people and turn them into the lowest levels of creation through education. Through education, people can turn into war machines and can easily conduct destruction and annihilation activities but people can also turn the world into a livable one place by bringing peace and happiness through education. It is also possible that through education people can forget their identity or they can become thinking, productive and creative individuals.

Human element is the basic element in social life. The continuity of societies necessitates the continual education and thus development of this basic element. In recent years, concepts such as lifelong learning and continuing education have come to the forefront among important educational concepts that have been discussed. Because the educational process, which is a process, starts from the mother's womb, where human life begins, and continues until death. The phrase "from birth to death" is used to explain this situation. During this process, it is possible to benefit from the educational investments that were done by taking the developmental characteristics of the individuals and the requirements of the social structure into consideration. Transferring other societies' educational systems and practices without taking individual and societal characteristics into consideration will not bring any benefits; rather it can cause irreparable damages.

The development of the human element and making the human element active and productive is possible through the participation of people of all ages in the education. The key concept of participation is the need (Miser, 2000: 13). The degree of need puts forth the participation rate and the degree. Therefore, for the educational practice that is being planned, it is necessary to ensure participation by determining the needs of people or by finding ways to find these needs. Miser (2000: 13) drew attention to four factors about the subject of need. The first one is culture. The needs are related to culture and should be appropriate to the cultural structure because you cannot put forth pig breeding as a need in an Islamic society and cow breeding as a need in a Hindu society. In

addition, Miser (2000: 13) stated that learning the innovations for the people of the information society is a vital necessity, whereas doing business according to traditions is a necessity in traditional society. The second one is about the needs having a hierarchical structure within them. Maslow's hierarchy of needs can be given as an example to this. Higher level needs will not arise without meeting basic needs. This is similar to the proverb a hungry stomach has no ears. Third, the intensity of needs and therefore the priority of them may not be the same for everyone in society. The intensity and priority of the need determine the participation tendency. Fourthly, there may be a dominant force in power controlling the resources that meet the needs and deciding on what the needs are and how to meet them.

Consequently, education is the most basic irreplaceable institution for every society, from modern to traditional and from primitive to developed societies because every society needs educational institutions to maintain its existence (Aslan, 2001: 27). Education is for the individuals. Investment in education is investment for the society. The proportion of society's educational systems reflecting the society is directly related to the compatibility of the individuals of that society to the society. Through education, the degree to which the individuals knowing the society they live in determines the degree of their characters. Individuals with no character are the individuals who do not know their past. The more the individuals are equipped with their own societal values, the stronger the social structure becomes. Educating individuals who lack societal values means creating a society without any character. Individuals and societies with no characters are similar to ships that have no direction. Such societies are not different from a herd society, and they cannot escape being exploited.

Having a character socially and individually is also related to having a national consciousness. The most fundamental elements that make a nation are the aforementioned values. Among these values, an important value which is pertinent to national awareness is the value of "belonging". The feeling of belonging is associated with both the feeling of "nation" and "homeland". Freedom is the cause of existence for nations, and it is related to having homeland to live on. Nation-homeland and thus freedom are three important values at all times. It is essential to transmit the nation, homeland and freedom consciousness to the individuals for raising the aforementioned individuals with character and thus raising a society with character. There is no other way than education to teach

these values to the individuals and internalize them. For this reason, the education of every nation should be made up of the national elements formed through intellectuals that come from within. It seems unlikely that a society that has not formed a national education system can be independent from others.

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IMPORTANCE OF SOCIAL SKILLS

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ABSTRACT

People shape their lives under the influence of their own cultures and try to raise their children according to their own cultural values. Regardless of the country, they were born; all mothers and fathers want their children to undergo healthy growth and development processes. Until gaining their independence, children's needs are met by their families and during the growth process, they are in a continuous interaction first with their families and then people in their close circle. After the family, the most important institution preparing children for living in a society and helping them have social interactions and also supporting the family is preschool education institutions. The acquisition of social skills by children is directly associated with their taking their place in the society as healthy individuals and their socialization and acceptance of the society. As such, children should be provided with opportunities to learn social skills and a quality social skills education in suitable conditions. Provision of social skills education for children is important both for them to be healthy individuals and for the society in which they are living. Socialization plays a very important role in a child's life. The child's knowing the culture of the society in which he/she is living and his/her role in this society is of great importance for him/her to integrate with it and this can be seen as social development. Socialization enables a child or an individual to continue a healthy and happy life in a society.

Social skills are of great importance for children or individuals to establish relationships with others, to comply with social rules, to take responsibilities and meet these responsibilities, to be helpful to others and to use and protect their rights. All the children either exhibiting normal development or developmental disorders should receive social skills instruction in order to be able to adjust to social life.

INTRODUCTION

We are living in an era in which distances between countries are getting shorter and communicating with people from other cultures is becoming easier. Now, people are settling in other countries and there they try both to adapt to the new culture and to protect their own cultural values. Today it is quite possible to say that in each country people from different cultures are living. As stated by Woolfolk Hoy (2015: 342), African, Asian or Native American or European individuals living in different geographies according to their own cultures have different backgrounds and values. While everybody living in a country shares common experiences and values particularly through mass media, they shape their lives under the influence of their own cultures and try to raise their children according to their own cultural values. Regardless of the country, they were born; all mothers and fathers want their children to undergo healthy growth and development processes.

Being a social entity, human beings need care, love, interest, support, and guidance of their families for a long time to grow and develop as healthy individuals (Bakırcıoğlu, 2002: 99). Until gaining their independence, children's needs are met by their families and during the growth process; they are in a continuous interaction first with their families and then people in their close circle (Kandır, 2003: 81). In fact, children already learn many social skills from their parents and other adults before they attend any preschool education institution (Senemoğlu, 1994). After the family, the most important institution preparing children for living in a society and helping them have social interactions and also supporting the family is preschool education institutions (Durualp and Aral, 2010). Therefore, family and school cooperation are of great importance. While the socialization process of a child is continuing within the family, a new socialization process starts for him/her when he/she attends a pre-school institution.

When the child starts to attend a school, he/she recognizes that some behaviors approved within the family are not approved by the school and learns how to behave in a school environment (Senemoğlu, 1994). In fact, with the child's starting to attend a school, the socialization process extends beyond the house. Moreover, in this new setting, the child is not with his/her family unconditionally loving him/her. While the child has many privileges as the prince or princess of the family, he/she is just an ordinary person in the classroom environment.

The acquisition of social skills by children is directly associated with their taking their place in the society as healthy individuals and their socialization and acceptance of the society. As such, children should be provided with opportunities to learn social skills and a quality social skills education in suitable conditions. Provision of social skills education for children is important both for them to be healthy individuals and for the society in which they are living.

In the current study, the answers to the questions "Why is socialization and acquisition of social skills important?" and "Why is it important to inculcate social skills in children in the early childhood period?" will be addressed.

WHY s SOCIALIZATION and ACQUISITION of SOCIAL SKILLS IMPORTANT?

Socialization plays a very important role in a child's life. For a child to be able to survive as an individual in a society made up of other individuals and to live in harmony with other people, he/she must learn social rules and behave in compliance with these rules. Otherwise, the child may be described as "*divergent, asocial, anti-social, and problematic"* or be excluded from the group or society leading to loneliness. This is an undesired situation and necessary precautions should be taken to prevent it. Through a proper education to be given to children, they can be taught that tolerance is important in reciprocal interactions, there should not be prejudiced and everybody should have the same rights.

As many other things learned in human life, socialization is also a process that is learned; therefore, the child needs to know the society in which he/she is living very well. The child's knowing the culture of the society in which he/she is living and his/her role in this society is of great importance for him/her to integrate with it and this can be seen as social development (Kandır, 2003: 81). During the socialization process, children learn their own culture and become

members of the society (Akfırat-Önalan, 2006). In order to be able to call a child or an adult as socialized, they need to demonstrate behaviors complying with the rules and expectations of the society in which they are living (cited in Kuş and Karatekin, 2009). Compliant individuals or children are those who can display physical, kinesthetic, cognitive, linguistic, social, emotional and spiritual-sexual behaviors of their age (Bakırcıloğlu, 2007: 223). In other words, in order to be able to regard an individual as compliant, he/she should exhibit behaviors complying with his/her age, gender and expectations of the society.

Socialization enables a child or an individual to continue a healthy and happy life in a society. Healthy social development lays the foundation for a successful social adjustment and efficient social interactions. Within the social development process, one of the tools that can promote social adjustment and social interactions is social skills (Gülay and Akman, 2009: 1).

Social skills are of great importance for children or individuals to establish relationships with others, to comply with social rules, to take responsibilities and meet these responsibilities, to be helpful to others and to use and protect their rights (Çubukçu and Gültekin; 2000). Social skills that can bring about important short-term or long-term effects in people's lives are mostly learned in the early years of life (Gülay and Akman, 2009: 1). For children to be able to live in harmony with other people and the society, they need to acquire social skills such as obeying the rules, being sensitive to others and controlling negative feelings (Özyürek and Ceylan, 2014).

Social skills refer to behaviors that result in positive reactions from others during interpersonal interactions and prevent the emergence of negative reactions so that communication with others is facilitated, that are socially acceptable, that leave positive impressions on others, that are target-oriented, that may change depending on the social content, that include some cognitive and affective elements and that can be learned (Yüksel, 1997). An individual with developed social skills can establish positive relationships with others without experiencing problems during this process or even if some problems are experienced, can solve these problems by using the means approved by the society (Kandır, 2003: 81).

Bacanlı (2008) argues that when a social skill emerges in the form of skillessness than it is easier to understand and see it as a problem. He also maintains

that because of this, research on social skills generally focuses on the topic of "social skillessness". Social skills have been found to be associated with academic achievement, psychological adjustment, coping strategies and occupation (Miles & Stipek, 2006). Furthermore, social problems have become ways of diagnosing many disorders such as disorder of social functioning (Hupp, LeBlanc, Jewell & Warnes, 2009: 1). Defects in social skills can emerge in any developmental period and they cannot be improved on their own without external intervention because social skills do not function properly and as a result, relationships with other people can be hindered (Smith, Jordan, Flood & Hansen, 2010: 99).

An individual who is incompetent in social skills; that is, has a low level of social skills cannot fulfill the requirements of daily life, cannot develop responsibilities for himself/herself or for others and cannot fulfill his/her responsibilities (Akfırat Önalan, 2006). The research focusing on personal development has revealed that children's social behaviors are important in terms of their adjustment to school and academic achievement. Children coming to school with low levels of social competency are frequently refused by their peers and experience problems such as behavioral disorders and low academic achievement (cited in Ekinci Vural and Gürşimşek, 2009). Children with lack of competency in social skills experience different problems throughout their lives in establishing interpersonal relationships, in academic works, in the affective and behavioral fields and in their occupational lives (Avcıoğlu, 2003; Durualp and Aral, 2010). This research clearly shows that lack of competency in the acquisition of social skills will result in the child's experiencing problems throughout his/her life.

In order to promote children's social and affective competencies, it is necessary to directly develop their friendly communication, problem-solving, anger control and social, cognitive and effective management skills (Webster-Stratton & Reid, 2004). Children's learning to live in interaction with their peers as a social group provide opportunities for them to develop their academic skills as well as personal and social skills (Akkök, 1996: 1). Necessary social skills should be imparted to children before they experience serious interaction and communication problems with family members, peers or other people around. Therefore, acquisition of social skills is of great importance for individuals. Otherwise, in every stage of schooling, they would experience problems. Particularly peer relations in different cultures might be an important factor de-

termining whether it will be difficult or easy for a child to adjust to the given culture. Social acceptance received by a child in the peer group is one of the elements necessary for this child to adjust to the social life. This is, in fact, a cycle. If a child behaves in compliance with the societal expectations, then he/she will experience social acceptance and harmony and in turn, the child socially accepted will demonstrate behaviors complying with societal expectations. Or vice verse, a child with undeveloped social skills will be rejected by his/her peers or other people around and when he/she is refused, he/she will go on displaying undesired behaviors. A sample case will be discussed below to show the importance of social skills.

Sample case:

Here, M…is experiencing problems in communicating and interacting with his/her peers. He/she is not using suitable strategies to join in his/her friends' games; moreover, he/she seems to be developing a notorious reputation as a person using undesirable means of interaction. Here, what must be done by the teacher should be to support the child individually not accepted by their peers and having difficulties in communicating and interacting. Thus, the happiness and well-being of the child can be ensured (Kemple, 2004: 2). In the socialization of a child, peer relationships and what is experienced during the establishment of these relationships are of great importance (Kandır, 2003: 82). Social skills are very important in children's interactions with their peers. The communication of children with undeveloped social skills with their peers deteriorates and they can have shorter and less communication with them (Avcıoğlu, 2007).

Within the socialization process, children might experience various problems and conflicts with their friends in the school environment. They can demonstrate aggressive responses. Yet, over time they recognize that such behaviors are not approved by their peers and understand that this is not a solution. Thus, as long as they socialize, they try to find socially approved solutions to their problems (Kandır, 2003: 84). Also seen as bullying, offensive behaviors arise from social skill deficiencies rather than power imbalance (Whitted & Dupper, 2005). For children to have the educational maturity and academic achievement, they need to establish meaningful friendships and to have the ability to control their emotions and behaviors (Webster-Stratton & Reid, 2004). Social skills to be imparted to children during a preschool period will help them to avoid displaying undesired behaviors such as bullying.

Defined as the skill of behaving in harmony with the surrounding social environment, social skills play a very important role in the establishment of interpersonal relationships and accomplishment of social objectives (Avcıoğlu, 2001). Therefore, social skills should be nurtured as early as possible. In this regard, parents and teachers should assume important roles in the inculcation of social skills and social affective behaviors in children during a preschool period (Özyürek and Ceylan, 2014). Preschool education to be given to children will help them take important steps in the way of socialization and acquisition of basic social skills. Upon starting school, children begin to develop their self-expression skills within the society by adapting to it (Ekinci Vural, 2006). Children not only learn socially accepted behaviors at school but also learn the ways of effective communication and interaction with adults aside from family members and their peers (Senemoğlu, 1994). In each stage of life, social skills can play an important role in the establishment of positive or negative interpersonal relationships.

While going from childhood through adolescent, children gain more social information; that is, social intelligence. Social cognitive skills and social knowledge of adolescents are important aspects of successful peer relationships. There are many things that an adolescent should know to be loved by their peers (Santrock, 2014: 301). Though the outcomes of some programs developed to nurture adolescents' social skills are positive, researchers concluded that in general, it is difficult of developing the social skills of adolescents who are not liked or refused. The main reason for the refusal of these adolescents is that they do not have the self-control to keep their aggressive and impulsive behaviors under control (Santrock, 2014: 303). Moreover, while the likelihood of socially competent children to have better academic achievement is high, this likelihood is quite weak for children with poor social skills (Webster-Stratton & Reid, 2004). As pointed out by Özyürek and Ceylan (2014), social skill deficiencies result in adjustment problems in children and in later parts of their lives; peer relationships can play an important role in the development of the child and lack of peer relations can lead to psychological, behavioral and social problems; social skill deficiencies can negatively affect peer acceptance and accordingly school achievement; children not accepted by their peers develop tendencies to commit crime and oppressed and neglected children have problems in their social development.

Moreover, children having dissatisfying and weak peer relationships may experience psychological, behavioral and social problems in later parts of their

lives such as failure at school, tendency to violence, psychopathology and tendency to committing a crime (cited in Çetin, Alpa Bilbay and Albayrak Kaymak, 2002: 30-31). While social skill deficiencies of children exhibiting normal development cause them to experience serious problems in the later parts of their lives, these problems are much more severely experienced by children having developmental problems.

Interpersonal behaviors of a child play a very important role in the acquisition of social, cultural and economic skills. Children with social behavior disorders experience social isolation, refusal and decreasing happiness. Social competency has a vital role in the current state and future development of a child. Social skills are not only important in terms of peer relationships but also in terms of internalization of social roles and norms by the child (Michelson, Sugai, Wood & Kazdin, 1983:1). In addition to this, children having challenging characteristics such as hyperactivity, impulsivity and attention deficit are at risk in conflict management, social skills and making friends (Webster-Stratton & Reid, 2004). Autistic children; on the other hand, experience social difficulties different from the ones experienced by children with other developmental disorders. The social difficulties experienced by autistic children, a group of at-risk-children, are prevalent and life-long. By means of direct interventions, autistic children can be enabled to get on well with their peers. Many researchers documented the useful outcomes of social skills instruction given to autistic children. In fact, effective social skills are of great importance for everyone to have successful and productive interactions at home and in social environments (Stone, Ruble, Coonrod, Hepburn, Pennington, Burnette, & Bainbridge Brigham, 2010: 2). Development of social skills entails more implicit teaching of them as long as children at high risk are considered (cited in Webster-Stratton & Reid, 2004). All the children either exhibiting normal development or developmental disorders should receive social skills instruction in order to be able to adjust to social life.

WHY SHOULD SOCIAL SKILLS be IMPARTED to CHILDREN PARTICULARLY IN EARLY CHILDHOOD PERIOD?

Fam ly-centered

As human beings are social entities, they show natural propensity to live together. However, while living together is very easy for some people, for some

others, it can be quite difficult (Bacanlı, 2008:1). Children growing up in a secure and supportive family environment in which parents display healthy and consistent attitudes and behaviors can develop independent personalities relatively easily (Bakırcıoğlu, 2002: 99-100), and can learn many social skills unconsciously by observing and imitating people around. Inculcation of social skills that are needed throughout the whole life in children at early ages is of vital importance.

When children successfully complete the stages of development, he can fulfill the requirements of each stage and get ready for the next stage (Bakırcıoğlu, 2007: 223). What kind of a person a child will be as a grown-up depends on his/her world of childhood and how he/she perceived the world constructed around him/her during the childhood to a great extent. It is quite natural for a child who is cared by his/her mother whenever he/she needs is growing up in an environment full of affection and whose needs are adequately met to have positive impressions of the world. A child growing up in such a loving and secure environment will probably not have difficulties in interacting with other people (Oktay, 1999: 156). The relationship the child establishes with his/her mother lays the foundation of all the relationships to be established by this child (Çiftçi, 1991). For a child to survive in the social life without living great difficulties, babyhood and childhood periods are of special importance. These periods in which the basic sense of trust is developed are critical periods for children because they are very important in terms of adjustment to social life and socialization.

As stated by Bakırcıoğlu (2007), problems, deprivations, and inadequacies experienced by a child in the processes of gaining self-care and basic skills such as sucking, weaning, sleeping, eating, toilet training, sex education, playing might lead to serious problems in the later stages of life. These problems emerge as adjustment problems, behavioral disorders or psychological problems. Therefore, in the early childhood period, children should be protected against potential problems through direct interventions and socialization support so that small problems in the children do not lead to severe problems in adolescent and adulthood.

The research has revealed that on the basis of the difficulties experienced during childhood and adolescence and even in adulthood periods regarding the adjustment to social environment lays in negative child-mother relationships (Oktay, 1999: 156). As they can be role models and provide guidance, parents'

parenting behaviors are very important in the development of their children's social skills (Özyürek and Ceylan, 2014).

The child tries to make him/her accepted as an individual in the world of adults. Thus, he/she needs to adapt to changing national and international conditions and to express himself/herself socially (Tunçeli and Akman, 2014). This is of a particular importance for children who can express themselves socially and experience social acceptance because for children to continue their lives healthily, not only their physical needs but also their social and emotional needs should be satisfied.

Social development is closely associated with emotional development. While emotional development refers to the individual's internal world, personal emotions, and characteristics, social development refers to the individual's social aspects. The healthier an individual's emotional development is, the better his/her social development will be (Kandır, 2003: 81-82). Therefore, in the development of a child, the principle of "*development is a holistic process*" should be taken into consideration and it should be remembered that all aspects of development are related to each other; thus, when one of them is affected, the others will be affected. Not only cognitive development but also the social and emotional development of children should be supported and great care should be taken in the inculcation of social skills in children.

Children with developed social skills are liked by their peers, become popular among them and accepted by them; they do not experience difficulties in making friends; they are self-confident and sociable; they do not display aggressive behaviors; they are cooperative and helpful and academically successful (cited in Gülay and Akman, 2009: 47). In this regard, parents as individuals providing first education for their children should create a suitable family environment for their children to acquire these skills.

Poor family conditions pose a threat to the development of all children and constitute the main source of many problems for them. Webster-Stratton & Reid (2004) argued that by teaching social and emotional skills to children, children at risk due to stressful family conditions, disadvantaged family or biological or dispositional factors can be enabled to have good peer relationships, to have the better academic achievement and to display fewer aggressive behaviors. With the behaviors they demonstrate or not and conditions they provide for their chil-

dren or not, families should be aware of the importance of their place in their children's lives. Thus, more importance should be attached to school-family cooperation, family training, and family participation activities.

School-centered

When the child starts his/her formal education life with pre-school, the number of people he/she interacts with and the number of behaviors he/she is exposed to increase. Pre-school institutions are not only a new playground for children but also a new field of experience where he/she meets new children and adults (Oktay, 1999: 173). Pre-school education is of great importance as it is the first stage of schooling and plays an important role in the inculcation of social skills in children. Social skills instruction that should be given to children during their preschool education and later stages of education (Bacanlı, 1999) may help them to be more compliant and confident in their future lives (İnci and Deniz, 2015).

Pre-school period is the most suitable period for intervening in children before their negative behaviors become permanent, for imparting proper social skills in them and for eliminating aggressive behaviors (Webster-Stratton & Reid, 2004) and preschool is the most suitable and effective environment for promoting children's social skills (Ekinci Vural, 2006). Pre-school institutions prepare children for life as social entities by teaching them how to cope with problems they encounter in their daily lives, helping them grow and feel more confident and encouraging them to deal with other problems they experience during their development period (Oktay, 1999: 131). Throughout this educational process, the child will be able to acquire all the social skills necessary to live in harmony with his/her peers and all the other individuals.

Pre-school education institutions help the family in both reinforcing the habits and social behaviors whose basis is laid at home and inculcating new social behaviors in children (Oktay, 1999: 173). At school, the child learns the requirements of living in a community such as sharing within a group, cooperating, solidarity, taking responsibility, protecting his/her own rights, respecting others, waiting for his/her turn and obeying rules (Kandır, 2003: 83).

Actually the expectations of adults from children are too many particularly in relation to socialization. Today's children's social lives are quite differ-

ent from those of the previous generation. As adults, what we should do is to create differences for children's experiences and learning. If adults know the social, affective and behavioral learning principles of children, then they can more easily understand their learning process (Mathieson, 2005: 14). It should be remembered that all the behaviors of an individual are the products of his/her childhood years. It is of great importance to impart positive behaviors to children. To do so, the child should be able to know himself/herself and life very well (Çitfçi, 1991). A person who wants to work with children should know the personal characteristics, likes and dislikes, fears, worries, and strengths of each child (Mathieson, 2005: 5) and through the daily activities conducted in pre-school education, social development of children should be promoted (Ekinci Vural, 2006).

According to the study conducted by Gürkan (1979), children attending elementary school exhibit differences in terms of mental, physical, social, emotional development and skills, interests and health depending on whether they attended pre-school education or not. Children having pre-school education were found to be more agreeable and successful in terms of social behaviors. Özbek (2003) also concluded that children having a preschool education are better at acquiring the social skills to be imparted to them during elementary education, starting and maintaining a relationship, working in a group, effective skills, stress coping strategies, planning and problem-solving skills and self-control skills. According to a study conducted in 1993, social skills training programs carried out with 10 years old or younger children are more successful than the programs conducted with adolescents (Santrock, 2014: 303). All this research clearly shows the necessity of inculcating social skills in children at early ages.

F nal Remarks

Social skills should be developed from the very early years of life. Therefore, important responsibilities should be assumed by parents and teachers to impart social skills and social effective behaviors to children starting from a preschool period (Özyürek and Ceylan, 2014). As long as the child is not supported by parents and teachers, he/she cannot cope with the problems he/she faces and experiences difficulties in finding solutions to problems. If the support of parents and teachers is not given to the child as it should be, even a single problem experienced by the child will yield problems in bulk and thus, the child

will turn out to be a problematic and disagreeable person. However, with proper attitudes of parents, school-family cooperation and teacher support, the child will be helped to cope with many problems he/she is confronted with, to produce possible solutions and thus lead a peaceful life.

Each individual or child's perception of events is different. Thus, the perception of problems encountered, methods employed to cope with problems and suggestions made as solutions to problems will vary from individual to individual. Therefore, what is desired and expected from social skills education is not creating individuals living in harmony with the society without any problems. What is intended with social skills education is to create individuals, children who can produce solutions to their own problems and cope with problems they may encounter in their social lives.

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TRUST AS A SOCIAL VALUE

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ABSTRACT

A lot of studies have been conducted on trust, but a common definition could not be used. Therefore, there are many different and varied definitions about the concept of trust. The importance of the individualistic and social dimensions of trust, a concept studied in many different disciplines, cannot be ignored. In this study, an attempt was made to examine the concept of trust in terms of the individual and society. The concept of trust, which is bi-directional or reciprocal, has two-sides, a trustor - a trustee, and a self-confident – trustful. Seen in almost every area of individual and social relationships, trust can lead to psychological problems in individuals if it is lacking. Trust is effective in both maintaining the mutual relationships between individuals and in the formation of healthy personalities. Trust is also a key element in ensuring collaboration in society and stability in social interactions. Very different elements play a role in the emergence of trust. This element differs according to the characteristics of the social structure. The social structure being contemporary or traditional differentiates the instruments that are instrumental in the development of trust. Another important determinant of trust is religion and faith. The religious beliefs that individuals have and the way in which these beliefs are practiced are

also important in the degree of trust. Religion is related to trust and faith. This relationship is perceived by the individuals mostly as trusting in God.

INTRODUCTION

Discussed mostly in areas such as management organization and economics, and educational management under the field of education, the concept of trust has an important place in social structure and individual relationships. Halis, Gökgöz and Yaşar (2007: 189) indicated that different disciplines like administration, politics, psychology, sociology, economics and history are interested in the concept of trust, and that they all interpret it differently. Defined as the feeling of attachment without fear, hesitation and pressure, trust is also used as believing in and relying on someone and being sure that no harm will come from them. Trust is a general expectation that an individual or a group has that the opposing party's verbal or written statements can be relied on (Bhattacharya, 1998 cited in Kamer, 2001: 34). It is also an important deterrent in understanding states like relationships between individuals, economic change, social order, political stability and differences and in differentiating between these states and being selective. Quite a number of studies have been conducted by social scientists over the past decade on defining the concept of trust. However, there has not been an agreement on a single definition. What constitutes trust is still being debated (Asunakutlu, 2006).

As a value, trust is the determinant of individual behavior. Behaviors are closely related individuals' spiritual worlds. According to Hökelekli (2007), an action or a behavior stirs as a thought or feeling in the mind first. Every feeling and thought has the tendency to turn into behavior. Because of this Hökelekli (2007) stated that it is vitally important for the individual to understand the feelings and thoughts he or she has created within his mind and explained this using Mevlana Celaleddin Rumi: "Be careful of your feelings because they affect your thoughts. Be careful of your thoughts because they affect your behaviors. Be careful of your behaviors because they affect your character. Be careful of your character because they determine your fate". Demircan and Ceylan (2003: 139) defined trust as a concept based on honesty and integrity, whereas Rotter (1967) discussed the effect of trust on individual behaviors by stating that trust is a personality variable and plays a decisive role in behavior. Zand (1972) defined trust as the individual's decision based on utilitarian expectation. Mishra (1996 cited

in Uslu&Ardıç, 2013) described trust as an individual's willingness to become defenseless to another person due to his or her belief that the other person is competent, relatable, open and trustworthy.

Formation of trust in an individual in social and individual relationships occurs through the belief that the behavior of the other person will meet his or her expectations without any control effect from outside. In line with this belief, trust is the openness of an individual to the other person's actions without any need to defend him or herself (Kamer, 2001: 34). For this reason, trust is a process that develops in such a way that one side in the relationship is sure that the opposite side will not exploit his or her weaknesses (Korczyski, 2003: 64). There are many factors during the formation of this process. During the process of being sure, various social norms and rules, therefore values have significant influence.

Bi-directionality or reciprocity of trust is significant. This bi-directionality occurs because in trust, there is the one who trusts and the one who is trusted, and also there is the one who trust him or herself and the opposite party (Yavuz, 2003: 35). In short, trust is a two-sided concept. It is something that affects individuals via thoughts, feelings and experiences. Thoughts, feelings and experiences are important in human relations. Relationships formed accordingly determine the degree of the feeling called trust. By taking on the role of a glue holding together relationships, trust provides a psychological relief to the individual (Stephen, 2000: 5).This relief might have both positive and negative effects. The unconditional trust of the individual might lead to abuse and hurt the individual. This may create mistrust in the person who trusted against the person who was trusted. Mistrust can create uneasiness, anxiety and worry.

Trust being the most important element in a healthy personality, cooperation and social interaction (Lewicki, 1998 cited in Kamer, 2001: 33) is of course expected in every social environment. Trust is also effective in determining the degree of individuals' loyalty within a group. In a group environment, individuals' relationships with each other can show their degree of trustworthiness. As individuals shape their attitudes towards others, they can make decisions based on their past experiences, knowledge and interactions about their trustworthiness.

Trust between individuals is based on three preconditions. These are the following (Erdem and Özen, 2003: 55):

1. Mutual commitment between the one who trusts and the one who is trusted.

2. Actors' need to know the rules for situations.

3. Trust cannot be demanded, asked for, and should be presented and acceptable.

In their model of trust they developed, Mayer, Davis, and Schoorman explained the concept of trust in three variables: ability, benevolence and integrity. Apart from these, another factor affecting trust is determined as the tendency of the one who trusts (Altun, 2001: 11-14). In his study, Aslanoğlu (1997) explained that four factors affect trust: *1. Sincerity, 2. Responsibility, 3. Virtue, 4. Positive behavior*. Regarding reliability, Aslanoğlu (1997) determined four factors: *social ability, personal ability, honesty and sincerity*. Erdem (2003: 157) mentioned the effect of certain preconditions needed to be fulfilled for trust to occur such as risk, uncertainty, expectation and possibility of hurt. According to Demircan and Ceylan (2003), trust derives from memberships within groups and is based on honesty and integrity. Intra-group memberships require formal or sincere relationships depending on the function and character of the group. Bachmann (2003) categorizes trust into two groups. *Personal trust* is based on sincere relationships emerging from daily lives of individuals and *non-personal trust* merges from organizational relationships in organizations. McAllister (1995) discussed trust as having two basic structures:*cognition-based trust* which can change the quality and result of the individual's relationship and *affect-based trust* which is associated with interest, attitude and decisiveness. McAllister (1995) addressed cognition-based trust as the individuals' belief that the other person is reliable, trustworthy and competent (Ergeneli& Arı, 2005: 127), whereas affect-based trust is addressed as emotional commitment to the other person and being worried about the other person's interest and well-being.

Based on the definitions given about trust, it is apparent that trust has two parties, and that one party being sure or not sure of the other party's behaviors, that is, one party's expectations about the other one is positive or negative is the determinant of trust. As can be understood from the explanations made so far, it seems that the sense of trust among people is bi-directional. In the context of faith and religion, trust is directly related to the relationship between God and his servants, and associated with the individual's belief in God. Religion wise,

trust is a concept for people because the only party to be trusted is God. Therefore, religion wise, trust is one-sided and is directly proportional to faith.

THE INDIVIDUAL and the NEED FOR TRUST

In social life, trust is an important phenomenon ensuring individuals' commitment to the group and society. The existence of trust in individual and social life has a significant place in the regulation of this life. Trust is vital in maintaining the reciprocal relationships individuals have with each other because the feeling of mistrust that emerges in individuals' relationships with each other brings along fear, anxiety and defense mechanisms. This causes the individual to believe that they can be hurt by anybody at any environment at any moment. Therefore, the feeling of mistrust that emerges decreases individuals' productivity and leads them to live every moment in fear and anxiety. Continuous fear and anxiety result in psychological problems.

While living in society, individuals are always in contact with one another and on the move during their individual and social relations while meeting their different needs. While individuals engage in important activities in line with these driving forces, they always choose a safe living environment. Individuals' desires to secure themselves and maintain their own existence have a role in this (Yavuz, 2003: 36). In the course of life, the individual chooses trust for a healthy and peaceful environment. Trust is his life insurance. Trust is needed in the smooth continuity of his or her life. The individual never wants to be pushed into an environment of mistrust because trust, first and foremost, means the desire to exist. When the individual realizes his or her own disability and weakness, he or she searches a more powerful guardian to secure his or her own existence. This is something that starts with birth (Yavuz, 2003: 37). This search pushes the individual to become attached to others. To get out of an insecure environment, the individual goes under the protection of others. Such a situation can lead the individual to lose him or herself and disappear under the protection of the other party whom he or she sought protection. Obedience, attachment and acceptance others as authority form with the influence of such an environment. Detailed information on obedience (Özkan &Polat, 2016) and authority (Özkan &Polat, 2017) is presented.

During the life process that starts from birth and continues until death, the individual needs to live his or her every moment in safety. He or she wants to feel safe in everything he or she does, from the family environment he or she is in, to the friend or group environment he or she is in, to the food he or she eats, to the cars he or she uses, to the things he or she buys and to the people or groups he or she is with. In a way, the need to feel safe and secure becomes the most fundamental necessity in life. If each contract is approached with the assumption that the opposite party will cheat given the opportunity, then a great deal of time is spent on making this contract almost “bulletproof” to make sure there are no legal gaps that the opposing party can take advantage of (Fukuyama, 2002: 168).Such situations suggest the existence of confidence crisis in people or the existence of a mental disorder that causes people to become suspicious of everything. The individual wants to live in safety at any moment of his or her life because the feeling of safety or trust will also bring the feeling of being comfortable and peaceful with itself. The feeling of trust, or the sense of feeling safe reveals the individual’s view of life and his or her enjoyment from life. It increases productivity. At the same time, it leads to the individual’s success in individual and social relationships. On the other hand, the lack of trust reveals uneasiness and nervousness in the individual, and even fear and anxiety. This fear and anxiety leads to detachment from social life, to making mistakes and to failures. Eğriboyun (2013) indicated that trust is a critical element of interpersonal communication-based dimension and that interpersonal trust emerges in the following points: 1. mutual commitment between the one who trusts and the one who is trusted, 2. the need for these two parties to know the state regarding this trust, 3. trust is not wanted, can be presented and be accepted.

SOCIAL STRUCTURE and TRUST

The social structure is influential in determining the meaning ascribed to the concept of trust. Since communities are based on trust and trust is determined by culture (Fukuyama, 2002: 41), the concept of trust can be perceived in different forms, at different times, in different societies. Just like how societies’ lifestyles, beliefs and values change over time, the meanings ascribed to the concept of change also undergo changes over time. The tendency of people to develop trust relationships cannot be fully understood without taking into consideration the culture that reflects collective norms and values (Özen, 2003: 2000). For this

reason, cultural ownership is effective in bringing out the meaning to trust. In this context, the values possessed by individuals belonging to different societies might be different, and there may be differences in the meanings assigned to shared common values in these societies. These differences stem from the fact that people in different countries come from different cultures and therefore have different ethics, mindsets and expectations (TÜSİAD, 1991: 3). Therefore, this is extremely important in the formation of individuals' perceptions of trust. Demircan and Ceylan (2003) pointed out that as a member of the national culture, individuals have a tendency to trust or mistrust and individuals' cultural genes are decisive in trust.

Attitudes build the trust in ongoing relationships as trust is felt via values at a broader perspective but felt via attitudes at a narrower perspective. Attitudes create the necessary environment for trust assessment by creating behavioral changes that lead to the development of trust (Jones, 1998 cited in Kamer, 2001: 47). The feeling of trust is expected to emerge in a society that is based on norms shared by its members in a regular, honest and cooperative manner (Fukuyama, 2002: 41). Trust is the product of communities that based on common moral norms or values (Fukuyama, 2002: 351) and sustainability of trust depends on how well these common norms and moral values are preserved. Deterioration in the norm and values also bring about change in the feeling of trust.

Although the beliefs and traditions that are transmitted through time to the new generations go through changes at different periods and times, societies still shape their lives based on these social values which are generally and essentially the same. Considering the fact that societies' present and future lifestyles and their life philosophies are shaped by the influence of the accumulation from the past, trust is considered to be a very important value, especially in societies with traditional structures. In such societies, primary relationships are widespread; everything can be carried out based on mutual trust at every stage of life. This is because one of the forces that keeps the society and the group alive is the feeling of infinite trust of its members for each other. Trusting a group member is to accept the group's existence and to believe that its rules are for his or her own peace. Trust automatically comes to existences with belief. On the contrary, not trusting the members of the group also means not trusting the group's principles, rules and practices. This means being against the group's existence.

The conditions that provide trust in societies with traditional values are important everywhere at all times. When the opposite of trust is perceived as "betrayal and exploitation" and then repaid in some way, groups begin to be drawn to the vortex of mistrust (Fukuyama, 2002: 242). This is a situation that is never allowed because it will damage the we-conscious, which is one of the basic values of traditional societies. The situations and people that create mistrust are never welcome, and these people might encounter a severe punishment like being ostracized from the society. As a general rule, the feeling of trust emanates when a number of moral values are shared, in a way that expects regular and honest behavior in a society (Fukuyama, 2002: 169).Trust is closely related to expectations because the individual expects trust and stability in his or her daily relationships. The most frequently mentioned expectation is the expectation about the opposite party's competence and the opposite party successfully fulfilling his or her task. The abuse of expectations or trust is evaluated as betrayal. Betrayal is the expectation about the trust given to the opposite party resulting with (Erdem, 2003: 158-159).

In traditional societies, face-to-face relationships are highly widespread, and because of this people's commitment to each other is quite high as the values that bind these individuals to each other in such societies are considered sacred. Infinite trust dominates the roots of individual's relationships with others, with society and the state. Betrayal is a situation that cannot be accepted in such societies. Mistrust and crime especially against the state and betrayal to the country is regarded as the greatest crime of all. The sense of trust that group members build for each other in traditional societies develops in line with the group leader or his or her sanctions as well as characteristics such as the opposite party's competence and success. In addition, the sense of "we" is also effective in the formation of trust because what the leader says is regarded as the truth in this kind of society. Being suspicious of the group leader or a group member is synonymous with being suspicious of the group's legitimacy. Such emotions are not welcome in traditional societies because trust is a powerful element in all relationships. Trust makes marriages, friendships and all kinds of collaborations work well. Trust also plays an important role in relationships where all sides are not equal in role and strength (Chip, 2002: 167). Trust contributes to the continuity of unity and solidarity within the society by consolidating the commitment of individuals towards each other, institutions and society. Therefore, trust is a

very important pragmatic value, if nothing else. Trust is a very important fluid of the social system. Just like trust allows the individual to get rid of many of his or her troubles by giving them a certain sense of reliance on the words of other people (Fukuyama, 2002: 167), mistrust does the opposite.

TRUST IN MODERN and TRADITIONAL COMMUNITIES

In modern societies, people show direct trust to the people outside the group, too, whereas in traditional societies, the sense of trust is limited to members of the inner group. People outside the group are considered suspicious. Since in the traditional cultures in which common behaviors are exhibited, the concept of "we" stands out, there is no favoritism among the members of the inner group. In traditional societies, in-group understanding encourages favoritism and is a major obstacle to the emergence of professionalism. Regardless of ability and competence, individuals are brought to important places with the "we" feeling. This is because the feeling of trust lies among the members of the group, that is, the group members do not trust anyone outside the group. This point demonstrates the difference in the understanding of trust between modern societies and societies where group consciousness is prevalent. While the feeling of trust is cognition based in modern societies, it is based affection based in traditional societies (Sargut, 2003: 113). The general criteria of modern society are characteristics such as competence, expertise, experience and so on, whereas the general criteria of traditional society are knowing the person, understanding that the person is from "us" and reference of a familiar person.

While trusting others, the individual trusts himself first in modern societies. He or she will trust himself in what he has done and will do. He or she will not act by trusting others and waiting help from others. The individual can say "I" without keeping the group and the continuity of society ahead of his or her own existence. In traditional societies, the individual first means "we". The individual acts with the feeling of "we". Instead of him or herself, the individual trusts the people or groups he or she is with or is affiliated with in their work and actions. Trusting his or her group members is more important than his or herself. He or she sees their group members' existence as the cause and the end of his or her own existence. Therefore, the understanding that "we" is more important than "I" becomes dominant in traditional societies.

In traditional societies that exhibit common behaviors, the inner groups consider people outside the limited members to be “others”, resulting in a weakening of the trust in the social sphere. This tendency to encourage and promote favoritism undermines the concept of trust that exists in society and damages the notion of objectivity and justice. When political differentiations arise, the attitude of “if you are not one of us, you are with them” shows that the inner group-outsider group understanding is applied in a strict and uncompromising manner. Members of these groups who put a certain kind of hierarchy ahead and have fatalistic tendencies avoid taking risk alone. They believe that their success or failure depends on the support group members will provide. The individual carries this commitment to the group and group members to such levels that he or she does not trust anyone outside the group (Sargut, 2003: 110).

SOCIAL TRANQUILITY, COMMITMENT and TRUST

If there is mistrust among people, negative behaviors such as restlessness, deception and fraud arise. This leads to the appearance of social crises and chaos. Order and integrity in society crumbles. This deterioration brings with it turmoil and unrest. In such an environment, everybody starts to approach each other with suspicion and hesitation. Nobody would want to take any responsibility because they would be afraid that something unexpected and unwanted would happen if they take on that responsibility.

Responsibility is an important element in ensuring the unity and solidarity in society. Individuals, families and administrators understanding their own responsibilities and consciously determining their limits of responsibility regarding their duty areas are vital for the society to continue living in safety and tranquility. This, again, is proportional to the degree of trust that individuals have for the others. As a result of mistrust and accompanying problems, the lack of solutions to these problems and these problems becoming permanent, pessimism and panic tendencies settle in society (Furedi, 2001: 9). This may lead to individuals feeling mistrust for the group, community, and the country that they live in and may even lead to rebellion. Such a thing is an unwanted situation in traditional societies because in such societies, the corruption of the group’s tranquility also means that the individuals cannot survive any more. Destruction of trust also weakens the loyalty within the group. Where there is no commitment, there is disorder and chaos. There is also disharmony unrest. The group, on the other hand, provides the

opposite for its members, namely order, tranquility and peace. The instinct to meet these needs has an important role in individuals committing to a group.

It is possible to explain the relationship between organizational trust and commitment with reference to the theory of social change. As the individual interacts with the organization or the manager, he learns about the other party's characteristics and gradually begins to trust with the influence of his previous experiences (Kamer, 2001: 29). When the level of trust is low, the atmosphere in the organization lacks energy and loyalty. At the same time, it is stated that when the level of trust is low, organizational changes will be met with suspicion and fear, individuals' job satisfaction will be reduced and the organization's general view will from the top to bottom, that is, too much importance will be given to the status in the organization and the chain of command (Savage, 1992: 54-57).

While both cultural and institutional macro theories,[7] base the concept of trust on the common values in society or on group quality, micro theories associate trust with individual socialization processes, political and economic experiences, or individual preferences. It is argued that in societies that have established a strong trust relationship through their accumulations from their cultural backgrounds, cooperation first leads to local civil unions (Gökırmak, 2003: 130). Starting from kinship, this causes fellow-townmenship, group, religious or cultural communitarianism, and groupings. Supporting the same political party, supporting the same sports club, listening to the same kind of music, even living in the same neighborhood causes individuals to accept each other and see the ones who do not do these as "others". This leads them not to trust others or approach them differently in any kind of relationship.

CHILD EDUCATION and TRUST

Childhood has an important effect on the development of trust in the individual. The events in childhood, family relationships and the education given during childhood all play a role in shaping the child's attitude towards trust. Most of the causes that negatively affect the development of trust in the child might stem from changes and irregularities in the family structure. Loss of parents, divorce and separation, educational approach with extreme criticism and oppressive attitude create difficulties during the development of trust in chil-

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7 http://anx etytreatmentcl n c.com/blog/soc al-anx ety-d sorder-dsm-v/

dren. The child feels safe when he or she is with his or her parents and can create this feeling in him or herself. The children of mothers and fathers who pressure their children to transform values such as hard work, success, extreme discipline, order, and obedience into behavior are not able to develop their trust. While trying to teach these traditional and social values as behaviors to children, perhaps unconsciously, the parents cause the children not to develop the essence of these values (Koçak, 1985: 13-14). In a process that starts with birth and ends with the end of their children's lives, families tend to grow their children under their wings. This is even considered to be a moral and religious duty.

Although meant good, running to help the child with his or her every move and every behavior causes the child not to develop the sense of doing work by him or herself. The individual, who will have to wait for help from a family member or an elder for even the smallest basic needs he or she can do on his or her own, will also not be able to develop his or her trust. The protective family structure, which is particularly common in traditional societies, causes individuals to become dependent on their families by limiting individuals' area of action. The individual feels safe and secure only in his or her family or group. This trust in the family or group forces the individual to stay away from other areas and to live inside that specific world. Individuals who are used to living under the wings of the state emerge from individuals who are used to getting everything from the state and the family.

The feeling of trust in the individual should start as self-confidence. Family is the place where it is first developed. The formation of trust begins in the family. It continues expanding in other areas. Trusting other people makes such internal changes in the inner world of the person that it is possible to personally see them in their behavior in social and political forms (Yamakoğlu, 1993: 352-353). The feeling of trust reflects the attitude of one's self-approval or disapproval, and to what extent one believes he or she is talented, meaningful, successful and valuable. It is argued that the individuals who lack confidence have an extremely conservative, introvert, shy and timid personality that supports rigid authority (Koçak, 1985: 17). In this case, since the individual has no trust or commitment in others, has no trust in her/him and does not see the competence in him or herself, a sense of obligation emerges. Instead of trying to find a solution in their own, the individuals who grew up in a protective family and society will wait for someone else's help and support when they are in need

because they grew up getting accustomed to help from their parents or others when they needed help. Due to the environment they grew up in, these individuals are not even aware of their own abilities and what they can achieve. They do not know themselves, and no opportunities are even given to them to know themselves. Another aspect of this is the state of the parents. Mistrust stemming from the social environment forces families to become overly protective. The living environment has turned into an environment where the individuals, especially the children, are exposed to any kind of negative behaviors. For this reason, the family saying often told by many parents “I trust you, but I do not trust the environment” is justified at one point. Because of this, families tend to have a more protective structure.

TRUST and BEHAVIORS

Trustworthy behavior is defined as a form of behavior where the individual accepts the equality between his or her own needs and others’ needs, behaves according to his or her own interests, defends him or herself, comfortably expresses feelings and thoughts, and uses his or her rights without violating others’ rights (Tegin, ? cited in Altın, 2001 : 18). For those who develop trustworthy behavior, it is more important to express themselves openly and give their own decisions independently than winning or losing. People who behave this way express their different views and behave as they are. They respect other people’s rights as they defend their own rights, and they want everyone to do the same.

A low level of trust leads to an increase in individual’s stress level. Since a large part of the individual’s time will be spent on activities such as self-preservation, his or her productivity will decrease and decision-making process will be blocked by the suppression of his or her innovation (Baird, St-Amand, 1995 cited in Kame, 2001: 48). Argyris suggested that increase in mistrust among individuals may cause individuals to be timid in their relationships (Baird, St-Amand, 1995 cited in Kamer, 2001: 36). Beyond deterrent measures, a quality co-existence is created with values that will provide voluntary cooperation (Erdem, 2003: 9). In this case, the individual will voluntarily give up his individuality.

Individuals’ mood and feelings shape their feelings during daily activities, including their interaction with other individuals, and inform them about the general

state they are in and experiences they go through. The effect of mood and feelings on trust occurs in three ways (Jones 1998 cited in Kamer, 2001: 45-46):

1- While deciding whether to trust the other person, the individual observes his or her feelings towards that person;

2- The current state of exposure determines the trust experience and the ways to learn about the other person's trustworthiness and to make judgements;

3- Since trust is based on some emotional expectations, the individual will feel his or her trust is violated when he or she believes that these expectations are not met.

In doing a task, it is inevitable that a person who trusts others before trusting him or herself will eventually be disappointed. For an individual who trusts him or herself before others, saying "I" and being him or herself influential in decisions regarding him or herself are important for his or her personality development. The person who relies on others than him or herself will have to trust them in all things over time. This, in return, will necessitate entering under their command, accepting everything coming from them as truth and obeying them unconditionally because he or she will not have the self-competence to say no. For this reason, the individual needs them. Neediness will bring submission, compulsory obedience and authority with itself. In the end, the will or necessity to live under the patronage of someone else will emerge.

It is important to ask and consult. It has an important place especially in Turkish culture. Individuality does not mean to act on your own without asking anybody, but to use your own free will in the ultimate decision you make after synthesizing, analyzing and weighing opinions of others, especially the elders.

For the individual and society, trust is the scale of tranquility and safety. Excessive trust or excessive mistrust can tip the scale, and lead to social and individual psychological disorders. Works should be done to establish trust confidence for a peaceful social and individual life. Mistrust for the people and institutions that should provide tranquility and safety is the worst situation to emerge. In such a case, the individuals begin to take their own measures. This will adversely affect all institutions. Mistrust for law enforcement officers and justice system will justify individuals who use illegal means to protect their rights. Mistrust for educational institutions results in individuals using different means and getting informal information. This reduces the quality of education.

The same is true in other institutions such as health, economics, and so on. A person feeling unsafe justifies equipping his or her house with every kind of technological security measures, hiring private security and even taking personal measures like buying a gun. When driving in traffic, the person who does not trust the drivers around him will continuously control the other drivers. This psychology will lead to anxiety and his or her risk of an accident will increase. This is same for children as well. The reason behind buying cell phones for children who are only in elementary school lies families who do not trust their environment and want to reach and control their children all the time.

The increase in mistrust in the environment makes parent suspicious of their children and spouses being suspicious of each other. Parents begin to strictly control their children and spouses begin to control each other using different means. These result in uneasiness in the families and may even lead to dissolution of the families and divorce. In the workplace, the increase in mistrust in the environment makes workers suspicious of their supervisors and supervisors suspicious of their workers. Stress and anxiety follow these suspicious. This leads to disruptions at work and even to mistakes.

Mistrust to the environment and world is one of the reasons why a society that has never needed to lock their doors, has considered even unexpected guests to be God's guests, has helped the ones in need and has believed others' word turning into a society that puts multiple locks on their doors, installs alarms and cameras in their houses, even hires private security, looks even to their relatives suspiciously and never helps someone who is even dying.

TRUST and RELIGION

In the context of faith and religion, trust is directly connected to the relationship between God and man, and is associated with man's faith in God. If a person believes in God, he must submit to and obey all orders and prohibitions of Him and accept His authority. This leads to the person developing trust for God because it is only God who is the supreme and the Almighty for man, and the one who believes trusts only in Him. The believer understands that the promises of God are true and right, regards God as the only authority to take refuge under and trusted, and that his authority is God, and he believes that what God promises will happen. From this point of view, in religion, trust is

always valid for man because the only side to be trusted is God. Therefore, in religion, trust is one-sided and is directly proportional to faith. Trust sometimes is also related to believers trusting each other. This can be associated with wearing one's heart on one's sleeve, not wanting any harm come to others and not misappropriating. When the sacred texts of various religions, especially Divine Religions, are examined, there are many verses about trust in the sacred texts of Jews, Christians, and Muslims.

There are hundreds of verses about trust in the Jewish holy book Torah. When these verses are examined, "trusting God" emerges as the most important thought. For Jews, there is one absolute authority and one Supreme Being to take refuge under. That is God (Psalm 4:5-8; 9:10; 13:5; 19:7). There are many verses about those who trust in God will not be shaken and they will be saved (Psalm 21:7; 22:5; 22:9; 23:4). In these verses, it is emphasized that a believer must trust God. In particular, these verses emphasize that believers should not trust anybody other than God (2 Chronicles 16:7). Sometimes verses mention the believers to give trust to others and reassure them. Just like the case of Joseph where he reassures his siblings, this type of trust is about forgiveness of the sins committed in the past(Genesis 50:15-26). It is also mentioned in the Torah that the prophets should be trusted. This type of trust is directly proportional with trust to God (Exodus 14:31; 19:9).

There are many verses in the Bible, the sacred book of Christianity, about trust. When these verses are examined, the word trust is used in various forms. The word trust was used with obedience to God, and was mentioned synonymously with believing Him. In Christianity, God is the only being to be trusted (Matthew 27:43, Hebrews 11:11, 1 Peter 4:19, 1 John, 1:9, 5:14). Moreover, God wanted every man to trust Him as a trustworthy being who holds every promise and blesses people (Acts 13:34).

The most fundamental source of Islam is the Qur'an. When the Qur'an is examined, there are many verses regarding the concept of trust. The most basic emphasis in these verses is "to trust in Allah" (Tevbe 51; Ahzab 3, 48). Trust in Him is proportional to faith and surrendering (Isra 2; Yunus, 84). This is related to Allah's power and might(Kasas 57; Ankebut 67). The word trust was also used with patience (Ankebut 59). In addition to using the concept of trust in relation to trusting in God, the only Supreme Being to be trusted, the concept of trust in the Qur'an also emphasizes that the prophets are trustworthy (Suara

107, 125, 143). From the perspective of the human dimension, Muslims can be described as individuals who can be trusted.

As a result, in terms of divine religions, the concept of trust emphasizes trusting almighty and supreme God. The feeling of trust is related to both this world and the afterlife because religions stress trusting only in God about the bad things that can happen to the people in this world. With respect to the afterlife, the feeling of trust as the tool of eternal salvation comes to forefront.

CONCLUSION and DISCUSSION

An expression of emotions for all living things, trust can be seen in every aspect of life, particularly for people. Researched within the scope of many different disciplines, trust is a concept mainly about people, regardless of the discipline. The word trust is used to mean believing and obeying the opposite party and being sure that no harm will come from them. Therefore, trust means to commit to the opposite person without fear, anxiety or pressure. Existence of trust brings relief, tranquility and safety with itself, whereas lack of trust brings anxiety, fear and nervousness with itself. Thus, the concept of trust is an irreplaceable value. There are two mutual sides of trust. One party's expectations about the other one is positive or negative, that is, one party being sure or not sure of the other party's behaviors is the determinant of trust.

In trust there is a bi-directionality dimension, that is, there is the one who trusts and the one who is trusted. Trust occurs when the person who trusts another one is sure that that person will cause no harm. During this process, the person who is trusted should not give negative messages that may destroy the feeling of trust. Otherwise, the person who trusts the other party will have negativity towards the other one.

Trust is an important factor in the formation of healthy individuals and therefore of healthy societies. The proportion of individuals constituting society trusting each other and institutions that make up society is closely related to the proportion of social tranquility and welfare. Societies in general and individuals in particular never want to be chaos and unrest. They always prefer a peaceful and tranquil environment. One of the fundamental factors needed to create this type of environment is the feeling of trust. Lack of trust leads to constant uneasiness, tension and anxiety.

The concept of trust has an important role in expectations. The most frequently mentioned expectations are competence of the other party, fulfillment of the task successfully and believing that no harm will come from the other one. Not meeting the expectations, that is, abusing the trust is considered to be betrayal. Betrayal is the expectations regarding the trust given to the other party ending up in disappointment.

Trust is directly related to societies' cultural structures. Society's traditions, customs, habits, laws, and the application of these laws in the same way for all are quite effective in determining the degree of trust in individuals. The society being traditional or modern is also important. In a traditional society where the feeling of "we" prevails, the individual brings forth his or her affiliations, in a modern society, while trusting others, the individual trusts him or herself first. The individual in modern societies can say "I" without keeping the survival of group and the society ahead of his or her own existence. In traditional societies, individual means "we", not "I". In other words, the individual in traditional societies acts with the feeling of "we". Rather than him or herself, the individual in traditional societies trusts the people or groups he or she is affiliated with in their work and actions. The feeling of trust is a necessity in the development of healthy societies and therefore in the development of healthy individuals. In terms of the society and individual, there is a mutual relationship in trust. While the functioning in the social structure affects the functioning in the individual structure, the trust in the individual relationships also affects the social structure.

Another important determinant of trust is religion and faith. The religious beliefs individuals have and the way in which these beliefs are practiced are also important in the degree of trust. All divine religions emphasize trust. This emphasis is mainly focused on trusting God.

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INTER-SIBLING RELATIONS: SIBLING RIVALRY – JEALOUSY

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ABSTRACT

The bonds established between siblings and inter-sibling relations are one of the longest and most influential relationships affecting people's development in their lives. Children support their own development and that of their siblings through interactions they establish with their siblings. During these interactions between siblings, an emotion playing an important role is jealousy. Jealousy is one of the emotions that is as old as the human history and that exists in every place where a loved one exists, arising from the perception of a threat that can destroy a relationship that the person cares about or cause the relationship to be broken. Siblings struggle with the crises lived in the family together, and in fact support each other in this process. The relationship that develops in the form of support in family crises also leads to conflict, competition and hostility, jealousy and fight in inter-sibling relations from time to time. When the feeling of jealousy of the sibling comes to a level that disrupts the quality of life, it becomes an abnormal emotion. If parents do not show the necessary care, the birth of

a new sibling can become a traumatic experience for children. When children realize that the love and care of the adult they are attached to is shifting towards the other sibling, their jealousy increases. For this reason, it is important that family members to whom the child is attached should be careful about what they say and how they behave and that the love and interest given to the first child should not be reduced.

The good relationship that develops between parents and children affects the child's relationships with other adults in the family, their siblings and their peers in a positive way. The most valuable entities in the life of the child are his/her parents. The unwillingness to share these valuable entities, their love and interest can be seen as the most fundamental factor leading to sibling jealousy. Research has shown that parents' inattentive behavior damages positive relationships among siblings, increases the child's jealousy-induced reactions and causes him/her to display negative attitudes towards his/her sibling(s).

On inter-sibling relations, the attitude of parents and the social characteristics of the child; i.e. the order of birth, the number of siblings and age difference are effective. In case of a new arrival to the family, parents should prepare the previously born child(ren) for this new arrival. The information that a new child is going to join the family should be shared with the elder child or children at the most appropriate time (before they can hear from others or can understand on their own) by parents. The child must be told by his parents that he/she will have a sibling and this information should not be taken from others. The child should be told that he/she will have a sibling after the first three-month risky period of pregnancy. If the news that the child will have a sibling is delayed, then the mother's belly gets bigger and the child can understand or hear from another adult. Moreover, the second child must not be presented as a child who is born as the first one has wanted.

During the stages of pregnancy, birth of the baby and his/her upbringing, environmental conditions, affection and love given to the first child should not be reduced, which is an important factor for sibling jealousy not to develop. It is appropriate for parents to improve themselves about how they should act to minimize the negative effects of sibling jealousy when they decide the second child. In addition, adults around the child should be careful about their words and behaviors, avoiding inter-sibling competition and jealousy-enhancing behaviors.

INTRODUCTION

There are various meanings of the word "sibling" in Turkey. The Turkish Language Association (TDK, 2017) has four definitions for the word "sibling". The first of these refers to its most common usage. According to this first definition, the sibling is "the name given to a child relative to the other child(children) born from the same parents or one of whose parents is the same". According to another definition, it means "younger". In the third definition, "it is a word used to call someone whose name is unknown". According to the last definition, "the sibling is one of those who have a common bond valued among them." These can be listed as "religious brother, road brother, blood brother and so on." When the origin of the word "kardeş" (sibling) is examined, it is seen that it is originated from the words "kadaş", "karındaş". It is thought that it was transformed to "kardeş" in the İstanbul accent in the 20th century. It also stated that the word "karındaş" means coming from the same belly (etimolojiturkce, 2017).

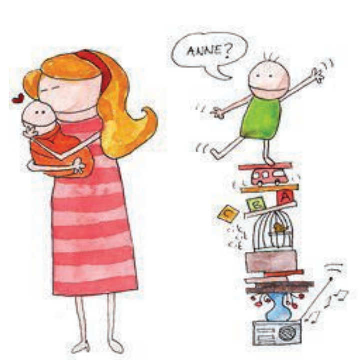
It is "kardeş" in Turkish, "frère" in French, "Geschwister" in German and "sibling" in English. Regardless of the language this word is used in and the alphabet by which it is written, it has the same meaning in all of them. Although the words referring the concept are different, it is known that their meanings and areas of use are similar. At the same time "sibling" is a word that has a very important place in the life of all people. On the other hand, in addition to being important, inter-sibling relations are quite complicated.

While what siblings have experienced during their growth and development process leads to establishment of a strong bond between them on the one hand, results in rivalry and jealousy on the other. While the term "kardeş kıskançlığı" is widely used in Turkish to express this situation, the term "sibling rivalry" is used in English. In English, "sibling rivalry is defined as jealous competition among brothers or sisters for the love and attention of the father or mother or of both parents" (seslisozluk, 2017).

In fact, it is not wrong to say that the concepts of "sibling jealousy, sibling rivalry" are universal, as in the meaning of "sibling". Sibling relationships play an

important role in the growth and development of children. Although the development process of each sibling varies, they pass through similar stages of development. It is known that each stage of development has its own specific tasks. No matter whether it is called sibling relationship, sibling rivalry or sibling jealousy, it is a fact that situations and emotions experienced or to be experienced between siblings are similar. The feelings experienced among siblings may be full of contradictions. While they experience the feeling of "jealousy" on the one hand, they may take the other as a role model with the desire to be like him/her on the other. There are many proverbs related to concept of "kardeş" in Turkish such as "sibling wants to get rid of the other sibling but the darling holds him/her cherished", "sibling wants the other sibling neither to die nor to prosper", "no matter how bad I wish I had a sibling". These proverbs clearly reveal the sister jealousy, the complexity of the siblings' feelings in relation to each other.

Siblings can be devoted to each other or be against each other. While when they are with their parents, their complaints about each other and conflicts with each other increase, they are in less contradiction with each other when they are alone. They even become protectors, defenders of each other outside (Yörükoğlu, 1991: 157).



Inter-sibling relations play an important role in the development of children. Elder children support the development of their siblings through interactions they establish with them (Broody, 2004). Sibling bond and inter-sibling relation is the longest relation in people's lives (Noller, 2005; Pike, Coldwell & Dunn, 2005; Şipal, Yeğengil & Toka; 2012). As children grow up, they spend more time with their siblings than their parents. Therefore, in order to examine the development of children, it is necessary to focus on the quality of their relationships with their siblings, who are important people in their lives (Broody, 1998).

The emotion that holds an important place in relationships between siblings is jealousy. It is one of the emotions that exists everywhere the love exists and that is as old as the human history. Jealousy is defined as the complex reactions given in the face of perceiving a threat that can destroy a valued relationship

or lead to loss of the relationship (Pines 1998). When the development of the feeling of jealousy is examined, it is seen that emotions are not distinguished during babyhood. Babies have feelings of liking and pain. As of the sixth month, distinguishing of feelings starts to improve. Jealousy emerges around 12th month after the feelings of joy, fear and anxiety and continues its development up to 4-5 years old. The environment is causing the preservation or exacerbation of the naturalness of jealousy in later ages (Bakırcıoğlu, 2002: 124).

In jealousy, some complex emotions and instincts play a role. A study was done on the primary causes of jealousy in adults. In this study, the jealousy of adults was often found to be the result of the feelings of anger, hatred and revenge. Many of the participants of this study stated that the reason for their jealousy is related to self-pity, sadness, humiliation, fear and depression. The most common source was found to be a mixture of anger, self-pity, and sadness (Jersild, 1979: 434).

If jealousy is defined as the state of not being able to put up with sharing a loved one with someone else, then it is everywhere where the love exists (Yörükoğlu, 1991: 151). One of the characteristics of a jealous adult is that he/she wants someone who he/she is jealous of to belong entirely to himself/herself. This person takes this so seriously that sometimes he/she perceives the loved one's showing friendship to someone else as a complete denial of himself/herself. Children have the feeling of "wanting something to be totally their own". But children display jealousy mostly because of other factors, and they show their jealousy in other ways (Jersild, 1979: 435). Since children are not emotionally mature enough, they cannot reach the level of accepting sharing what they have with others. For this reason, the children have been found to feel anger and demonstrate harmful behavior towards the new sibling (cited in Yeğin, 2005: 9). In fact, in any case, jealousy is a feeling that prevents children from leading a harmonious life and from establishing positive and balanced relationships with the people around them, as well as a life that is in harmony with them; thus, making them unhappy.

INTER-SIBLING RELATIONS

Siblings struggle with the crises lived in the family together, and they support each other in this process (Goetting, 1986). However, relations between

siblings sometimes include conflict, competition and enmity, jealousy and quarrels (Furman & Buhrmester, 1992, Evans, Davies & DiLillo, 2008). When the feeling of jealousy of sibling comes to a level that disrupts the quality of life, it becomes an abnormal emotion. If parents do not show the necessary care, the birth of a new sibling can become a traumatic experience for children. Kayacı and Özbay (2016: 128) state that throughout their life people are faced with many stressful situations and traumas. They emphasize that stresses and traumas affect people's lives, distort their live balance and order. In addition, they point out that traumatic experiences in individuals trigger intense negative emotions such as fear, helplessness, insecurity, anxiety, guilt, anger, timidity and worthlessness. Necessary precautions should be taken in order not to turn the state of having a sibling that will cause such negative effects into a traumatic experience.

	If it is not dealt with in a healthy manner in preschool period, the sibling jealousy takes the form of a behavioral disorder and appears as a negative feeling in other periods of the child's life (Yeğin, 2005: 4). Even if parents distribute their love equally, it is impossible to remove the competition altogether because even in this kind of sharing, the child feels neglected. The feeling of competition is mainly due to the mother showing "excessive attention" or "lack of responsiveness". Mothers who are carefree and behaving carefully are able to reduce this feeling more easily. The father whose role in inter-sibling relations is weaker at this stage should support the mother's behavior with his authority (Bakırcıoğlu, 2007: 144-145).
It should not be forgotten that sibling conflicts and domestic violence are a common form of abuse (Evans, Davies & DiLillo, 2008) that can negatively a ect an individual's life in many ways. In domestic relations, unintentionally parents can be a model of aggression. These children can also interpret violence as an acceptable way to resolve conflict with their siblings (Noller, 2005; Orue, Bushman, Calvete, Thomaes, De Castro & Hutteman, 2011).	

The birth order of children is also important in relations between siblings. First-born children come into an adult environment. From the first moment,

these children are within social interactions surrounded by adults. The situation is different for younger children. One of the people around these children is their elder brother or sister. The relationship between the elder sibling and the younger sibling may include jealousy and competition during childhood. However, through the presence of brothers and sisters, children can gain their first social skills. When they are three or four years old, children begin to communicate with their peers and spend more time outside the family; as a result, sense of jealousy loses its intensity (Gander and Gardiner, 1998: 288-289). In other words, as children grow up, they shift their interest outside the family and become less jealous. However, they continue their jealousy behavior in the later stages of their lives, and they may be jealous of other people who they meet in their daily life as well as members of their own families (Jersild, 1979:436).

When inter-sibling behaviors are examined, it is seen that children's reactions to the first child are generally stronger. When the second and third siblings arrive, they are less affected from such reactions. While they continue their struggle with the first sibling, they may take a protective attitude towards the second sibling. Especially elder sisters become intensely engrossed in the youngest sibling and become the best assistant of the mother in his/her care (Yörükoğlu, 1991:156). It is thought that the reason for the eldest child's displaying intense jealousy against the second and third siblings is his/her growing age. At the same time, it can be because of having the experience of first brother's coming, having gained experience about the existence of a sibling. On the other hand, if a new sibling comes into among two or more siblings of the same sex, then all children will be intensely jealous again whatever their age is. In such cases, what exacerbates the existing situation is the attitude of parents and of people in the close environment. Adults from the close circle such as father-mother, grandfather-grandmother, uncle-aunt will show intense interest and love towards the child from the opposite sex. They may cause increasing sibling jealousy by treating his/her differently from other children.

Overt jealousy behaviors exhibited at early ages continue covertly in the form of contention and disagreement at later ages. Even in homes where parents handle jealousy in the most appropriate ways, there is competition and controversy to a certain extent. The transformation of an emotion such as jealousy, which may be crude and destructive, into a competition is an important development (Yörükoğlu, 1991:157). If parents treat their children like important and

different people, children behave in a way compatible with each other in the family as well. Understanding the relationship between siblings contributes to the positive development of family relationships (cited in Yeğin: 10).

Some siblings either do not get along well when they come together or cannot be away from each other. In general, with increasing age, love outweighs. Yet, these conflicting emotions can survive for ages. Adults aged and still struggling with their siblings are not few (Yörükoğlu, 1991:157).

FACTORS AFFECTING INTER-SIBLING RELATIONS

Given the delineations above, it is clear that there are some factors a ecting inter-sibling relations, either positively or negatively. Among these factors, the ones that come to prominence are parents' attitudes, the birth order of the child, the gender of the child, the age di erence and environment. Of course there are many other factors. It should be useful to know the factors that will a ect inter-sibling relations and how they a ect children's lives and a ective development. Knowing these will contribute to the development of children and to the healthy development of family communication and the positive development of family relationships.

Mother – father attitudes

Good relationships that develop between parents and children affect the child's relationships with other adults in the family, their siblings and their peers in a positive way. For this reason, parents have an important role in the development of their children (Çağdaş and Şahin Seçer, 2015: 125). The most valuable entities in the life of the child are his/her parents. The unwillingness to share these valuable entities, their love and interest can be seen as the most fundamental factor leading to sibling jealousy. The research has shown that parents' inattentive behaviors damage positive relationships among siblings, increase their jealousy-induced reactions and cause them to exhibit negative attitudes towards their siblings (Leung & Robson, 1991; Miller, Volling & McElwain, 2000; Erkman & Rohner, 2006).

Every family has different attitudes and approaches to raising children. In the same family, parents' attitudes and behaviors towards each child may be different, intentionally or unintentionally.

Parents;

- love some of their children more,
- protect some of their children more,
- treat some of their children worse,
- put greater pressure on some of their children,
- treat some of their children more tolerantly,
- give more privileges to some of their children.

These differences in the attitudes and behaviors of parents can lead to the development of children with different personality traits (Çağdaş and Şahin Seçer, 2015: 124). Therefore, the relationship of parents with their children is seen as the most important factor of sibling jealousy (Volling, McElwain & Miller 2002). When sister jealousy turns to an adjustment and behavior disorder, then it becomes a negative emotion. When it is experienced within its acceptable borders, it helps the child to properly know and make sense of himself/herself, his/her sibling(s), family and environment. Though the sibling jealousy experienced during the childhood is viewed to be natural, if parents cannot manage this process well, emotional problems that will negatively affect the whole family may be experienced. In particular, parents' attitudes and behaviors, which are interpreted by children as some of them being treated as privileged, have a significant effect on the initiation and development of sister jealousy (Brody, 1998; Kowal, Kramer & Krull, 2002; Thompson & Halberstadt, 2008).

Young parents want to raise their first child more like themselves. For this reason, they give a lot of interest and help to their first child (Ülgen and Fidan, 1991: 29). At the same time, they show an attitude towards their first child, swinging between tolerance and anger, because of their inexperience (Bakırcıoğlu, 2007: 145). This first child is afraid of losing his mother's love from the moment he/she learns of his sibling coming. In the last months of pregnancy, the mother begins to become unwilling and tired, unable to take the first child in her arms, resulting in a feeling in the first child that he/she is not loved any more. In a restless state, he/she begins to test his/her mother's love. He/she walks around the mother, wants unexpected things, cries, becomes uneasy and insistent (Yörükoğlu, 1991: 152). But the actual storm will hit when the new sibling is born and comes home.

1st picture: First encounter with the sibling at home

When the new sibling comes home, the elder child perceives his/her new sibling as a person with whom he/she has to share parents' love and interest, even if he/she is prepared for this new situation (Bakırcıoğlu, 2007: 145). With the arrival of the new sibling at home, parents' attention is directed to the new baby, resulting in decreasing interest in the first child; thus, the first child may feel neglected. He/she even starts to think that his/her parents do not love him/her anymore. Now he/she is either elder brother or sister. Even though he/she is small, with the arrival of the newborn baby, he/she suddenly becomes a grown-

up in the eyes of parents. However, he/she does not want to give up the privileges of being the first child. Parents should not support the first child's expectation of privileges. Otherwise, the privileged position of the eldest child will be strengthened and this will cause problems in inter-sibling relations; yet, the baby should not be liked by the child in an exaggerated way and should not be shown excessive interest and affection.

Many parents distinguish between their children knowingly or unknowingly. There can be discrimination between elder and younger children or a boy baby coming after few girls can be focus of too much interest and affection of parents and relatives, making him/her privileged. Or, on the contrary, when parents who have many sons though they want to have a daughter, have a new baby girl, then this new baby might be much more privileged. Added to these, it is known that if a child has a special health problem or needs special care, this also causes parents to treat in a privileged manner to this child. Such discriminatory behaviors will trigger the emotion of jealousy between siblings. Sometimes changes such as paying less attention to the elder child or sending the elder child to the nursery are made in order to alleviate the difficulties experienced by the mother when the new baby arrives. This can lead to a greater sense of jealousy felt by the elder child and new adjustment problems.

The child's jealousy behaviors are beginning to emerge in the form of harm to his/her sibling or possessions. The punishment of the child exhibiting these behaviors makes it more complicated rather than solving the problem. The child can show fake affection to the younger sibling to avoid punishment; makes the younger sibling cry secretly in an environment where there is no parent and displays aggressive behaviors towards him/her at every opportunity. With increasing age, these aggressive behaviors may increase and may also be directed to other people around (Bakırcıoğlu, 2002: 125). Some children do not explicitly display their jealousy, they seem to be fond of their sibling and always kiss and hug him/her. They are highly eager to help their mothers in the care of the baby. In fact, they are not free of jealousy; just hiding it. For fear that their mothers can be more alienated towards them when they explicitly display their jealousy; they prefer to seem to be supporting their mother (Yörükoğlu, 1991:153).

One of the parents' attitudes that encourage jealousy between siblings is to compare siblings with each other. Unconsciously parents make comparisons between two children. Sometimes this can cause the elder child to be humiliated.

Sometimes parents expect the elder child to take more responsibilities than he/she can fulfill. As Gander and Gardiner (1998: 288-289) stated, parents need to be aware of such difficulties, know that children are individuals, and that they cannot be treated as if they were all the same. It is recommended that a program be developed in which responsibilities and privileges are appropriately distributed according to the cognitive and social level of the child, thereby minimizing the problems.

Parents who intend to start a competition between their children, thinking that thus they can be more successful, constantly make a comparison between their children. They make one of their children superior or inferior to another. In this way they aim to strengthen their weak sides and make them work harder. But, the child is not happy with this. The child develops negative feelings, thoughts and attitudes towards both his/her parents and his/her siblings. As long as this attitude of the family continues, the behavior problems the child will show will continue to increase (Çetinkaya, 2014: 132). All these attitudes and behaviors can lead to hostile sentiments beyond the jealousy to be felt by the elder sibling for the younger sibling or by the younger sibling for the elder sibling. That’s why parents should show loving, consistent behaviors towards their children and avoid comparisons between siblings.

It should be noted that jealousy is a normal feeling arising from the possibility of sharing a loved one with others or sense of insecurity. Parents and other members of the family should be aware of this fact and behave accordingly; they should be told that jealousy is a normal feeling when a new baby is born and they should treat the elder child as before not to promote the sense of jealousy between siblings (Karataş and Tagay, 2016: 43). Parents should recognize their children’s jealousy reactions in time and take necessary precautions accordingly. The child should not be deprived of love and interest he/she deserves. The sense of confidence should be established in the child without blaming, punishing and comparing him/her (Bakırcıoğlu, 2002: 125). Mothers and fathers, with their conscious attitudes and behaviors, can eliminate the problems caused by competition between siblings.

B rth Order

On inter-sibling relations, the attitude of the mother and the social characteristics of the child; i.e. the order of birth, the number of siblings and age difference are effective. For the first time, Adler examined the effects of birth order and the number of siblings on child development in detail. According to Adler (2003), regardless of what people do, there will always be a competition between siblings. As stated by Senemoğlu (2007: 13), results from different cultures have shown that parents expect a lot from their first child. These expectations directly affect the attitudes of parents.

The birth order of a child is an important factor a ecting his/her development (cited in Senemoğlu, 2007: 13). Since the birth order of a child influences the attitude of parents and thus the child's development, it is very natural that this situation directly a ects the relations between the siblings because one of the most important factors in the development of sibling jealousy is the di erences in the interactions of parents with their children. The primary reason why jealousy, one of man's most natural and universal feelings, appears as sibling jealousy in the childhood is the unwillingness to share a loved one with others. For the child, the mother is the most valuable entity. Therefore, he/she does not want to share her with others.

According to Gander and Gardiner (1998: 288), first-born children are better at social adjustment than later-borns. As later-borns are frequently compared with elder sisters by their parents and then by their teachers, they may feel inferior. As a result of such comparison, jealousy develops between siblings.

F rst Ch ld

It seems that first-born children are more motivated to be successful, more ambitious and rule-abiding; yet, more dependent on their parents and less self-reliant (Ülgen and Fidan, 1991: 29). Feeling that he/she will not be loved as before when he/she has heard the news of a new baby coming, the first child feels emotions such as fear, embarrassment, enmity and anger. The child wants to protect his/her sibling on the one hand and is angry with his/her sibling on the other. Therefore, these children may have conflicting feelings. Children who

are jealous can exhibit regressive behaviors such as wetting and finger sucking. They can feel neglected (Karataş and Tagay, 2016: 43). First children begin to realize that with the arrival of the new baby, they are losing their privileged position and power as the only child in the family. They try to control the events in their environment in order to regain this power and privilege in their lives (Adler, 2003). As he/she has to share the love of parents with the newborn baby once completely possessed by him/her, he/she needs to find a new position. This is not always easy to put up with for every child (Bakırcıoğlu, 2007: 145). It is too difficult for a small child to understand why a second child is needed (Yörükoğlu, 1991:152).

The personal characteristics of the elder child also play a role in whether he/she is jealous of his/her new sibling. For the elder child, the birth of his/her sibling is actually a milestone. In the life of the elder child, now there are two parts, before and after the birth. In terms of the behaviors he/she exhibits, it can vary as much as black and white. When elder children show their reactions to their newborn siblings, they sometimes return to their infant habits. For example, when a new sister comes, the elder child starts to wet the bed and wakes his parents up at night and wants them to take him/her to toilet. While he/she could eat, dress and do his/her work on his/her own before the birth of the new sibling, he/she starts to want the help of his/her parents after the birth. By inventing the fears he/she has never had before, he/she tries to draw attention and love to himself/herself. Apart from this, he/she may also become a child who, due to jealousy, exhibits behaviors that are much more docile and charming than his old ones to get the approval of his/her parents. The effects of sibling jealousy in elder children, who have a sibling after himself/herself and continue his/her studies, can be seen as indifference towards the school, unwillingness to go to school, boredom with school, decline in school success.

The jealousy of younger siblings is usually manifested in the form of aggression. These aggressive behaviors can range from small bites, pinching the nostrils, pulling over the cover, making noise and awakening while sleeping (Jersild, 1979: 435). The first children are the most rewarded ones in the family. These children believe that they should be given the priority, because these children are the first and deserve the privileges of being the first (Hapwort, Hapworth & Heilman, 1999: 70-71). Elder children the most rewarded ones in

the family start to feel jealous of their younger sibling when they realize they are not rewarded as before instead their younger siblings are rewarded.

Although parents' love for the first child does not diminish with new children joining the family, there are certain changes in the first child's life and his/her interaction with his/her parents. Even if these changes may not directly cause him/her to envy his/her siblings, they may make him/her offended. For example, a four-year-old boy who initially treated his younger sister very well changed his attitudes when his blanket was given to his sister and became jealous of her. This behavior, at first glance, seems to be assigning a great importance to a trivial event, but it shows how strong the sense of possession in some children is (especially in relation to personal possessions such as blanket). What is important is not giving one's blanket to another but the fact that the blanket is taken (Jersild, 1979: 435)

M ddle Ch ld

Middle children cannot be a focus of attention if they do not have the desired characteristics such as sex difference (Senemoğlu, 2007: 13). According to Adler, the unluckiest child of a three-child family is the middle child. The middle child receives less affection than the other two children or thinks that he/she receives less affection. What makes them unlucky is their comparing themselves with their elder siblings and as a result they feel inadequate and moreover their witnessing how interest and love focus on the younger sibling.

Since the middle child does not know the rules, he/she cannot join in his/her elder brother's games and as he/she needs to be a good role model for the younger sister, he/she cannot behave as he/she is. As the only way out of this deadlock, he/she tries to prevent his/her elder sibling from doing homework, his/her younger one from playing his/her games. However, this new path causes him/her to be a more punished sibling. Being punished creates hostile feelings for the people around them (Bakırcıoğlu, 2007: 146). As a result, the middle child is under the pressure of both his/her elder and younger siblings. Middle children have to cope with sibling jealousy towards two siblings.

Parents should make efforts to help their middle children to deal with these conflicts. To make the middle child feel that there is a place for him/her in the family, he/she should be given tasks that he/she can succeed in and help him/her to improve his/her self-confidence. On the other hand, middle children are lucky in terms of realizing their wishes. According to Yörükoğlu (1991: 162), parents' expectations from these children are fewer than those of the first children. Therefore, a less-protected child finds it easier to develop in his/her own direction.

The mother should not reduce her affection and love for elder and middle children by completely devoting herself to the care of the youngest one. The position of the elder and middle children in the family should be explained correctly. Attention should be paid to their problems, they should not be overlooked and their problems should be solved together with them. In order to improve inter-sibling affection and commitment, elder sisters can be assigned with the task of caring about and protecting the younger ones. This is also conducive to the development of the society (Bakırcıoğlu, 2007: 145). While growing up, middle children have elder sister or brother to play around them. They can adapt to their environment more easily and make friends more easily. They become more assertive and sociable as they grow up by attracting the envy of their elder sister or brother. However, he/she may also be trapped between his/her elder sibling and younger sibling (Yörükoğlu, 1991: 162-163). One of the most important advantages for middle children is having the opportunity to be together with the elder sibling and being assigned the task of protecting the younger one (Bakırcıoğlu, 2007: 146).

Younger Ch ld

These are children owned by parents in relatively older ages and who never grow up in the eyes of parents (Aydın, 2010: 190). They live the advantages of being born in the most experienced time of parents. In addition to taking the advantages of their parents' being experienced, younger children are the ones most pampered and focus of attention all the time in the family.

Younger children always remain "child and small" for family members. This can cause the younger child to live in a sense of incompetence alongside his/her elder, stronger and more talented siblings. Continuously feeling inade-

quate in tasks requiring physical or cognitive capacity possessed by elder brothers or sisters, younger children may feel offended or even worse, aggressive. The younger child may want to compensate for the sense of failure experienced due to his/her elder siblings while playing with his/her friends. When lived for a long time, the feelings of failure and incompetence might cause some permanent behavior disorders in the child (cited in Yeğin, 2005: 19).

Such feeling can make younger children egocentric; they may lead them to feel inadequate compared to their elder siblings who are stronger and more talented. The constant failure of the younger child in solving common problems that require physical and cognitive power results in introversion, lack of self-confidence or aggression. He/she reflects the pressure that his/her elder siblings put on him/her to his/her friends during the games (Bakırcıoğlu, 2007: 146).

With the birth of the new sibling, it has been observed that the mothers allocate less time to the elder child and play less with him/her (Yavuzer, 2007). This causes elder children to feel jealous of their newborn younger siblings. In order for elder siblings not to feel jealous of their younger siblings, great care should be taken by parents and caregivers about what they say and do. It is important for parents and adults around the child to be just in the distribution of love and interest. Especially for elder children, there should not be any reduction in love and interest. Families should take the necessary precautions for younger children to grow up without feeling unconfident together with elder siblings. It is necessary to prepare the appropriate environment for the younger child to experience the sense of success and to support him/her until he/she succeeds (Bakırcıoğlu, 2007: 146).

Age D erence

The less the age difference between siblings is, the greater the jealousy is. The reaction of a child younger than 5 years old and still needing the care and support of the mother to his/her new sibling will be great. It is easier for children in the play and school age to adopt a new sibling. However, this is not a definite rule, as it depends on the attitude of the child and parents (Yörükoğlu, 1991:155).

If the age difference is more than five years, the elder child should be 6-7 years old. Children who are 6-7 years old usually start school; thus, most of their attention focuses on what is happening at school. Spending time with friends at school, playing in the park, and so on take a large part of the day. As the child's interest is more focused on activities outside home, symptoms of sibling jealousy are observed less frequently. However, it should not be forgotten that if the elder child is enrolled in school as soon as a new child joins the family, the elder child may feel that he/she is distanced from home. He/she may not want to go to school or may become more jealous of his/her younger sibling, thinking that his/her parents are constantly playing with his/her younger sibling and having a good time when he/she is at school. Parents should consider the age difference and the possible effects of age difference when they decide the second child.

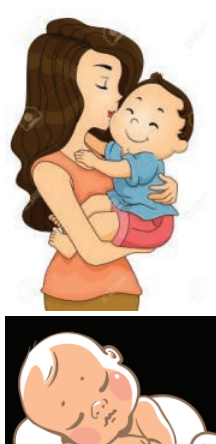
Env ronment

Social development begins with the establishment of emotional relationships with the mother, father or other caregivers. This intense, continuous social-emotional relationship is called attachment. Since babies cannot feed and protect themselves, the first function of attachment is to ensure survival (Gerrig, Zimbardo, 2016, s.319). The traditional point of view was that babies only attach to their mothers. However, extensive cross-cultural research has shown that this is not the case. Babies often attach to more than one person who cares for them (Trawick-Swith, 2013, s. 170).

Attachment relations have great prominence in the early stages of life. Attachment to adults providing secure social support for the child allows the child to learn a range of social behaviors, to take risks, to adapt new conditions, and to seek and accept intimacy in personal relationships (Gerrig, Zimbardo, 2016, s.320). In children's attachment, the adult's being engaged in the care of the child is an important factor. In infants growing up with two parents, if both parents are interested in caring for the child and spend time with the child, the child develops attachment to both parents.

In some nucleus or extended families, care for young children can be handled by elder siblings. The increase in the number of pre-school education institutions and their becoming more accessible for families in recent years has reduced the rate at which elder children provide care for their younger siblings.

Today, however, it is seen that especially for families who provide their livelihoods from agriculture, where both parents work at low wages or temporarily engage in agricultural work, the care of younger children can be handled by elder children or relatives or neighbors. In such cases, it is observed that the children develop attachment to those people who are in their surroundings and who provide care for them.



Within the extended family structure, when other members of the family (grandmother, grandfather, aunt, uncle and so on) are engaged in the care of the baby, spend time with him/her, then the baby can develop attachment relations with these people. The most important reason for the child's developing the sense of jealousy or the strengthening of this feeling is the fear of losing the love and interest of the person to whom he/she has become attached.

Children, in the case of developing attachment to an adult except for parents who is around them, are influenced by the words and attitudes of this adult after they have had a sibling. When the love and interest of the loved one are directed towards the newborn sibling, sibling jealousy increases.

Although parents are careful not to discriminate between their children, it is seen that other adults around the child do not show the same attentiveness from time to time. One of the siblings somehow is loved by grandparents or other adults around more than the others. For example, either the first grandchild or the child who grew up in the hands of grandparents usually becomes the "preferred child". This child is pampered by saying that "He/she is unique", "He/she is di erent" and so forth and whatever he/she wants is done. He/she is always protected against parents and other siblings (Yörükoğlu, 1991: 160).

Attitudes and reactions, talks and behaviors of other adults around the child towards sibling relationships can lead to the development of jealousy among siblings. In the research on university students (Ünüvar, Çalışandemir, Tagay, 2017), the university students were asked whether they were influenced by the words and behaviors of the adults around them and what these words and behaviors were. It was found that the vast majority of college students remember these words or behaviors even after a long time passed. Some of the words and behaviors remembered are as follows: "*showing greater interest in the newborn sibling*, *it is said that you have lost favor, it is said that the newborn sibling is more attractive, more things are bought for the newborn, it is said that the newborn is cleverer and docile, they are expected to behave like an adult, gender discrimination is made, adults pity them, it is said that the newborn looks like family members they love very much, they are wanted to share their toys with the newborn, their dresses or possession are given to the newborn without their permission."*

Adults who make up the child's surrounding must be more attentive to their words and behaviors after the second child comes to the family. Words and behaviors that would not be a problem in normal conditions can cause permanent negative feelings in the presence of a new sibling. Again in the same study, the events remembered by the university students after a long time are given below.

Ö36 (19, Female) They were doing more shopping for him/her. Once they gave me 4 jellybeans. Though my sibling was younger than me, he/she was given 5 jellybeans, I got really jealous of him/her, I thought that they love him/her more. I even thought that I might be a foster child.

Ö93 (20, Male) Their giving me some works to do for my sibling and their showing greater interest in my sibling makes me more jealous of my sibling.

Ö8 (22, Female). My newborn sibling was a boy. The people around me made gender discrimination, tolerating him more. I wished I were a boy.

Ö20 (19, Female).My aunts told me that I had lost favor as my sibling was born, my mother would love him/her, not me and advised me to kill him/her.

Ö 22 (21, Female). The people around teased me by saying that my sibling was more attractive, that they would buy more toys for him/her and would not love me. These words made me jealous of my sibling. I wished he/she would leave home. I wished him/her to go out of our life.

Ö 63 (21, Female) I am four years elder than my sibling. I did not have a cradle and bed therefore I was really jealous of him/her when they bough him/her a bed. I thought that they loved him/her more than me.

Ö18 (21, Male) I am five years older than my sister. When she was born, she got all the attention. I always came the second at home. I was treated as if I had not been existed. I was very jealous of my sister. There is still some jealousy.

In terms of the value given to the child, the environment in which the child lives is also influential on the development of sibling jealousy. In some parts of our country (especially in the east and in the countryside) boys are regarded to be more valuable. At every opportunity, value and importance of men are emphasized. In regions where boys are considered to be more valuable a girl can experience sibling jealousy more intensely due to excessive interest and value given to her newborn brother.

Sibling jealousy-induced behaviors and reactions are not limited to childhood years. Sibling jealousy is defined as the strongest jealousy in the age of adolescence (Parrot 1991). In the study conducted on university students to investigate sibling jealousy (Ünüvar, Tagay, Çalışandemir; 2017); the university students stated that usually the news of a new baby was given during the mother's pregnancy and mostly by the mother. On the other hand, there are also children who are not informed of their siblings' birth or learn it from neighbors. Of the university students participating in this study, 59% felt positive emotions when they heard that they would have a new sibling; yet, 18% felt negative emotions when they received this news. Majority of children feel happy when they hear that they will have a new sibling. But over time due to parents' attitudes after the birth of the sibling, his/her presence does not give happiness any more. After the birth of the sibling, the rates of happiness felt due to having a sibling decrease drastically and the sadness rates double. The reason for such a drastic change in emotions is the behaviors, words and attitudes of parents and other adults around.

When children learn that they will have a sibling, they think he/she will be a playmate for them. After the birth, they start to realize that he/she is too small to play, he/she constantly needs care, some of the attention given to them is shifting towards him/her; thus, they feel frustrated and may want their sibling to leave home. Sibling jealousy becomes inevitable when the words and behaviors of other adults around are added to the parents' inattentive behaviors (Ünüvar, Tagay, Çalışandemir; 2017).

In infancy and childhood, jealousy is usually directed towards the younger sibling. During adolescent, jealousy-induced emotions and behaviors undergo some changes and this time younger ones become jealous of elder ones to a great extent. This might be because of the freedoms gained by the elder sibling (Using a mobile phone, traveling to other cities, going out at night, dating and so on). When it comes to university years, though jealousy-related behaviors change, jealousy of parents' love and interest still exists (Ünüvar, Tagay, Çalışandemir, 2017).

As a result, parents need to prepare their children for the arrival of the new sibling before he/she is born. The information that a new child is going to join the family should be shared with the older child or children at the most appropriate time (before they can hear from others or can understand on their own) by parents. The child must be told by his parents that he/she will have a sibling; he/she should not hear this news from others. The child should be told that he/she will have a sibling after the first three-month risky period of pregnancy. Otherwise, if the baby is lost during the pregnancy, the child expecting to have a sibling might be affected negatively. He/she might blame his/her parents for lying. He/she may feel cheated. He/she may feel very sad due to the loss. If the news that the child will have a sibling is delayed, then the mother's belly gets bigger and the child can understand on his/her own or hear from another adult. Therefore, it should be told before too late.

Parents' attempts to make the child love his/her new sibling as soon as he/she is told the news of a new sibling might be perceived as "they love him/her more than me". The feeling of love develops over time, nobody should be forced to develop it; thus, parents should not be pushy. On the other hand, if the child is told that he/she will have a new sibling as he/she has wanted, due to increasing feeling of jealousy after the birth, the child may tell his/her parents "I do not want him/her now, send him/her back"; thus, parents can be in a difficult situation. Therefore, the second child should not be presented as the product of the first child's wishes.

During the stages of pregnancy, birth of the baby and his/her upbringing, environmental conditions, affection and love given to the first child should not be reduced, which is an important factor for sibling jealousy not to develop. It is appropriate for parents to improve themselves about how they should act to minimize the negative effects of sibling jealousy when they decide the second child. In addition, adults around the child should be careful about their words and behaviors, avoiding inter-sibling competition and jealousy-enhancing behaviors.

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MULTICULTURALISM IN PRESCHOOL EDUCATION

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INTRODUCTION

Since opportunities created by multiculturalism may enable people to interact in different cultural environments it is important that educational contents approach different cultures objectively. Objective approach may help preventing several clashes among members of different cultures and may enable them to approach individuals from other countries with more tolerance and understanding. Therefore multilingualism and multiculturalism should be a part of educational contents (Oktay, 2001: 7).

Some forms of multicultural education were a part of education even during the 19th century. Nevertheless multicultural education as a national movement started in 1960s when citizenship rights developed (Kaltsounis, 1997: 2). Multicultural educational programs have been implemented in multicultural and multilingual countries such as the USA, Canada, Australia,, Germany and England starting from preschool education (Güven, 2005: 8).

Studies display early childhood experiences play quite an important role in shaping children's cultural viewpoint. Children develop their understanding regarding racial identities and cultural features of groups during the first three years of their lives (Banks, 1993 cited from Swick, Boutte, & Scoy, 1994: 17). Preschool education programs in the USA employ a direct and holistic content management approach regarding children's themselves, their families, and other families in the world. Topics being taught in the framework of multicultural ap-

proach include important days, celebrations, rituals, religions, cultural democracy and family participation in children's their own culture as well as in other cultures (Taylor, 1999: 361-362-363; PSNC, 2010: 1).

As a result of both globalisation and technological advances, multiculturalism can be regarded as an educational approach that should be included in educational programs starting from preschool education and integrated into the whole curricula. Therefore, answering questions like what can be taught to children regarding multiculturalism, how can this be taught in the most effective way, and what are the teachers' roles in this is hoped to contribute to designing a higher quality education regarding multiculturalism.

DEFINITIONS of MULTICULTURAL EDUCATION

There are several definitions of multiculturalism. For example, Cırık (2008) states societies which embrace different cultures need multicultural educational practices in order to support individuals' personal development and enable them to acquire multi perspectives. Multicultural educational practices are also defined as a prerequisite for providing equal opportunity in education (p. 28). American Psychological Association (2002) defines multiculturalism as age, sexual orientation, disability, social class, education level, ethnic background, religion, language and cultural features living together (Definitions, 1).

Multicultural education is a type of education which enables individuals to be aware of differences resulting from age, gender, disability, social class, ethnic background, religion, language and cultural characteristics, enable people to accept these, and approach these differences are valuable (Slavin, 1994 cited from Herring & White, 1995: 53; Slavin, 2006: 116). The aim of multicultural education is to restructure schools and educational systems and to teach students how to treat different ethnic groups (Aydın, 2012, p. 283). In this respect, multicultural education is a process embracing a reform in education. Multicultural education tries to change and restructure the whole school environment in order to create equal opportunity chances for all students from different racial, ethnical and social groups (Banks et al., 2001, p. 197). In addition to different racial, and ethnical groups, multicultural education also includes students from different genders, disabilities, exceptionally gifted and intelligent students (Taylor, 1999: 355-356-359-364-365-370-371).

In general, definitions of multicultural education seems to include features like respecting human rights, tolerating cultural differences, giving equal opportunity in education, providing educational environments that reflect cultural diversity, being open minded, and analysing different viewpoints and ideas (Cırık, 2008: 29).

When looked into the definitions and aims of multicultural education, it seems to be student-centered. Since multicultural education is student-centered the aim of multicultural education, practices and the contents of it may change from one country to another. Every country has different objectives and contents in the framework of multicultural education depending on their characteristics. In addition, every country emphasizes different sensitive points when implementing multicultural education. The aspects of multicultural education in countries may change depending on the countries' traditions, structure, and the level of practising democracy (Polat, 2009: 157).

Multiculturalism and its reflection in education, multicultural education, include knowledge and skills that should be acquired starting from preschool education today.

GOALS of MULTICULTURAL EDUCATION

The objectives of multicultural education may be implemented differently in different countries, and yet certain common objectives make up the cornerstones of multicultural education in general.

The objective of multicultural education is to teach children both about other groups and countries and make them accustomed that there are other languages, lifestyles, cultures and viewpoints. The objective of multicultural curriculum is to plant positive emotions regarding multicultural experiences. In this way, children will also feel valuable, accepted, sincere and respectable when compared with children from other ethnic groups and cultures and at the same time they will respect other cultures (Dimidjian, 1989 cited from Gomez, 1991: 4).

According to Kendall (1983) there are five objectives of multicultural education; developing a positive self identity in children suffering from racism; helping children experience cultural similarities and differences; encouraging them to work with people from different backgrounds in the society, and teaching children to respect others' cultures as well as theirs (p. 1).

Derman-Sparks & Hohensee (1992) also states four objectives of multicultural education for children and suggests “construction of a knowledgeable, confident self-identity; comfortable, empathetic interaction with diversity among people, critical thinking about bias, and the ability to assert one’s own rights and the rights of others in the face of bias” (p. 1).

The main objective of multicultural education can be explained as developing a person as a tolerant one who encompasses attitudes and behaviors like recognising “different” looking people, understanding them, and being respectful towards them (Kostova, 2009 cited from Özkarabacak, 2013: 18).

The main objectives of multicultural education can be listed as such;

- Teaching how to live in harmony and peace in a multicultural environment (Kendall, 1983: 3)

- Enabling individuals to think critically about their prejudices (Hohensee & Derman-Sparks, 1992: 1).

- Making individuals proud of themselves through the development of a good sense of identity, self understanding and self-concepts (Gay, 1994: 20).

- Enabling individuals to interact comfortably and empathetically with people with differences (Hohensee & Derman-Sparks, 1992: 1).

- Developing communication among different groups (Gay, 1994: 10).

- Increasing respect and tolerance by giving a chance to individuals to explain their own values and attitudes (Gay, 1994: 21).

- Increasing academic success in educational environments with positive climates (Dunn, 1997: 74).

- Developing people’s awareness and understanding skills regarding different and sometimes clashing comments and perspectives on cultural and national events, values and behaviors (Gollnick & Chinn, 1991: 2).

- Giving decisions and implementing them effectively on the basis of multicultural analysis and synthesis perspectives (Gollnick & Chinn, 1991: 2).

-Understanding the process of stereotyping and developing thinking through low level of stereotyping and developing respect for all people (Cortes, 1978 cited from Gollnick & Chinn, 1991: 2).

-Developing sensitivity and understanding for other people (Taylor, 1999: 352).

- Providing children with basic cooperation skills and abilities (Gay 1994: 30).

- Providing equality and pluralism at schools (Gay 1994: 8).

- Providing critical thinking environments at schools, and being open minded when solving problems (Gollnick & Chinn, 1991: 2).

- Erasing prejudices by creating cultural awareness (Dunn, 1997: 74).

- Equip individuals with skills to fight with prejudice and discrimination (Hohensee & Derman-Sparks, 1992: 1).

The general objectives of multicultural education during preschool are to enable children to be open minded, to develop critical thinking skills, make them proud with their own culture, and provide them with sensitivity in regard to the value of different cultures.

GUIDELINES FOR DEVELOPING EFFECTIVE MULTICULTURAL PRACTICES

Multicultural education helps children gain sensitivity towards others, appreciate their cultures, and be proud of their own culture. Multicultural education should not only be added to curriculum but also be integrated into the curriculum. Firstly, culture can be introduced to some children in a reasonable and acceptable way. Opportunities that are present should be made use of to teach children about different cultures before they ask questions about them (Taylor, 1999: 352).

Preschool teachers and the families of young children should be aware of unreal but common discourse regarding multicultural education in order to implement developmentally suitable applications. These are;

1.Other cultures should be presented as lifestyles that are different from local cultures. Nevertheless, a multicultural program can focus on presenting other cultures while at the same time enabling children to be aware of the unique nature of their own cultures.

2.Bilingualism is more of a responsibility than being valuable. However, bilingualism is related with higher cognitive acquisition levels.

3.Multicultural education is only about the classes or race groups of students who are the members of culture being taught. And yet, if children want to

know about minority groups they should be taught about them as well as they are taught about majority groups. Otherwise children may become insensitive adults who are unaware of experiences of other cultural groups.

4. Creating separate objectives and designing a separate curriculum regarding multicultural education. The World hosts many different cultures; therefore, some of them should be selected to teach in classes. As a result, each class may teach different objectives. Early childhood teachers and parents should focus that everybody belongs to a culture. Children can also learn to value other cultures while they are learning about their own culture.

5. "Mere activities, which are not placed in an explicit cultural context, constitute viable multicultural education curriculum". (Gomez, 1991: 2-3).

Children can benefit from learning about others' lives and cultures and yet the activities and concepts should be adapted to children. The important points while doing this adaptation are listed below:

1. The interests, skills, developmental levels and attention spans of very child and every group should be considered.

2. The possibility of increasing children's present knowledge and the crystallization of concepts should be considered.

3. The activities should be started by adults but be children-centered.

4. The possibility of increase of freedom should be available.

5. Many different features such as music, food, etc. should be included in the education.

6. New opportunities for children should be created to increase understanding and relationships regarding other cultures and people (Taylor, 1999: 357-358).

Teachers should not consider cultural differences to be a barrier while teaching multicultural education. On the contrary, teachers should view this as a rich cultural source and avoid harming this during class and consider children' sensitivity while planning the class activities.

Multicultural education can be reflected in multicultural curriculum, textbooks, and instructional materials, teachers' attitudes of teaching and in positive climate of schools (Gollnick & Chinn, 1990; cited from Gollnick & Chinn, 1991: 2).

APPLICATION AREAS of MULTICULTURAL EDUCATION n EDUCATIONAL SETTINGS

Textbooks and Instruct onal Mater als

Materials can be used by teachers in many ways to avoid children's forming stereotypes. Suitable examples and objects that reflect differences of color, ethnicity and family types can be brought into classes. Story books and pictures depicting various differences can be used (Taylor, 1999: 358). Chambers (1983) states that books play an important role in making up children's first images regarding society, also warns us that children have a tendency to stereotype and form prejudices, therefore teachers should pay utmost attention to this.(Taylor,1999: 358).

Toys and books in the classes, dramatic games, written and oral language, music, puppets, costumes, art materials, guests, foods, can be used to provide learning opportunities for children from different ethnic groups (Taylor, 1999: 359).

Tarman and Tarman (2011) suggest photos, posters and other images depicting different aspects of different cultures can be brought in classes. All objects and items from dramatic play equipment to cooking tools, clothes, personal objects, pictures including holiday objects can reflect diversity of cultures. Art materials and baby dolls as well as puzzles, human figures, games and other manipulative materials should reflect different skin tones, ethnic and racial characteristics of different cultures. Music, singing and songs also should have different tones coming from different musical instruments (p. 587).

Basing on age and disability, there are children with special needs in heterogeneous classes during preschool years. It is important to develop awareness about these children and break prejudices of other children. The program named "New Friends" was designed to teach preschool aged children about children' similarities, differences, and disabilities via normal sized, disabled toy dolls. Four concepts about special disabilities are introduced in this program, and these are differences/similarities, hearing problems, physical disabilities and learning disabilities. Positive improvements in attitudes and increase of knowledge regarding disabilities were recorded at the end of the program (Taylor, 1999: 356-357). This result emphasizes the importance of the use of the right and appropriate materials while teaching multicultural education.

Preschool teachers' knowledge of instructional materials which can be used in multicultural education and their ability to use them in their classes effectively as a part of the curriculum may provide children with more concrete and realistic learning experiences.

Mak ng Mult cultural Curr culum

The starting point of multicultural education programs for children is the display of surprising, intense and multicultural experiences about many multicultural people. Plans should be prepared wisely and children should focus on curriculum. This helps maintaining positive relations with different human groups and helps children's paying attention to topics regarding direct encounters with their outside environment. Young children are generally more tolerant to changes if they have time to explore and if their routines are not ruined. Multicultural education starts with teaching cultures and groups which are the most similar to children's own culture and then progressively moves on to cultures of other people in the society (Taylor, 1999: 354-355).

The program can also embrace multicultural literature, multicultural music and multicultural art. Multicultural literature is "stories, writing them, telling them, sharing them, transforming them, enrich us and connect us and help us know each other" (Rochman, 1993: 19) whereas multicultural music includes "singing and teaching songs in other languages" which reflect different cultural elements (Tarman and Tarman, 2011: 587). Multicultural art also has the potential to "not only equipping students with knowledge, but it also has a powerful element to promote unity. " (Yaya & Yousif, 2014: 17). Children's learning about art, music and literature of other cultures both enriches them and facilitates their development of awareness about the value of other cultures.

Below are some guides for creation and implication of multicultural learning programs and environment;

-Use of multicultural teaching methods for children with different learning styles (Gay 1994: 31).

-Encouragement of cooperation through making different groups work together (Gay 1994: 30).

-Informing children about their value (Gay 1994: 30).

-Helping children define race and gender (Denman-Sparks & Ramsey, 2000: 381-384).

-Supporting bilingualism and biculturalism of children of ethnic minorities (Denman-Sparks & Ramsey, 2000: 389-390).

- Cooperative learning's help for children from different cultures in their development of interaction and relations as equal partners with others (Gay 1994: 30).

-Using multitude of learning styles to encourage diversity (Gay 1994: 31).

-Activities' being suitable for all children's common values (Gomez, 1991: 1).

-Creation of cultural democracy by all ethnic groups (Denman-Sparks & Ramsey, 2000: 380).

-Employment of multicultural themes for activities (Gay 1994: 8).

-Bringing newspapers, magazines, stories and pictures about multiculturalism into classes (Taylor, 1999: 358-359; Tarman & Tarman, 2011: 587).

-Decoration of classes, corridors and corners with materials that reflect different children (Duman, 2016: 494, 498).

-Invitation of educators and parents who are experienced in multiculturalism to class/school (Taylor, 1999: 361).

-Supporting children's participation in activities about multiculturalism (Taylor, 1999, p. 354, 355).

-Making radio and television programs for young children which include multicultural themes (Tuttle, 1995 cited from Cırık, 2008: 34).

-Maintaining cooperation with families, colleagues and group members (Denman-Sparks & Ramsey, 2000: 397).

-Organizing scientific, artistic, music and literature related activities about different cultures with children (Rochman, 1993: 19; Tarman & Tarman, 2011: 587).

-Support of communication among children from different cultures. For example, classes from different cultures can connect and exchange videos about holiday celebrations in their countries. By this way children can acquire concrete experiences about people living in different cultures (Tuttle, 1995 cited from Cırık, 2008: 34).

-Focus on daily routines or objects which separate cultures or are unique to some cultures (Taylor, 1999: 358; Duman, 2016: 499).

Multicultural education programs and programs against discrimination about different cultures and cultural elements of countries are not programs that can be implemented for one day and end when the activity ends until next time (Tarman & Tarman, 2011: 593). On the contrary, diversity between children should be seen as a part of daily class routines and learning activities (Duman, 2016: 499).

Att tudes and Teacher Styles

Teachers can implement multicultural education programs without being negative and judgemental by addressing the curiosity of children during early childhood. Questions like “how do children show their love and emotions?”, “what are their attitudes regarding themselves, their school and others?”, What materials can be brought into classes in order to develop awareness in children towards others, how to enable them to meet with different ideas, and to reveal new things are focused. The starting point is where children are now and what their focus is. Inappropriate items in classes are replaced and help and information is received from children’ families and others. Relations with children and adults are conducted in a sincere and respectable manner (Taylor, 1999: 354).

Teachers should not focus only on certain cultures in order not to overlook all cultures represented in classes in a multicultural program. Children from different cultures may generally need to make changes in their behaviors in order to meet their school’s expectations. Teachers need to take every necessary precaution so that children will not view these changes as a sign of cultural stereotyping (Gomez, 1991: 1).

Phenice & Hilbrand (1988) suggest teachers should pay attention to the following factors in order to implement effective multicultural education;

-Teaching all children that all cultures are valuable

-Teaching children recognizing the differences between societies and accepting them

-Things developing children’s self confidence and providing them with the feeling of value for their own cultural characteristics

-Enabling children to understand that they are a small part of a big world

-Contributing children's living in peace and harmony in the world as well as making them understand that all cultures have common humanistic features (Akt Turaşlı, 2012: 40-41).

During preschool, it is very important for teachers to be aware of the presence of children from different cultures, get information and support from their families when necessary, stay unbiased and treat them democratically in the case of cultural diversity in their classes. Teachers' attitudes should enable children to change their prejudices, stereotyping and negative viewpoints. Positive experiences that children have during preschool will facilitate their integration into a multicultural society.

Pos t ve School Cl mate

Establishment of a positive school climate seems to be important during multicultural education process. Researches support that early childhood experiences are very effective in the formation of children's cultural views. Children develop their understanding regarding racial identities and cultural qualities of groups in the first three years of their lives (Gomez, 1991: 1; Banks, 1993 cited from Swick, Boutte, & Scoy, 1994: 17). Discriminations about gender, color and race can frequently be met since preschool (Finkelstein & Haskins, 1983: 502). Members of some groups, invisible in preschool educational materials, affect preschool education activities in a negative way. For example, preschool materials usually reflect white, middle class, English speaking, and nuclear type of family members with no disabilities who live in the suburbs in the USA (Camppenni, 1999: 121). Families and teachers also have an impact in the development of children's cultural formations. Research support families and teachers make children gain positive characteristics regarding race, ethnic origins and cultural features. Multiculturalism perspective of children can be developed through families' interactions with their children and the effects of the educational atmosphere (Swick, Boutte, & Scoy, 1994: 17). Abbas (2002) conducted a research on South Asian families' and teachers' impact on the academic successes of students in England. It was found that when families from Bangladesh and Pakistan are the members of low socio-economic class, their homes carry a lot of religious and cultural elements of their own cultures and they are viewed neg-

atively by the majority of the society, students' academic success are influenced negatively. In addition, it was found that Indians' approaching education more positively, showing interest in schooling, practicing religious-cultural elements less at homes, and their being viewed more positively by the society have positive effects on their children's education (p. 291).

Teachers also have an important mission regarding the gender factor. There should be activity areas in class for both appropriate for boys (trucks, cranes, wood works etc.) and for girls (dramatic games, art objects, baby dolls, etc.). And yet, if children wish, their participation in activities should be supported. In addition, children books can be used to make children understand about attitudes regarding gender equality, their own gender and gender roles (Taylor, 1999: 359).

Celebrations for special events and activities should be planned very carefully basing on the levels of children, the philosophy of their families and the philosophy of the center. Holiday celebrations may refer to national, cultural and local interests (Taylor, 1999: 361).

Teachers should achieve the following objectives;

1. Teaching right concepts regarding special situations.

2. Supporting the first hand experiences of children appropriate to their developmental levels

3. Developing one's understanding of her/his world

4. Developing social relations among people with similar and different value

5. Informing children about other traditions and practices (Taylor, 1999: 362).

In order to achieve a positive school climate during preschool time, it is important to make use of celebrations, holidays, and traditional rituals and to reveal appropriate attitudes for children's acquisition of gender roles. It is also important to be aware of children' family related problems and to work for the reduction of children's any possible discriminations of children regarding gender, race and color resulting from their family attitudes and make them gain positive qualities.

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THE NECESSITY OF SCHOOL SOCIAL WORK IN TURKISH CHILD PROTECTION SYSTEM

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ABSTRACT

School social work is an area of social service practice of which development and commencement go back to history in countries such as Europe and America. In Turkey, it is an important area whose needs and requirements of the application have not yet been identified. Especially when we consider schools to be a system at micro, macro and mezzo level, school social intervention is needed. Early identification of the risks related to students, individual work with family, working with all parents and school staff for problem solving, school social work is the most basic working technique. In addition, school social work is concerned with the solution of problems because of family and living conditions, and developmental period of students. School social work enables students and their families to benefit from the services that they need, and reach appropriate resources. Thus, psychosocial services ensuring that such students continue their educational activities successfully are carried out with the understanding of team work with the training team.

In this study, school social work is explained, its history and its situation in the world are mentioned; the studies on this area in our country are briefly mentioned. The need for school social work has been described, and the roles of school social workers and school social work have been discussed in two real cases.

INTRODUCTION

Schools are communities that concurrent children from different socio-economic classes, life experiences, ethnicities and native languages. The quantity and diversity of student profiles in schools cause students that experience more than one and different social problems to attend same school. The expectation from school system including school managers, teachers and psychological counselor to contend with different needs and problems that affect students' involvements in education and academic success at micro, mezzo and macro levels and succeed is not realistic (Yeşilkaya & Meydan, 2017). To cope with various levels and different yet embedded needs and problems requires multidisciplinary interenterprise cooperations and communal involvement. In this context, to work with children who experience social problems such as violence, criminal behaviour, poverty, social exclusion, lack of academic success, school absenteeism requires a team work that acquires plural professional perspectives. A psychosocial team which is described as working in harmony and handling the problems with cooperation will contribute to children's growth and welfare (Kılıç, 2014). With this point of view importance of school social work in child welfare is clear. Although school social work is a fairly new field in Turkey, its history in America and Europe goes back.

A BRIEF HISTORY of SCHOOL SOCIAL WORK

School social work was introduced at the end of the nineteenth and the beginning of the twentieth century as part of the universal education movement in several countries. The initial role of attendance officer evolved into a social work role. While a focus on reducing absenteeism remains important in many countries, school social work has developed new directions to serve varied national priorities and changing needs (Costin, 1978). Visiting teachers and social workers together became the first formal school-based social service providers in the 1890s. Costin, emphasizes that visiting teachers have two dual roles. This role is to educate and support parents about the importance of continuing their children's attendance at school, and to provide information to educators about the experiences and conditions of children in the classroom (Costin, 1969). With the Child Welfare and Prevention General Welfare Program initiated in 1923, 30 teachers in the United States of America (USA) were financed. This financing

has expanded the visibility and number of visiting teachers and ensured that their positions are supported by educational institutions on a long-term basis. While the evaluations of this program constituted research findings, they also brought out the basic tasks of visiting teachers (Rippey, Massat, Constable, McDonald and Flynn, 2009: 274-285).

The spread of school social work around the world reveals that roles and methods are often imported from countries where school social work already exists, while independent pathways also are developed to meet local priorities (Allen-Meares, 2006: 24-43). The following expressions about development of school social work show some of the different the roles of school social work and how this role is reflected in the working field. The widespread placement of social workers in schools shows how school systems in many different cultures around the world have recognized the need to address factors that interfere with successful learning and that social work skills can help students who are in need and problematic (Huxtable, Sottie and Ulziitungalag, 2012).

As is clear from the historical process, school social work kept the main focus on contending with different problems that students experience and empowerment of children and families since the beginning. In the process, the limitations on roles of school social work and school social worker have been developed and clarified. In general, school social work is an important field of social work which includes process of dealing with problems caused by family, living conditions and development phases of students to perpetuate education activities (Duman, 2000: 35).

School social work focuses on students' school performance, biopsychosocial factors that affect academic success. The school social worker working with children and families to secure systematic school attendance, to lower the risk of academic failure and to prevent school drop-out in early ages needs to take into consideration the importance of parental attitude by balancing the professional interventions between parents and children, she aims to develop parents' social functions for children's growth. (Turner 2005: 331). The main purpose of school social work is to carry out the interventions that provide students social, emotional and behavioral integration to school (Karataş et al. 2014: 71-81).

School social work has important functions such as solving problems that occur in school or that are reflected to school and meet the needs of children.

Children can complete process of education efficiently and profitably if they have enough social support from school and other government agencies (Karataş et al., 2014: 71-81).

School social workers have many tasks such as empowerment and functionalization the existing relationships and cooperations between school and families, helping families to realize and understand children's development specialities and needs, assuming advocacy role of children and families who are under various risks, activation of resources to provide social support according to needs of children and families, informing teachers about life conditions (Duyan et al., 2008: 32). Professional interventions in accordance with family and school cooperations aiming at securing families' active attendance to educational process, approaching children sufficiently in the event of crisis, providing psychosocial support for child and family (Barth 1988: 462; Hare 1988: 418; Lynn & McKay 2001: 1) and empowerment of the family are equally fall within school social work (Turner 2005: 331). School social workers practice in the most vulnerable parts of the educational system and social work practice in schools rests on spacious skills that are defined by interactive teamwork of different professionals. School social workers work with children and their school and environment, guide them to successfully accomplish tasks associated with their learning, growth and development, and realize their own capability and potential (Constable, 2008).

Professional skills that contradistinguish social worker from other professions in schools are not only the skills to work with disadvantaged and fragile groups but also the fact that social work practice is built on ecological system perspective (Richard & Sosa, 2014).

In general, ecological system perspective defends the necessities of perceiving youth as an element of a greater system that effects their behaviours and interventions in plural intersystems (Allen, Mears & Montogomary, 2014: 105-112).

During practice in school social work, students should be approached within their environment and with their environment. School social workers should effectuate professional interventions while minding students school success, school attendance, social cohesion, various problems and needs that affect and cause obstructions in schooling (Yeşilkaya & Meydan, 2017: 206).

School social work that aims empowerment of connections between school, family and community often uses ecological system perspective in professional intervention process as a method to provide equal educational opportunities, eliminate obstacles from educational process and access their potentials (Özkan & Selcik, 2016: 1275-1281). School social workers in a multidisciplinary team review students and the environments that surround students according to ecological system perspective and develop intervention plans at school, family and community levels (Özkan & Kılıç, 2014a: 74-81, Özkan & Kılıç, 2014b: 397-412).

SCHOOL SOCIAL WORK PRATICE AROUND the WORLD

In United Kingdom, school attendance officers were recruited in the late nineteenth century as an enforcement service (Blyth & Cooper, 2002). The role transformed into the present position of education welfare officer in which attendance work is still a major function. About 3,000 education welfare officers are employed (Franklin, Harris and Allen-Meares, 2006).

In United States, private agencies placed visiting teachers in schools in three East coast cities in the early part of the twentieth century. The goal was to provide contact between home and school to promote school attendance. Early on, visiting teachers started to use social work methods, using knowledge from the mental hygiene movement and also attending to the child's environment (Dennison, 1998). The role has been transformed repeatedly, reflecting changing theories and needs. Most school social workers in the United States have a Master's degree in Social Work (MSW) and use the title school social worker, which was introduced in the 1930's. The School Social Work Association of America estimates that there are about 30,000 school social workers employed (Kelly, Raines, Stone and Frey, 2010).

School social work started in Canada in the 1940's, growing out of earlier truancy and school attendance work, but evolving into a complete social work service, in which improving school attendance is still a major function. School social work services vary across the country, both in extent and in the way they are organized, since each of the 10 provinces has autonomy in how education is administered. The greatest concentration is in Ontario, where there are 400 school social workers to serve a population of 10 million people. The majority

of Canadian school social workers has the Master of Social Work degree (Shera, 2003).

School social work was developed in the Nordic countries between the 1940□s and 1970□s without the emphasis on school attendance, but rather on social care to help all children reach their potential. There are about 1,600 school social workers (skolkuratorer) in the Swedish school system (Vyslouzil and Weissensteiner, 2002). The role of the skolkurator (one who cares) includes both social work and guidance/counseling, encompassing a broad range of prevention and intervention and emphasizing teamwork with other specialists. Finland, Norway, Denmark and Iceland have a lower social worker to student ratio than Sweden, but the services provided are similar (Fürst, 2010).

In Finland the new Child Welfare Act requires municipalities to provide services of school social workers and school psychologists (Personal communication, Hanna Gråston- Salonen, July 28, 2010). The Nordic countries require school social workers to have university training in social work (Anderson, Pösö, Väisänen and Wallin, 2002).

School social work was started in the Netherlands in the 1940□s. For some years, it provided services chiefly in the area of special education. School social worker in Norway also offers support to all children, adolescents and families from schools. As such, school social worker responsibilities include the social services in schools; help and support for children, adolescents and parents (Meeuwisse, Scaramuzzino and Swärd, 2011, s: 5-23).

There have been attendance officers in Malta since 1946. The Education Act of 1974 stimulated a movement to change attendance enforcement into education welfare, in which the workers could pay adequate attention to the reasons for poor school attendance, and help families keep their children in school. Further changes have come with the change in the title from welfare officers to social workers and efforts were made to expand the role beyond a focus on absenteeism (Pace, 2002).

School social work was started in Argentina in the 1960’s in Buenos Aires Province. Rapid social change and economic fluctuations limited the development of the profession, which lacks the status and resources to fulfill its potential. Change of the title from school social worker to social assistant and regula-

tions that permit non-social workers to fill the role are felt to undermine a clear professional identity (Tonon, 2002).

The Ghana Education Service started a school welfare program in the 1960’s to provide help with school attendance and to ensure that children’s needs are met so that they can benefit from school (Sossou and Daniels, 2002).

School social work (Schulsozialarbeit) originated in Germany in the 1970’s as an extension of social pedagogy, a traditional profession in most of Europe. The number of school social workers varies greatly from State to State, with especially large numbers in the former West Berlin and the State of Nordrhein-Westphalen. However, the Child and Youth Welfare Law (1990) which supported the idea of providing services to youth in natural environment has set the stage for greatly increased services through collaboration between Youth Welfare agencies (Jugendhilfe) and schools (Wulfers, 2002).

Hong Kong started a school social work program in the 1970’s in collaboration between government and private agencies. The program has continued since Hong Kong was restored to the People’s Republic of China and made a Special Administrative Region (Yamashita, 2003).

United Arab Emirates has implemented school social work in schools since 1972, providing a comprehensive range of programs. The Ministry of Education and Youth has placed 419 male social workers in boys’ schools and 575 female social workers in girls’ schools, for a total of 994 social workers in 744 schools, with a ratio of 1.34 social workers per school. To be placed in a school setting, social workers must have a university degree in social work with four years of experience in education field (Blyth and Cooper, 2002).

The Ministry of Education in Poland established the profession of social pedagogy (pedagog skolny) in 1975. Services offered are the typical social work services of assessment, material support, collaboration with agencies, casework, group work, and services to disabled students. Social pedagogs must have a master’s degree in pedagogy, sociology or psychology (SSWAA, 1999).

Social work services have been introduced to schools within the last 5 decades in Australia, Korea, Japan, Norway, Austria, Switzerland, New Zealand, Russia, Latvia, Hungary, Lithuania, Estonia, Saudi Arabia, Luxembourg, Sri Lanka, Taiwan, Mongolia, China, India, Singapore, Pakistan, Liechtenstein, Vietnam, Trinidad and Tobago, Curacao, Iceland, India, Nigeria, France and South

Africa. Social work students in Bulgaria, the Czech Republic and Slovakia have recently piloted school social work as part of their social work training. There is little information about services to children in schools in many other parts of the world, including most of Africa, Asia, Central and South America and the Mediterranean (Boddy, Statham, Smith, Ghate, Wigfall and Hauari, 2009).

SCHOOL SOCIAL WORK IN TURKEY and GAPS of CHILD WELFARE FIELD

In 1961, with the health problems affecting the personal development and academic achievement of the students at Istanbul University, medico-social center has been established to solve social, cultural, economic problems, and in 1966, psychiatrists were assigned to the center to deal with the mental health and problems of the students. In addition, in this center, psychologists and social workers were employed to expand the scope of aid services for students (Özbesler and Duyan, 2009: 21, s: 17□25). An amendment has been made to the role of social workers in 'Guidance Research Centers' (RAM) in the Regulation on Psychological Counseling Services. However, until now, social workers have not been employed in schools (Tan, 2000).

While the school social work in our country has not been officially implemented, it can be said that there have been some efforts in the past. At the end of 2013, one of the targets included in the 'National Child Rights Strategy Document and Action Plan', which was decided to be accepted and published in the Official Gazette, was 'to provide the necessary cooperation between the children, the family and the school administration in schools and to identify children with the violence story, to establish 'school social work system' until 2016 with the aim of supporting psycho-social direction.

While the difficulties encountered are different between schools and countries, problems especially such as violence, school phobia, school escape/schooling are seen in all countries of the world. Therefore, such problems are universal. In the solution of all these problems and in the needs of the students emerging both inside and outside school, there is a clear need for protective-preventive, modifying-developing and treatment-rehabilitative practices of social work. School-based problems that are reflected and nonreflected in the press

clearly draw public attention and reveal the need for school social work in our country.

As two social workers working at Ministry of Justice and Ministry of Family and Social Policies in child welfare field since 2009, over hundreds of cases, it is obvious that there are similarities in terms of case varieties. For a big majority of cases that have been worked on, the services provided by ministries that are mentioned above, deliver just enough service for children and families' basic needs; however, appropriate working methods of two ministries, protective-preventive services cannot be produced. Taking children within the child protection system because of substance abuse, domestic violence, sexual abuse, poverty mostly occurs when law enforcement forces detect the child in need. The suspicions of nuisance in the family because of school absenteeism, lack of self-care, aggression in school, social cohesion problems may be the beginning of professional interventions that start with detailed social investigation. With such a start in most cases process can end up with early interventions which cover empowerment of family conditions and if necessary, taking the child swiftly from risky environment and placing somewhere safe. At that point, since social worker who is in a relationship and has a connection with children, might develop early intervention programs for children in school and provide nterenterpr - se cooperations that will activate the services that children need.

The contribution of school social worker to the child welfare field is not limited by early intervention programs. Professional intervention to child who is taken under protection for being a victim of domestic violence, sexual abuse or any other trauma does not end by denouncing the crime of the abuser. Cohesion and rehabilitation efforts for the child who is involved in a new and unknown system should be cooperative with a psychiatrist, psychologist and social worker who work in child protection system. School social worker provides social support to children through individual interviews and informing teachers about the needs of children.

It would be omitting a social problem which affects a big range of population not to mention school-aged refugee children that escaped the war in Syria while discussing child welfare. According to July 2016 data of UNICEF and Ministry of National Education, in Turkey there are 1.500.000 refugee children in total and about 330.000 of that children are registered to school system and attend school (UNICEF and Ministry of National Education, 2016). Schooling

is quite important for those who experienced a major trauma that many people would experience during their entire life and survive by escaping the war and try to adapt to a life form which is unfamiliar. School social workers activate support systems for refugee children that are important to deal with cohesion problems, academic problems, language and academic problems based on the difference between education systems.

CASE DISCUSSIONS ACCORDING to ECOLOGICAL SYSTEM PERSPECTIVE

In school social work, two points stand out more when approaching the case in terms of ecological system perspective. The first is to identify the strengths and weaknesses of the case, and the other is to determine the services that system needs from the case point of view (Germain, 2006, s: 28–39).

In the cases to be presented below, case study will be carried out in this systematic way by considering two basic elements of the ecological approach explained above. The focus of the case discussion is on where the school social worker can intervene in the child's life, it will be determined what the school social worker will be able to change and contribute to the child's life. (Welsh and Goldberg, 1979: 271–284). Also in the case discussion, the necessity of school social worker will be revealed. Two different cases that are to be discussed below are real cases we worked on as social workers employed by Ministry of Justice and Ministry of Family and Social Policies. The first case discussion will debate the role of school social worker; the second case discussion will highlight the importance of early realization of causes of behavioural problems by school social work.

In anticipation of the intervention of the social worker at the moment, what will be done before the sexual abuse occurs will gradually be revealed. Thus, the benefits of the presence of the school social worker will be presented as a professional occupation.

Case Presentation 1: The child is a 13-year-old girl who goes to 7th grade in the secondary school and lives with the father. School success of the child is poor and often absent and shows inconsistent behavior in the school. Due to attention deficit and impulse dysfunction, she is followed by child psychiatry in the faculty of medicine. The mother is 48 years old, the father is 49 years old

and both are primary school graduates, both working as workers. The child has two brothers at the age of 5 and 9 years. The father stated that his daughter had lived with herself, that she did not want to go to school and often escaped from school and that the father describes his daughter as an irritable and impatient child. Because of these behaviors, the father explained that he was talking to one of the relatives to forcibly plight the girl with him because the father could not cope with her and that he would get her married with civil marriage after she became an adult. The child has been subjected to sexual abuse by the relative who has been forcibly plighted. When the family learns that their girl is sexually abused, they apply pressure to her and that as a result of these pressures, she escaped from the house and came to Bursa. The child decides to escape without notifying anyone and making plans. While the child was sitting in a cafeteria in Bursa, she called a man who has received his cell phone number from social media website and has talked several times with the mobile phone. The child wanted the man to come to the cafe where she was. The girl decided to go with this man with whom she met from the website. The child met other man for the first time and stayed in his home for days. During this period, she was forced to watch pornographic films and was exposed to sexual abuse. When the child was forcibly detained at the suspect’s home, the suspect was found to selling her to other men for money and forced to prostitution. When the child met a woman who helped her and the legal process was started for victim child after woman was called the police. (The presented case is a real case from forensic social work field).

Within the scope of case, if the school social worker were aware of this child and intervened in time, it would be possible to rescue the child from abuse. It is very important that the school social worker, through planned intervention, finds solutions to the child’s problems and introduces techniques to change the child’s life. In this context, the duties of the school social worker are as follows;

- To share with the students and their families recommendations for the child’s emotional, educational, social and physical well-being.
- To perform diagnostic tests, surveys and scales on children and their families.
- To perform tests to diagnose the educational level of children.

- To identify families with children in the risk group and regularly interview them (Costin, 1969: 274–285).
- To make professional interviews with students who are considered to be members of a family in a risk group or in an economically disadvantageous situation.
- To direct children's families to counselling services (Constable and Montgomery, 1985: 244–257).
- To take an action to help the child and the family if the emotional state and home life cause a possible harm to the child.
- To make recommendation to families to place children in child care services if there is a serious risk situation and necessity after making the necessary interviews. She\he can start this process by working with both security forces and local authorities.
- To help parents by acting as a bridge between parents, other parents and teachers, and school management and staff at the same time.
- To deal with students' problems such as drugs, pregnancy and absenteeism among young people.
- To give children and families access to resources that they need and direct them to appropriate resources (Constable, Kuzmickaite, Harrison and Volkmann, 1999: 1-14).

In the case of the above-mentioned, the social worker may follow a systematic intervention plan as a result of the school social work duties. School social worker;

1- Identifies children's risks of poor school performance, absenteeism and incongruent behavior. He/she collects information about the general situation of the child and academic situation of children from teachers.
2- Prepares and initiates the planned change process to be intervened after the general information about children is collected (Sheafor, Horejsi and Horejsi, 2000).
3- Identifies children's general situation, family life, friend environment, health status and problems by interviewing children individually. The school social worker first identifies the area in which he or she will intervene and draws an ecological map of children. The expert deter-

mines which areas around children will intervene according to the results obtained by the ecological map.

4- Receives information about the lack of attention and impulsivity treatment of children from doctors by contacting them.

5- When the child has a divorced family, divorce determines the traumatic effects on the child. The specialist interviews the parents separately to identify familial problems affecting the child.

6- Informs parents about how to contact children and directs families to family counseling..

7- Conducts weekly interviews with children in the light of an interview plan, and starts working to solve problems after problem determination.

8- Directs children to study programs covering the lessons that they need in order to eliminate the causes of low school success of children.

9- Follows the weekly attendance to keep track of children’s attendance at school. Identifies areas of interest for children. Helps children to participate in their favorite sports, music or social activities so that they like and continue school.

10- Supervises whether children continue psychiatric treatment due to lack of attention and impulsivity.

11- Gives various awards and assignments with incentive purpose and follows them within the scope of negotiations.

12- Conducts professional interviews with children, parents, and determines the development of family integrity if the necessary conditions are met (Chang and Scott, 1999).

Case Presentation 2: Meryem is 14 years old and at 7th grade. She was taken from her family by child police and brought to Provincial Directorate of Family and Social Policies. A social worker who provides first explanations to Meryem on what will be happening in the process, carried out first short interview. After first short interview, Meryem and social worker came to the institute (Child Protection First Interference and Assessment Center – ÇOKİM) in which Meryem would stay (for maximum 8 days) till social worker decided if Meryem would be taken under child protection system or not. Till Meryem was

calm and ready for a detailed interview, social worker gained information about Meryem's case from her colleague and police documents such as doctor reports showing that Meryem was severely beaten recently, statements of the child, school manager and teacher of Meryem's school. The information social worker gained was that Meryem was 14 year old and she had 2 twin brothers who are at 5th grades in the same school as she attends, and a 23 month old baby sister. In P.E. class Meryem was changing in to sweatpants, one of her classmates noticed big black marks on her calf and tighs and she talked about the marks to P.E. teacher who informed school manager and classroom teacher about them. School management and classroom teacher had the first interview with Meryem during which she told she was beaten by her father about a week ago for not sleeping early. School manager immediately called child police department and accompanied Meryem through the procedures carried out by the child police. Classroom teacher informed police that Meryem does not attend school on daily basis, sometimes she falls asleep during classes, tends to start fights with her classmates over little things like the pop singer they idolize and her mother is the only parent that is interested in children's school life.

In the first interview during Meryem's first day in the institute, she only talked about her mother and twin brothers and that she wanted to go back home. Social worker expressed her that her family knows that she is under the care of social services and there will be social investigation in her house and they will talk to her family and neighbours. Social worker first visited the school and found out that her twin brothers' problems in school were more severe, then she visited family house during working hours so that father would not be at home. Social worker found out from all interviews in the institute, school, family house and with close neighbours that the father is an abusive father and he often beats his wife and he beats his 3 older children when he is drunk. In a short period of time, social worker finished paper work such as denunciations, case reports about Meryem and 3 other siblings and mother, transmission request for the family to another institute where they can stay together. After all official procedure was completed, the mother and four children reunited.

Three siblings attend the same school and have similar behavioural problems there and school professionals call the mother to school to talk about children's problems. Even though school professionals tried to understand the cause of the problems, limited efforts that take place within the school fell down

on realizing the pattern of domestic violence. A social worker who works at Meryem's and her brothers' school would notice similarities of siblings' behaviours and start a process that includes personal interviews with three siblings separately and visiting family. After realizing domestic violence, the process continues with legal proceedings and activating cooperations for the needs of the family. Therefore professional interventions would start as early as possible.

CONCLUSION

Child welfare concerns not only children and families but all the actors in community. Children who grow up in a safe environment and fulfil their own potentials have an important role in forming a healthy community. School social work has an important role in realizing children who experience social problems such as violence, criminal behaviour, sexual abuse, poverty, social exclusion, lack of academic success, school absenteeism and in taking necessary precautions.

Social worker as a professional has the ability to realize behavioural problems, psychiatric disease and help the process of treatment in psychosocial terms. In this context, school social work is a social work practice that provides early professional interventions to children and families in need which is a necessity in Turkish child protection system.

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A COMMON EMOTION AMONG CHILDREN FROM DIFFERENT CULTURES: FEAR

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ABSTRACT

Fear emotion is one of the most basic emotions which ensures survival. Awareness of a child's development stages is of importance for an early diagnosis and response for possible problems. Fear is a universal emotion. Despite the existence of different fear elements in different cultures, the emotion is experienced similarly. There can be many reasons for fear in childhood. In this scope, familial factors are vital. Fear without consistency or an increase in duration or intensity, is perceived as normal. In this section, fear types, sex, age, and race have been taken under consideration for examining the developmental differences of children.

INTRODUCTION

When considering the phases and duration of children's development, it has been observed that the phases of development follow the same patterns and steps in all societies and cultures but not without several differences in the duration of this process. The countries children reside in, their geographical location within the country, family structure, environmental conditions, appreciation towards the child, economic structure of the country, cultural values, child's natal aspects and hereditary structure aid in defining the duration and steps of a child's development process.

Despite their interconnectivity, these purviews of development are classified as: physical, social-emotional and cognitive-language. Even though several different approaches exist concerning the relationship between children's development with nature-environment and how this relationship is affected by its continuous-interrupted, active-passive or global-cultural attributes; all children are born with the same potential and differences have been observed only when considering the duration of emergence which depends on the children's environment (Turan and Yükselen, 2014: 21-24).

In all cultures, until children can learn how to speak and convey meaning, they express themselves by crying and instinctually protect themselves from danger. Fear is an emotion that enables people to survive and avoid possible dangers. It is seen as a reflex in infancy and later on, it is manifested through behaviour modelling.

CONCEPT of FEAR

DSM-V marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions (e.g., having a conversation), being observed (e.g., eating or drinking), or performing in front of others (e.g., giving a speech) [8].

As a noun, the concept of fear has been defined in the Turkish Language Society Dictionary as follows: anxiety towards danger or the thought of danger, sadness, the possibility of suffering from evil, and danger. In psychology, TLS has defined fear as: an emotion recalled by a real or expected danger expressed through complicated physiological alterations such as intense pain, pallor, dryness in the mouth, an increased rate of heartbeat or breathing etc[9]. (TLS).

Even though many people have hardships in expressing their feelings, creating a single definition for an emotion is very difficult. Thus, the term 'emotion' is used to describe psychological and physical processes such as subjective experience, evaluation, motivation, stimulation and facial expressions; a physical reaction. The primal function of an emotion is to motivate an action (if you avert your eyes while watching a horror film and think of the possibility of that scene coming true in real life, your reaction would be bigger and would

8 http://www.tdk.gov.tr/ ndex.php?opt on=com_gts&kel me=KORKU)

9 http://www.turkceb lg .com, 10.07.2018

give you the chance to live through the day). In their research on emotional face expressions, Paul Ekman and his colleagues suggested that there are six basic emotional based facial expressions; anger, disgust, fear, happiness, sadness and bafflement. Subjects from Papua New Guinea, İstanbul, Buffalo and New York provide the researchers with universal facial expressions which are in fact, similar in appearance and interpretation (Smith and Kosslyn, 2017: 328.329).

Fear in the most basic reaction living things give in case of seen or unseen dangers. In fact, each type of fear is a beneficial mechanism that warns and ensures self-defence. Generally, everything new and unknown arouses fright. When a child's weakness and the seniority of the unknown are considered, the abundance of fear in early ages can easily be perceived. As the child is familiarised with his/her surroundings, physical strength increased and mental abilities developed, the fears are overcome one by one (Yürükoğlu, 2010: 289).

Fear is a natural reaction against a threat for safety and welfare. This reaction includes cognitive, emotional, psychological, behavioural and relational elements. Fear is an adaptive reaction against danger, and from an evolutional point of view, it indicates one's goal to survive and procreate (____________-2015: 120).

During their lifetime, both children and adults can experience fear in situations that they do not feel safe, against the unknown, or a situation they are newly exposed to other than what they have learned. Unexpected traumatic situations, events assumed to be unsolvable, material or immaterial loss, obligatory situations where one must change their location (e.g. migration), calamities and earthquakes, economic fluctuations, loss or change of employment and even animals can cause an individual to feel anxiety.

According to Adler (2010), anxiety is one of the most important features of life. This emotional reaction is not only a separator since it can also form an ex parte connection formed with others such as grief; thus, explaining its complicity. A child avoids a situation out of fear and seeks sanctuary under the protection of another person. In the depths of this emotional reaction lies an organic phenomenon. This phenomenon is the reflection of primitive fear that grips all living beings. Humans, with their weakness and safety in earth's nature, experience a deeper sense of fear. The limited knowledge of a child on life's difficulties results in that child's estrangement from life (Adler, 2010: 290-291).

According to Freud, fear indicates the danger of an unsatisfied need caused when an individual avoids finding a solution for a problem. This emotional state which can be encountered in all living beings is characterised by the emotions included in the pleasure and suffering sequence; and the physical-mental reactions resulting from these emotions. These emotions and reactions cause fear to serve as a self-defender in case of incoming danger. Freud describes an external and realist threat as *'objective anxiety'* or in other words, *'true fear'*. These fears are based on explicit reasons. A person perceives danger with emotions and responds with reactions. In addition to true fear, there are numerous fears that can emerge even in the absence of a real danger. Freud defines these fears as *'neurotic anxiety'*; in other words, as *'delusive fears'*. These reside in the individual's unconscious as instincts or as a sense of perception inherited from the father and forefathers (Zulliger: 2000: 19-41, Dönmez; 1998: 623).

Every individual has fears, but normativity of fear is determined by several factors, according to whether or not fear is appropriate to the age or stage, the individual persists over the same fear a long period of time or whether the fear effects daily functioning negatively. If the individual is fixated in a previous developmental stage in terms of expressed fear, persists on the same fear over an extended period or the expressed fear effects the daily life of the individual negatively, then it is defined as clinical fear (Gullone,1996: 429-451).

REASONS and CLASSIFICATIONS of FEAR

Clinical psychologists usually focus on three emotions: anger, fear and sadness. Experts are unanimous when believing that anger is the primal emotion related to behavioural disfunction. Emotional dysregulation is characterised with fear and sadness. The fear of objects or animals reaches its peak when a child is three years old (_________; 2015:326).

According to Gander and Gardiner (2015), since fears emerge with the increase of cognition, the fear of emotion is most intense during pre-school periods and for children between the ages of two-six (Gander and Gardiner, 2015:326).

There can be several reasons for fear during childhood. In this regard, familial factors are of vital importance. While the other family members' fears can cause conditioned fear in children, parents' depressions and other psychological problems like temper tantrums can also cause fear in children. Negative life ex-

periences and anxiety can also cause fear which manifest in dark environments or while going to sleep. Divorce, death of a parent or domestic violence can be triggering factors of childhood fears. Childhood fears can be exaggerated by children due to their lack of evaluation skills concerning reality, lack of experiences and incapability of distinguishing reality from their imagination. In the meantime, while believing in the reality of the objects or events they fear, children can also think that others may be suffering from the same fear as themselves. Unless the child can share and express these fears, he/she can easily lose balance even under the smallest amount of pressure. Childhood fears may also be used by parents as disciplinary tools. E.g. “If you do not finish your meal, I will take you to the hospital so they can give you a shot!”. This situation can cause an increase of fear in the child. In addition, even if parents avoid using fear as a disciplinary tool, over protective attitudes can also increase fear (Aytar, 2015:9-92, Cowie, Blades, 2015: 75-91-148).

New-borns are not afraid of much else in addition to falling or noises. However, they start to develop several different fears during their first year of life. For example, when soap gets in the eye of a child, he/she may experience fear of having a bath, the toilet flush, sound of the vacuum cleaner, lightning, darkness, being alone or new environments. Children’s fears can be the result of many things. Another source of fear in children is their own imagination. Since they cannot distinguish reality and dreams, they may believe that monsters exist under their beds. Sometimes, adults frighten children so they will be ‘good’. Threats such as; “If you do not behave, I will leave the house and never come back” damages the child’s sense of trust and causes in the development of several types of fear (İnanç, Bilgin and Atıcı, 2008:175-176).

In fear related researches, different classification methods have been used. In general, fear is defined as; normative fear, true fear, neurotic fear, universal fears or personal fears. While normative fear is regarded as the reactions of an individual against a real threat or danger, psychological fears are formed of more intense, extensive and long-lasting fears. The secondary form of fear that is in the mental sense and manifests only in significant occasions is called a ‘phobia’. The term ‘Modelling’ is referred to in fear related classifications. The fears taken as a model include the objects or situations regarded as examples by the child or parents. (Şenol, 2006: 18-26).

THE FEAR EMOTION n CHILDREN FROM DIFFERENT CULTURES

The sense of fear exists in all individuals to sustain life. Different studies and opinions on this subject have shown that fear is a common emotion however; differences have been determined on the object of fear and the fear's frequency of occurrence depending on factors such as socio-economic levels, sex, age, cultural differences, ethnic origins, normal or superior intelligence or the existence of a disability.

More specifically, the normative fear research has focused on the identification of normal fears as well as differences in the content of such fears that can be predicted based on demographic or contextual factors including age, gender, geographical location, and socio-economic status (Gullone, 1996: 430).

In Erol and Şahin's research (1995) conducted in Holland and Turkey with children from different socio-cultures, the fear frequency of girls was determined to be higher in comparison to that of the boys. The fear frequency of the children from lower socio-economic environments was observed to be more intense and the boys' reactions were more severe; however, their reactions were softer as they grew older.

The fears of Turkish children living in Holland were very similar to those of the children living in Turkey and from a low socio-economic status.

In the Table 1, the 10 most intense fears are listed according to their rank in the SES (Socio Economic Status) group, and the rank of each item is also presented for girls and boys (Erol and Şahin, 1995: 89).

Table 1: Rank Order of Commonest Fears

Items	Low SES		High SES		Holland	
	Girls	*Boys*	**Girls**	**Boys**	**Girls**	**Boys**
Hell	***1***	***1***	5	4	2	4
Death of mother	***2***	***2***	4	5	3	2
Death in the family	***3***	***4***	2	2	4	5
Death of father	***5***	***3***	1	1	1	1
Shot with firearm	***4***	***5***	13	10	6	6
Kidnapped	***8***	*7*	7	19	11	8
Hit by car or lorry	*7*	***9***	10	9	8	11
Devil (Satan)	***6***	***10***	–	–	–	–
Violating a religious rule	***19***	***6***	–	–	–	–
Separation from parents	***12***	***8***	3	3	7	12
Burglar	–	–	6	6	–	–
Being seen naked	–	–	8	11	–	–
Earthquake	–		–	–	5	7
Death (of self)	–	–	–	12	9	3

In Accordance with Zulliger's research list (2000) on children's fears conducted with the participation of individuals between the ages of 2 and 18, the gathered data has been presented in Table 2.

Table 2: Most Frequent Fears of Children According to Zulliger

Object of Fear	Girls		Boys		Total	
	Number	%	Number	%	Number	%
Abandonment (by the mother or father)	205	51	305	76	510	63
Strangers (Bad people)	540	85	296	74	836	80
Ghosts, gins, people who forcibly enter their homes	387	97	352	85	739	91
Authority figures	312	80	390	85	702	82
Darkness (attic, basement etc.), Animals (dog, wolf, horse, cow, goat, ram, pig, goose, mouse, snake and reptiles)	390	98	380	95	770	96
Open and closed places	122	31	85	21	207	26
Water (Hydrophobia)	158	40	171	45	329	41
School, quizzes, written exams	184	46	273	68	457	57
Blood, periods	356	89	234	58	590	73
Physical mutilation, castration	384	96	377	94	761	95
Nightmares	340	85	310	77	650	81
Toilet	12	3	8	2	20	2
Streets, bridges, areas	12	3	4	1	16	2
Thunder, lightning	168	42	144	36	312	39

(Zulliger, 2000: 96,97).

According to Oghii's research (2015) Moldovan and Turkish children and what Tippey and Burnham (2009) presents, gender is one of the important variables in examining different fear types. Certain studies have shown female children (girls) reporting a greater number of fears than males (boys) in overall fear

scores and different fear types within the same age, claimed no gender differences in overall fear scores between pre-school girls and boys, and neither for different fear types. It was clarified that male children (boys) have difficulty in expressing their fears when they are in the company of friends, thus, it does not indicate that gender differences in children's fears demonstrate females' (girls') tendency to be more fearful. Some gender differences were found in the origins of children's fear and anxiety which are clearly marked later in adolescence and youth. One explanation why girls appeared more fearful than boys might be cultural or gender role expectations and to what extend the fearful behaviour of girls and boys is acceptable in different cultures (Oghii, 2015: 88, 89, Tippey and Burnham, 2009: 321-339).

Age of the children is another core component which affects the content of fears within the same gender group. With time, the intensity, content and frequency of fears decrease; thus, on each stage of the development children experience different fears which vary from stage to stage. Therefore, childhood fears are more frequent and intense in younger children than older children. The younger ones have more abstract, vague fears with prevalence of the imaginary. Common fears in the preschool stage are: supernatural personages (fear of ghosts, monsters, masks and aliens from space for the elder ones), bedtime dreams, noises at night, animals, dark, imaginary or unrealistic things. Between the ages of three and five, the three types of fear are: fear of staying alone (separation fear is also present here), also darkness and closed spaces can often be encountered in children's answers. Older children (between the ages of six and twelve) fear bodily injuries and physical danger, illness and enclosed places. In this age period, fears related to school and evaluative or social situations become more prominent. They develop more concrete, realistic fears. At the age of eight, the fear of losing a close person appears with the understanding of people's mortality and that is why some of common every day activities or natural situations (thunder, storm) may cause an increase in the intensity of fear. The change in the fears of children with increasing age is determined by cognitive and social development as children's perception about the objects and events around them undergo changes (Oghii, 2015: 90,91).

As from infancy, it has been observed that young children become fearful of stimuli in their immediate environment such as loud noises or loss of support. Towards the end of the first year of life, there is an increase in fear of strange

persons, strange objects and of heights. In contrast to fears expressed in the earlier months, fears which emerge at this time, clearly require cognitive maturation, including the capacity to remember and distinguish the novel from the familiar. A little later, around the pre-school years, children show fear of being alone and darkness. Fear of animals is also prominent at this age. Development into the school years coincides with the emergence of fears related to supernatural phenomena, failure, criticism, and bodily injuries. Global fears, including economic and political concerns, appear to be more characteristic of older adolescents. Thus, in infancy, children generally become fearful of stimuli in their immediate environment, or stimuli of a concrete nature. With increasing age, the infant's fears change to include anticipatory events and stimuli of an imaginary or abstract nature. Overall, an age-related decrease has been reported for fears relating to animals, supernatural phenomena and darkness. Between the ages of 6 and 12, fears of evaluative or social situations, bodily injury, illness, and school become somewhat more prominent. Not surprisingly, a consistent finding particularly for studies using fear survey schedules, is that evidently, the death and danger theme in the most commonly reported fears is maintained throughout development and into adulthood (Gullone, 1996: 439).

According to Tippey and Burnham (2009); commonalities have been found in the fear prevalence and patterns among children from different cultures and countries. For example, some researchers found common fears as well as consistencies in age and gender across the U.S. and Australia. Studies have found similarities in the number of fears (i.e., average of 14 fears reported by children) across two countries (i.e., U.S. and Australia). Differences in fears also have been found which reflect cultural norms. The researchers have suggested that children raised in cultures favouring inhibition, conformity, and obedience will have increased internalising behaviours (i.e., fear, anxiety, depression, fears of social judgement). In addition, children from cultures exposed to more restrictive parenting styles, such as Nigeria, Asia, Hawaii, and the Philippines, were observed to have fears on higher levels than American, Australian, and Chinese youth. According to a research focusing on the ethnic origins of White, Black and Hispanic children, the three biggest ethnic groups, in the United Stated of America, it was found that White elementary children had significantly higher school/ family related fears than Black elementary children. Conversely, Black children had significantly higher animal fears than White children. The item analysis re-

vealed that within the Fear of Death and Danger factor, fear items contributing to differences between White and Black children included ‘strangers’, ‘parents separating or getting divorced’, ‘being electrocuted’, ‘being in a fight’, ‘fear of dying’, and ‘getting lost in a crowd’. Within Animal Fears, the item analysis also revealed specific fear items contributing to differences between Black and White children. The items were ‘rats’, ’tigers’, and ‘lizards’. The researcher has to assume that the significant differences found could be confounded. This is speculated because the significant differences could also be related to SES as much as ethnicity in this study (i.e., most of the Black children were from schools associated with low SES). The item analysis revealed that within the Fear of Death and Danger factor, fear items contributing to differences between White and Black children included ‘strangers’, ‘parents separating or getting divorced’, ‘being electrocuted’, ‘being in a fight’, ‘fear of dying’, and ‘getting lost in a crowd’. Within Animal Fears, the item analysis revealed that three items contributed to the differences between Black and White children: ‘rats’, ’tigers’, and ‘lizards’ (Tippey and Burnham, 2009: 321-339).

In Higgins’s study published in 2004, conducted by using Fear Scale and with the participation of older Chinese and British school girls, The Chinese students expressed significantly lower fears than did the British students in all social items. She found the same results in all but one of the blood and injury items. However, those fears that could be interpreted as evolutionary based showed no differences between the two cultures. In evolutionary and developmental terms, fear and avoidance of being alone after dark, being in high places or in large open spaces, being alone far from home, or being caught in a thunderstorm have clear survival and safety benefits. In children, those kinds of fears are evidently early and decrease with age. If those fears are largely instinctive and not influenced much by social learning, it would explain that on those evolutionary items, no cultural differences were apparent. To take this argument further, she also considered the animal fear list. Again, the Chinese students generally expressed less fear than did the British students (Higgins, 2004:37-50).

In Yılmaz and Göçen ‘s research (2015) on determining the students’ culture of fear and the fears they have, conducted in Diyarbakır’s primary schools on both female and male students, the researchers have classified the students’ fears as: internal, external and educational fears. That the perceptions of stu-

dents about fear are based on the emotions coming from inside. The feeling fear as a result of an immediate reaction, fear of death, fear of God, lack of control of emotions, having bad feelings and emotions and fear of darkness were determined as internal fears. It can be said that the source of fears which were stated by the students are the fears related to the human inner world and emotional world. However, it can also be said that internal fears, such as fear of God and death, are related to culture, social value judgements and the children's upbringing. The external fears of students are related to their environment. It is observed that all of the themes such as losing loved ones, abduction, living through war, fear of parents, fear of wild animals, being raped, protests in the street, violence and fighting, gunshots and stray dogs are the external fears. While some fears of students are related to what they see in their environments and what they experience, some can be defined as external fears that they can estimate without indirect experience. This can differ according to the social structure, culture and environment (Yılmaz and Göçen, 2015:117-128).

In Taimalu, Lahikainen, Korhonen and Kraav's research (2007) conducted on children living in Finland and Estonia, two neighbouring countries; the most important finding was that the prevalence of children's self-reported fears had generally increased during the ten years, especially among the Estonian children. The most significant increase was observed in both countries in fears of imagination-related things including television-related fears, fears of imaginary creatures and nightmares in parallel to children's increased exposure to media in daily life. Despite the increase of general welfare in both countries, the results suggest the opposite tendency among young children; decrease of safety and increase of insecurity. The level of children's insecurity was higher in Estonia than in Finland at both times. It is noteworthy that some fears of young children are universal (fear of getting lost, fear of darkness, fear of being alone), while some fears are more context dependent (television-induced fears, fear of strange people). Young children proved to be competent informants of their condition and well able to provide essential and valuable information about their problems and well-being (Taimalu, Lahikainen, Korhonen, Kraav, 2007: 51) .

Additionally, fears were examined with special population: gifted children or children with intellectual disabilities, physically handicapped children, hearing and seeing impaired children (Gullone, Cummins & King, 1996: 227-240, Tippey and Burnham, 2009: 321-339).

In Machůa and Morysováb's studies (2016) on gifted children, the top four fears were fear of war, terrorism, fear of illness or the death of someone close, and fear of epidemics. In contrast, the least dreaded fears were determined as fear of aircraft and flying, doctors and storms. Furthermore, as stated by other researchers, there was a higher level of all fears in gifted children, with a significant difference in fear of nuclear war and other global problems. The authors explain this result as being due to the superior knowledge possessed by these children, as well as their imagination and the ability to see the consequences of these phenomena. The EBSCO database contains research carried out by J. G. Tippey and J. J. Burnham (2009) concerning fear in gifted children between the ages of 7 - 10. They explored fear of death and life-threatening situations, fear of the unknown, social and school-related fears, fear of animals and fear of medical procedures. The most common partial fears in girls included fear of using weapons, combat in war and meeting dangerous strangers. Boys were most afraid of fighting in war and using weapons, although these fears were far less frequent than in girls. Research into fear in gifted children has also been carried out by a team of authors, Portešová, Konečná, Budíková and Koutková (2008), who found that accelerated cognitive development and greater access to information causes global fears (spatial or natural disasters) to come to the fore earlier and with greater intensity (Machůa and Morysováb, 2016:227, Tippey and Burnham, 2009: 321-339, Portešová and others, 2008:307-323) . Li, Brightwater and Liu's study results (2008) on children with mild mental retardation, between the ages of 7-18, in the United Stated of America; and Weems and Costa (2005), focused on the most common fears and inter-rater agreement between different informants. The findings suggested that developmental differences of social evaluative fears were also evident in students with mild mental retardation. Specifically, when students with mental retardation get to the adolescence stage, like many of their non-disabled peers, they may develop social evaluative fears and such fears increase as they grow. This finding is worth noting in that adolescents with mild mental retardation may be able to comprehend their environment and social cues better than is expected of them. As indicated earlier, many adolescents with mild mental retardation understand the concept of loneliness and report feeling lonely at school. It seems that they also understand the concept of failure and criticism or derision. Their lack of cognitive ability to prevent and overcome failure and avoid criticism may heighten their social

evaluative fears. Another result from this study that warrants attention is that male students in general reported significantly higher levels of fear of failure and criticism than their female counterparts. One possible postulation is that this result may be a characteristic of this study since over 78% of the participants were Mexican-American. Recent Mexican-American immigrant students have stricter "gender-role" stereotypes than the overall American students. Mexican American males shoulder higher expectations from their parents and other people around them. However, they may feel a sense of failure when they cannot live up to the social expectations due to their cognitive deficits (Li, Bridgewater and Liu (2008:125, Weems and Costa, 2005: 656-663).

According to Li and Morris (2007) with Lane and Gullone's (1999) researches on adolescents, investigations into normative fear in adolescence have indicated that the most common fears are consistently death and danger related. Assessments have most commonly been made from self-reports on fear survey schedules. Consistent with past research, the 10 most common fears generated via the fear schedule related to death and danger. However, the self-generated fears deviated from the death and danger theme, also including fear of failure, fear of animals, and fear of the unknown. A tendency toward global responses in self-generated fears appeared to encompass a majority of specific death-related fears included in the fear schedule, thus allowing for other predominant fears to be listed among the 3 most common. In spite of the genetic assumption of gender difference and vulnerability to fears and related anxieties, parents, educators, and psychologists should be aware that it may be more socially acceptable for girls to express their fears than boys, thus, it may not necessarily mean that boys do not experience as many fears as girls (Li and Morris; 2007: 445–457, Lane and Gullone, 1999: 194-204).

SUGGESTIONS/CONCLUSION

No matter what age or development stage children may be, it is deemed to be normal for a child to experience fear in some stage of their life as long as these fears are nor increased in duration and intensity. Being knowledgeable for persons in different disciplines, especially children's consultants, pre-school teachers, psychologists, special education and class teachers, on children's development stages and what they may encounter during different stages is important in aiding both the children and their parents deal with a situation. With their

lack of experience and limited thinking abilities, children cannot evaluate what they see and hear in a realistic manner. Confidence shaking acts such as blaming for failure, beating, reprimanding, derision, comparisons and self-confidence threatening acts will increase fear (Şenol, 2006: 57-58).

A learned reaction method during the pre-school stage to decrease the effects of fear is defined as defence mechanisms. These are mental processes for preserving individualism. To understand fear in children, the object of fear must be perceived from their eyes. Since the child is aware of his/her smallness and weakness, a sense of insufficiency takes over. Thus, the aim with children is not to rid them of fear, or to support them, but to teach them to accept their fears in a reasonable manner. In addition to the family environment, schools can be successful in guiding children's fears.

According to İnanç, Bilgin and Atıcı (2008), in order for parents to be able to aid their children, they must firstly accept their fears and respond with a vivacious and positive attitude. Parents should not tease their children or punish them for their fears. If parents ignore or exaggerate their children's fears, they can cause an increase in these emotions (İnanç, Bilgin and Atıcı, 2008: 175).

The principal attribute of culture is that it is shared by all. It is this feature that deems culture possible. In many countries of the world, cultures differ in age, region, ethnics, religion, status and other social factors. Despite these differences, people form a culture by sharing certain standards, language patterns and belief systems (Özkalp, 2012: 87).

Also, human fears do seem to be similar across cultures. Fear is a fundamental aspect of being human and influences our further emotional and social development.

Children with a strong bond of attachment are better able to cope with fears and worries. Their experience of life leads them to feel safe and to trust that people will care for them and protect them from overwhelming fears and anxieties (Beaver and et. al, 1994: 202).

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CEREBRAL PALSY AND OCCUPATIONAL THERAPY

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ABSTRACT

Cerebral Palsy (CP) is defined as a neurological disorder caused by a non-progressive brain injury or malformation that occurs while the child's brain is under development. Cerebral Palsy affects muscles and a person's ability which may affect daily activities. Therefore, the treatment of CP is provided by a multidisciplinary teamwork that includes doctors, physiotherapists, occupational therapists, special education teachers, and social service specialists. This chapter will inform about the definition, risk factors, diagnosis, and classification of cerebral palsy. Then, the treatment of cerebral palsy will be discussed from the occupational therapy aspect.

INTRODUCTION

CEREBRAL PALSY: DEFINITION

Cerebral palsy (CP) was originally described as "a disorder of posture and movement due to a defect or lesion of the immature brain" (Bax, 1964: 295). In subsequent years, the definition has developed; currently CP is defined as "a group of disorders of the development of movement and posture, causing activ-

ity limitation, that are attributed to non-progressive disturbances that occurred in the developing fetal or infant brain. The motor disorders of CP are often accompanied by disturbances of cognition, sensation, perception, communication, and/or behaviour, and/or by a seizure disorder" (Bax et al., 2005: 572). The motor impairment of CP was also associated with epilepsy and secondary musculoskeletal problems (Rosenbaum et al., 2007: 8). In this context, limitation of movement and postural problems lead to activity limitations in daily life (Hidecker et al., 2011: 704). Additionally, individuals with CP might have several musculoskeletal problems which were related to muscle spasticity, abnormal physical growth, and ageing (Mintaze Kerem et al., 2014: 274).

Many researchers (Wu et al., 2011: 674, Christensen et al., 2014: 59, Kirby et al., 2011: 462, Odding et al., 2006: 183, Himmelmann et al., 2010: 1337, Fidan and Baysal, 2014: 126) have considered the global extent of CP prevalence and the authors reported the CP prevalence as between 2-5 per 1000 live births. For instance, a recent SR (Oskoui et al., 2013: 509) of CP prevalence in the developed countries stated that CP disorder effect 2.11 per 1000 live births (95% confidence interval [CI] 1.98–2.25). Prevalence of CP in developing countries was reported greater than developed countries (Fidan and Baysal, 2014: 126). In summary, the overall prevalence of CP has remained constant in recent years throughout the world (Himmelmann et al., 2010: 1337, Oskoui et al., 2013: 509). Hence, health professionals focus on management of the motor disturbances to improve life quality of children with CP.

Economic aspects of CP management are another important issue for families and governments. Despite the fact that there is lack of evidence on cost of CP management, some literature is available. For example in 2004, The Centres for Disease Control and Prevention (CDC) organization in US estimated the lifetime costs for the population of those born in 2000 with CP to be $11.5 billion (CDC, 2004: 547). In this study, cost of CP management is divided into tree subheadings; Indirect costs (80.6%, or $9.241 billion), direct medical costs (10.2%, or $1.175 billion), direct non-medical costs (9.2%, or $1.054 billion). In another study, a child with CP incurred mean total Medicaid expenditures of $22,143, whereas a child without CP incurred a mean total Medicaid expenditure of $1729 for one year in US (Kancherla et al., 2012: 832). This data shows that families, tax payers, and governments should provide approximately 13 times more economic funding to compensate health expense for those with CP.

Kruse et al. (2009) firstly analyzed the life time cost of CP in a European country (Denmark) in regard with health care costs, productivity costs, and social costs (N: 2367). The authors concluded that the lifetime costs of CP lie within the range of €737 783 to €1 115 376 for women and €802 771 to €1 206 232 for men (Kruse et al., 2009: 622). This study gives beneficial information about lifetime cost for CP individual. The authors conducted the analysis of their study by sex and 5-year age groups and they truncated data at age 70 that may cause bias in analysis due to life expectancy for individuals with CP (Holmes et al., 2013: 2161). To sum up, to determine effectiveness of treatment methods comes into prominence to manage either individual or government level of economic source.

CEREBRAL PALSY RISK FACTORS

By the effect of developing evidence based medicine, many researchers evaluated the CP risk factor. CP disorder might occur in antenatal, intrapartum, or neonatal period, and also, may be caused by maternal origin, by developmental abnormalities, or by genetic malformations (McIntyre et al., 2013: 499, Himmelmann et al., 2011: 1337). This part of the chapter analyzes the risk factors for CP according to occurring time.

Antenatal Per od

Antenatal refers to the period of pregnancy until the onset of labour resulting in delivery (Himmelmann et al., 2011: 1337). Added to this, preconceptional factors such as maternal diseases or age and genetic factors are also included in antenatal period. In a SR, McIntyre et al. (2013) reported the preconceptional strong risk factors for CP as prior maternal diagnoses of seizures, intellectual disability or thyroid disease for children born at term in developed countries. Additionally, a range of other maternal diseases such as coagulation disorder, asthma, diabetes, surgical history, poor obstetric history, mental illness were also reported to increase the overall risk of CP (McIntyre et al., 2013: 499). The authors also stated that maternal obstetric history of stillbirth or neonatal death was more strongly associated with CP.

There is a controversy about association between maternal age and CP disorder. Kulak et al. (2010) conducted a retrospective study of CP risk factors.

They argued that there was no significant relation between maternal age (either age > 30 years or age < 30 years) and CP. However, there were some flaws in this study. First, there was no justification why the authors agreed on the age of 30 as reference points. Additional to this, the authors referenced the two studies (Hemming et al., 2008: 203, Jacobsson et al., 2002: 946) which argued to have similar findings with their results. However, these studies investigated the association between gestational age and CP which did not specifically make an inference on the issue of maternal age. On the other hand, McIntyre et al. (2013) concluded that maternal age has critical impact on development of CP in the range of point estimates for maternal age <20y; 1.5–1.9, and >40y; 1.3-3.7. In interrelating with the results, they stated that maternal age <20 years and >40 years are risk-increasing factor in antenatal period. The variable results obtained from two studies may relate to differences in maternal age groups included and study design.

Pregnancy is an important phase of the antenatal period where the foetal neurodevelopment is vulnerable. The high risk factors for CP during the pregnancy was defined as small for gestational age status, low birth weight, lower socioeconomic status, intrauterine growth, placental abnormalities, multiple gestation, maternal disease in pregnancy, bleeding in the second and third trimesters, pre-eclampsia, and intrauterine infection during pregnancy (McIntyre et al., 2013: 499). Among intrauterine infections, bacterial Chorioamnionitis was most frequently associated with CP (Girard et al., 2009: 168, Yoon et al., 2003: 124, Bracci and Buonocore, 2003: 85). In a SR, Wu (2002) stated that Chorioamnionitis, which is a type of bacterial intrauterine infection, is a risk factor for CP both in premature and full term infants (RR 1.9, 95% CI 1.5–2.5).

Additionally, several researches evaluated the theory that multiple genetic factors contribute to the cause of CP (Lynex et al., 2004: 20, Lerer et al., 2005: 3911, Verkerk et al., 2009: 40, Moreno-De-Luca et al., 2010: 141, Jamra et al., 2011: 788). Moreno-De-Luca et al (2012) conducted the relevant articles about genetic contribution of CP that six genes (GAD1, KANK1, AP4M1, AP4E1, AP4B1, AP4S1) were identified to cause Mendelian forms of CP. On the other hand, despite the fact that several single-gene mutations have been identified in idiopathic CP, mutations in multiple genes result in Mendelian disorders that present with CP-like features which may cause misdiagnosis (Moreno-De-Luca et al., 2012: 122, Schaefer, 2008: 21).

Consequently, the antenatal period is an at risk period for developing foetus. Many pregnancy and preconceptional risk factors are widely defined in literature. Although some of risk factors might be curable or inhabitable such as infections, the others may be untreatable such as genetic heritage. Within this scope, antenatal and pre-pregnancy periods are important for monitoring and treatment as relevant in order to limit or prevent CP.

Intrapartum

The term of intrapartum includes period of labour and birth. Birth asphyxia, mode of delivery, meconium aspiration, membrane ruptures, length of labour, abnormal fetal presentations were associated with CP (McIntyre et al., 2013: 499). However, there is no consensus whether caesarean delivery reduced risk of CP or not. Although some researchers argue that elective caesarean delivery might be a risk of CP, some researchers did not associate the elective or emergency caesarean delivery for 7 prevention. For example, in a SR, O'Callaghan and MacLennan (2013) concluded that caesarean delivery was not associated with a reduced risk of CP, whether the caesarean be elective or emergency. According to meta-analysis of the study of McIntyre et al. (2013), Despite their results did not support an overall increase or decrease in the risk of CP with caesarean delivery (OR 1.29; 95% CI 0.92–1.79), they found that emergency caesarean delivery was associated with an increased risk (OR 1.80; 95% CI 1.62–1.99). Therefore, McIntyre et al. (2013) included emergency caesarean delivery in Intrapartum risks factors. However, emergency cesarean delivery is performed when the labor has commenced and a variety of fetal or maternal risk factors might accompany the caesarean delivery such as birth stress or delay delivery (O'Callaghan and MacLennan, 2013: 122). Therefore, decision to have an emergency caesarean delivery may be matter of the life and death of both/or mother and child, however; parallel risk factors associated with such procedures should be carefully considered to prevent a permanent damage such as CP.

Neonatal per od

The term of neonatal refers to the period of time after birth of a baby until when the first two years of the postnatal period. The neonatal risk factors are defined as respiratory distress syndrome, meningitis, neonatal

seizures, hypoglycaemia, and jaundice (Kulak et al., 2010: 216, McIntyre et al., 2013: 499).

DIAGNOSIS of CEREBRAL PALSY

The diagnosis of CP is based on neuroimaging, laboratory testing (genetic or metabolic testing), clinical assessment performed by health professionals (Palmer, 2004: 8, Sankar and Mundkur, 2005: 865, Bosanquet et al., 2013: 418). In clinical practice, physical examination, and observations of parents are important components to diagnose CP disorders (O'Shea, 2008: 51). Health professionals' assessment can gather information about deep tendon reflexes, muscle tone, posture, and motor milestones such as sitting, pulling to stand, and walking (O'Shea, 2008: 51, Sankar and Mundkur, 2005: 865). For instance, general movements' assessment (GMA) is one of the assessment tools used in clinic by health professionals. Bosanquet et al. (2013) included six studies, with a total of 1358 participants in a SR, and they reported that sensitivity and specificity of GMA were 98% (95% confidence interval [CI] 74–100%) and 91% (95% CI 83–93%) respectively. Despite the fact that these clinical assessment tools provide evidence and strength for predictive accuracy for CP, these methods are not appropriate to obtain information on the aetiology of CP (Sankar and Mundkur, 2005: 865).

Further examinations identify the CP pathoanatomy, in this context; Serial Cranial Ultrasound (US) and Magnetic Resonance Imaging (MRI) are commonly used to detect the cerebral abnormalities associated with diagnosis of CP (Palmer, 2004: 10). Mirmiran et al. (2004) reported that US and MRI demonstrate high specificity as a predictor of outcome for CP (MRI sensitivity, specificity: 71%, 91% at 20 month, and 86%, 89% at 31 months). The sensitivity and specificity of US for predicting CP were 29% and 86% at 20 months and 43% and 82% at 31 months (Mirmiran et al., 2004: 992). Similar findings has been reported in a SR of elucidating the pathogenesis of CP which MRI was defined as a high potential screening to identify pathogenesis of CP, in particular spastic and dyskinetic subtypes of CP (Krägeloh Mann and Horber, 2007: 144).

Despite the fact that most (83%) of children with CP had abnormal neuro-radiological findings, 17% have no cerebral abnormality detectable by conventional neuroimaging methods including MRI (Korzeniewski et al., 2008:

216). Therefore, these methods might be insufficient to elucidate for genetic conditions, such as malformations. In this context, genetic testing can identify the genes which cause Mendelian forms of CP. On the other hand, several single-gene disorders, inherited as autosomal or X-linked, often present with clinical features similar to CP (Moreno-De-Luca et al., 2012: 283). In such cases, some of these genetic conditions, which have similar clinical features alike CP, can be successfully treated with available drugs. Hence, laboratory testing methods should be considered to be part of the diagnostic assessment of individuals with suspected CP.

Consequently, observations of the family members are the key components throughout diagnosis process. Additionally, doctors' and physiotherapists' clinical observations and assessment methods take important place in diagnosis of babies with suspected CP. Neuroimaging and genetic testing methods provide better understanding for aetiology and pathogenesis of CP.

CLASSIFICATION of CP

The current definition of CP involves a broad range of degrees of activity limitation, epidemiologic and clinical features. Therefore, it is useful to further categorize individuals with CP into groups or classes (Bax et al., 2005: 571). In this respect, many classification methods are used throughout the years which may cause difficulties for clinicians and researchers (Cans, 2000: 816). Therefore, this chapter of the study will analyze the commonly used classification systems used in clinical area. Additionally, the limitation and context of those will be discussed with the current evidence.

Topographical classification of the CP focuses principally on the distributional pattern of affected limbs (e.g. hemiplegia or diplegia) (Minear, 1956: 841). This traditional method is also commonly used to classify the adult individuals with neurologic disorders such as stroke. In addition to this method, physiological classification system which describes the predominant type of tone or movement abnormality in CP (e.g. spastic or dyskinetic) is combined with topographical classification in clinical practice (e.g. spastic diplegic) (Minear, 1956: 841, Bax et al., 2005: 571). However, neither the combination of them nor each method separately inform about effectiveness of treatment programs or intervention in CP management (Wood and Rosenbaum, 2000: 292). Addition-

ally, motor development of individuals cannot be tested by these classification methods.

In this context, researches needed to develop motor classification system for CP populations such as Gross Motor Function Classification System (GMFCS) (Palisano et al., 1997: 214), Manual Ability Classification System (MACS) (Eliasson et al., 2006: 549). In subsequent years the content of GMFCS has been expanded and revised as GMFCS-ER version (Rosenbaum et al., 2008: 249) . GMFCS-ER describe level of gross motor function from level 1 (most able) to level 5 (most limited) and each level is separately defined for five different age ranges. The researchers reported that GMFCS is a practical, easy, simple, and widely used classification of the functional status of children with CP in clinical areas (Gunel et al., 2009: 477, Rosenbaum et al., 2008: 249). Additionally, this classification system is translated into different languages, and is commonly used around the world. They are also defined as reliable and valid for assessment for children with CP (Shi et al., 2014: 403, El et al., 2012: 1030). However, there is still no consensus to use a standard classification system for individuals with CP among the researchers that lead to difficulties for pooling available data in a study.

In 2007, World Health Organization (WHO) developed a conceptual framework to constitute a common language between health professionals. *International Classification of Functioning, Disability and Health*; Children& Youth Version (*ICF-CY*) can also be used as a classification system that defines health and functioning of children using a uniform coding system to guide holistic and interdisciplinary approaches (WHO, 2007: 13). ICF-CY organizes the information in two parts; firstly, Functioning and Disability includes Functions and Structure of Body, Activities and Participation components, while the second part, covers contextual factors (WHO, 2007: 31). In a SR, Schiariti et al. (2014) stated that ICF-CY provides a universal framework for defining and classifying functioning and disability in children with CP. According to their findings, current outcome measures in the field of CP primarily focus on assessing the body functions and activity and participation components of the ICF-CY (Schiariti et al., 2014: 4).

Overall, the knowledge of health professionals on ICF-CY is important to develop common language for management and classification of individuals

with CP (WHO, 2007). This is also useful when planning and selecting outcomes measures for future studies (Schiariti et al., 2014: 7).

ERGOTHERAPY (OCCUPATIONAL THERAPY)

Def n t on and Scope of Ergotherapy

Ergotherapy or, in other words, “occupational therapy” is an advisor/patient-oriented occupational specialty aimed at improving the health and well-being of patients by means of providing them with occupation. The root of word “Ergo” is Greek and corresponds to the meaning of “work”. Ergotherapy includes basic activities that are needed to continue life such as painting, handicraft, art, music, motor-function therapy, physical activities, and physical activities. Area of Ergotherapy covers science disciplines such as psychiatry, neurology, orthopedics, rheumatology, pediatrics, geriatrics, oncology, and surgical sciences (AOTA, 2014).

The main goal of ergotherapy is to enable people to participate in daily activities.

The ergotherapists achieves this goal by improving the skills of the patients in accordance with the wishes, needs or expectations of the patients, or by arranging the profession and the environment in a manner to enhance the professional harmony of the patients, provided that these works are performed by working together with people and community (Demirci, 2017: 59).

Ergotherapy and Its H stor cal Background

Although many people think of ergotherapy as a new healthcare field, its roots go back to quite old. It is known that mud baths, medicinal water, sports and theater activities were used in the rehabilitation of persons with disabilities at Asklepios temple in Bergama (4th century AD). Throughout the 1700s, ergotherapy began to gain importance throughout the era of the Enlightenment and began as a trend in the USA and then spread to Europe (Creek and Lesley, 2011).

In the US hospitals, between 1840 and 1860, morale therapy and occupation had a rising importance. In this period, arts and handicrafts gained importance and started to be used in treatments. During the following war period (19th century), moral therapy in the US lost its importance. Even during the period where morale therapy lost its importance, a nurse named Susan Tracy began

to re-apply the occupational therapy in mental illnesses. She, as a result of her initiatives, eventually brought the title of “occupational nurse” to the world. In 1914, George Edward Barton, a physically handicapped architect, started an initiative to establish an association for occupational therapy together with William Rush Dunton Jr who was a physician. On March 15, 1917, the National Society for the Promotion of Occupational Therapy (NSPOT) was established for occupational therapy. After this period, researches on ergotherapy included especially scientific approaches. Later, the name of this society was changed as ‘American Occupational Therapy Association (AOTA)’. Later, after the outbreak of the Second World War, this area seemed to have disappeared, but in the years following the end of the war, it began to gain importance again to bind up wounds of war. In the post-war period, a large number of ergotherapists were needed due to the large number of soldiers who returned home and were having physical and mental problems. Until the 1960s, the rehabilitation movement gained a high momentum. After this point, ergotherapists started to work to heal not only spiritual but also physical problems. In this period, ergotherapists were called ‘miracles of modern medicine’. After 1990s, the goals of ergotherapy were defined as to protect individuals from damages that may occur in the future and acquire their quality of life and independence (Schell et al., 2013: 23).

Although the occupational therapy yet an occupational field beginning to be newly recognized in Turkey, it is known that musicotherapy was applied on patients in Nureddin Hospital, put into service by Seljuk Ruler Dukak in 1154, and in Turan Melik Darussifa (Hospital), put into service by Giyaseddin Keyhusrev in 1228 Amasya Darussifa (Hospital) put into service by Princess Yildiz who was daughter of Olcayto Mehmed, Ruler of Ilhan II, in 1308 was the first institution in the world where mentally ill patients were treated with voice of water and music. In the Republic period, in Heybeliada Sanatorium, opened in accordance with the order of Mustafa Kemal Ataturk in 1924, tuberculosis patients were taught crafts such as shoemaking, typewriter use, photography art, and the patients were enabled to have occupation (Kayıhan, 2013: 26).

Goals of Ergotherapy

When ergotherapy is generally evaluated, it can be said that it is effective in medical fields. Ergotherapy has been used effectively in the process of enabling the individuals to acquire the ability to use their functions, who were having

treatment after the loss of function occurred due to different reasons in the social environment (Huri, 2012: 33-38). Ergotherapy has set some targets for the individuals on the basis of being able to achieve social adaptation and to live on following the negativities they experienced. These targets are as follows (Demirci, 2017: 61);

- To improve domestic and professional life of the person,
- To develop the skills of the person to maintain his/her life independently,
- To improve communication skills of the person.

1.3. Job Description of Ergotherapists in Turkey

Job descriptions of Ergotherapists in Turkey are made in the appendixes of "the Regulations on Job Description of Healthcare Professionals and Other Professionals Working in the Health Services"(Published on Officcial Gazzette no 29007 dated 22 May 2014). According to the Regulations, an Ergotherapist;

- Teaches to identify and use the necessary methods, tools and equipment to ensure independence in daily life.
- Carries out the necessary evaluations and rehabilitation procedures for the recruitment of individuals who are/feel rejected by the society.
- Evaluates the functionality of the disabled people at home, work and school environments, and makes suggestions to maximize their performance and ensure compliance with the environment.
- Evaluates the limitations of disabled people caused by physical or mental disabilities, and organizes activities that enable them to continue their daily activities and works.
- Evaluates physical, emotional, psychosocial and developmental competencies of disabled people by using appropriate measurement and testing methods.
- Prepares and implements rehabilitation programs related to the use of vocational, educational, social and artistic activities individually or as a group.
- Assesses personal and environmental factors that affect the participation of disabled people in the community.

- Provides sensory, perception and motor integration training, and implements occupational therapy in this field.

In Turkey, ergotherapists provide assistance by performing the activities described above to those who try to re-gain the function they lost.

Ergotherapy Models

Ergotherapy plays a supporting role in the process of individual care, social activity and productivity in line with the demands and needs of a person. People who provide care service to those who need care analyze the factors related to ergotherapy, personal, environmental and activity in the activity evaluation process. In practice and analytical assays, models that constitute the theoretical basis of ergotherapy are referred to (Kielhofner, 2007: 94-109).

Although there are different models presented in the literature about ergotherapy applications, there are 3 most used models. The three most accepted models in the literature can be listed as follows (Zakarneh, 2015: 43-47):

1. Human Activity-Role Model (MOHO-Model of Human Occupation)

2. Person-Environment-Activity-Role Model (PEO- People Environment Occupation)

3. Canada Activity-Role Model (CMOP-Canadian Model of Occupational Performance)

1.4.1. Human Activity-Role Model (MOHO-Model of Human Occupation)

MOHO acts on the axis of being People's involving in the common living spaces and adapting to these environments. Assumptions accepted by this model can be listed as follows (Zakarneh, 2015: 47);

- Individual personality traits and surroundings cannot be considered independently of each other and form a whole,
- The individual's activity reflects the influence of both his/her character and surroundings,
- The internal characteristics of the individual, such as capacity, motivation and performance capacity, are maintained and modified through activities,

PERSON-ENVIRONMENT- ACTIVITY- ROLE MODEL (PEO-PEOPLE ENVIRONMENT OCCUPATION)

This model was mainly developed using environment-behavioral theories, activity theories, and person-centered application concepts. The model is based on the theory that the person, the environment and the process are spreading over time and showing an active relationship. Based on this model, he has developed environment-behavioral theories, activity theories, person-centered application theories, and suggested ways of systematically analyzing what ergotherapists see and do (Zakarneh, 2015: 43-44).

CANADA ACTIVITY-ROLE MODEL (CMOP-CANADIAN MODEL of OCCUPATIONAL PERFORMANCE)

This model is considered to be the building blocks of person-centered treatment. Canadian activity-role model was developed jointly by Canadian Association of Ergotherapists (CAOT) and Canadian National Well Being and Health Department. CAOT, in 1997, defined the model as a practice involving the social and physical environment rather than pushing the person out of the environment. The model has developed 3 main applications (Carswell at al., 2004: 210-222);

- Accelerating the principle and other resources for person-centered treatment,
- Conceptualization of the factors that affect the performance of the activity,
- Extending acceleration and conceptualization principles,
- It is known as the model that sets the basis for person-centered treatment.

Ergotherapy which has recently developed in Turkey has an important and effective place in SP rehabilitation. It is aimed to enable the child with SP to gain independence in Daily life activities such as eating, dressing, using the toilet and bath and to develop the fine motor movements of the upper extremity, and exercises are carried out for this purpose (Steultjens et al.,2004: 13).

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HOSPITAL SCHOOLS

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Ankara / Turkey

ABSTRACT

Hospital education is defined as providing education services at hospital to students, who cannot directly benefit from formal education institutions that apply one of the pre-school, secondary school or private school programs because of requiring an inpatient treatment and/or having a chronic disease (The Ministry of Education, 2010:1). Education service is provided for students to enable them to receive inpatient treatment in healthcare institutions due to their health problems in a hospital environment (The Ministry of Education, 2010:1).

INTRODUCTION

HISTORICAL DEVELOPMENT of HOSPITAL SCHOOLS AROUND the WORLD

As a result of obtained sources, it is identified that the first hospital school was established in New York in 1861 by Dr. Knight and his daughter in their own house. The house has been designed as a house, as a school and as a hospital for disabled children. The idea of providing training for disabled children as in the school during their treatment process belongs to Dr. Knight's daughter (Monroe, 1913: 232). Two years later, in 1863 efforts of Dr. Knight and his daughter were supported by New York Disabled and Handicapped Children Society and Disabled Children's Hospital has been found. This foundation has been the first foundation that hired a teacher for children at hospital. In 1870, a new building

was built for the hospital and school conditions have been expanded. Because of the fact that existing teachers did not have adequate knowledge and experience to give education in such a school (in a hospital school), they were trained by the foundation for sick children. In time, the name of the hospital has been changed many times. This hospital and hospital school have been carrying on studies for many years and bear the characteristic of being the oldest hospital school in the USA (Heck, 1930: 39).

The second known hospital school was established in 1882 in Baldwinsville, Worcester County, Mass (Filled, 1933: 480). Since its establishment date, the hospital school, founded by Dr. Baker with the aim of increasing child patient's motivations by creating an environment that makes child patients feel themselves at home, at school and at hospital during their treatment process, has carried its studies like a school and is named in recent years as "Hospital Houses for the Children". Hospital Houses for the Children provides services as a private institution and have 3 full time teachers and 62 students. Also, this hospital has been the first institution which received state assistance for a hospital school (Filled, 1933: 480-481).

The first hospital school in the East was established before 1900s in Massachusetts (Henry, 1924: 10). In 1901 Brooklyn Nursery School Community employed preschool teacher available to King's Country Hospital for the education of sick preschool term children. Due to the fact that there were too many children for one teacher, in 1918 the need for a second teacher resulted in the increase in the number of teachers. This school has been the first school which prepared school report among country hospitals (Henry, 1924: 10-11).

From 1865, on the ground that children stayed at hospital too long and there were voluntary teachers in order to meet their educational need, there has been a rapid increase in the number of hospital schools. When we come to the century, in which we live, with the effects of 1944 Education Act and 1946 National Health Service Act several codes acknowledged education institutions and this allowed for health and education authorities to be able to work together in order to provide education to sick children that are obliged to stay at hospital or at home too long because of their situation. This practice includes teachers to give education "in a school different from a school" at home and hospital areas, where there are no hospital schools and necessary pediatric opportunities to build such institutions and formal state schools. In 1948 with the establishment

of National Health Service, hospital opportunities have been expanded. In the Reports of National Health Service Committee; it has been emphasized that education is an important part of sick children's daily routine and that education and healthcare authorities work together within the bounds of possibility (Wiles, 1988: 158-162; George, 1978: 370-371). In 1978, it was stated by Warnock Committee that it is important for every sick child above 5 years of age to receive education during his/her stay in hospital within the bounds of possibility (Warnock Committee, 1978: 25).

HISTORICAL DEVELOPMENT of HOSPITAL SCHOOLS IN our COUNTRY

In our country first studies related to hospital schools started in 1975 by Hacettepe University by Child Development and Education Department. For the reason that hospital schools decrease anxiety, fear and stress levels of the sick children as well as maintain their education right, researches have been conducted to underlay the hospital schools in our country. Later under the leadership of Prof, Dr. Necate Baykoc Donmez, several attempts have been made about opening hospital schools as connected to Ministry of National Education and employment of hospital teachers (Baykoç, 2006: 276-277).

In accordance with the law no.3797 about the Organization and Functions of T.R. Ministry of National Education published on 12.05.1992 and with the number 21226 in Official Gazette, Special Education, Guidance and Counseling Services General Directorate was established and "Education-Training of Inpatient Children and Hospital Classes Branch", which is included in the scope of special education, was opened within the Organization Structure, together with other branches (The Ministry of Education, 1992: 5). With the contribution of regulations related to legislation, the first hospital school was established in 1994 in Hacettepe University Children's Hospital (Baykoç, 2006: 276). As a result of the change made in the Special Education Services Regulations Article 42 Schools and Institutions Opened for Inpatient Persons in Healthcare Organizations title, hospital schools have been attached to closest schools in their area and by taking the name of the school they have been named as "hospital class" (The Ministry of Education, 2012: 17).

Studies started in 1975 in Hacettepe University Children's Hospital still maintain their effectiveness. According to the data obtained from Ministry of National Education Department of Special Education and Guidance Services, as of 2017 December 1046 hospitalized children benefit from hospital class service across the country (The Ministry of Education, 2017).

OPERATION of HOSPITAL SCHOOLS/CLASSES

Due to a number of changes detected in 2012 by Ministry of National Education on Special Education Services Regulations, published with the date 31.05.2006 and with the number 26184 on Official Gazette, Hospital Schools have been closed, institutions named as hospital schools have been transformed into Hospital Classes (The Ministry of Education, 2012: 17). By being attached to the closest schools in their area, Hospital Classes have taken the name of those schools. They provide service as a class of the school.

As required by the regulations in question (The Ministry of Education, 2012: 17-18), education and training services to be maintained in the hospital classes are performed by taking into account the following points

a) For a student treated in hospital to receive education service from hospital school, first parent's written request and then written opinion of the doctor/doctors responsible for student's treatment are necessary.

b) School enrollment of the child treated in the hospital stays in the school in which s/he is registered (maintains his/her education). The enrollment of the child, who does not have a school enrollment, is made to a school or institution that is near the hospital area s/he treated or to a school or institution near to the area s/he lives.

c) For each student educated in the hospital class a temporary registration form is prepared and a temporary registration to the hospital class is made.

d) Achievement assessment of each student registered in the hospital class and maintains his/her education is the same as other students in the school s/he registered. In cases where there is a need for special cautions to be taken because of student's disease, necessary precautions are taken by teachers.

e) Achievement assessment results of the students in the hospital class are reported in written form by their teachers to the schools they are enrolled.

f) Procedures as promotion, preparation of report cards and diplomas of the students in the hospital class are carried out by the schools they are enrolled.

g) For education and training in hospital classes, a class with maximum 10 students is necessary.

h) Students, who cannot participate in the education given in hospital class, can receive their education in their rooms.

i) Administrative acts and services related to hospital class are maintained by school or institution manager, to which students enrolled.

j) Students in the hospital class are responsible for the curriculum of the school they are registered.

k) United class practice can be performed in the hospital classes.

l) While planning course hours of the students in hospital class as less than 10 hours, disease of the students and conditions of training environment are considered.

m) Educations of the students in hospital class are carried out by form teachers and branch teachers.

n) Teacher with the ability to give special education to hospital classes can be employed by Ministry of National Education.

o) While identifying training days and hours, class start and stop time in hospital classes, school administration considers disease states of the students in classes.

p) For students completed their stay period and treatment in hospital in order to end the education service, parent's request or written opinion of the doctor/doctors carried out his/her treatment is necessary (The Ministry of Education, 2015: 1-3; The Ministry of Education, 2012: 17-18; Hospital School Services, 2008: 10).

According to the data obtained from Ministry of National Education Department of Special Education and Guidance Services (2017), because of the fact that there are issues as disease situation and level of the sick child, parent's request of the child and doctor approval are in question, the number of "settles" hospital classes is very few. Thus the number of available hospital class currently maintaining its studies cannot be reached in our country. Noncurrent hospital schools list is provided in appendix (Appendix 1). After sick child's parents'

request and approval of his/her doctors, among a group of teachers determined as form teachers beforehand, a teacher is assigned, among a group of teachers determined as form teachers beforehand, to the hospital child is treated by District National Education Directorate. Hospital form teacher prepares a program according to Ministry of National Education's curriculum with regard to child's level and tries to apply this program during child's treatment period in hospital. Hence a determined weekly program schedule does not exist. In terms of education environment, it is learned that generally a proper room in the hospital is turned into a hospital class. In a study conducted by (Gültekin, Boyraz & Uyanık, 2017: 115-116; Işıktekiner & Akbaba Altun, 2011: 329-330) it is stated that, in our country physical conditions in hospital classes are insufficient, it is hard for hospital staff members to accept these classes due to lack of a stable place, teachers have difficulty in following the training program because children's disease situations and their severity can change and not all students in hospital class are in the same level.

There are various practices and regulations for students who cannot attend school because of their disease in a great deal of countries as well as our country. For instance, in England city of Bristol, "Hospital Education Service" is applied. In Hospital Education Service, education and training services are offered to students treated in the hospital because of their illnesses and cannot attend their schools. Students with chronic or serious illness including serious mental disorders and thus cannot continue their education benefit from Hospital Education Service. Apart from that, service also helps students treated too long because of their health problems not to move away from the system. Those students are included in the system with the request of healthcare professionals. The main aim of the Hospital Education Service is to help minimizing the failure in the education of students with health problems. Students are educated in a hospital, in a Hospital Education Service center or at their homes. Hospital teachers work at Bristol Royal Hospital for Children and Riverside Adolescent Unit. Hospital School offers its services in 5 different levels. Entertaining and friendly approach to students is embraced. In education staff, there are 13 teachers specialized in primary and secondary education fields and 3 assistant teachers. The main goal is to provide "education sustainability" during inpatient periods of the children or youth. To create a normal feeling in child or young an individualized education program is implemented by cooperating together with

child/young's parents. Considering children's healthcare needs, core curriculum as math and English are centered. In the core of the works done there are importance of forming social interaction and peer support. It is provided for youth to be created an education environment, in which they can support each other (Bristol Hospital Education Service, 2017: 2-6).

In the hospital school in London, educations of children between 5-18 years of age and receiving inpatient treatment are maintained. Here also the main goal is to be able to minimize the failure in children's/youth's education. So, within the bounds of children's health, continuation of their interest to academic improvement and training is ensured. In order to realize this goal, it is aimed:

- to provide individualized, entertaining and qualified training opportunities,
- to transform training as a supplementary part during children's inpatient period,
- to strengthen determination and friendship values,
- to prepare and strengthen students for now and future,
- to support and educate families and caretakers.

Education and training are given in 2 stages, as primary and secondary education, in hospital school. Hospital school provides service on weekdays between 10:00-12:00 a.m. and 14:00-15:00 p.m. Bedside educations can continue all day long. Aside from education, there are activity center and sense room for children and youth between 0-19 years in hospital. The aim of the activity center is to make children and youth feel themselves comfortable and secure during their treatment period. Daily program examples of the hospital class and activity class are attached to appendix (Great Ormond Street Hospital for Children Hospital School and Centre, 2013: 1-7) (Appendix 2, Appendix 3 and Appendix 4). Similarly in the Hospital School of Lucile Packard Children's Hospital in Bristol, there are primary, secondary and high school level education on every weekday and also there are science, art and drama lessons on 3 days in a week (Bristol Lucile Packard Children's Hospital, 2017).

In Arkansas Children's Hospital, hospital school practice is available. This hospital school is coordinated by Child Life and Education Department and education is given by a voluntary team and form teachers. Along with the official education, teachers also provide education support and development supportive

activities to sick children and their families. Hospital Scholl Program offers service from 3 years of age to 12nd grade. Program continues for 12 months, 5 days in a week. For education there are two classes, one for pre-school group and one for 6-18 age groups. Each class includes latest technological devices, course books, computers and development activities. Hospital school makes contact with the school child registered. It demands from parents to learn children's daily or weekly homework from the school child registered and to bring various books. If parents do not bring any, sick child's homework is faxed to the hospital school by form teacher, consultant or other school staff member. When there is no communication with the school child registered, hospital school teachers prepare an education program proper to the child's level. Upon request of the school child registered, hospital school enrollment, attendance sheet and progress report of the sick child are sent by his/her teachers. Special practices can be organized for students who cannot participate in hospital class because of their individual or disease features. Course hours are regulated as 09:00-10:30 for pre-school group, 08:45-10:15 for 1-6nd grade and 10:30-12:00 for 7-12nd grade on every weekday (Arkansas Children's Hospitals, 2017).

Figure 1: Arkansas Children's Hospitals Classroom for Ages 6-18

(Reference: http://www.archildrens.org/media/file/HospitalSchoolProgram(1).pdf)

Figure 2: Arkansas Children's Hospitals Classroom for Preschool
(Reference: http://www.archildrens.org/media/file/HospitalSchoolProgram(1).pdf)

Preparatory Educat on

Being sick and staying in hospital too long is a situation that negatively affects ~~also~~ the mental health of children as well. Children can start to think they are punished for their behaviors. They think that they can get rid of this punishment by showing terminal behaviors, but when they stay at the hospital too long, by thinking that this punishment will never end they can exhibit several negative feelings and behaviors like fear, anxiety, depression, regression, autism and silence (Uçar, 2010: 42). According to Gultekin and Baran (2005: 4-5) especially when school-age children like acting independently, curious and questioner receive inpatient treatment too long, this situation makes them feel limited and away from their homes, families, friends and schools which can cause these children to exhibit negative behaviors.

For these abovementioned negative situations to never exist, preparatory education should be given to inpatient children and their families. The aim of the preparatory education should be to support both child and his/her family physiologically, socially and educationally; to make the child get used to the hospital, hospital class, teachers and friends and to make the child embrace this change that s/he goes through and to minimize the negations can be experienced

(Gültekin & Baran, 2005: 4-6; Er, 2006: 166). When planning the preparatory education, disease situation, age, development features and parent's features of the child should be certainly considered. During education, for the child to fell himself/herself secure and comfortable, education should be provided by an expert as child development specialist, psychologist or form teacher. When hospital class staff members, hospital staff members and child's parents act together, it is easier for the child to acknowledge what s/he is going through and to bring into safety. In the context of preparatory education issues like disease situation, hospital's introduction, hospital staff, hospital class, hospital class curriculum, life in hospital, tools and equipment used and medical operations can be performed should be included (Gültekin & Baran, 2005: 4-8; Crosby, 1992: 2).

Hosp tal Class Teachers

Primary aim of educating children who receive inpatient treatment too long is to prevent within the bounds of possibility and as much as possible children's normal education to be interrupted. There are three international reasons about children's receiving education in hospital. These are (International Confederation of Childhood Cancer Parent Organisations; 2003: 1):

1. To provide a school experience designed for meeting basic educations needs of each child in school-age. According to International Confederation of Childhood Cancer Parent Organizations, education helps to support children psychologically, to give them power to fight against their diseases, to deal with the fears and concerns related to their diseases as well as to make staying at the hospital easier and to express their feelings that they cannot express with words.

2. To provide daily routine in normal life of the inpatient and school-aged children.

3. To give an opportunity to inpatient children not to fall behind their peers. A lot of inpatient children do not want to go to school because their education life is interrupted and they fall behind the school. However education offers experiences enhances growth, development and self-respect.

Apart from basic works of educator, teachers who work at hospital class should have the ability to recognize the ill children, have information about sick children's emotional states, develop methods while dealing with sick children and their changeable mood, not only to develop good communication meth-

ods while dealing with sick children and to empathize but also should have good management skills while coping with the problems except for norms like irregular education hours, changing curriculum and daily changing education schedule of the children (Carstens, 2004: 1-2; Khanenja & Milrod, 1998: 909; Crosby, 1992: 20). Ainsha (1981: 397) identifies this situation as “While educating children with chronic and/or terminal illness, it is the teacher’s duty to be though, challenging and rewarding and to support professional growth and development.”

As stated above, being a teacher at hospital schools differs from being a teacher at ordinary state schools. Hospital class teachers need to be specialized and additional qualifications in order to meet ill children’s various and extensive needs. Because hospital class teachers do not work on regular school hours and in each class they educate every age group with different health problems. Although teachers have classes for education purposes, they educate children that cannot get out of bed because of their health problems on bedside and with the curriculum they prepared they go bed to bed or service to service and educate children (National Asthma Education and Prevention Program, 2003: 131; Eiser at al., 2003: 14 Hospital class teachers build their curriculum on an informal and ease basic, as a result of this a very individual and confidential relation is developed between class teacher and student (Carstens, 2004: 2).

Because teaching at hospital class is quite different from teaching at an ordinary state school, for teachers to be able to work at hospital classes they should see themselves adequate and have the will to perform this job and feel that they have the goods. On the ground that teachers are an important source of motivation for children, they should be eager to work in this field both professionally and individually and perform their occupation duty, their doing so affects emotional states of ill children. Hospital class teachers should have information about illnesses like diabetes, cancer, leukemia, epilepsy and asthma and be conscious of how to deal with an emergency when such a situation exists and they should know that how to support an ill child both academically and physically (Court, 1994:56; Little, 1987:498; Chekryn, Deegan & Reid 1987: 164; Knipe & Esbjornson, 1965: 3). Working with a child with a fatal disease, disciplining and motivating this child can be a source of anxiety for hospital class teachers (Chekryn, Deegan & Reid 1987: 162). Anxiety states teachers working at a hospital class can go through can be arrayed as follows:

- to be able to protect his/her emotional health and to deal with child loss,
- to be able to protect occupational limits in relations they build,
- to be able to focus on all education fields within a limited time separated for providing education to children with inner and outer obstacles in the education and development area,
- prohibit disintegration by contacting with his/her colleagues in ordinary schools,
- to be able to distinguish individual and occupational situations in “all” fields of life,
- to recognize the pains his/her student going through and the side effects of the treatment ill child receive and to act tolerant,
- to give education to all age groups, all classes and in all levels,
- to improve his/her self-sufficiency as individual motivation, adaptation, flexibility, optimism and being well organized,
- to have information about diseases, teaching methods, teaching practices, teaching approaches, learning and teaching methodologies,
- to know how to build a qualified relation process with the students (Purkey & Novak, 1996:9; (Kübler-Ross, 1997: 6)

As seen above, hospital teachers are unusual teachers educating extraordinary students in unusual education environments. To Lindell (2003: 1), there are six features for unusual teachers to embody for being able to be successful in education and training:

1. Hospital form teachers are passionately dependent on their occupation, children and their lives,

2. They know what to teach, how to teach and how to improve,

3. They communicate with their students very well,

4. They are capable of creating exciting education environments,

5. They work for bringing out the children’s potential,

6. They get extraordinary results.

ADVANTAGES of HOSPITAL SCHOOLS

Hospitals are institutions that are organized for treating children's illnesses, protecting their physical and mental health (World Health Organization, 2003: 45, Silav, 1998: 21-22). Because health is defined as being completely well, it is important for hospitals to provide service by considering children's integrated well-being. As well as having proper staff and equipment for children's treatment, hospital environments should be designed as environments, in which children's psychological needs as decreasing stress, fear and anxiety, providing sense of trust are met (Kargı, 2007: 365-366; Köse, 2003:38; Malkin, 1991: 125).

For a person to be diagnosed with an illness and to start treatment processes cause a lot of changes in his/her life. But when a child or young is diagnosed with an illness, the situation can become more effective. In childhood and puberty, to make contacts with family, friends and classmates is extremely important for young's emotional development and peace. Isolation fronts us as a fact that complicates these children's' lives except from direct results of the disease. This lack of communication ill children live with their environment can confront them in different periods of their lives. Although children need their friends and relatives more when they are in hospital, generally they cannot make long contacts with them throughout the day. When children are in treatment period, their education lives are generally stopped and their relations with their classmates, except their best friends, are completely interrupted. But there are education needs of those sick children that need to be met (Gonzalez et al., 2011: 74). Education is obligatory in foreign countries as in our country and it is state's duty to provide education to ill children. This situation is guaranteed in the T.R. Constitution Third Chapter Social and Economic Rights and Responsibilities Education Right and Responsibility "ARTICLE – No one can divest from education right" (Anayasa, 1982: 8). Non-governmental Organizations are also work for protecting children's health and maintaining their education lives. As the biggest leader of this United Nations International Children's Emergency Fund can be pointed (UNICEF, 2004). Except for that, there are many initiatives such as Hospital Organization of Pedagogues in Europe (HOPE) which aim to decrease negative effects of hospitalization on children and youth as well as try to contribute to schooling process by providing education to children (Hospital Organization of Pedagogues in Europe, 2017).

HOPE was founded by Dr. Pavle Kornhauser with the Hospital Teachers Conference organized for the first time in 1988, and then it has rapidly improved by expanding regions like New Zeeland, Australia and Latin America. To make children treated at hospital or home to be able to receive education meets their individual needs at proper places, with the highest quality forms the main goal of the organization. Organizations visit the hospital schools of its member states and by arranging various activities, symposiums and congress it tries to create awareness for ill children, their families and tutors (Hospital Organization of Pedagogues in Europe, 2017). It is thought that proliferation of NGOs like this can make important contributions in emphasizing ill children's education, ensuring them not no feel alone and supporting their families.

Being treated too long because of the disease exists in the child can cause various emotional states like fear, anxiety, depression both in child and in their families. Apart from these negative emotions, staying in hospital brings a lot of problems with it such as interruption of children's education especially in school age. It is known that this situation can cause regression behaviors in children, and academic failure, withdrawal from friend and families because of various developmental regressions, delay in development and being absent from school (Gültekin & Baran, 2005; 4-8; Çakıroğlu, 1991; O'Conner-Von, 2002; Kargı, 2007: 366).

For a child fighting with his/her disease no to live such an academic problem or to minimize his/her academic problems there are measures taken and "Hospital Classes" are among them. While educations of hospitalized children are maintained in these hospital classes, educations of children receiving home treatment are carried out at their homes (The Ministry of Education, 2012: 17). Participation of children in school age in hospital classes, makes them feel themselves in a familiar and reassuring place even if they are in an unfamiliar place and reminds them of their daily routines (The National Center for Biotechnology Information, 2017: 1-2). Hospital classes deal with a part of (education) a sick child's daily routine, when s/he is healthy, during his/her stay in hospital and show him/her that s/he can turn back to normal incidents/his/her life. So while hospital classes give the children the opportunity to be creative and productive, they give children identity and hope feelings at the same time (Ratnapalan, Rayar & Crawley, 2009: 433-436).

In our country there are very few extensive researches about hospital classes. In a research conducted by (Gültekin, Boyraz & Uyanık, 2017;111; Kılıç, 2003:68-69; Isıktekiner & Akbaba Altun, 2011: 329); it is determined that hospital classes help both educations of ill children, their families and their emotional states. It is emphasized by hospital class teachers that thanks to these classes children move away from hospital environment and they feel themselves more comfortable and secure psychologically (Gültekin, Boyraz & Uyanık, 2017: 111). Studies show that hospital classes help ill children to continue their education without an interruption and decrease effects of negative emotions exist because of being away from their classmates and school (Gültekin, Boyraz & Uyanık, 2017: 111; Kılıç, 2003: 68-70; Isıktekiner & Akbaba Altun, 2011: 329-330).

School is an ordinary institution however in cases children are sick and are obliged to stay in the hospital too long, school turns into a "luxurious" institution for those children. In this context hospital classes become ~~as~~ a shelter for sick children. In protecting this holy area for children teachers have a big role and importance (Schlozman, 2002: 82). A hospital teacher from Toronto Children's Hospital explains this situation as increasing the number of hospital schools gives a message to children to feel themselves better (Jea et al., 2007: 620). Eiser et.al (2003: 4) stated that hospital school teachers can become "local parents" and help children to meet their daily needs in cases where children staying in the hospital too long and do not have their parents with them. Hence intimate relations between sick child and his/her teacher can be seen. As a result of their study, Mukherjee and Lightfoot (2000: 59), parents of the children, who cannot attend the school as a result of a disease or accident, expressed about hospital schools that they feel school is giving importance and value to education for children to get better and continue their education, that school believes children can be successful, can experience new friendships and that they are not comfortable with the diseases.

Receiving education helps ill children to feel themselves sufficient. School and class activities raise children's motivation in fighting with their diseases. When adequate environment and support are provided, ill children make progress socially, emotionally and academically (Carstens, 2004: 17).

Proper support in hospital schools can help sick children to accept his/her disease, to manage the process, to catch up with the curriculum and to maintain

his/her social life. This situation is expressed by Perez-Bercoff (1996: 2) as "Hospital school provides sick child to show emotional reactions and behaviors appropriate for his/her age and also it is one of the treater psycho-social aspects of the school because of the fact that these schools help children to develop their cognitive skills." Focus point of hospital schools is to provide normalization of this different situation by children and to support treatment process for patient/student to get better. That's why hospital school teachers see "care of the children with a fatal or chronic disease as a multi-disciplinal work including not only pediatrists but also psychiatrists, psychologists, social service specialists, therapists and teachers" (Khaneja, Milrod, 1998: 909). Because of all these reasons, it is becoming obligatory for hospital school teachers to work with healthcare personnel and other support sources. Under these conditions being a hospital school teacher is not an easy job, because teachers have additional and various tasks to perform (Ainsha, 1981: 397; Eiser et al., 2003: 14). Gültekin, Boyraz ve Uyanık (2017: 110) As a result of their research done by Gultekin, Boyraz and Uyanık (2017: 110) it is revealed that education and training program applied in hospital classes differs from the curriculum in ordinary schools due to students' disease states, having different class levels, hospitalization duration and children's individual features. Due to all these reasons it is hard to apply one curriculum in hospital classes. So, individualized education is maintained in hospital classes.

When a few studies related to hospital classes are examined (Kılıç, 2003:68; Işıktekiner & Akbaba Altun, 2011: 329; Kamışlı, 2014: 152); it is seen that as being hospitalized has a lot of psychologically negative consequences on children and youth, also being unable to attend the school can bring academic problems. When their treatment is completed and they go back to school, these children have difficulty in accommodating themselves to school and because they academically fall behind, these children move away from their lessons and indirectly from their friends. It is seen that hospital schools are efficient in minimizing negative situations like this and that they serve a very important purpose.

FUTURE of the SCHOOL HOSPITALS

When inpatient children from pre- to high school cannot attend their hospital too long because of their diseases, they generally continue their education in hospital schools and they attend in-hospital courses. Hospital schools help

sick children to follow a part of the curriculum, which they miss because of their absence from the school. But still children are isolated from their own classes and friends (Bossert, 1994: 35). For an ill child to be in contact with his/her peers can also provide non-academic gains in developing his/her social skills; progressing his/her communication skills and developing self-confidence and independence feelings (Lipsky, 1995: 6-7). Hence there are a few practices performed or designed in addition to hospital classes. Since computers have entered our life, they use information technology for a long time (Watts, 1984:19). In our day almost all schools use computers and Internet. Recently usage of this information technology is also at stake in hospital classes. In some hospital schools where Internet connection exists, there is a pilot study for starting a network between hospital schools and state schools. This system allows video and lesson sharing with the remote hospitals such as in Australia, Belgium and Israel (Salter-Murison, 1997: 33-35). This opportunity is important with regard to provide ill children to continue their education with their classmates synchronously. For instance, an inpatient child in Australia can make contact with his class via Internet. Similarly an ill child treated at home can connect hospital school network with a link and can participate in “virtual class”, maintain his/her studies by being directed by his/her education supervisor with his/her own speed and education materials. With this home-hospital vide link practice, self-reliance of sick children increases and they will prepare themselves in order to get better to a large extent and turn back to their schools (Salter-Murison, 1997: 33-35).

Pediatric point of view defends the idea that children with chronic diseases can feel themselves ready to turn back to school by being supported in some development areas, being provided with available education and training sources, being supported for receiving education in hospital during their treatment period. As an alternative to this situation, home visits in once or twice in a week or occasionally homework assessments at home school can be given (Gabbay et.al. 2000: 116). But this rapid progress in available information technology can offer opportunities for sick children’s education. Emphasize on children’s education with special needs completes, as possible, the main service. The effect of hospital-based school in preventing interruption in inpatient children’s education is certain but also education to be given by using Internet networks will make children motivated and will offer similar education environment with

hospital class by creating more effective learning environments with less spending (Salter-Murison, 1997: 33-35).

Although appropriate opportunities for his/her existing potential are provided, the situation really happening and the situation s/he lives can be different for many ill children. Teenagers mostly are looked after in environments where there are mainly adults and this condition affects the situation that whether education is available to them or not by depriving them of education. Particularly there are risks for teenagers out of legal school age, mentally deranged and ambulant teenagers (Brown, 2012: 111-112).

In HOPE, Internet environment usage in hospital schools is supported and information and communication technology (ICT) is used. A similar technological project planned for hospitalized children's education is SAVEH project. SAVEH is a European project developed by universities, hospitals and special institutions in Portugal and Spain with the aim of developing and integrating ICT tools and electronic contents (Gonzalez et.al, 2011: 74). PEBBLESTM (Providing Education by Bringing Learning Environments to Students) developed by Wayne Gretzky can also be given as another good practice example. PEBBLESTM is a unique PC based video conference system configured as providing a real time synchronized connection with the hospitalized child's normal class (Fels et.al., 1999: 198). System allows inpatient children both to participate in education regularly and to maintain connections with his/her psycho-social environments. Hence it offers opportunities provide minimizing secondary problems that can occur in relation to the disease or hospitalization (Weiss et.al. 2001: 157). Weiss and his friends (2001) have found out that generally PEBBLES have very positive effects both on young and adult participants, as a result of their research, on which they examine the effect of PEBBLES on a child directly benefits from the system and on people s/he interacts with (classmates, parents, teachers and hospital personnel).

Figure 3: The Use of Wayne Gretzky's PEBBLES in Classroom and Hospital Room. (Reference: Weiss et al., 2001:158)

Another method developed for hospitalized children is TeleAula method. TeleAula allows children treated at hospital or home to interact with their classes, in which they are registered, by using video conference method. TeleAula method is an extensive project tries to offer equal opportunities to all children and youth about education access. TeleAula includes video conference (voice and video), messaging (conversation), file exchange, sharing of applications (cooperative work), choice active camera (distant and locally) services (Figueiredo and Cardoso, 2014: 275).

CONCLUSION

Mainly, it is seen that education programs applied in hospital classes change according to children's disease states and other special causes as well as physical conditions of the hospital, that necessary importance is given to ill children's education by using many methods including technology and that hospital classes help physical states of ill children, their families and education.

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APPENDICES

APPENDIX 1. LIST OF HOSPITAL SCHOOLS IN TURKEY

Number	Hospital Schools Name	Country
1.	SSK Adana Hastanesi İlköğretim Okulu	Adana
2.	Balcalı Hastanesi İlköğretim Okulu	Adana
3.	Hacettepe Üniversitesi Çocuk Hastanesi İlköğretim Okulu	Ankara
4.	Ankara Onkoloji Hastanesi İlköğretim Okulu	Ankara
5.	Ankara Atatürk Sanatoryum Hastanesi İlköğretim Okulu	Ankara
6.	Ankara Üniversitesi Tıp Fakültesi Hastanesi İlköğretim Okulu	Ankara
7.	SSK Ankara Çocuk Hastalıkları Hastanesi İlköğretim Okulu	Ankara
8.	Gazi Üniversitesi Tıp Fakültesi Hastanesi İlköğretim Okulu	Ankara
9.	Ankara Hastanesi İlköğretim Okulu	Ankara
10.	Dr. Sami Ulus Çocuk Hastanesi İlköğretim Okulu	Ankara
11.	GATA Çocuk Onkolojisi İlköğretim Okulu	Ankara
12.	Aydın Devlet Hastanesi İlköğretim Okulu	Aydın
13.	SSK Balıkesir Hastanesi İlköğretim Okulu	Balıkesir
14.	Uludağ Üniversitesi Tıp Fakültesi Hastanesi İlköğretim Okulu	Bursa
15.	Denizli Devlet Hastanesi İlköğretim Okulu	Denizli
16.	Dicle Üniversitesi Tıp Fakültesi Çocuk Sağlığı Hastalıkları Hastanesi İlköğretim Okulu	Diyarbakır
17.	SSK Erzurum Hastanesi İlköğretim Okulu	Erzurum
18.	Eskişehir Devlet Hastanesi İlköğretim Okulu	Eskişehir
19.	Eskişehir SSK Hastanesi İlköğretim Okulu	Eskişehir
20.	Osmangazi Üniversitesi Eğitim Uygulama ve Araştırma Hastanesi İlköğretim Okulu	Eskişehir
21.	Erzincan Devlet Hastanesi İlköğretim Okulu	Erzincan
22.	Eğirdir Kemik Hastalıkları Hastanesi İlköğretim Okulu	Isparta

23.	İstanbul Üniversitesi Cerrahpaşa Tıp Fakültesi Hastanesi İlköğretim Okulu	İstanbul
24.	İstanbul Üniversitesi Tıp Fakültesi Hastanesi İlköğretim Okulu	İstanbul
25.	SSK Bakırköy Doğumevi Kadın ve Çocuk Hastalıkları Hastanesi İlköğretim Okulu	İstanbul
26.	Dr. Sami Konuk Eğitim ve Araştırma Hastanesi İlköğretim Okulu	İstanbul
27.	70.Yıl Fizik Tedavi ve Rehabilitasyon Merkezi İlköğretim Okulu	İstanbul
28.	Ege Üniversitesi Tıp Fakültesi Hastanesi İlköğretim Okulu	İzmir
29.	Dokuz Eylül Üniversitesi Tıp Fakültesi Hastanesi İlköğretim Okulu	İzmir
30.	İzmir Dr. Behçet Uz Çocuk Hastanesi İlköğretim Okulu	İzmir
31.	Erciyes Üniversitesi Tıp Fakültesi Hastanesi İlköğretim Okulu	Kayseri
32.	SSK Kayseri Hastanesi İlköğretim Okulu	Kayseri
33.	Dr. Vedat Ali Özkan Devlet Hastanesi İlköğretim Okulu	Kayseri
34.	19 Mayıs Üniversitesi Tıp Fakültesi Hastanesi İlköğretim Okulu	Samsun
35.	Pamukkale Üniversitesi Eğitim Uygulama ve Araştırma Hastanesi İlköğretim Okulu	Denizli
36.	Trakya Üniversitesi Tıp Fakültesi Hastanesi İlköğretim Okulu	Edirne
37.	Akdeniz Üniversitesi Tıp Fakültesi Çocuk Sağlığı ve Hastalıkları Hastanesi İlköğretim Okulu	Antalya
38.	Selçuk Üniversitesi Meram Tıp Fakültesi Çocuk Hastanesi İlköğretim Okulu	Konya
39.	İnönü Üniversitesi Turgut Özal Tıp Merkezi Hastanesi İlköğretim Okulu	Malatya

APPENDIX 2. THE SAMPLE of HOSPITAL SCHOOLS PRIMARY SCHOOLROOM TIMETABLE

Primary Schoolroom timetable – 2017/18

	Monday	Tuesday	Wednesday	Thursday	Friday
Open from 10 - 12.00 Please join the lesson at any time Surprisingly... don't worry if you're late!	English	Maths	English	Maths	English
	10:45 – 11:00 BREAK IN THE CENTRE (with school staff)				
	Topic	Time to Experiment	Fun with Maths	Art	Computing
	Schoolroom closed 12:00 – 2:00pm				
2:00 - 2:45	Maths	Topic	Handwriting Club	English	Maths
2:45 - 3:30	Topic / MFL*	Writers' Workshop	P.E/Music*	Drama/Philosophy*	Golden Time (parents/carers welcome)
3.30	END OF SCHOOL ROOM DAY				

*These lessons alternate half-termly. Please ask a member of school staff for more details.

(Reference: http://www.gosh.nhs.uk/childrens-hospital-school/about-us/term-dates-and-timetables)

APPENDIX 3. THE SAMPLE of HOSPITAL SCHOOLS SECONDARY SCHOOLROOM TIMETABLE

Secondary Schoolroom timetable - 2016/17

	Monday	Tuesday	Wednesday	Thursday	Friday
10:00-10:45	Maths	English	Maths	Science	English
BREAK IN THE CENTRE					
11:00 - 12:00	Science	Art	Computing	Citizenship	STEM Science, Technology, Engineering, Maths
	SCHOOLROOM CLOSED 12:00 - 2:00 CENTRE CLOSED 12:30 - 2:00 LUNCHTIME CLUB IN THE CENTRE UNTIL 12:30				
2:00 - 2:45	Personalised Learning		Personalised Learning		Personalised Learning
2.45 - 3:30	Personalised Learning	Creative Workshop*	PE/Music*	Drama/Philosophy*	Personalised Learning & Golden Time
3:30	END OF SCHOOLROOM DAY				

These lessons alternate half-termly. Please ask a member of school staff for more details about this and also our Creative Workshop sessions.

(Reference: http://www.gosh.nhs.uk/childrens-hospital-school/about-us/term-dates-and-timetables)

APPENDIX 4. THE SAMPLE of HOSPITAL SCHOOLS the ACTIVITY CENTRE TIMETABLE

Timetable for Nursery & Reception age children in the Activity Centre - 2017/18

	Monday	Tuesday	Wednesday	Thursday	Friday
Open from 10:00-12:00 Teacher led activity 11.00-11.30	Child initiated learning and free play				
	Understanding the World	Singing Hands (Tuesday 11:15-12:00)	Fun with Maths	Expressive Arts & Design	Physical Development
12:00	PARENTS/CARERS PLEASE COLLECT CHILDREN FROM THE ACTIVITY CENTRE				
Open from 2:00-3:30 Teacher led activity 2.45-3.15	Child initiated learning and free play				
	Literacy	Communication & Language	Design and Make	Interactive Story with Suki	Music with Kamini
3:30	PARENTS/CARERS PLEASE COLLECT CHILDREN FROM THE ACTIVITY CENTRE				

We offer a child-initiated curriculum with some teacher led activities, which are topic based, 10 minutes phonics and some small group activities. We'd love to see you. Pre-school aged children must be accompanied by an adult. Please drop in at any time.

(Reference: http://www.gosh.nhs.uk/childrens-hospital-school/activity-centre)

THE IMPORTANCE OF LIBRARIES IN MULTICULTURAL EDUCATION

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ABSTRACT

Due to international immigrations, cultural variety rate in many countries of the world has increased. However, multiculturalism and language variety cause social conflicts. That is, every immigrant brings his/her culture to the place they immigrate, but this culture may not adapt to the culture of the new settlement. In order to overcome the social conflicts that this culture difference caused, immigrants need to be supported for the adaptation process to the new culture/society. Libraries which struggle to develop services based on multicultural mentality, provide people from different cultural communities to benefit from various resources both in the language of the majority and in their mother tongue equally and free of charge. Library services should be provided for all cultural, ethnic and lingual minorities without any discrimination and on equal terms, in the languages they prefer, and in a way to reflect their culture. Libraries provide support for multicultural education by lifelong learning and the basis of lifelong learning, information literacy. Along with these, libraries should reflect, support and diffuse cultural and lingual diversity at both national and local levels, and his way, struggle for intercultural dialogue and active citizenship. In this study, the importance of lifelong learning and the significance of the supporting position/role of information centers of multiculturalism were analyzed for providing equal conditions to individuals in accessing information/information resources in the social adaptation process.

INTRODUCTION

Considerable increases in international immigration every year, globalization, high-speed communication, easy transportation and the factors that the 21st century brought, have increased the cultural variety in populations of many countries. According to “Multicultural Library Manifesto” prepared jointly by IFLA (International Federation Library Association) and UNESCO, every individual in a society has a right to access to libraries and information services completely and fully. Groups like minorities, often described as disadvantaged groups, and immigrants who have cultural and lingual variety, should be taken care of in a private way. Again, in this manifesto, libraries are defined as culture and information centers which provide services to different interests and groups. In the context of culture and language variety, it is suggested that library services are focused on freedom and equality of getting information in line with the cultural identity and values of individuals in a society (IFLA-UNESCO, 2009: 746). Culture and language variety are common inheritances of humanity and must be preserved. All libraries should reflect culture and language variety to their services at both international and local levels, and should struggle to strengthen intercultural communication and active citizenship.

Multicultural library services are universal. This mission is often taken over by public libraries because of the qualities they possess. However, with the increase in international immigration every day, hence with our society’s cultural variation, this mission started to take place in domains of many types of libraries. Especially it is within the responsibility of all library types like public libraries and research (academic) libraries, which support and exist in education, having cultural variety and providing services to a society.

MULTICULTURAL LIBRARY and MULTICULTURAL LIBRARY SERVICES

Multiculturalism “was born in the early 1970s by Australia and Canada, which were the most immigrated countries at that time, and by adoption of these two governments the policies named by them as multicultural policies directed towards encouraging the cultural differences of both native peoples and immigrants. In the next decade, it spread to the English-speaking countries (United States of America, Great Britain, New Zealand) and after that to Europe and

Latin America" (Demir, 2016: 111). In this context, the main factor that this concept takes place in social and political domain is the international immigration and cultural, lingual, religious and ethnic demands that this immigration introduced (Yanık, 2011: 164).

With the mixture of cultures, almost every society faces cultural problems at different levels. Adaptation of the immigrants socially and culturally to the country they live is essential for themselves and for the society they live in, however, this process is not easy to be fulfilled in a short period of time. The social and cultural adaptation period of the immigrants to the country they live in is described as "social integration process" (Oğuz, 2012: 50). In multicultural societies, individuals should be given equal opportunities in accessing economic, political and public resources for this process to become easier. For the individuals living in these societies, different opportunities should be created in accessing information and formal education in order to provide them to use their personal potentials in a real sense (Jönsson-Lanevska, 2005: 128-129).

In the social adaptation process stated above, important tasks remain to libraries as well as every educational, cultural and social institutions. IFLA stated that libraries are institutions that are responsible for providing equal access to public resources of local population. Within this responsibility, multicultural library is defined as the provision of information services to groups, which are members of different ethnic groups, speaking different languages and having different cultural backgrounds, under equal conditions and by cherishing the cultural characteristics of these groups (IFLA-UNESCO, 2009: 749).

As a result of the world's becoming a structure that houses more different cultures every day, and thus globalized, the profile of a library user has transformed into more multicultural shape accordingly. For this reason, different educational programs need to be organized for different user groups (users from different cultures) in multicultural libraries. Among these common education services, language, computer courses and civics take place (Varheim, 2011: 16).

Multicultural libraries make great contributions to democratization in a society while meeting the information access needs of immigrants, disadvantaged groups and individuals who experience cultural difficulties. Among these contributions, some elements such as raising awareness of the subject of multiculturalism, encouraging individuals in the society to use different languages, pro-

viding a harmonious life to people who speak different languages, preserving the lingual and cultural inheritances of different cultural groups while contributing to the development of freedom of speech in a democratic environment, and encouraging participation to a civil society take place (Oğuz, 2012:56).

Individuals living in multicultural societies have rights to access information, get information and benefit from library services like other individuals. For this reason, in the manifesto prepared by IFLA-UNESCO, principles that libraries are liable to fulfill are defined. According to this, libraries are bound to;

- Provide equal services to all individuals in a society without considering their culture and language background.
- Provide information in proper language and resources.
- Provide information services to meet the needs and expectations of all communities.
- Employ librarians who are trained to provide services to multicultural communities and reflect cultural variety in a society.

Within the framework of these stated above, it may be suggested that multicultural libraries need to recognize the population's characteristics and geographical structure of their region in order to be successful in library services. They should diagnose the information needs of immigrant groups and minorities and shape their services in accordance with these needs. They need to support newcomer immigrants who experience culture shock to overcome their language difficulties. Direction signs, multilingual web sites, collections in different languages, and services in their mother tongues should be provided. For the solution of language difficulties, especially public libraries, should organize early literacy and family literacy programs and provide adult courses for English. They should support for searching jobs, health, nutrition and other basic needs. Connections between institutions/establishments aimed at services for general population and immigrants should be made if necessary. They should encourage active participation to public and civil life and build a bridge between resident population and immigrants.

Public libraries are the best examples for multicultural libraries for the characteristics they have and the mission they take on, because public libraries, which have functions for education, learning and presenting information, appear as places for social integration. Public libraries, providing opportunities for

developing personal creativity, are positive means for a social change. Public libraries, as a part of their policies for service, guarantee users who have physical and mental handicaps and economic difficulties, and hence unable to use libraries, to attain information services in any conditions. Public libraries function as a guide for all people in a society to develop their knowledge and skills in order to sustain a better life, to create consciousness for accessing information, and to show ways to access information without making religious, language, racial, sex and age discrimination.

Actions to be taken to develop a multicultural structure at public libraries can be summarized as (Yılmaz, 2000: 460- 461):

- Existence of groups who have expectations for a different service for their language and culture backgrounds should not be overseen.
- Libraries should be the institutions that provide good services.
- It is essential to develop special collections for ethnic groups and to keep balance between collections of different languages. When creating these collections, it should be taken into consideration that these collections have qualities to reflect cultural inheritances of these groups, meet the cultural needs of them, spending their educational, cultural and spare time in a more effective way.
- Libraries should include works that transmit the culture/literature of the members of immigrants in the language of the host country, and the culture/literature of the host country in the ethnic languages.
- Libraries should arrange special organizations to meet the ethnic identity and cultural inheritance needs of ethnic groups. In addition, libraries should stimulate ethnic groups to participate in and help to various organizations. Location and equipment should be reserved for their organizations.
- Libraries can offer special services to ethnic groups, and can expand these services. They can provide the children of ethnic groups with orientation and continuous education, and organize free courses for language education.
- Employment of the personnel who can speak the language of ethnic groups and their attitude towards these children in a welcoming way is essential.

THE POSITION of LIBRARIES IN MULTICULTURAL EDUCATION

Education and training that we acquire throughout certain periods of our lives may lose their validity or some knowledge we have may not be utilized. Information increases and changes in such a rapid way that individuals have to renew their knowledge and themselves during every phase of their lives in order to keep pace with these information. For this reason, education is redefined as a continuous lifelong process and the main objective of education becomes the teaching of the learning fact.

The greatest characteristic of today's age, which is called as "information age", is the constant change. Constant change affects the information needed by individuals and the skills to be possessed by them, and as a result, a necessity for a lifelong learning emerges. In lifelong learning process, "learning" is a never ending fact and a fact that is required to be developed. Lifelong learning skills should be instilled to immigrants and minorities, who remain outside of formal education, in order for them to adapt to the environment they are in because the objective of lifelong learning is to provide social integration and stimulate active citizenship.

By providing cooperation in every field of education and training, and by creating a consciousness in individuals that learning is a continuous process, active citizens are created by individuals who renew and develop themselves. Libraries should be able to support lifelong learning and fulfill services such as information literacy, education and culture. Objectives should be defined by them for the services given through their principles. These principles should be;

- By discovering positive aspects of culture variety and intercultural communication, creating awareness in society for this subject.
- Respecting the mother tongue and supporting communication in different languages.
- By supporting language learning at early age, providing a harmonious environment for different languages.
- Preserving language and culture inheritance, and supporting expressing, creating and sharing in all languages spoken in a society.

- Supporting oral culture and supporting the preservation of culture assets that are not tangible.
- Providing individuals and groups from different cultural backgrounds to actively participate in social life.
- Encouraging information literacy in digital age and have a command of information and communication technologies that are developing rapidly.
- Encouraging language variety in cyber world.
- Encouraging universal access in cyber world; supporting information and sharing good examples of applications for cultural pluralism (IFLA-UNESCO, 2009: 747).

Individuals who are included in lifelong learning process of libraries will be transformed into people that are more conscious, and who know themselves and how to apply information experiences to their lives, how to learn better, and proceed in solid steps in life. With the lifelong learning program that immigrants are included by libraries, an easier integration to the society and culture is provided.

The objective of lifelong learning defined by EURYDICE (Network on Education Systems and polices in Europe) (2000: 10) is described, favouring the education to immigrants and minorities, as; providing social integration and encouraging active citizenship. In addition, creating active and participant citizens who renew and improve themselves by creating consciousness in individuals that learning is a continuous concept, and cooperating with every field of learning and education.

Objectives of the support for lifelong learning are defined by European countries, which are immigrated excessively in recent years, as;

- Personal development
- Integrating individuals into business life and society
- Providing individuals to participate in the process of taking democratic decisions.
- Increasing the adaptation of individuals to economic, technological and social changes.

As seen above, a person has an opportunity to observe the change and development of the society and to participate in these changes, while improving themselves by lifelong learning. The individual will adjust to the changes in society, economy or technology, and be more willing to learn new things.

Libraries, beyond providing access to information, create fields for users for improving their knowledge and skills in order to increase their social participation. One of the most important reasons for libraries to be established is to provide the accumulation of culture and information, and to transfer it to the next generations. Because of this purpose of existence, libraries are bound educate the community that they provide services. This education might range from a simple library usage to information literacy, which facilitates the way of living and provides taking accurate steps throughout the education life of the individual. Individuals having skills of information literacy are needed in a world which is shaped with the rapidly-changing technologies of today's era, and as a result, in which a great deal of various information resources are present. Individuals need to sustain learning activities throughout their lifetime in order to survive in an information society and not to be excluded from it. In formal and non-formal education, information literacy skills, which are the key points of lifelong learning in daily life, are among the basic skills that are needed to be improved for immigrants and foreigners to adapt and sustain this adaptation to the countries they immigrate. Learning effectively how to access and utilize information is among the factors that increases social integration between immigrants. Information literacy skills are the foundation of lifelong learning. In short, information literacy is the ability to find, utilize and transmit information. OECD (The Organisation for Economic Co-operation and Development) (2000: 11) defined literacy as "creating a lifelong learning consciousness, developing it, and provide individuals to acquire new skills for an active learning".

In the lifelong learning process, an information literate individual knows where to find the correct and reliable information, how to find it and utilize it for his/her own benefits; considering that learning is a never ending process/fact that needs to be developed. With lifelong learning process, an individual becomes a more conscious, self-aware person who knows how to utilize knowledge and experience in his/her life, proceeds with firm steps and who has learned how to learn. During lifelong learning process, independent learning and the skill to learn how to learn is in the foreground. Librarians will guide individuals in in-

dependent learning and learning how to learn, and libraries will take their places in the process of lifelong learning as locations that learners school themselves throughout their lifetime.

The concept, lifelong learning, is a learning that includes every kind of individuals without discriminating religion, language, sex, social class and age. It emphasizes that learning continues up to the end of our lives, not finishes at a certain period. Public libraries, like the lifelong learning concept, do not discriminate people. Public libraries have a position of being centers of lifelong learning which is a path for people at every age to develop more knowledgeable, more productive and more satisfying style of life. Public libraries, important centers for the development and generalization of multiculturalism, should provide equal opportunities for ethnic groups in terms of the services they give during the lifelong learning process.

CONCLUSION

With globalization and increase in immigration rate, countries started to have more heterogenous structure which houses much more amount and variety of cultures. For people from different cultures to adapt to every part in a society, every structure in a society needs to have capacity and ability to serve multiculturally.

Libraries are a part of education and learning. Education's being continuous means a constant need for information, and this makes the library, which is an institution for providing information, an essential institution in both education and social life. (Yılmaz,2004:64-65) For this reason, libraries are the complements and the most important supporters of education. In the "multicultural" age of today, libraries support multicultural education by basic library services, user education, lifelong learning and information literacy. In order to accomplish this, libraries need to be multicultural and fulfill the responsibilities of these qualities. These responsibilities are;

- Having multicultural and multilingual collections, and allocate funds from the budget for the development of these collections.
- Providing services to all individuals in a society without discriminations,

- Shaping their services according to the needs of immigrant groups and minorities,
- Organizing activities for immigrants, minorities and other different groups
- Employing personnel having qualities to be able to provide services to different groups.
- Organizing lifelong learning education for these groups to enable them to adapt and integrate into the society they are in.
- Supporting independent learning skills of individuals by information literacy programs which underlie the lifelong learning activities.

In a globalizing world, the increase in the number of countries which are made up of multicultural communities, having different languages spoken, and in which a variety of religions are present is unavoidable. The important point is that these differences exist together in peace and prosperity. For this, multicultural education and multicultural libraries, which are an indispensable part and an extension of this education, are needed.

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CHAPTER 3

CULTURE AND SPORTS

GAME EDUCATION FOR DISABLED CHILDREN

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ABSTRACT

Each child is born with different personality traits and talents. Throughout their lives, they encounter with many factors which will affect their social, mental, and physical development. The most important thing for them should be that they can do the things they would love to do as a part of their lives. For this reason, games are important and essential tools especially for children.

Games are considered to be irreplaceable and natural factors in the lives of children. Games are one of the fundamental needs of children which sometimes mature sometimes entertain children; but in each stage, they certainly enable them to earn some skills.

Since games include elements which are appropriate for human nature, they are important for all children's fundamental needs and developments no matter which lack or disability they have. The important thing is that these factors, which can eliminate these lacks and inefficacies, are prepared in true environments and by experts as being appropriate for children's structures and qualities. Games can take an important place in children's ability to be aware of themselves and their abilities and to accept the situation; they can also help children to overcome stress, fear, and lack of self-confidence caused by their disabilities. Games can enable children to hold on to life and realize themselves.

INTRODUCTION

As well as having physiological and psychological benefits, games also help the development of social qualities when they are played as groups. They enable athletes to increase mutual interaction, harmony and cooperation in group works, to gain self-confidence, to respect each other, to create a team spirit, and to reveal their skills and abilities in a better way. Whether they have any disability or not, regardless of gender, all children need games because of games' quality in developing individuals in each developmental period. Especially games with educational qualities will provide benefit for children and make positive contributions to their future lives. The important thing is to know issues to be paid attention while choosing games. For this:

- Ages and development levels of players,
- Types of player groups
- Number of players,
- Playing ability of the players,
- Aim of the instructor,
- Aim of the game,
- Environmental conditions are important.

DEFINITION and IMPORTANCE of GAMES

Games are activities which are played with physical and mental skills in a specific place and time for a specific aim; they have their own unique strategies and rules and improve social adaptation, mind and abilities as well as they entertain children.

Roger Caillois states that game is a voluntary act or activity which is accepted freely and played in accordance with specific rules in a specific place and time while Johan Huizinga states that game is an act or activity accompanied by the sense of being different from the ordinary life with feelings of tension and joy, which has an aim and is consented freely and played in accordance with mandatory regulations in a specific place and time (And, 1974; Huizinga, 1995: 64). Game is accepted as a natural part of children's lives. It is a type of competition that is played in a particular period and field, and enables children to gain new skills and to entertain at the same time. Stepping into the field of games, the

child immediately realizes that this field is a special place. S/he can easily learn there are specific rules in this field and has the opportunity to act freely within the frame of these rules (Kale and Erşen, 2003).

Game meets the need of children to act; their organs can develop with games without being tired. It increases attention, courage, and agility. It prepares the child for the society by enabling her/him to gain good behaviors and habits. Game is the life, liveliness, and existence of a child, her/his recognition of the world; in short, it is everything about the child. It is one of the most effective tools which expresses needs and aims of the child, enables her/him to reach her/his aims, and even prepares the child for the life.

Adults consider game to be an aimless occupation which entertains and amuses children. Game is a very important occupation for children. Children take games seriously. For children, game is a duty that should not be left without completing (Özalp, 2014). For this reason, parents should be a part of the game if needed. Education for children initially starts with game. It is German Philosopher Guts Muths who firstly discussed game's current educational value from a scientific perspective in his book "Gymnastics for Youth, Or, a Practical Guide to Healthful and Amusing Exercises" and stated the importance of game from social, pedagogical, and political perspectives.

In today's modern education, games play a highly important role in physical education activities which help children to have multiple and regular bodily and mental development. A perfect society is formed with individuals who are trained both bodily and mentally and have strong national feelings. Games, which are played unconsciously by children but discussed consciously by educators, contribute a lot to the formation of such a society (Aslan, 1982).

HISTORY of GAME

There are some findings which show that many games known today have existed in old times. We observe that games are enjoyable and effective learning tools for children from past to present. Games are social activities of which rules were established before and transferred from generation to generation. Games such as hide and seek, blind man's buff, hopscotch, jumping rope and hoopla are cultural heritages which have been transferred to new generations from past to present without changing. Culture, social economic level, environment, climate,

age, and gender play significant roles in the formation of games. While girls prefer jumping rope, istop (stop), dodgeball, hide and seek, hopscotch, playing house, and playing tag, boys prefer marbles, football, hide and seek, bicycle, doctor role playing, and war games.

Today, it is known that sports play an important role in the development of children as an effective education tool. Participating in sports activities as a team member develops children's emotions such as helping each other and being respectful to other team members and game rules. The notion of sports, in which social relations and connections get stronger has been given place in old civilizations. Physical education activities of ancient civilizations, body culture activities in a more general sense, are closely related to war which is the quality of the age. As one of the ancient civilizations, in Egypt, it is observed that competition of pulling hands in groups, which has been used as a physical activity in educational games today, were adapted to children. Among the Jews, one of the three obligatory things they have to teach their children is swimming. Physical education attracts much attention among Iranian people since children belong to the government starting from the age of 7; they have a preparation term for army until the age of 15. In China, body culture activities are carried out through Kung-Fu; moves and dances improving circulatory system underlie the healthy gymnastics, and children have been educated in this system. In Greek civilization, the idea that body should be trained with spirit forms the basis of body culture activities (Çobanoğlu, 1992: 1).

Games are activities chosen by children themselves or by some students in the group, and games have their own steady rules. In a broader sense, game is an important opportunity for children in which children can express themselves, realize their abilities, use their potential of creativity and improve their language, mind, and social, emotional and motor skills.

The environment of game should be organized in a way that the child can easily trust and manipulate. The arrangement should be carried out in line with the child's abilities, interests, and level of development and in a way that can develop mental and physical strength of the child. Considering the capability of the child, they should be neither excessive nor under the potential of the child.

While games develop muscular and nervous system of children, they also relax children by deenergizing them. A child who is stuck in an apartment and

not allowed to run, jump, climb, kick, and tumble will have a neurotic, aggressive, and hard-to-handle character since s/he cannot deenergize. Games also enable children to be aware of their roles in the society, their identification (taking somebody as role model in the normal development process or trying to be like that person) and the qualities which differentiate them from other individuals by providing them an opportunity to develop their physical, mental, linguistic, and social capacities.

Games have a significant effect on the recognition of the child's main interests and tendencies and on solving emotional problems of the child. The child's attitude towards games generally reflects her/his emotional health condition. Observing the child in a detailed way can enable teacher to know and recognize all negative behaviors of the child. In this way, teacher can be more helpful for the child. However, commitment of parents should be taken into consideration.

According to Plato, children should be raised through education. He emphasized that it is important to improve parents first to provide a good education for children; and the education for children should be carried out in two fields as being physical and mental education.

On the other hand, Friedrich Ludwig Jahn lays emphasis upon the idea that children should not be allowed to play games through which they can earn money. Children should learn honor in the game not earning money. Games enable the child to focus her/his attention and to maintain this focus. Practicing focusing attention on a specific point during the game, the child will use this experience in her/his daily life.

As known, children are in a development and growth period. In this period, physiological systems of teenagers are not strong enough to resist heavy exercises. For this reason, games should be conformed with children's physical and mental levels as well as being entertaining (Muratlı, 1997).

DEFINITION of DISABILITY

Starting from the birth and through the development processes of humankind, obvious differences and inabilities in health, language, self-care abilities, and academic, social, and mental conditions can be observed depending upon several factors. When these differences and inabilities are at such a level that can negatively affect the individual's life, a disability or defect is in question.

In such a situation, the person's effort to make the society accept her/him, her/his ability to deal with these inabilities, and her/his limitations come into prominence.

In spite of the defect or inability, the individual can become integrated into the society from social, economic, and environmental perspectives; and s/he can fulfill her/his roles in life. In order to mention disability, it is important to know to what extent the individual is affected in fulfilling her/his roles in the society (Savucu, 2015: 293-294).

THE IMPORTANCE of GAMES FROM the PERSPECTIVE of DISABLED CHILDREN

Playing an important role in the education and personality of children, games also have a significant function in terms of traditional culture. Game is an important element which enables moving. However, games have a different importance for disabled children because games are a new window and a new light for these people who encounter with many obstacles in their lives and struggle to live with stress caused by these inabilities.

Regardless of their level or type of disability, moving, exercising, and being active give the individual a pleasure; pleasure taken from moving increases joy of living and enables persons to stick heart and soul.

Disabled individuals can even complete training processes of specially organized competition sports, participate in competitions, and experience success and failure. In this sense, they consider themselves to be "athletes" rather than disabled people. With the confidence provided by this sense, disabled individuals can learn how to cope with their disabilities. In that case, we can list the positive effects of games as follows (Savucu, 2015: 293-294):

- Game is an education tool.
- Game is an important element for protection of health and raising healthy generations.
- Game is an activity which utilizes spare time in the best way.
- Game affects the formation of an organized society.
- Through group activities, game enables people to come closer and socialize.

- Game is the most effective group activity which can degrade sports into the level of the society.

Games also have a stimulus effect on children. Reaction cannot be expected without a stimulus. Stimulus stimulates development areas of children. When a stimulus is presented to the child, s/he looks at and sees this stimulus; her/his visual perception activity takes action. When this stimulus makes a sound, auditory centre in the brain is stimulated; when the child touches on this stimulus, her/his perception of touching is active; s/he smells and tastes this stimulus; s/he shows reactions about exploring the stimulus. If the stimulus is a sleigh bell and the child is in infancy, this process of exploration and learning is defined as “game” by saying that “the child plays with the sleigh bell” and “give the sleigh bell and the baby will not cry”. If this stimulus is a stone, rope, or a ball and the child is about five years old and various activities are carried out with these stimuli, definitions such as “children are playing with the ball” and “children are jumping rope” are made. According to adults, these processes are games and described as “game”. Adults are the ones who describe these as “games”. Given importance by many adults, game is an entertainment to make children spend time.

Activities presented during games are considered necessary for muscle growth, ostosis, and functioning of internal organs such as heart and livers especially between the ages 0 and 21. Researchers have revealed that exercises increase bone width and mineralization, on the other hand, inactivity decreases ostosis mineralization; bones are easily broken and a weaker bone system is formed. In order to enable normal growth and development, children without disabilities can meet daily physical activity amount by participating in daily game activities. However, disabled children cannot do enough physical exercises. Discontinuance of growth in many disabled children can be related to the fact that they do not take part in enough physical activities (Bruininks and Chvat, 1990: 43-69).

When considered from philosophical perspective, participation of disabled children in physical activities is emphasized in terms of its contributions to affective development and psychomotor skills. Attaching wooden circles onto the stick by size, forming tower with cubes, finding small boxes hidden in a big box are games which develop sense of touching and psychomotor skills.

It is stated that sport is physically and mentally valuable for both healthy and disabled individuals; however, disabled individuals need sports more than others since sport is an important tool to meet the needs of disabled individuals for taking pleasure, entertaining, and succeeding. Sports teach individuals to deal with and ease their disabilities, to give pleasure, to enable communication and sharing, to increase life motivation and to gain honesty, tolerance and co-operation.

Starting from the birth, children learn the idea whether they are precious or not from other people's behaviors and attitudes towards them and from these people's ideas about them. Many academicians, psychologists, and therapists accept that abilities and achievements in physical skills make positive contributions to the development of the sense of self.

Sports has a very significant function for "integration" which is aimed to reach in special education by enabling disabled individuals to come together with disabled individuals and the individuals without disability. In such an environment, disabled individuals can observe problems while other people deal with and develop a positive attitude towards herself/himself; her/his creativity is stimulated; feelings about loneliness decrease to a minimum level; her/his environment widens and they have a chance to live a more meaningful life (Brouwer and Ludeke, 1995).

Especially, it is known that one out of ten children is born as disabled or has to continue her/his life as a disabled person. Also, approximately 2/3 of these children live in a country where rehabilitation centers and playgrounds are inadequate and some of them do not benefit from the available opportunities.

About 12-14% of Turkish population is formed with individuals who have some disabilities. Approximately 10% of this rate consists of individuals with chronic diseases and the rest consists of individuals with physical, visual, auditory, mental, linguistic or speech disorder. Forming an important part of our population, disabled people cannot make their presence felt because of environmental hardships and social exclusion. In the integration of disabled people to the society, games and sports activities are significant and necessary tools (Savucu, 2015: 286).

Disabled children need special education and adult guiding because of individual differences they have between children. In such a situation, when s/he

thinks that there is a special care for her/him or a special educator with her/him, s/he will feel better. Games help children to solve their problems by trial and error and increase children's ability to take risk. Educators should consider the contributions games make and determine the way of guiding they will carry out for the child through a method. Educators should not take an attitude which is highly active or highly passive or an attitude where they are in the background. They should take a role to relieve children when they need and to improve the child's abilities. However, it should be also taken into consideration that the child should be given enough time to solve her/his own problems. Physical education and sport activities enable disabled people to control their emotions, such as aggression, anger and jealousy, which are the natural consequences of their mental state and their attitude towards society (Kınalı, 2003).

The necessity that disabled people should participate in sports activities and take part in any kind of social activity revealed the Olympic organizations which became a center of interest and excitement in a short time. Started late in our country, sports activities of disabled people have accelerated after the foundation of Sports Federation of Disabled Individuals; however, it cannot be massified enough despite the fact that important stages have been achieved in a short time (Kalyon, 1997).

The place of sports in disabled people's lives is important. By means of sports, the disability of people with disabilities is regulated and shared, the feelings of self-sacrifice are improved and their confidence is increased.

Cooperation of disabled people among themselves and with people without disabilities, being in communication and sharing, playing games together and participation in social activities occur in this way (Özdinç, 2005).

It is important that disabled people participate in sports competitions since they keep them active throughout their lives. Sport is an important medicine against the feelings of inferiority and anxiety (Suveren, 1991: 181). The person with disabilities who shows mental signs due to her/his disability does not abstract himself from the society with the help of sports activities. Sports make disabled people hold on to life, enjoy living, accept life as it is despite her/his disability (Kalyon, 1997). In short, the notion of socialization becomes stronger. The process of socialization is a result of individual's communication and interaction with her/his environment. It continues during life-time and makes the

individual gain new experiences. Determination of the content and form of the socialization process occurs through learning (Atalay, 1998).

Another important topic is education. Education is a social process that involves an elected and supervised environment, especially the school, in order to obtain the individual's social ability and personal development at the most favorable level; it is a process of deliberately changing the behavior of the individual through his or her own experience (Er, 1997; Türkoğlu, 1991).

Basically, education plays an important role in terms of gaining social personality by participating in social, cultural and sports activities which are suitable for the self of the disabled person and make her/him enjoy making it by getting rid of the boredom of daily life and interacting with other people. Activities which essentially have the characteristics of both valuing spare times and rewarding the individual but having no aim to win help individual development of these people. In addition, education carried out with games provides a free environment where the child can comply with the environment and exhibit behaviors (Özdogan, 1997).

However, disabilities can create limitations in some acts. Although this situation means inadequacy for disabled individuals and makes them stay in a lower success level than it is expected by the society (Öncül, 1989), games and activities provide important benefits; however, it is observed that lack of move makes disabled children to be excluded from games and have difficulties in harmonization (Şahin, 2006; Savucu et al., 2006: 105-113; Bluechardt et al., 1995: 55-72).

In the following part, we attempt to highlight the importance of games and activities for children who are classified as mentally disabled, hearing-impaired, visually impaired, and physically disabled. However, it should not be forgotten that many classifications such as autism, superior intelligence, hyperactivity, and behavior disorder which are in a large spectrum in the literature show similar lacks or inadequacies (communicational, mental, organic, structural) with the children who are in these four classifications.

GAMES for MENTALLY DISABLED CHILDREN

Mentally disabled children have biological, social, and psychological necessities such as eating, drinking, loving, being loved, being accepted, and being

successful like other healthy children. These necessities should be met in order to survive in the social environment (Özer, 2001). However, most of them have difficulties in carrying our motor skills. It can be stated that team games such as regular activities, group exercises and basketball have physical, mental, social, and spiritual benefits for disables children, and these people are understood better by their parents and they have a better harmony with the society (Savucu and Biçer, 2008). Recent studies have emphasized the importance of disabled children's health and physical developments and the improvement of their motor skills and basic cognitive skills (Hendry and Kerr, 1983: 155-158).

Although it occurs late compared to healthy individuals, mentally disabled children also follow the development stages of normal children. This situation reflects on playing behaviors. In their studies, Guralnick (1981), Guralnick and Weinhouse (1984), and Beckmen and Koni (1987) have stated that mentally disabled children show a transition from playing on their own to playing in cooperative games, their basic level playing behaviors decrease and complex and functional playing behaviors increase; and this situation is in parallel with the situation of normal children (Metin et al., 1999: 14-24).

Games should be played with the aim of understanding the mentally disabled child, helping her/him to solve her/his problems, her/his contribution to the solution of the problem and developing her/his abilities (Korkmaz, 2000).

Children with mental lack are emphasized as individuals whose scores in standardized intelligence tests (IQ) are less than 70-75; their physical appearance and health conditions vary by the degree of the disability (Özsoy, Özyürek, Eripek, 1989: 173-204). In addition, mentally disabled children learn hard and it takes time for them. Instead of saying things verbally, it would be better and more lasting to express the thing by showing and doing it. For this reason, they need special education in order to learn as well as their peers. Especially their problems about selective attention reveal themselves through the fact that they focus on people's behaviors instead of what they should focus on (Ersoy and Avcı, 2000: 145-175).

Appearances and motor skills of children with mild mental deficiencies are generally not different from their normal peers. The situation can be slightly different for children with moderate and high mental deficiencies. Especially among the children with Down's Syndrome which consist of 30% of this group,

there are some common physical qualities. There are some distinctive qualities such as the structures of ears, head, eyes, and fingers, and weakness of bones. In most of the children of this group, there are some coordination and balance problems; and they have difficulties in completing tasks requiring fine hand skills. In about half of them, auditory, visual, and physical deficiencies can be observed because of brain damage. Starting from the first years of their lives, weak muscles and unstable joints of these children cause delays in children's development of motor skills (Gallahue and Ozmun, 1995: 541). Mentally disabled children generally play with children who are younger than them because their mental ages, needs, and interests have the same quality with those ages (Kayaalp, 2000).

It is known that attention span of mentally disabled children are shorter than their normal peers in terms of cognitive development. As a result of these qualities, children play in a game area for a short time and then they start to look for a new game environment (Metin et al., 1999: 14-24).

Since physical and motor needs of trainable children, in other words children with mild mental deficiencies are similar to other individuals, physical education and game activities carried out for them are the same or similar to those carried out for other individuals. For these children, individual activities rather than group activities, individual sports, musical activities, activities aiming to develop strategy, rules or memory, big muscle activities rather than small muscle activities, activities which enable them to be active rather than activities making children stay inactive for a long time are suggested. Generally, these children are highly eager to participate in games; however, since they cannot understand rules well, they cannot do the correct moves. Criticisms stated by their teammates who have normal intelligence, by their trainers and teachers cause children to stay away from games. Being excluded from games decreases the sense of self and motivation. The issues to be paid attention while teaching game rules to these children are as follows:

- They should take roles that require less responsibility in the game.
- Cognitive aspects of the game should be frequently repeated and reinforced.
- A sensitive and tactful attitude towards the disabled child in the game environment should be developed.

While children with mild mental deficiencies are generally successful at physical education and sports, trainable mentally disabled children cannot show high success in this field. Several education techniques should be used in order to achieve the demanded reaction because mentally disabled individuals form a heterogeneous group. These are as follows:

- Individual differences should be taken into consideration while activities are decided.
- Activities should be determined in accordance with the needs of mentally disabled children.
- Activities should be appropriate for their level of interest.
- Targets appropriate for their skills should be determined. Giving them a value under the level of their skills prevents the development of their capacities.
- Perceptional motor activities helping them to come together with other people should be planned.
- Programmes should be planned by determining prior skills in motor skill development. While choosing activities, mental age and chronological age should not be taken as basis.
- The environment where activity will be carried out should be organized in a way that disabled children are not afraid of being injured while making the movements. Success levels should be given.
- In order to teach skills in the best way, motor processes of the activities should be analyzed.
- A safe game environment should be organized; however, children should not be allowed to be highly dependent in terms of physical safety.
- As a teaching method, “physical help” is one of the effective teaching techniques. Directing by hand is important for little children and children with high mental disability.
- In order to improve motor development, skill improving sensorimotor activities in motor development scales should be used.
- The force and frequency of these behaviors can be monitored through systematic observations and they can be modified by taking them under control through special techniques and strategies.

- Not to suppress neurotic behaviors but to reward positive behaviors is considered to be one of the most effective ways. Neurotic behaviors can be decreased with carefully planned programs and strategies (Savucu, 2015: 258-259).

Picture 1: Basketball Practice Sample Towards Mentally Disabled Children

Mental levels and motor functions of the ones with high mental deficiencies are at a very simple level. In addition, sensorimotor education, physical and motor appropriateness, basic skills, and movement models are highly emphasized in physical education programs of these people. Sensorimotor programs include stimulation of children's senses. With these programs, sensory channels are developed good enough to accept information from the environment. Individual motor programs and basic motor processes focus on skills such as walking, using the stairs, running, throwing, catching, hopping, jumping, skipping, hitting, and kicking the ball (Eichstaedt and Laway, 1992: 463; Savucu, 2015:298).

THE IMPORTANCE of GAMES for MENTALLY DISABLED CHILDREN

Games contribute to the bodily development of mentally disabled children. Bodily competences of disabled children increase, and growth in bones and muscles is enabled. Mentally disabled children can recognize their bodies and

other people's bodies through games. Since they cannot recognize their own bodies, game is necessary for sensitiveness in this issue. While working with mentally disabled individuals, they should be given opportunity to recognize their own bodies. Since mentally disabled individuals are in communication with themselves more than with others, sharing and playing games in which they can improve their cooperation and communication with others will enable them to learn new rules. In this way, they can be more social. It is important for mentally disabled individuals to improve their sense of trust. For this reason, games, which can enable them to see that they can realize themselves without being asked for more than they can do, should be organized. Mentally disabled individuals who play games can find an opportunity to develop empathy. Behavioral competence and cognitive skills of mentally disabled individuals increase through games (Ulutaşdemir, 2007: 36-51).

A VARIETY of EXAMPLE GAMES for MENTALLY DISABLED CHILDREN

Example-1:

Aim of the game: Skill development towards double hand-eye coordination.

Practice: Football or volleyball is used in the game field.

- The child sits opposite of her/his teacher with the same position with her/his teacher as their legs are open. S/he rolls the ball to and fro to the indicated point by using her/his two hands and fingers.
- S/he holds the ball and stands up. S/he drops the ball on the floor and catches it in its second and third jumps.
- S/he throws the ball forward, and plays with the ball by throwing and catching it.
- S/he kicks the ball.

Example-2:

Aim of the game: Attention and skill development of the child.

Practice: It can be carried out in a hall or playgrounds.

- Children are lined up behind a straight line. A flag or a similar sign is placed about 10-15 meters away.
- Children start to run with a whistle; if it is whistled two times one after another, they will run with one leg; and when it is whistled three times, children will run backwards until they hear the whistle again.
- The child who comes closer to the flag and takes it in accordance with whistles, s/he will be the winner; however, if there are any children who do not obey the whistle rule, they will be excluded from the game; and the game goes on like this.

Example-3:

Aim of the game: Practicing whole body balance and coordination, making moves of body parts (Being able to take glider position and basic positions)

Practice: The name of the game is called glider and it is said to resemble plane. Teacher takes the position herself/himself first through instructions. Later on, s/he makes children do the same with instructions. If necessary, the position can be taken by holding teacher's hand or something. At the end of the position, each child is rewarded one by one by being applauded and by saying "Well done, you did it, you did it very well" (MEB, 2015).

- Upright position is shown with legs closed.
- Take one step forward and stand.
- Arms are opened slowly to two sides and the body bends forward.
- The leg standing back is lifted up.
- The leg standing back is landed.

GAMES for VISUALLY IMPAIRED CHILDREN

Motions and games are same activities for young children (babies). While the child is moving her/his hands and feet or moving from one place to another, s/he actually moves; and in this way, s/he fulfills the need for playing by having a pleasure from moving. For this reason, playing games as motions are highly important in lives of children. Zeuthen states that in this period, mothers of blind babies have more responsibility compared to mothers of healthy babies. Since visually impaired children are deprived of visual stimuli, they stay inactive.

Because of this situation, environment of the child should be organized in a way that enables the physical development of the child; in this way, children can acquire freedom of action from early ages. Blind children should be stimulated with audible stimuli in an appropriate way in order to carry out motions such as turning her/his head and straightening up; these practices should be carried out frequently and motions should be made continuous. Mother should help children to sit, however, the degree of this help should be gradually lessened and the child can acquire the skill to sit on her/his own in this way. Factors such as lack of opportunities of playing games with throwing and rolling abilities with parents, parents' excessive protection instincts, sense of fear of the child against being moved suddenly, lack of ability to observe others' movements cause delays in the development of motor skills of visually impaired children. In order to minimize the loss of motor development, children should be given the opportunity to move in a safe environment. They should be guided to act by expressing verbally that it is safe for them to move, by physically helping, and by acting in a positive way (Savucu, 2015: 269).

Vision loss does not cause loss of motor and physical qualities directly. However, since the opportunity of moving is not enough, several different qualities can occur. Developmental loss among children with vision loss can result from inactivity, self-manipulation rather than manipulation of the environment, and limited experience with the environment. Even as early as 12 weeks after birth, a baby who is born blind is significantly different from his peers who can see movements.

Normal motion patterns (such as walking, running pattern) are caused by inexperience, not loss of incapacity, among the visually impaired individuals. It is stated that since visually impaired individuals need to spend more energy to reach the same goals with the seeing individuals, they are required to have a higher level of physical fitness than their viewing peers. It is observed that visually impaired individuals had the best performance in flexibility, arm strength and muscle endurance, and worst performance in throwing; and boys were physically fitter than girls except for flexibility. It is stated that age and gender are factors which always affect the level of appropriateness.

The child should be taught how to play with her/his hands because blind babies generally do not use their hands until they are 6-7 months old, and they tend to make fist on the shoulder-length. Without ignoring the fact that the child

will see her/his environment with her/his hands, in other words by touching the environment with her/his hands, the child should be motivated to participate in all activities in which s/he can use her/his hands. For example, while s/he is fed, s/he should be motivated to participate in this nutrition process by holding the feeding bottle, spoon, or fork. In this way, this education quickly develops children's desire to eat on their own.

Visually impaired children do not like and avoid from supine lying, crawling, crawling and rolling because of lack of visual stimuli. However, these motions are necessary for physical development; children should be encouraged to do these motions through games. There are some situations in which visually impaired children have difficulty in acquiring freedom of movement. These are the usage of concepts related to directions. For example, they tend to confuse concepts such as back, up, down, right and left. This has to be given in organized games. For example, with various directional commands, games such as finding the objects that are hidden under a table or a similar place can be played with people who can see.

Outdoor games are activities that increase children's freedom of movement. It also provides great satisfaction to the child, especially when it is played with peers or parents. For example, the game "Circle" is an outdoor activity played with peers. The child, who can see, gets into a big circle and becomes "Horse". The blind child becomes the driver by holding the circle from its outer part. This game helps children to acquire freedom of action and to socialize with the ones who can see. Games played outdoor such as tricycles, slides, fence climbing and so on are activities that improve the freedom of action by giving the child the ability to use the body in the way s/he wants.

It is thought that lack of participation in regular activities causes weak body image and balance in visually impaired people. Dancing, yoga, and games have positive effects on the development of body image and balance (Savucu, 2015: 269).

Games which improve children's sense of touching stimulate healthy senses of children, and increase listening skills can be played with individuals who can see.

VARIOUS GAME SAMPLES FOR VISUALLY IMPAIRED CHILDREN

Example-1:

► The visually impaired child is seated on a table with a group, the eyes of those who see are blindfolded, and the pieces of cloth with various weaving features are given to each of them. The game which starts with the question "What is the type of the fabric in your hand?" helps both the development of the sense of touch of the visually handicapped child and the children who can see understand their blind friends better.

Example-2:

► For this game there is a gym line, a bucket full of water, an empty bucket, and a scoop up the number of children. On one end of the gym line, place the bucket full with water inside and empty bucket on the other end. While children carry their scoops in one hand, they touch the edges of the gym line with the other hand and reach the full bucket. They immerse their scoops in water and fill them with water, and while they are following their gymnastics line with one of their hands, they carry the scoop full of water with the other hand to the empty bucket. They continue playing until the empty bucket is full.

Example-3:

► For this game, there is a need for a box full of medium sized balls and an empty box. Children are divided into groups of two. The duo groups are tied to each other by their feet in order not to be separated from each other. They collect the balls from the box full of balls and fill them up into the empty basket 25 m away. The game continues until the empty box is filled. An adult is located next to each box to see the game area. Children will be presented by this adult with auditory stimuli with a voice, applause, or whistle-like sound in the direction they will follow.

Example-4:

► Three adults are placed on the grass field or in a gym to form corner points of a triangle. 3-5 children take their place in the middle area of this triangle. In turn, each adult uses their own voice, applause or any other sounding device to encourage children to move and touch the sound source.

Example-5:

► Assign someone who sees to provide a vision-impaired child with as a kinesthetic and auditory clue. Each child is given a bucket full of tennis balls for free throwing exercises. The children lean over and take the balls out of their buckets and try to throw them as far as possible.

Example-6:

► Tumbling forward, wax posture, handstand on the wall, rolling, balance posture on one foot can be done on the mattress.

Example-7:

► Climbing scaling ladder and climbing rope, pommel horse jumping, springboard bouncing exercises can be done.

Example -8:

► A thick rope is embedded in various forms such as straight, curved, circle, square. The children complete the shapes created by following them with their feet. They will find the names of these shapes.

Example-9:

► Goal Ball game for the visually impaired children: The weight of the jingle ball used in the game is 1250 grams. In order to provide equality between players, it is desirable that they use eye straps. The boundaries of the playing area are surrounded by a thick band so that players can feel it. Thus, the player can distinguish between defense area, play area and prohibited area. For this game, preparatory works are planned from simple to difficult. The area in which these studies are conducted must be extremely quiet. The noise makes it difficult to hear the sound of the bellied ball. This also prevents learning. All of the following exercises are based on "rounding the ball". There is no question of throwing the ball out. The following are recommended for the studies;

* Teacher or coach clap, children walk and run towards the sound.
* Children do some ball rolling by crossing the ball to the teacher or coach in semi-circle position with their legs open.

* The children cross the balls to the teacher or coach in a semi-circular position with their legs closed in a way that they can reach the ball and catch it on their right and left sides.
* Children sit in the circle position. The teacher or coach stops in the middle of the circle and the children's names are spoken and a ball rolling game is performed.
* The above work is done without saying name.
* Interactive ball rolling is done sitting on the knee position.
* The same work is done in the squatting position.
* As a defense work, athletes standing on a line with a tape set 5 m away roll the ball on the floor to the wall as if bowling (turning slightly backward and gaining speed). The fingertip of the front foot must be pointing in the direction that the ball will be thrown. The ball must never be bounced. The trainer flips his hand in various directions and conducts interlocked throwing exercises. Before throwing the ball, the athlete turns in the direction of the clapping voice, pointing in the direction in which the sound comes from, giving the athlete rich feedback. If the athlete is not pointing in the right direction, the auditory stimulant is re-issued. Not being able to show the correct direction gives information about an ear problem.
* Finally, there are training sessions between the two teams on the playing field.

Goal Ball Game Rules: The game is played with two teams of three players and up to three substitutes in each team. The game takes place in a playing field in a rectangular form divided into two with a centre line. The playground is 9 m wide and 18 m tall. Goals are taken on two 9 m sides of the field. The game is played with a rattle ball. The goal is for each team to pass the ball through the goal line against the opponent's defense. International rules for goal ball game are set by the International Blind Sports Federation (IBSA).

* At the start of a tournament each team consists of three players and up to three substitute players. If one of the players is injured in such a way that he cannot continue the game, that team may choose to take the continuation of the game with a reduction in the number of official players. However, a team with only one player cannot continue the match.

* Each round has two referees, four goal scorers, one scorer, one time holder, one 8 sec time holder and one shot register.
* A match consists of two circuits of 7 minutes each. A three-minute break is given between the circuits. If there is an equal score at the end of the match, the teams will play two more three minute circuits. If the equality continues as a result of the extensions, the winning team is determined by free throws.
* Both teams have the right to take three 45-second breaks for tactical identification purposes. When the time-out is taken, both teams benefit from it. After a team break, at least one shot must be made so that the same team can take a second break. In addition, each team has the right to take a 45-second break during the extension.
* It is forbidden to open the eye band, otherwise the player will be penalized.
* The coach can give tactics to the team during the breaks. If the coach intervenes during the game, he is penalized.
* If the ball is thrown to the opponent without touching the ground, a penalty will be given (goal ball game rules).

Example-10:

- Rope runs are made. A solid rope of about 4-5 m is required for this. The teacher or coach who will direct the run holds the lead of the rope. At intervals of two meters, children hold the rope and train by running at the tempo and direction determined by the teacher.
- Someone who runs can be tied to children and they can run. The distance between the runner and the seeing child cannot be more than 50 cm.
- Running activities can be done with a signal or any sound stimulant. They can be done at various distances and directions with signals (Savucu, 2015: 320).

GAMES for HEARING-IMPAIRED CHILDREN

Environment designing in the education of hearing-impaired children highly affects the quality of the education. Isolation of environments, equipping these environments with proper instruments, and children's participation with

their individual group hearing aids are basic. With sports activities, a positive increase is observed in mental capacities and physical developments of hearing-impaired children (Tatar, 1995).

Hearing-impaired children can get rid of stress by deenergizing through sports activities; they can feel relax both physically and psychologically. They can be easily accepted by their peers who can hear normally. This physical confidence acquired through movement development turns into psychological confidence and hearing-impaired children's improvement in other fields is enabled (Darıca and Ebru, 1995). As different from mentally disabled children and autistic children, hearing-impaired children do not need to learn playing skills in steps. They can get into the appropriate game from, and develop and continue the game by observing adults and other children around them. For this reason, it is important for them to be in the same environment with their peers who are able to hear in order to make observations and learn by participation (Topal, 2012).

Cornelius and Hornett emphasized that physical education and game activities are extremely important for social and emotional development of hearing-impaired children. It is stated that by observing the games of hearing-impaired children, a positive effect is found on their cognitive, social, emotional, and physical needs and developments, their ability to solve and deal with various situations and problems, and their thought and linguistic improvement (Tatar, 1997: 100).

Hearing-impaired children reveal positive developments in their motor skills, balance, and eye-hand coordination by showing an increase in their mental and physical developments through physical education and sports activities. In addition, these activities help them to get rid of stress by deenergizing and feel both psychologically and physically relax. They can be easily accepted by their peers who can hear normally. This physical confidence acquired through movement development provides psychological and mental confidence and makes positive contributions to the development in other fields (Savucu, 2015: 343).

VARIOUS GAME SAMPLES for HEARING-IMPAIRED CHILDREN

Example-1:

Aim of the Game: Crab competition game in order to develop moving ability.

Practice: They can be carried out in a hall or in playgrounds.

Players are divided into two equal groups and they form a single file in a platoon column order. First players of groups take a position of crab posture (reverse bank). They have medicine ball on their bellies. With the given instruction, players who are in the first line of their groups go by crab walking around the funnels which are situated in specific distances to each other and opposite of their own groups, they turned around funnels and give the ball to their second teammates, and they go to the back of their group's line. The player who takes the ball repeats the moves. Two groups compete with each other in this way. The group in which all players complete the moves is declared winner.

The player who drops the ball puts the ball on her/his belly again and continues playing the game in which s/he makes the mistake. This game is suggested to be played in a hall or on a wrestling mat.

Example-2:

Aim of the Game: Walking with the aim of developing balance skills.

Practice: They can be carried out in a hall or in playgrounds.

Most of the hearing-impaired children may have balance problems because of the vestibular organ, a part of which is situated in the ear. For this reason, balance skill is highly important. In order to improve balance skill, balance boards which are frequently available in gyms are used. It can be carried out individually as well as it can be carried out as groups in the format of competition. In places where balance board is not available, walking can be practiced on lines which are at least 5 cm wide. The important thing is to enable children to focus completely and to practice appropriate walking skills on the balance with the help of body moves.

GAMES for PHYSICALLY HANDICAPPED CHILDREN

It is really important to enable disabled children to communicate with their environments despite of their physical inefficacies. For this reason, activities that will support the development of children without cutting their ties with their environments such as crawling, holding, leaving, swinging, making children listen to the sound of showing, and following things by their eyes should be taken

to forefront. Muscle growth of the child can be inadequate or the child's muscles can be weak. For this reason, activities improving muscle growth are suggested.

DIFFERENT GAME SAMPLES for PHYSICALLY HANDICAPPED CHILDREN

Example-1:

Aim of the Game: Enabling the Development of Big Muscles

Practice: They can be carried out in a hall, at home, or in playgrounds.

- ♥ A big ball is held by the child and s/he is asked to throw the ball randomly.
- ♥ A specific target is defined, and the child is instructed to throw the ball to the target.
- ♥ The distance is increased step by step and the child is instructed to throw and catch the ball.
- ♥ Practices to hit the objects situated side by side in the beginning, in the middle, and in the end (plastic bottle, ball and so on) are carried out.
- ♥ The child is instructed to first walk on a straight line and then on a round line without slipping. Later on, s/he is instructed to walk back on these lines without slipping.
- ♥ Blocks made from wood or empty boxes are situated on the floor. The child is instructed to pass on blocks step by step without changing the tempo of walking.
- ♥ Chairs or random obstacles are put in front of the child, s/he is instructed to walk around these obstacles without losing balance.
- ♥ Children are asked to walk on the balls of the feet and then they are asked to walk on their heels.
- ♥ The child is instructed to walk by jumping on her/his two feet on a line and then instructed to walk by jumping her/his one foot.
- ♥ The child is instructed to use the stairs without holding anything.
- ♥ Instructions that activate children's bodies are given and the child is made to obey these instructions. For example, instructions can be as

follows: “run, walk, jump, move like you are collecting apples from a tree, flap your arms like a bird and so on.”

Example-2:

Aim of the game: Enabling the Development of Fine Motor Skills.

Practice: They can be carried out in a hall, at home, or in playgrounds.

- ♥ Hand and finger exercises are carried out.
- ♥ A soft ball is given to children and they are instructed to squeeze the ball by opening and closing their palms.
- ♥ Children are instructed to squeeze a paper with their hands and make a ball from it.
- ♥ Children are instructed to squeeze wet sponge.
- ♥ Play dough is given to children, and they are instructed to randomly play with it.
- ♥ They are instructed to beat out and clap with a played or sung music.
- ♥ They are enabled to play with developmental toys such as toy blocks.
- ♥ They are instructed to work with repair tools. They are instructed to nail a half-nailed pin on a wood or to tighten a half-tightened screw.
- ♥ Children are instructed to open and close tight jar lids or bottle caps.
- ♥ Different ways are drawn on big cardboards; children are instructed to drive a small car without going out of these ways.
- ♥ A medium-hard wire is wrapped around a pencil or a stick and children are instructed to wrap in the same way (Savucu, 2015: 329).

CONCLUSION

Regular activities and different games are important for disabled children to have a healthy life. It is also stated that these are important tools for meeting disabled children’s needs to take pleasure, have fun, and succeed.

The researches conducted have revealed that inactive disabled individuals have some diseases because of inaction (cardiac and respiratory problems, blood-vessel adiposity, bone deformations and so on); they generally have relaxed muscle structure and experience loss in motor development. These un-

desired situations may limit physical capacities of disabled individuals and increase their risk of becoming ill (obesity, cholesterol, blood pressure and so forth) compared to healthy individuals.

The importance of moving can be understood when it means both entertainment and education for children. Games have also a very significant function for "integration" which is aimed to reach in special education by enabling disabled individuals to come together with disabled individuals and individuals without disability. As the German academician Friedrich Ludwig Jahn said: "game is the source for every good thing".

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ROPE SKIPPING TRAININGS AND THEIR EFFECTS

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ABSTRACT

Through rope skipping exercises, the athlete gains the ability to benefit from different energy systems while at the same time contributing to the development of explosive-reactive power. Considering the fact that rope exercises increase arm and leg strength as well as attention, coordination, jumping and explosive power and that jumping trainings with weighted rope, in particular, improve the lower and upper extremity strength, they stand out as the alternative or complementary exercises that should be taken into account and regarded by the trainers.

INTRODUCTION

All every coach wants is to prepare the athlete for competition, to organize the training program and to make the performance of the athlete to reach the top level at desired time. For this purpose, in addition to the science-based training programs, the physiological limits must be known for the loads to be made in the unit training and the loads must be made accordingly. In order to generate power under various conditions, the anatomical, physiological and psychological systems of the human organism must work at a high level of harmony (Carlson and Naughton, 1994: 362-369; Coleman and Hale, 1998: 409-417).

Skipping rope training that is used as a warm-up or coordination method in exercises has an important position in the development of body coordination

and reinforces the overall athletic fitness (Lee, 2003; Pulur, 2010: 1787-1795; Özer *et al*., 2011: 211-219).

Cahperd (Canadian Association for Health, Physical Education, Recreation and Dance) considered skipping rope to be a funny and easy-to-learn way in ensuring children's physical fitness and young people's strength, endurance and flexibility, while defining it as an activity that can be performed at home or at school, alone or with a partner or with a group, requiring a very small place or little expense (Cahperd, 2005).

Skipping rope, an activity that can be carried out everywhere and its level of severity can be diversified by number and type of jumping, not only appears to be a remarkable practice in the development and maintenance of the muscular endurance and cardiovascular system, but also helps prepare for the sports branch and improves foot movements (Seabourne, 2006).

Skipping rope training has positive effects on cardiovascular compliance, muscle strength, endurance, mobility and flexibility, balance, coordination, vertical jumping, timing, rhythm and speed, fat-free body mass, bone density and skill development (Lee, 2010; Turgut et al., 2016: 108-115; Trampas and Kitisios, 2006: 125-142; Holland, 1991:6-8; Older, 1998: 32-35).

Given these benefits, skipping rope exercises are important for the development and protection of motor skills in sports branches, in which the anaerobic characteristics stand out. From this point of view, considering that there may be differences in scope and effectiveness between the training approaches which are used to improve motor skills, the investigation of the effect of these training approaches on the technical and some conditional and physiological characteristics not only constitutes the preliminary information about a scientific training for the trainers, but also is important to make contributions to the studies carried out and to be carried out regarding this subject.

HISTORICAL DEVELOPMENT OF ROPE SKIPPING

One of the contradictory theories of when and how skipping rope started is that the people in ancient Egypt and China jumped over the plant stalks while twisting them to use in making ropes, then the children who saw this action imitated them for fun, and this thought was transferred by the sailors to other countries. It is known that the young Swedish knitted the reeds in the form of

rope, the Spanish twisted the leather strips and jumped over them, Hungarians used ropes made of straw stalks and that Barbados natives also jumped over the grapevines. Regardless of what is known as the real origin, it seems that young people jumped over anything (Solis and Budris, 1991: 12; Solis, 1992; Jump Rope Institute, 2017).

The skipping rope was probably introduced to the United States in the 1600's by the Dutch founders of New Amsterdam (today's New York). It was considered to be a completely male-specific activity for a long time, at least in western cultures. In fact, lest it was exhausting for them the young girls were kept away from this activity by being told that their blood vessels would explode (Solis and Budris, 1991: 12; Solis, 1992; Jump Rope Institute, 2017).

In the 1960s, it was seen that young girls were introduced to skipping rope in the playtime of the school. When men began enjoying team sports, they left skipping rope to the girls, considering it was equivalent to being a sissy. Likewise, boxers did not see skipping rope as an athletic training during this period (Solis and Budris, 1991: 67; Solis, 1992).

In the late 1960s and in 1970s, a new field of exercise emerged that included skipping rope. However, although many people believe that skipping rope is an exercise that positively affects physical and emotional well-being, there has been no sufficient scientific basis to date. Later on, health experts convinced the public that sedentary life causes people to suffer from diseases, such as heart problems, back pain, obesity, bone erosion and depression. The studies carried out today have shown that exercises such as skipping rope can reduce or even cure these diseases (Cahperd, 2005, Solis and Budris, 1991: 67; Solis, 1992).

Facts such as the issues discussed above have not been overlooked by organizations regarding health and physical harmony. For example, AAHPERD (American Alliance for Health, Physical Education, Recreation and Dance) and AHA (American Heart Association) have been carrying out the sponsorship for "JRFH (Jump Rope for Heart)," which is the largest organization in the world in skipping rope, since 1978. JRFH, which aims to inform participants and society about heart diseases, to introduce habits that promote health, such as skipping rope, and to provide funding for research on the heart, has of great importance throughout the United States, especially in primary schools (Solis, 1992).

The 1980s was the period when at least two organizations emerged in this field. One of them is the IRSO (International Rope Skipping Organization), while the other one is CSA (Canadian Skipping Association). In the 1990s, the competitions and shows that were performed by the teams founded in schools under the leadership of JRFH aroused the interest of men in rope activities and led to overcome the idea of considering this activity to be a female game (Orhan, 2006).

Today, however, according to the International Rope Skipping Federation data, rope skipping activities have been carried out by 434 clubs at 111 official status in 30 countries in 5 continents (African Rope Skipping Organization, Pan-American Rope Skipping Federation, Asian Rope Skipping Federation, European Rope Skipping Organization, Oceanian Rope Skipping Federation) (Orhan, 2006).

ROPE SKIPPING TECHNIQUE

Technique is a concept expressing that sport-specific movements are fit for purpose and performed as economically as possible. Sportive technique, on the other hand, is to achieve a certain flow of movement as appropriate and economically as possible with the experience gained through practice. The concept of technique is important for each sport at different levels. However, it is the first key element and the prerequisite for achieving success in sports (Sevim, 1997: 8).

Skipping rope does not require a remarkable coordination, yet a skilled move must be learned in full. Before starting to skip rope, the training has to be given properly. The coordination required for the skipping rope is similar to being able to talk while walking at the same time, however, the skill of stepping in time should be necessarily learned (Solis and Budris, 1991: 67; Solis, 1992).

The skipping rope technique is learned step by step. In learning new skills, techniques are ranked according to the degree of difficulty. The teaching is carried out starting from low-impact techniques to high-impact techniques and the simple-to-complex principle is followed. No more than two technical learning should be carried out at the same time. It is not recommended to skip rope turning back without an experienced jumper. When failed during skipping rope, the

training should not be given up and should be continued avoiding losing confidence (Solis and Budris, 1991: 68; Solis, 1992).

Selecting the rope in the right length and structure affects the performance of skipping rope. It can be tricky to think that skipping rope is simple, because the length, weight, aerodynamic structure and ease of rotation of the rope are characteristics that affect the performance of the movement. At first, the rope selection was limited because there were only ropes made of leather or cable. Whereas, now more than a dozen of ropes designed and made of different materials take its place in the sports stores (Solis and Budris, 1991: 68; Solis, 1992).

Determ nat on of Sk pp ng Rope Length

The holders' alignment to the armpit when stepped on the midpoint of a rope with one foot indicates the appropriate rope length for that person. The length of the rope can be shortened by knotting. After four knots, a shorter rope should be used (Solis, 1992).

When the rope is short, it breaks down the skipping posture (to fit in) and frequency. The short rope often gets caught to the feet, causing failure of skipping and interesting techniques to appear. On the other hand, a long rope will bump into the ankles by jumping and will cause getting caught to the feet since it will touch the floor far ahead of the feet, therefore will again cause failure of skipping (Lee, 2003; Lee, 2010; Solis, 1992).

Low and H gh-Impact Techn ques

The skipping rope technique is divided into two, including low-impact and high-impact techniques according to the application style.

Low-Impact Techniques (LIT) are the techniques that do not require jumping over the rope while applying any technique and that put a small amount of pressure on the ankle and lower legs (calf) when on the floor and jumping and require less energy, but also involve rope-related and ongoing movements. Low-impact techniques provide benefits in terms of stepping and timing, especially for the newborns (Solis and Budris, 1991:68).

High-Impact Techniques (Rope Jumping's Techniques- RJT) are the techniques that require jumping over the rope, putting a great amount of pressure on the ankle and lower calf while on the floor and jumping, and require more en-

ergy. Energy expenditure and load intensity are higher. High-impact techniques are recommended for the athletes skilled and experienced in rope skipping (Solis and Budris, 1991: 68; Solis, 1992).

Each technique in skipping rope has a Difficulty Factor (DF). The technique of turning the rope over the head like a helicopter (Windmill), which is the simplest technique, has the difficulty factor of DF= 1.0, while the Jogging Step technique, which is a more difficult technique has the difficulty factor of DF= 1.8. Low and high-impact techniques are ranked depending on the degree of difficulty from level 1, which is the simplest level, to level 5, which is the most difficult level (Solis and Budris, 1991: 68; Solis, 1992).

The Stages of Sk pp ng Rope Techn que

The skipping rope technique consists of 4 stages.

Stage 1 (Turning Rope): As shown in Figure 1, the rope is held by the dominant hand from two handles. The forearm opens sideways at an angle of 45º and the rope is turned forward facing direction. When the rope rotates forward, it reaches to the toes before the heels. Only the forearm and wrist movements are used when turning the rope. If the rope is turned with big circles, more load will be exerted on the shoulders and the work load will increase. When the working hand achieves adequate fitness (technique, skill), the exercise carries on with the other hand. Through this exercise, Windmill (turning rope on one side), one of the low-impact techniques, will also be learned (Solis, 1992; Solis, 1997: 51).

Stage 2 (Proper Jumping Form): Despite this situation, which is the second stage, seems simple, it still requires being able to create a proper jumping form for most people. At this stage, which starts without using a rope, the feet are close to each other and fully under the body. The athlete will jump 2-2.5 cm above the floor by looking across without ruining upright position of the body. The fingertips touch the floor first when falling down. On the way down, if a lot of noise is heard, either jumped too high or too much force was exerted.120 to 140 jumping performed in a minute rhythmically is considered a normal jump (Solis, 1992; Solis, 1997: 51).

Stage 3 (Timing): This stage is the stage where stage 1 and stage 2 are combined. When the rope is turned aside with the dominant hand, a soft jump is made every time the rope touches the floor. Once the dominant hand is suc-

cessful at a sufficient level, the same work is done with the other hand. If there is difficulty at this stage, where the difficulty is originating is determined and returned to the stage 1 or 2 (Solis, 1992; Solis, 1997: 53).

Stage 4 (Skipping over the Rope): Step 4 begins with the beginning position, which is the position in which the rope held by the two handles is on the floor and behind the heels. When the rope turns over the head and reaches the front of the feet, the athlete jumps. Thus, a jump is made in every full rotation of the rope. When first started to jump over the rope, wrong habits can be seen, such as jumping too high, heels touching hip or using shoulders when skipping. However, corrections occur over time and with sufficient repetitions (Solis, 1992; Solis, 1997: 53).

Figure 1: Rope Turning Stage **Figure 2: Jumping Stage** **Figure 3: Timing Stage**
Figure 4: Skipping Over the Rope

The Types of Sk pp ng Rope

Partial Ropes (Segmented Ropes or Beaded Ropes): These are the skipping ropes that are made by sticking the pieces that have a cylindrical structure on a nylon cord or cable (Segmented Rope) or cotton yarn (Beaded Rope). Length adjustment can be made by removing the particles or pieces that have a cylindrical structure. They are used mainly for basic demonstrations.

Since there will be no twist on the rope, it is not affected by the wind, especially in the outdoors use. Partial ropes are not used when applying techniques that require high skills, they are easy to use, because they do not deteriorate the

circular shape (curve) of the rope in low-effective techniques. Therefore, they are not recommended for beginners (Solis, 1992; Jump Rope Institute, 2017).

Cotton, Nylon or Synthet c M xed Rope:

These ropes, whose raw material is a mixture of cotton, nylon or propylene, are a bit weak in terms of skipping rope. They are not functional for fitness and cross training since they are cumbersome. Regardless of how fast the wrists are turned, these ropes are known as the worst rope among all ropes, because they cannot be adjusted and the athlete could not reach the speeds that the athlete can benefit from. They are recommended for beginners and can be easily used in the implementation of basic techniques (Solis, 1992; Jump Rope Institute, 2017).

Figure 5: Partial ropes. **Figure 6: Cotton and Nylon Composite Ropes**

Licorice Speed Rope: These are speed ropes that are made of licorice, hydrocarbon plastic or PVC. In low-impact techniques, it is useful in learning basic skipping skills and how to skip. Achieving sufficient skipping speed is not enough to improve the reflexes that will be an advantage in skipping rope competition. Even in low-impact techniques, torsion or twisting seems to be a disadvantage (Solis, 1992; Jump Rope Institute, 2017).

Cable Rope: It is made of cable as raw material and turns very fast depending on the thickness of the cable. However, it is insufficient in high-impact techniques such as cross jumping. It is not versatile, but designed and manufactured for a single straight skipping rope. Its disadvantages are that the cable can easily break and its length cannot be adjusted (Solis, 1992; Jump Rope Institute, 2017).

Leather Rope: While other ropes can also be used in playgrounds, the leather ropes are much more favored by professional athletes. Leather ropes rotate more effectively than other ropes, but they do not achieve high performance. Leather ropes are as fast as speed ropes, yet they are more expensive and nondurable compared to speed ropes. Its main disadvantage is that twisting and torsion occur even with low-impact techniques. Moreover, it is the best professional jump so far, despite the fact that it lacks a feature such as the ability to adjust its length (Solis, 1992; Jump Rope Institute, 2017).

Figure 7: PVC Composite Licorice Rope **Figure 8: Cable Rope** **Figure 9: Leather Rope**

Weighted Rope (Heavy Rope): It is made of hard plastic or latex ropes into which heavy materials such as sand, buckshot and iron dust can be put and the types of weighted ropes are available in different weights. Athletes who are physically in good condition should choose it.

When combined with a weight training program, it helps to increase upper body strength and mostly exercises arm, shoulder and chest muscles. The main purpose of the skipping rope is to improve hand and foot speed, agility, skill, reaction time and cardiovascular system. Weighted rope does not allow movements at sufficient speed to provide these benefits since the time to continue jumping is limited. Weight ropes are usually designed in two ways. The first one is the ropes designed in a way that the weight is on handles and is effective on foot techniques through basic skipping, and the second one is the rope designed in a way that the weight is on the rope and that increases the workload by the effect of centrifugal force as the rope rotates. The weight rope is effective on the upper body when used properly, yet if the athlete does not have the necessary skill, the centrifugal force may cause injury (Solis, 1992; Jump Rope Institute, 2017).

Figure 10: Weighted Rope

High-Performance Speed Ropes: These ropes, which are described as the world's best performing skipping ropes, are PVC ropes designed in a perfect aerodynamic structure to develop the speed, agility, skill and explosiveness required by athletes. The high-performance ropes, whose handles are designed for all hand sizes and can reach speeds of 5 to 6 rotations per second, allow easy control of the rope swinging per jumping and facilitates learning for beginners thanks to its aerodynamic structure (Solis, 1992; Jump Rope Institute, 2017).

Figure 11: High-Performance Ropes

Issues to consider when choosing a rope:

- It should be made of well-structured, durable material.
- The rope should allow easy turn from the handles.
- The handles should fully fit to the hand and sponged handles should be preferred to prevent sweating in the hands.
- The elastic rope stretches due to the tension between the hands at any point in the turn of the rope. Since such ropes will stretch over time, they do not provide skipping at a particularly proper speed (Solis, 1992; Jump Rope Institute, 2017).

EFFECTS of SKIPPING ROPE on the DEVELOPMENT of ATHLETES

1. Physiological Development

Cardiovascular System Compliance (Aerobic Condition):

Cardiovascular system compliance (cardio respiratory) refers to being healthy, the effectiveness of the heart and lungs in carrying blood, oxygen and nutrients to the active body tissue during the physical movement. Aerobic exercise improves the functioning of the cardio respiratory system. In addition, it strengthens heart muscles and keeps total cholesterol at the proper level and helps prevent heart diseases. In a properly regulated and trained cardio respiratory system, a low-severity exerted force can last for a long time, because the system can provide a great deal of oxygen consumption, circulation of oxygen, and oxygen utilization in an extended period as an aerobic energy source (Brittenham, 1996: 1; Dündar, 2004: 2).

Aerobic exercise is a movement or activity that requires large muscle groups to be operated 3 to 5 days per week and 20 to 60 minutes continuously at an appropriate intensity. Exercises such as walking, running, jogging, swimming, cycling, skiing, rowing, aerobics, skipping rope are similar exercises classified as aerobic exercises (Solis, 1992; Brittenham, 1996: 10; Dündar, 2004: 2).

Most people can skip rope for 20 minutes after a few weeks of exercise. Individuals can skip rope for 10-15 minutes on the first day with individual coaching. In skipping rope, the arms and shoulders work continuously to turn the rope, and the large leg muscle groups work in a repetitive and rhythmic manner. As a result, several scientific studies have demonstrated that skipping rope improves the cardiovascular system (Solis, 1992).

Cahperd (Canadian Association for Health, Physical Education, Recreation and Dance) found that skipping rope has positive effects on cardiovascular compliance (Cahperd, 2005), while Seabourne stated that it is a remarkable application in the construction and maintenance of muscle strength and cardiovascular system, and improves foot movements by helping to prepare for sports branch (Seabourne, 2006).

In his study conducted on college students to determine the effects of exercise on body size, personal self, and cardiac breathing compliance, Irvine stated that an aerobic training program, including 14 weeks of skipping rope, aerobic

dance and walking twice a week for 50 minutes resulted in a significant improvement in cardiovascular system compliance (Irvine, 1984).

Paying attention to sportive performance in skipping rope moment to moment not only increases the performance, but also increases the uptake of maximal oxygen ($VO_{2\,max}$) and more CO_2 is excreted in each breath. The more intense the jump, the greater the amount of O_2 used to maintain this density. $VO_{2\,max}$ or anaerobic power leads to circulatory system compliance and is the key to maximize sportive endurance and performance. Concentrating moment to moment and increasing the dynamic balance, and doing the necessary actions to make the body's skillful movements in addition to skipping rope exercises may develop the main components of the competition based on the sportive performance (Lee, 2010; Hatfield, 1985: 1275-1279).

***Muscle Strength and Endurance*:** One of the most important features of skipping rope is the muscle groups it uses. While the skippers use the forearm, upper arm and shoulder muscles to hold, twist and control the rope, they use various muscles in the leg and hip muscles. The ones using technique use more muscle during skipping rope. For example, while rope skipping exercises the chest and upper posterior muscles by crossing from the front, the adductor and abductor muscles of the legs work through the technique of rope skipping by opening and closing the legs to the sides. Skipping rope does not strengthen the human body like a strength exercise with weights; however, it provides the muscles with the endurance and strength essential to overcome the challenges of everyday life. Through skipping rope exercises, the muscles gain tightness and endurance so as to look good (Solis, 1992; Hatfield, 1985: 1275-1279).

Flexibility*:* It is the ability to move joints within their own movement range without feeling pain and suffering. Muscle flexibility and joint mobility are often associated with adequate and coordinated movement. Additionally, in case that a muscle is exposed to an advanced level of pressure, reaching a good level of flexibility may reduce the likelihood and severity of injury (Brittenham, 1996: 10; Dündar, 2004: 2).

Flexibility depends on long, flexible muscles and tendons. Muscles can also be made flexible as it is the case for strength, tightness and volume. Unfortunately, aerobic exercises with skipping rope only bring in limited flexibility (Solis, 1992).

In the study, in which the effects of 12-week standard and weighted rope training on physical fitness tests carried out on female adolescent volleyball players were investigated, Turgut *et al.* (2016) stated that there was no significant improvement in flexibility (Turgut *et al*., 2016: 108-115).

Bone Structure**:** Exercises such as skipping rope are frequently seen as exercises that prevent the onset of osteoporosis in later ages. Osteoporosis results from calcium deficiency in the bones. During exercise, the muscles as well as the bones are overloaded. The body under stress senses the stress and, if present, sends more calcium and other nutrients to the area to make the bones stronger (Solis, 1992).

Being fat-free (Calorie Burn**):** The amount of fat and fat-free body mass of a person is determined by the body composition. The values that are deemed normal for body fat ratio range between 8% and 13% for male athletes, while between 16% and 20% for female athletes (Brittenham, 1996: 100; Dündar, 2004: 2). In their study on the effect of skipping rope ratio on energy expenditure in males and females, Town, Sol and Sinning pointed out that skipping rope exercises were very intense exercises (Town *et al*., 1980: 295-298).

In the chart below, the correlation between skipping rope exercise and the energy spent performing the exercise for one minute is shown. The Point I shows the average energy reaching the maximum that an inactive person spends with a rope skipping exercise for 15-20 minutes. The energy consumption with basic skipping rope described in this chart is high for inactive individuals even at low speeds. Remaining below 145 jumps in one minute does not mean that less energy was spent, because the turning time will be higher when remained in the air. Jumping higher spends the amount of energy that is thought to have been gained by slower jumping (Solis, 1992).

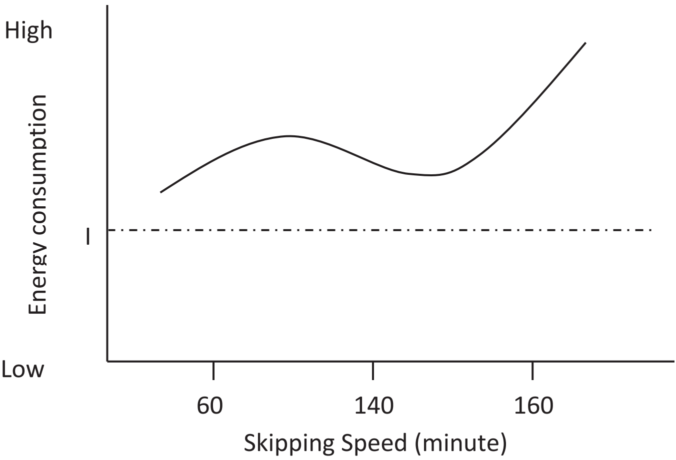

Chart 1: The Correlation Between Skipping Rope Exercise and Energy Spent (Solis, 1992)

From the point of view of rope skipping techniques, it is seen that energy consumption decreases towards low-impact techniques and increases towards high-impact techniques (Chart 2). The use of low-impact techniques will consequently require less energy when starting skipping rope. When the proper jump form is achieved by adapting to the rope, reducing low-impact techniques and starting to use high-impact techniques that require more load and pressure on lower legs (calf) and wrists will also increase energy consumption instead of reducing the use of low-impact techniques (Solis, 1992).

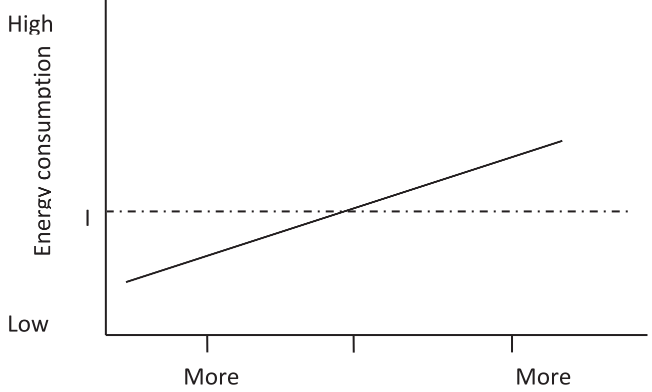

Chart 2: The Correlation between Skipping Rope Techniques and The Energy Spent (Solis, 1992)

2. Motor Development

The general athletic position is strengthened by basic skipping rope exercises, the athlete's right directional change and ability to react also increases. The capacity of the athlete to make suitable and skillful movements increases with ongoing corrections. Skilled movements are highly important for the experienced athletes to implement preparatory techniques that enable the strategic use and conservation of energy, while directly influential in the increase of endurance. In addition, while skilled movements increase continuity in endurance, they also create a synergy between quickness, timing and strength, generating explosiveness and power (Lee, 2010, Özer *et al*., 2011: 211-219).

Coord nat on:

Concentrating on maintaining the turning rhythm and skipping over the rope reveal complex neuromuscular remedies that help increase skillful movements (Lee, 2010). Low-level techniques to skip rope are effective ways to improve coordination because even basic movements require a harmony between legs, arms and rope. If there is no harmony, unsuccessful experiments will occur till achieving a harmony (Solis, 1992).

Skipping rope is a complementary training for the coordination of various muscle groups that require fully timed and rhythmic movements to continue. In other words, it is the coordination of muscle groups that increase the capacity of the athlete for dynamic balance. Skipping rope increases the dynamic balance, because the athlete must perform muscle-nerve adaptation, which is the imbalance (incompatibility) created by each of the hundreds of jumpers in each training period. At the same time, these adaptations force the athlete to maintain the body weight balance transferred to the toe tips and stabilize the general condition of the athlete (Lee, 2003).

In his study on the effects of the 8 weeks of skipping rope program in the development of neuromuscular (intramuscular) coordination, Hong carried out EMG and kinematic analyzes for the leg extender and flexor muscles and found that skipping rope training significantly improved neuromuscular (intramuscular) coordination (Hong, 1999).

Kinematic analyzes showed that trained group had significantly a lower vertical jump rate, longer time of remaining two-feet, smaller knee flexion dur-

ing the endurance stage, smaller body slope angle, smaller displacement of body balance point, the less deviation of the foot reaching the target and of the jumping position (Hong, 1999).

***Timing*:** General athletic position improved by skipping rope exercises is standing ready position which allows the athlete to move back to the beginning position after reacting quickly to any order or command. In game sports, this position also requires a little crouching by transferring the weight balance to the fingertips, and one foot remains slightly ahead of the other. Just as a basketball player is in a defensive position, the arms are extended a little and the athlete is ready for multiple combined actions (Lee, 2003).

Timing is the ability to move in the right moment. Skipping rope improves the sense of timing because the success of most of the techniques depends on it. For example, it requires timing skill when it is performed with the movement of opening and closing legs, which looks like callisthenic movements (Solis, 1992).

Agility: Agility is a combination of balance, coordination and speed. Skipping rope improves these features at least as effectively as running. If demanded to improve agility by skipping rope, foot techniques, in particular, will be useful(Solis, 1992).

In their study, in which the effects of 12-week standard and weighted rope training that were implemented to female adolescent volleyball players on physical fitness tests were examined, Turgut *et al.* (2016) reported that the high improvement in agility was found significant (Turgut *et al*., 2016: 108-115).

Rhythm: The ability to perform a repetitive movement over a certain period of time is called rhythm. The tough part about learning new skipping rope techniques is not a necessity of learning a new coordination, agility or timing, but a rhythm. For example, the coordination, agility and timing required by Two-Foot Jump technique (the rope passes once under the feet) and Double Under technique (the rope passes twice under the feet) are the same, yet only rhythm is different (Solis, 1992).

Quickness: In most sports, quickness is deemed as more valuable than strength. Rope skipping, which improves all physical fitness features, also improves quickness. The individuals who specialize in basic movements can now turn the rope pretty quickly. Because rope skipping offers a wide variety of

techniques, exercises can be tailored to the needs of the individual. For example, if fast feet are needed, a technique that requires foot exercise such as the Cross Step can be implemented, if fast hands needed the Front Crosses or the Figure-Eights technique and if desired to improve fast direction change capability, the 180-Degree Turn-Abouts technique can be implemented (Solis, 1992).

In their study carried out on footballers, Trecroci *et al.* reported that skipping rope exercises improved quickness (Trecroci *et al.*, 2015: 792-798).

Kinesthetic Sense: Kinesthetic sense is the sensory ability that notifies invisible movements and positions of body parts. One moves with the help of this sense when the eyes are closed in the dark and even when walking on the road (Solis, 1992).

Especially dancers have a strong kinesthetic sense; they should know how the ears, hands, legs, elbows and other body members are in motion and position so as to fully implement a routine choreography from start to finish. Like dancing, skipping rope with only a few techniques requires hand-eye or hand-foot coordination. Almost all techniques depend on the position of the hands and the turn of rope when the feet are working. In addition, the desire to learn a technique in every possible condition improves rope skipping. The body learns where the rope is in space. Thus, the need to skip rope with kinesthetic sense can be a distinct strong feature of experience (Solis, 1992).

The Concept of Tra n ng

In countries where the sport has been scientifically done, the training process has been the subject of versatile research, observations and applications.

While training is defined in terms of medicine as all of the loads implemented with certain time intervals in order to provide functional and morphological changes in the organism and to increase the efficiency in the sport, according to Sevim, especially in terms of sports games, it is the education process aimed at improving physical and moral power, and technical and tactical skills through organic and psychological loads, and bringing it to the top level (Sevim, 1997: 138-141). In a broad sense, sport training is the systematic preparation method which ensures that the athletes achieve the highest sportive efficiency. It involves all learning influences and methods, including the athlete’s training himself, who aims at increasing this efficiency (Dündar, 1998: 66-81).

SKIPPING ROPE TRAINING METHODS

Skipping rope exercises are the activities that load severity is determined by duration and number of repetitions (Seabourne, 2006). It is considered normal to make about 130 jumps per minute with a moderate tempo (neither too fast nor too slow). The tempo will slow down if the number of jumps is below 130, and the tempo will increase if above 130.The jumps with the slow tempo will improve the strength traits, and the jumps with the fastest tempo possible (explosive) will develop maximum power, speed and quickness. Especially for beginners, while the exercises done without rest between 1 and 3 min are recommended, the total duration of the exercise varies between 5-30 min (Lee, 2010).

When the literature concerning the studies on skipping rope is examined, it is seen that the following training methods are put into practice.

- ***Repetition Method:*** It is a method that involves repeating selected rope skipping exercises at a specified number of times. In order to achieve the intended goals with this method, the flow and tempo are important as much as the time and the number of repetitions. It was observed that the number of repetitions varied between 25 and 150 for each exercise in the studies performed, whereas it varied between 500-2000 repetitions in the daily training (Lee, 2010; Town *et al.*, 1980: 295-298; Kim *et al*., 2001: 228; Sigmon, 2003: 287).

Time Method**:** It is the method used to determine the duration of the rope skipping exercises and the rest intervals. In this method, in which the load intensity is determined by working and rest periods, anaerobic properties are improved by short-term exercises at explosive tempo, durability properties are improved by long-term exercises at medium tempo. Especially when it is used for beginners, the load severity is determined by increasing the duration as they adapt to the exercises (Lee, 2010; Town *et al*., 1980: 295-298; Arnett and Lutz, 2002: 1913-1919).

- ***Interval Method*****:** It is the method by which exercise and rest are switched systematically. In the literature, at 85-95% loading intensity (160-200 step/min), while the methods, in which the duration of the exercise varies between 30-60 sec and the ratio of implemented exercise and rest is 1:1, 1:2, draw attention, it was found that the skipping rope training with 15-30 min intervals was used in terms of total duration (Lee, 2010; Akers, 1985; Benedict *et al*., 1985: 108-111; Moris, 1999; Buchheit et al., 2014: 476-482).

Sk pp ng Rope Tra n ng

For years, sports physiologists have tried to explain the benefits of skipping rope.

Thanks to skipping rope exercises, not only aerobic and anaerobic capacity and strength, coordination, balance, skill, speed, hand and foot quickness, and explosiveness are improved, but also weight loss is achieved. 10-min skipping rope exercise with 120 jumps per minute has the same cardiovascular system compliance as a 6-minute cycling, 2 sets of tennis, 12-minute running, 20-minute handball playing and a 30-minute walk (Cooper, 2006; Smith, 1992: 6).

Previous studies suggested that rope skippers had low aerobic requirement. However, these are the exercises in a typical style with various techniques that can affect aerobic requirements (Solis *et al*., 1988: 121-128).

In their study on 9 rope skippers that apply 5 basic techniques at the same speed, Solis, Foster, Thompson and Cefalu reported that skipping with alternate foot (Alternate Foot) was the most effective technique, while crossover skipping (Crossover) was the least effective technique. By taking more than 4 rope skippers from another group, a typical training was conducted at a continuous aerobic level, and consequently they found that the rope skippers, who were completely highly-skilled, could maintain an adequate exercise intensity in the process of training (Solis *et al*., 1988: 121-128).

Studies have shown that skipping rope has the potential to benefit from two anaerobic energy systems, including ATP-PC and anaerobic glycolysis (Town *et al*., 1980: 295-298; Solis *et al*., 1988: 121-128; Quirk and Sinning, 1982: 26-29).

In peak performance sports, it is seen that skipping rope is employed with 85-95% of maximum heart rate, which refers to a density of 180-220 beats per minute for most athletes. During the preparation period, rope skipping training starts at the load level required for anaerobic fitness improvement and it is primarily ensured that the athletes improve their basic skipping rope capacity. This can be done with 30-120 sec skipping rope exercises at 85-95% maximum heart rate. If implemented as required, maximum benefits can be obtained from skipping rope training with 5-10 min exercises 3 times per week depending on the season. In these studies, since athletes carry out as many jumps as possible in a short period of time, they have difficulty as a result of increased oxygen need

and muscle fatigue. This difficulty arises from the fact that the explosive energy temporarily consumes the glucose stored in working muscles (Lee, 2010).

In their study, in which the effects of 12-week standard and weighted rope training that were implemented to female adolescent volleyball players on physical fitness tests, Turgut *et al.* (2016) stated that the high improvement in anaerobic power was found significant (Turgut *et al*., 2016: 108-115).

Although the skipping rope for anaerobic fitness development depends on the level of training at high intensity, the athlete never loses the proper form to gain speed. The gradual increase in both speed and repetition ensures avoiding from the risk of bodily pain and injury. In addition, the increased risk of disability caused by inefficient movements, inadequate balance and inadequate scheduling, defective form and technique can be minimized by the benefits of skipping rope (Lee, 2010).

The best level of anaerobic fitness can be achieved by carrying out a short recovery period after the training and before the subsequent training is carried out. At the beginning, the athlete can have one second rest for each second of difficulty (1 unit exercise: 1 unit rest). As the anaerobic fitness is improved 1:2, 1:3 ratios can be implemented (Lee, 2010).

The best way to prepare skipping rope training for anaerobic fitness is to design a training in which the exercise-rest ratio is 1:1 and quick jumps are implemented at increasing intervals by 30 sec.

These studies can be limited to 5 min, but can also be extended to 60 sec with a 1:1 exercise-rest ratio for anaerobic endurance. In ambitious and willing athletes, the exercises to improve this capacity during the fitness stage of the aerobic fitness program can be started (Lee, 2010).

In his study examining the effect of 1: 3 interval load skipping rope program with 10, 20 and 30 sec intervals on the leg strength and the quickness of physical education students, Astyoruni reported that the most significant effect was seen in the group training with 30 sec intervals (Astyoruni, 2016: 104-112).

During any stage of the skipping rope training, the formation of muscle fatigue in the calf and feet is not an odd situation. Even during the preparation stage of the aerobic skipping rope capacity, the anaerobic threshold gradually forms and goes up. Therefore, using skipping rope training as an alternative to

anaerobic training at the loading level required by competitive sports is one of the best strategies (Lee, 2010).

CONCLUSION

As a result of the scientific studies carried out on this subject, considering the development of upper and lower extremity strength gained and the skill improvement in anaerobic development and technique, such as speed, quickness and explosiveness, rope skipping exercises can be recommended especially for trainers working for groundwork.

The results to be obtained from similar studies that will be conducted with different training methods using different types and weights of ropes may create a broader perspective in practice for coaches who will employ skipping rope exercises.

Today, the fact that the training exercises performed with standard or weighted ropes have now become widespread suggests that they are valid training methods which can replace or be integrated into traditional training.

Rope Sk pp ng Program for the Beg nners

A sample program is given in the following table including weekly exercise number, duration and weighting density in order to guide and help the beginners of rope skipping (Solis, 1992).

Table 1: A Sample Program Including Weekly Exercise

Age (year)	Program Duration (Week)	Exercise Duration (Minute)	Weekly Training Number	Exercise Density	
				Di culty Level	Technical Rate RJT:LIT
12-29	1-2	10	4-5	3-5	1:1
	3-4	12	4-5	3-5	2:1
	5-8	15	3-5	4-5	2:1
	9-12	20	3-5	4-5	3:1
	13-	20-30	3-5	4-5	-

30-39	1-2	10	4-5	3-5	1:1
	3-4	12	4-5	3-5	2:1
	5-8	15	3-5	4-5	2:1
	9-12	20	3-5	4-5	3:1
	13-	20-30	3-5	4-5	-
40-49	1-2	10	4-5	3-4	1:1
	3-4	12	4-5	3-5	2:1
	5-6	15	3-5	4-5	2:1
	7-8	15	3-5	4-5	3:1
	8-16	20	3-5	4-5	3:1
	17-	20-30	3-5	4-5	-
50-59	1-3	7	4-5	3-4	1:1
	4-6	10	4-5	3-4	1:1
	7-8	12	4-5	3-4	2:1
	9-12	15	3-5	3-4	2:1
	13-16	20	3-5	3-5	3:1
	17-	20-25	3-5	3-5	-
60 and over	1-4	5	4-5	3-4	1:1
	5-8	7	4-5	3-4	1:1
	9-10	10	4-5	3-4	2:1
	11-14	12	3-5	3-4	2:1
	15-18	15	3-5	3-5	3:1
	19-	15-20	3-5	3-5	-

In the table given above, exercise density is determined based on the ratio of difficulty level and rates of the techniques. Difficulty level is the scale developed by Borg in 1982 and load intensity is determined by giving scores between 0 and 10. While 1 represents simple, 10 represents maximal difficulty. On the other hand, technical rate represents high and low-impact techniques to be applied in that study. If the ratio of 1:1 in the 1st line is applied as 10-30 seconds

high-impact techniques, it shows that low-impact technique will be applied in 10-30 seconds (Borg, 1982: 378).

Sample Rope Sk pp ng Programs for the Athletes

Sample Program 1.8-Week of Compliance with Rope and Rope Skipping Training Program (Orhan et al., 2008: 205-210).

Preparatory training program:

Aim : Compliance with Rope

Method : Time Method

Tempo : Smooth

Exercise Duration : 30 sec

Rest : 30 sec

Set : 2

Exercises:

1.Sidewill left, 2.Side will right 3.Front windmill, 4.Overhead windmill left, 5.Overhead windmill right, 6.Figure eight left, 7.Figure eight right, 8.Side-will left skipping, 9.Sidewill right skipping, 10.Front windmill skipping.

Rope skipping program for 8 weeks:

Application Duration : 8 Weeks

Weekly Training Number : 3

Total Training Number : 24

Method : Time method

Exercise Tempo : with explosive tempo

The Exercises in the Program

Application Duration : 30 - 60 sec

Rest Duration : 30 - 60 sec

Number of Sets 1- 2 sets

Break between Break : Full rest

The Used Tools and Equipment : Skipping rope.

Exercises:

1.Basic bounce step, 2.Bell jump, 3.Skier's jump, 4.Right foot skipping, 5.Left foot skipping, 6.Alternate foot step, 7.Boxer shuffle, 8.Side straddle, 9.Scissors, 10.Bonus jump.

Table 2: Application Chart of Rope Skipping Training Program

5-WEEK			1-WEEK			
15	14	13	3	2	1	**Training No**
30 /30	30 /30	30 /30	30 /30	30 /30	30 /30	**Exercise/ Rest Duration(s)**
2	2	2	1	1	1	**Number of sets**
6-WEEK			**2-WEEK**			
18	17	16	6	5	4	**Training No**
40/40	40/40	40/40	40/40	40/40	40/40	**Exercise / Rest Duration(s)**
2	2	2	1	1	1	**Number of sets**
7-WEEK			**3-WEEK**			
21	20	19	9	8	7	**Training No**
50/50	50/50	50/50	50/50	50/50	50/50	**Exercise / Rest Duration(s)**
2	2	2	1	1	1	**Number of sets**
8-WEEK			**4-WEEK**			
24	23	22	12	11	10	**Training No**
60/60	60/60	60/60	60/60	60/60	60/60	**Exercise / Rest Duration(s)**
2	2	2	1	1	1	**Number of sets**

Total: 8 Weeks, 24 Trainings, 240 Exercises.

Sample Program 2. Rope Skipping Training Performed by Repetition Method (Orhan, 2013a: 266-271; Orhan, 2013b: 945-951)

Preparatory training program:

Aim: rope adaptation,

Exercise method: repeat method,

Tempo: quick exercise,

Duration: 50-60 rp.,

Rest: 1:1, Sets: 2.

Exercises:

1.Sidewill left, 2.Side will right 3.Front windmill, 4.Overhead windmill left, 5.Overhead windmill right, 6.Figure eight left, 7.Figure eight right, 8.Sidewill left skipping, 9.Sidewill right skipping, 10.Front windmill skipping.

Rope skipping program for 8 weeks:

Duration of application: 8 weeks,

Number of training per week: 3,

Total training number: 24,

Method: repeat method,

Exercise tempo: with explosive tempo, of the exercises in the program,

application duration : 50 - 80 rp,

Duration of rest: 1:1,

Number of sets: 1 - 2 sets,

Rest between sets: full rest,

Tools and materials: skipping rope

Exercises:

1.Basic bounce step, 2.Bell jump, 3.Skier's jump, 4.Right foot skipping, 5.Left foot skipping, 6.Alternate foot step, 7.Boxer shuffle, 8.Side straddle, 9.Scissors, 10.Bonus jump.

Table 3: Application Chart of Rope Skipping Training Program

	1-WEEK			5-WEEK		
TrainingNo	1	2	3	13	14	15
Exercise/ Rest Duration(s)	30 /30	30 /30	30 /30	30 /30	30 /30	30 /30
Number of sets	1	1	1	2	2	2
	2-WEEK			**6-WEEK**		
Training No	4	5	6	16	17	18
Exercise / Rest Duration(s)	40/40	40/40	40/40	40/40	40/40	40/40
Number of sets	1	1	1	2	2	2
	3-WEEK			**7-WEEK**		
Training No	7	8	9	19	20	21
Exercise / Rest Duration(s)	50/50	50/50	50/50	50/50	50/50	50/50
Number of sets	1	1	1	2	2	2
	4-WEEK			**8-WEEK**		
Training No	10	11	12	22	23	24
Exercise / Rest Duration(s)	60/60	60/60	60/60	60/60	60/60	60/60
Number of sets	1	1	1	2	2	2
Total: 8 Weeks, 24 Trainings, 240 Exercises.						

Table 4: 12-Week Jump Rope Training Program (Özer et al., 2011: 211-219).

9-week			5-week			1-week			
27	26	25	15	14	13	3	2	1	**Training No**
30/30	30/30	30/30	30/30	30/30	30/30	30	30	30	**Exercise/ Rest Duration(s)**
3	3	3	2	2	2	1	1	1	**Number of sets**
10-week			6-week			2-week			
30	29	28	18	17	16	6	5	4	**Training No**
40/40	40/40	40/40	40/40	40/40	40/40	40	40	40	**Exercise / Rest Duration(s)**
3	3	3	2	2	2	1	1	1	**Number of sets**
11-week			7-week			3-week			
33	32	31	21	20	19	9	8	7	**Training No**
50/50	50/50	50/50	50/50	50/50	50/50	50	50	50	**Exercise / Rest Duration(s)**
3	3	3	2	2	2	1	1	1	**Number of sets**
12-week			8-week			4-week			
36	35	34	24	23	22	12	11	10	**Training No**
60/60	60/60	60/60	60/60	60/60	60/60	60	60	60	**Exercise / Rest Duration(s)**
3	3	3	2	2	2	1	1	1	**Number of sets**

Note: Sample Program 3

Table 5: Rope Skipping Training for 8-Week (Jahromi et al., 2016:404)

		Exercise duration		
Week	Intensity (jumps/min)	Warm-up (10 min)	Exercise	Cool-down (10 min)
1	60	Stretching	120 rep×2min with 2min rest (5 repetition)	Stretching
2	60		120 rep×2min with 2min rest (5 repetition)	
3	70		140 rep×2min with 2min rest (6 repetition)	
4	70		140 rep×2min with 2min rest (6 repetition)	
5	80		160 rep×2min with 2min rest (7 repetition)	
6	80		160 rep×2min with 2min rest (7 repetition)	
7	85		170 rep×2min with 2min rest (8 repetition)	
8	85		170 rep×2min with 2min rest (8 repetition)	

Note: Sample Program 4

Table 6: 12-Week Rope Skipping Training Program for Weighted and Standard Rope Skipping Training (Turgut et al., 2016: 108-115)

9-week			5-week			1-week			
27	26	25	15	14	13	3	2	1	**Training No**
30/30	30/30	30/30	30/30	30/30	30/30	30	30	30	**Exercise / Rest Duration(s)**
3	3	3	2	2	2	1	1	1	**Number of sets**
10-week			6-week			2-week			
30	29	28	18	17	16	6	5	4	**Training No**
40/40	40/40	40/40	40/40	40/40	40/40	40	40	40	**Exercise / Rest Duration(s)**
3	3	3	2	2	2	1	1	1	**Number of sets**
11-week			7-week			3-week			
33	32	31	21	20	19	9	8	7	**Training No**
50/50	50/50	50/50	50/50	50/50	50/50	50	50	50	**Exercise / Rest Duration(s)**
3	3	3	2	2	2	1	1	1	**Number of sets**
12-week			8-week			4-week			
36	35	34	24	23	22	12	11	10	**Training No**
60/60	60/60	60/60	60/60	60/60	60/60	60	60	60	**Exercise / Rest Duration(s)**
3	3	3	2	2	2	1	1	1	**Number of sets**

Note: Sample Program 5

Table 7: 12-Week Rope Skipping Training Program (Çolakoğlu et al., 2017: 5-9)

	Training No	**Exercise/ *Rest Duration(s)***	***Number of sets***		***Training No***	**Exercise/ *Rest Duration(s)***	***Number of sets***
1-week	1	30/30	1	2-week	4	40/40	1
	2	30/30	1		5	40/40	1
	3	30/30	1		6	40/40	1
3-week	7	50/50	1	4-week	10	60/60	1
	8	50/50	1		11	60/60	1
	9	50/50	1		12	60/60	1
5-week	13	30/30	2	6-week	16	40/40	2
	14	30/30	2		17	40/40	2
	15	30/30	2		18	40/40	2
7-week	19	50/50	2	8-week	22	60/60	2
	20	50/50	2		23	60/60	2
	21	50/50	2		24	60/60	2
9-week	25	30/30	3	10-week	28	40/40	3
	26	30/30	3		29	40/40	3
	27	30/30	3		30	40/40	3
11-week	31	50/50	3	12- week	34	60/60	3
	32	50/50	3		35	60/60	3
	33	50/50	3		36	60/60	3

Note: Sample Program 6

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SWIMMING AND ITS BENEFITS

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ABSTRACT

Unlike other sports branches, the area that the athlete performs the swimming sport is filled with water and it gives the athlete extra characteristics when the body is in the horizontal position, which is the biggest difference that distinguishes this sports branch from other branches. Thanks to the characteristic of reducing the gravity of the water and applying pressure on the human body, it was seen that the load on the joints of the athlete decreases compared to other sports and the heart muscle is strengthened due to the pressure applied to the lung. The activity of all muscles of the body during the swimming and the activity against the resistance of the water provide the athlete fitness and strength. Additionally, it is seen that the athletes who are interested in swimming sport strengthen their immune systems, their bio-motoric characteristics are improved, posture disorders are eliminated and their physical development is quite good. In addition to all of these characteristics mentioned, the fact that swimming sport can be done at any age and the low probability of injury, shows that swimming sport is an important sports branch for human health.

INTRODUCTION

Swimming, which is one of the oldest sporting activities in human history, is a very common pleasure and competition sports around the world.

Swimming is a set of movements that a person performs by applying certain special styles to cover a certain distance in water. In swimming terms, swim-

ming is defined as the ability to cover this distance as soon as possible by taking advantage of butterfly style, backstroke style, breaststroke style, free-style or mixed style to cover a certain distance (Hanula, 2001: 21).

In other words, swimming is defined as the effectiveness of coordinating the movements in the water or on its surface in one direction.[10]

Compared to other sports activities, the likelihood of injury and wound is much less in swimming. Additionally, swimming activity is one of the few sporting activities that contributes to the development and functioning of all muscles of the human body during the swimming activity (Pollokand *et al.*, 1978:41). Although the swimming activity is such a safe and beneficial sporting activity, according to the study carried out by Adnan TURGUT, who is a Faculty Member of Akdeniz University School of Physical Education and Sports, an average of 750 people lose their lives every year due to drowning in Turkey (Dolunay, 2017). Furthermore, the figures pointed out by US Center for Disease Control and Prevention are much more serious than in Turkey. According to the data provided by this center, an average of 10 people dies due to drowning in the US every day[11]

Although it is one of the oldest sporting activities in human history, the number of such deaths during swimming is high and the rate of these deaths will be reduced by educating and training young children in swimming.

HISTORICAL DEVELOPMENT

Although it is not known exactly when the history of mankind met with swimming, the studies carried out on the wall paintings of a historical cave in the Libyan Desert show that this acquaintance dates back to 9000 BC. When the pictures in this cave are examined, the swimming figures depicted at that time show a great resemblance to today's breaststroke style (Odabaş, 2003:83; Urartu, 1994:10-11).

While Alexander the Great and Caesar, among the most important figures in history, are considered to be quite good swimmers, it is known that Plato, one of the leading philosophers of history, used the expression that 'Those who cannot swim remain weak in education.' (Özsandıkçı, 2010).

10 http://www.usasw mm ng.org, 10.07.2018

11 www.g dahatt .com, 02.08.2018

In ancient Greek and Roman civilization, swimming training for military training was seen as an important part of basic education. The Greeks organized occasional swimming competitions; the Romans built swimming pools outside the baths, while the Japanese issued an imperial edict that makes swimming training compulsory in educational institutions. In medieval Europe, religious leaders believed that the body should be devoid of pleasure and comfort to glorify the soul. For this reason, swimming, which gave a feeling of pleasure and comfort, was accepted as sin and this belief continued for a century.

The first swimming records in Europe are based on the 16th century (Bozdoğan, 2001: 21). The first book about swimming was written by Aman Nicolaus Wynma in 1532, another book was published by Sir Everard Diglay in England in 1587. In 1697, the French author Thevenot wrote up the book 'The Art of Swimming' and the British used it as a course material in schools (Tahıllıoğlu, 1999).

In 1837, swimming competitions were organized in England with the increase of importance given to swimming and the construction of pools. The Indians from America came first by defeating the British in these swimming competitions without searching for technique and style. While the swimming technique of Indians was in the form of throwing up the arms like a windmill, the British swimming techniques were found to be similar to today's breaststroke style (Tahıllıoğlu, 1999).

The sports of swimming, which continued to meet certain requirements for many years unsystematically, took the form of planned competitions in the 19th century. Subsequent to the first outdoor swimming pool in Liverpool in 1828, the first international swimming competition took place in London in 1837.

In 1875, the English Mathew Webbe swam the English Channel with the breaststroke style. Following those events, in 1882, swimming federations were established in various European countries (Urartu, 1995). The transformation of swimming into an organized activity took place in the United States in 1888 with the establishment of the Amateur Sports Association (IAAU). The swimming branch was included in the Olympics which was organized in 1896. First female swimmers participated in swimming competitions in 1912. In 1909, the International Amateur Swimming Federation (FINA) was established in London.

Too many deaths occurred during the clashes, airings and military landings on the sea due to the destructive effects of World War II and people who took lessons from this situation started to be interested in swimming by understanding the importance of swimming (Bozdoğan, 2006:142).

Today, the ‘Crowl’ style that is performed by women and men swimmers around the world has been spread to the world from Australia. This style is the fastest swimming style of present day, which has taken this form by making a few changes (Odabaşı, 2003: 83). This style is the most preferred style among the public.

The history of swimming in Turkey is based on ancient history. Having a strong relationship with the seas, the Ottomans also gave great importance to swimming. The foundation of Turkish swimming history is the basis for military training due to these characteristics. After the 1800s, Turkish youths were introduced to swimming in sports sense and students of Galatasaray Sultani started swimming activities with Moiroux, their physical education teacher. The first swimming training in the modern sense took place in 1873 in Mekteb-i Sultani. Moiroux was later appointed to the Tophane Military Industrial School where he continued to teach modern swimming. In the 1870s, it was compulsory to learn swimming in Mekteb-i Fünun-ı Bahriye (Naval School) in Heybeliada (Bozdoğan, 2006: 142).

In 1912, under the auspices of Ekrem Rüştü Akömer, the Chairman of the Turkey Swimming Maritime Committee Alliance, the first swimming pool was opened in Büyükdere on July 17, 1939 and, ‘Crowl Swimming’ style was replaced with ‘Stroke Swimming’ when the 50 m long pool was put into operation. The first swimming competition began in 1934 with Russia and swimming sports has fully developed and settled in Turkey after 1937 (Tahıllıoğlu, 1999). As a result of systematic studies with this development, swimming athletes such as Orhan Saka, Halil Dalha and Methi Ağaoğlu achieved significant success.

A pause in swimming sports occurred in Turkey between 1945 and 1950. The reason for this was the World War II, which took place in those years (Erhan, 2018).

Murat Güler was the first Turkish swimmer to cross the English Channel on August 10, 1954 (Tahıllıoğlu, 1999). In 1957, the swimming sports was separat-

ed from the Maritime Federation and the Swimming Federation was established (Özsandıkçı, 2010).

In the 1970s, with the importance given to swimming sports, the introduction of indoor and outdoor swimming pools, the importance given to the background of the youngster swimmers and the increase in the importance made a positive contribution to Turkish swimming sports. Ersin Aydın's swim between Anamur and Girne, Murat Özüak's first gold medal in Balkan Championships and Balkan Championship of Sabri Özün was the result of the importance given to swimming.

In 1978, Zafer Ataman won the gold medal in the World Schools Games. Sabri Özün achieved 100 m and 200 m Balkan Youth championships, and Erdan Acet, one of our marathon swimmers, swam across the English Channel and swam the distance between Anamur and Girne in 1975 and 1977. Erdal Acet achieved one of the top 10 of the last 102 years by swimming over the English Channel in 9 hours and 4 minutes. In 1979, Nesrin Ongun was entitled to be the first Turkish woman to swim across the Channel Sea (Bozdoğan, 2001: 21).

CHARACTERISTICS of SWIMMING SPORT

Swimming sport differs considerably from other sports branches in terms of its application. The most important difference of swimming is that energy is spent in the horizontal direction or in a stationary position by moving the arms and legs synchronously to stay on or move on or off the water. It can be said that the athlete has difficulty in breathing while in the water due to the pressure effect of the water, and therefore he spends four times more energy on swimming for a distance than running the same distance (Odabaş, 2003: 83).

Swimming branch is a sports branch which has the least risk of disability and injury compared to other branches and also contributes to the development of one's motoric characteristics. In order to obtain sporting efficiency in this branch, athletes must be trained at a young age and should conduct a systematic study with a good trainer (Erhan, 2018).

Swimming activity is much more important among the sports activities targeting mental, psychological, sociological and physiological development of the individual (Urartu, 1995).

Swimming is carried out in an unusual position, compared to other sports, in a way that the human body is not accustomed to, namely in horizontal position (Akgün, 1994: 128-130). The world understands the importance of the fact that swimming is done in this unusual position day by day. The sport of swimming is more preferred for the purpose of recreation, sports, treatment and rehabilitation compared to the other sports (Olaru, 1998: 1-4).

The age range of starting and continuing swimming is wider than other sports branches. The sport of swimming can be started at a young age and even can be performed at a very old age (Troup, 1999: 267-285).

SWIMMING STYLES

There are 4 basic swimming styles in swimming:

- FREE STYLE
- BACKSTROKE STYLE
- BREASTSTROKE STYLE
- BUTTERFLY STYLE

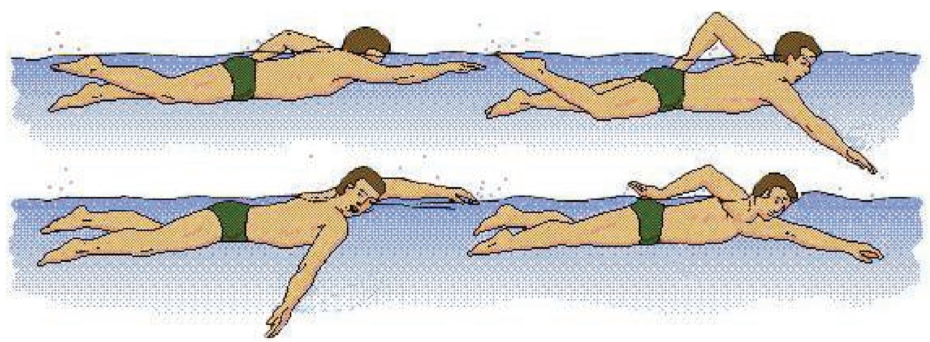
Free Style

It is the fastest swimming technique (Kalkavan, 2004). It consists of 2-4-6 foot strokes with one left and one right arm pull. The swimmers experience the biggest deficiencies of this style generally while applying arm movements. The athlete should stretch his arm up to the front and pull backwards without loosing the water. In order to achieve this, the friction in the water should be minimized and the position should be as horizontal as possible (Bozdoğan, 2003:105-108). The head should be turned at an optimum angle so as to breathe. Otherwise, body shape and arm-to-foot synchronization will deteriorate and swimming will no longer be functional.

COMPETITION DISTANCES of FREE STYLE

MALE: 50m - 100m - 200m – 400m - 1500 m

FEMALE: 50m – 100m – 200m – 400m – 800m – 1500m



Backstroke Style

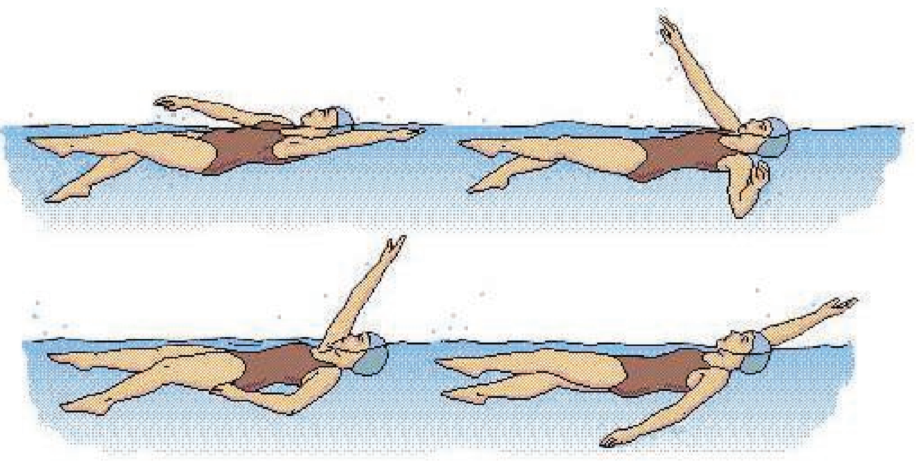
The athlete swims in the opposite form of Free-style swimming technique (Bozdoğan, 2003: 105-108).

Foot strokes in the water are slightly stretched at the knees, legs are slightly closed and right-left feet are moved respectively, so that the foot movements are up and down with articulated support. Foot movements are similar to free style. The arms press the water obtained from the back of the body from the side of the body to down. This process takes place in the arms respectively. One arm is in the water, while the other remains on the water. The head remains motionless and stationary. No breathing problem occurs in this swimming style (Bozdoğan, 2003: 105).

COMPETITION DISTANCES of BACKSTROKE STYLE

MALE: 50m - 100m - 200m

FEMALE: 50m – 100m – 200m



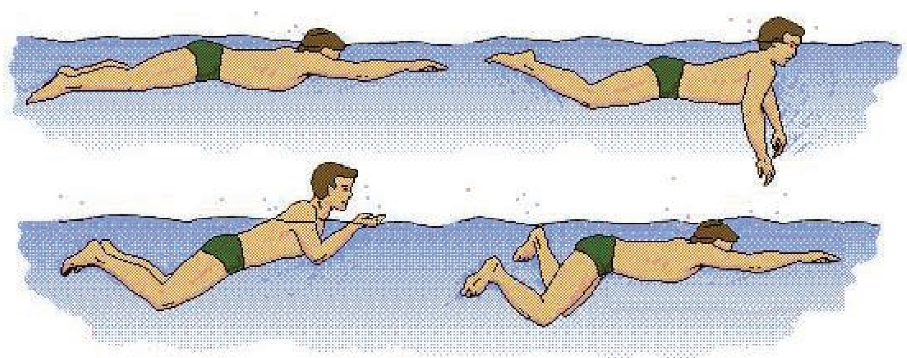
Breaststroke Style

It is the slowest swimming style among swimming styles. The arms do not come to surface in this swimming style. The hip is positioned just below the water surface and the feet do the foot movements called ‘whip’. The foot movements here occur not in sequence, but at the same time. A big thrust occurs when making foot movements. However, when the feet are pulled back, this power is weakened by the resistance of the water. Because of this power loss, breaststroke swimming style is slower than other styles. When the arms move forward, the feet make the rear whip kick. This allows the swimmer to perform a certain distance gliding motion. When the arms return to pull water, legs are bent from the knees and approach to the hips. One foot stroke occurs on each arm pull and the head is taken out of the water in order to breathe (Bozdoğan, 2003:105-108).

COMPETITION DISTANCES of BREASTSTROKE STYLE

MALE: 50m - 100m - 200m

FEMALE: 50m – 100m – 200m



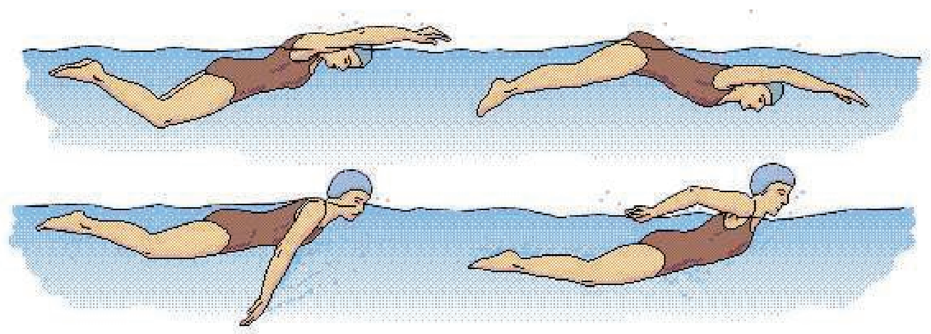
Butterfly Style

Among swimming styles, its realization level is the most difficult. The arms and feet move in a coordinated manner at the same time. Foot movements are similar to the movement of dolphins. The name of the butterfly style foot movement is also called 'dolphin' foot movement. When making this movement, the feet are positioned close to each other and the foot movement creates a movement with the foot movement up and down so that the feet can push the water at the same time to perform the dolphin foot stroke. The movement of the arms in butterfly style occurs in a way that both arms are pushed sharply above the water level just above the shoulder level and the water held by the feet is pushed by bending the elbows in the water. The head moves synchronously with the arms. While the arms come from behind, the head soaks in the water. The way to breathe depends on the distance the swimmer will take. If the swimmer does not need it, he can continue swimming without breathing. (Bozdoğan, 2003:105-108).

COMPETITION DISTANCES of BUTTERFLY STYLE

MALE: 50m - 100m - 200m

FEMALE: 50m – 100m – 200m



EFFECTS of SWIMMING on HEALTH

There are significant differences in physical and mental balance of individuals from the moment they start swimming. The biggest reason for observing these differences is that swimming sport is an activity that operates all muscle groups of the body. Swimming sports helps the muscles to grow and gain flexibility when performed with a correct and systematic period. Compared to the other exercises carried out on land, the muscles become stronger due to the resistance of water exerted on the body during the swimming exercise. Compared to other exercises carried out on land, the resistance of muscles to the body is strengthened thanks to the resistance of water on the body during the swimming exercise. Swimming activity is a sport activity that does not cause any activity-related pain by forcing the body too much (Altay, 2018).

Because the gravity decreases by 90% in the places where water is present, there is no excessive load on the joints in swimming sport. In this way, calcification lumbar problems in the joints are minimal in this sport activity (Özsandıkçı, 2010).

With a planned and correct swimming training, the cardiovascular system of the athlete develops at the highest level. In the studies carried out, it was determined that the athletes who were engaged in swimming activity were more immune to diseases. Furthermore, swimming has an increasing effect on the

amount of excessive training breathing as well as preventing postural disturbance and breathing frequency (Baltacı, 1980).

Swimming is one of the rare sports branches that increases both aerobic and anaerobic capacity of the body. All of these characteristics mentioned explain why the swimming sport should especially be preferred during basic sports training compared to many other sports branches. A systematic and disciplined swimming training positively affects the organism. Swimming sport has important effects, especially on the heart, respiratory, nervous and muscular system of the athletes (Çetinkaya, 2004).

The E ect of Sw mm ng on Card ovascular System

The pulse rate of the heart is the number of heart beats per minute. The oxygen demand of the tissues is met with heart beat. With the activity in the water, the body remains in a horizontal position and with a 90% reduction in gravity, the oxygen content of the tissues is much more comfortable depending on these factors. Additionally, the water in the horizontal position of the body of the athlete is distributed proportionally. In the vertical position, blood accumulation may occur in the lower extremities of the human body. The effects of regular swimming training on the cardiovascular system can be listed as follows:

- Swimming training increases the pulse rate of the heart.
- Due to hypertrophy of the heart, the heart pumps blood to the body more strongly.
- With swimming training, the heart works with less effort.
- As more oxygen comes to the heart, the resistance of the heart to longer load increases. Thus, fatigue after training is avoided sooner (Soydan, 2006).

The E ect of Sw mm ng on Resp ratory System

The respiratory system, whose main task is to supply oxygen to the blood and to take carbon dioxide from the blood, starts from the nose and mouth and then ends up in the lung (Soydan, 2006).

Swimming athletes have different physiological characteristics than other sports athletes because they spend most of their training in water compared to other sports branches.

These characteristics are as follows:

- Due to the pressure of water on the athlete in the water, the muscles in the respiratory system are overloaded.
- The athlete in the water should perform the respiratory function in a manner compatible with the arm and foot movements.
- The horizontal position of swimming sport is a biomechanical situation which is not suitable for breathing.
- The respiratory resistance of the swimmers was found to be stronger (Soydan, 2006).

The E ect of Sw mm ng on the Nervous System

Swimming activity has a significant impact on the nervous system, since it is a sporting activity that activates the whole body. The sensory organs and nervous system work synchronously as a team during swimming. The athlete's or the individual's feeling of well-being after each movement in the water shows that the nervous system is relieved. This feeling of relaxation is due to the ease off and relaxation of the nerves within the water. It shows that the following behaviors develop for individual through the relaxation of the individual during and after swimming:

- Adaptation is achieved and prevention of distractibility occurs more quickly
- Increased self-confidence of the individual
- Decreased failure feeling
- Being more disciplined
- Ensuring an active life (Soydan, 2006).

The E ect of Sw mm ng on Musculoskeletal System

Swimming activity has many positive effects on the musculoskeletal system, which are:

- Keeping muscle strength stable and increasing it
- Improving muscle joint control
- Preservation and regulation of muscle tone
- Increased mobility of the joint opening
- Enabling body posture
- Decreased fatigue
- Increased oxygen content
- Increased fat burning
- Development of equilibrium and correction reactions
- Preservation of bone mineral density
- Improve body protection against possible injury, disability and accidents
- Developing body awareness (Baltacı, 2007:10).

THE IMPORTANCE and BENEFITS of SWIMMING TRAINING n CHILDREN at SMALL AGE

The rate of people who lose their lives by drowning comes second after people losing their lives in traffic accidents (Abraham, 2011:1230-1234).

According to the study conducted by Dr. Adnan Turgut, instructor of Akdeniz University School of Physical Education and Sports, approximately 750 people lose their lives by drowning each year in Turkey (Dolunay, 2017).

In another study carried out in Singapore, the majority of those who died due to drowning was found to be 20-29 years old (Tan, 2004:4-9).

In the light of all this academic light, the importance of swimming training at an early age is clearly seen.

So how and at what age range should this training be given?

Before starting swimming training, it is essential to ensure the safety of pool and the swimming equipment required for the safety of the children should be available. The basic rules of swimming pools and hygiene should be strictly taught and the children should be supervised by parents whether they follow these rules. In order to prevent the fear of children from swimming, the support of adults should be provided. Swimming training should be planned considering the physical, physiological and psychological characteristics of chil-

dren. Movements in swimming training should be taught by induction method (Sweetenham, 2003:153). The systematic and planned swimming training to be performed at early ages will minimize the chances of drowning in the future.

According to Prof. Dr. Mehmet Binet, the benefits of swimming exercises performed at an early age on children are listed as follows:

- Accelerates muscle and bone growth
- Prevents obesity
- Protects against heart diseases
- Increases motor skills
- Keeps the mind vigorous[12]

Children with asthma have complaints such as cough, wheezing and shortness of breath during exercise. This is because a child with asthma during exercise takes dry air into the respiratory tract quickly. This is the other way around when swimming. Therefore, swimming exercises are recommended for children with asthma. Studies have shown that swimming exercises reduced the complaints of children suffering from asthma, such as coughing and wheezing.

Swimming also improves lung capacity in asthmatic patients and regulates and improves breathing techniques[13]

In Australia, the courses for children to getting used to water start when they are 4-6 months old, while in Russia they start when they are 8-11 weeks old.[14] As can be seen from these data, it is understood that there is no general range of children's time to meet with swimming. It is important that the parents feel ready to get into the water with their child.

The ideal age range for a conscious swimming training is 4-6 years old age[15]

According to Aqua-Tats Swimming Schools with over 20-year experience and more than 40 centers spread all over the world, 8 different levels of swimming training can be given:

12 http://www.mav adayuzme.com, 02.08.2018
13 www.cocukmarket.com, 02.08.2018
14 http://havuzsauna.com, 02.08.2018
15 http://havuzsauna.com, 02.08.2018

Level 1- Little Frogs (6-18 months)

The aim is to familiarize children at this level with the swimming pool environment and gain the necessary basic skills.

Level 2- Little Fish (18 months - 3 years old)

The main aim is to increase muscle coordination in order to be a swimmer.

Level 3- Frogs (30 months - 3 years old)

The aim is to make children who can almost swim to swim without help.

Level 4- Submarines (3 - 4 years old)

The aim is to teach children independent swimming techniques.

Level 5-Starfish (4 years old and over)

Children are introduced to the free swimming style and some basic backstroke swimming techniques.

Level 6- Seal Fish (5 years old and over)

The pool covers children who can swim without support from beginning to end. The purpose here is to increase their stamina and strength.

Level 7-Sharks (6 years old and over)

At this stage, children are taught the right stroke techniques among swimming styles.

Level 8- Stingrays (6 years old and over)

It is aimed that children can swim with the styles in the best form and they are prepared for competitions[16]

CONCLUSION

As a result of scientific and academic studies on this subject, the fact that swimming sport has such a positive effect on the human body, and it can be done without difficulty at any age, and the history of mankind has been almost

16 (https://soc ety.tedu.edu.tr/tr/soc ety/okculuk-toplulugu)

intertwined with the individuals, shows that more importance should be given to swimming sport.

In the light of academic studies that have been carried out, the fact that hundreds of people die each year due to drowning where the likelihood of injury and wound is less in the swimming branch than other sports branches leads to the fact that swimming training should start at a young age. Due to all these developments, the importance of swimming sport in our country and in the world is increasing day by day. Today, it is known that swimming pools are both included in the projects in the new settled collective settlements in our country (Site areas) and in the areas that educational institution's buildings are being built, and also that as the consciousness of the society increases, the interest in swimming sport is increasing day by day.

Considering the historical process, it is possible to come across many scientific studies that physicians advise almost every individual to perform swimming sport to become healthier in addition to the treatment of diseases and disabilities as well as its rehabilitating characteristics. In the light of all this information, swimming sport should be made use of more actively.

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AN ANALYSIS ON TURKISH ARCHERY

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ABSTRACT

Analysing the historical documents, it is seen that the archery among Turkish tribes started in 5000 B.C., and rules about archery were established and practised with Oghuz Turks. Continued with Sumerians, Elam people, Accadians, Scythians, Huns, Avars, and Hittites during Turkish tribes, the close interest in archery developed after Oghuz Turks accepted Islam, and reached its golden age with Ottomans.

Archery in Ottoman Turks is an extension of the understanding and practice in old Turks. However, archery gained great importance in Ottoman Turks, and they brought innovation and range to the practice. As it was in ancient Turks, archery was a tool that showed the effectiveness of the army. For this reason, education was given importance in order to use this tool in the most effective way. Education naturally contained competition in itself. Archers' aim to show that they were superior to each other enabled them to succeed in a way that surprises modern people now.

Being a part of our history as a real ancestor sport, and searched by all the countries in the world, Turkish archery has showed a rapid sportive development in the last 5 years; and, it set a good example with this quality. Thanks to the significant planning and the significant support provided by our sport organization, Turkish Archery experiences the pride of representing our country in the best way today. Competing all around the world, our archers have proved

through the success they have had in the last 14 years that they can have significant achievements with the opportunities they have.

INTRODUCTION

Archery n Anc ent Turks

Researchers have studied on performance analyses in many branches of sports through a holistic approach (Kılınç 2008: 1064-1068, Paish 1998). In addition to determining the weaknesses and strengths of athletes, it is important to arrange training plans and programs in accordance with the data (Angyan et al. 2003: 225-231, Tsunawake et al. 2003: 195-201). The archery sport is considered to be a branch that is part of the core sports where power is combined with a natural tool in the early ages of human history (Bompa 1999). Emerged in Central Asian steppes, Turkish archery expanded around the world with Turks and they were not only used as a war and hunting tool but also used as an element of entertainment in competitions. In this way, an environment in which people could both develop war techniques and strategies and spend their time in an entertaining way was provided (Ostojic et al. 2006: 740).

The importance of archery, especially mounted archery, in Turkish societies extends over prehistoric times. Since about 5000 B.C., horses and archery have been given utmost importance in “Mounted Steppe Culture” which emerged around Altay Mountains and Tian Shan and dominated in inner parts of Asia (Öngel 2001: 189-2015). Turkish mounted archers in the history were known with their ability to hit the target precisely by turning over on the saddle while the horse was galloping (Findley 2006: 37). Named “Parthian Shot” in the international literature, the most successful and famous practitioners of this arrow shot have been Turks. The right to attach hawk feather to helmets of Turkish heroes, Tarkans, were only given to the ones who could achieve it successfully[17]. Strategies such as hit-and-run, fake pullback, and surrounding the enemy are war tactics which were used by Turkish mounted archers and played key role in many victories (https://society.tedu.edu.tr/tr/society/okculuk-toplulugu, Özveri et al. 2011: 1308-7878). As one of the Turkish epics, in the epic of Oghuz Khagan, arrow and bow took place with their symbolic meanings.[18] Archery has

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17 (http://www.caml derehedef12.com/turk-okculugu).

18 (http://www.atdunyas .com/geleneksel-atl -okculuk).

been very important in the history of Turkish people. As a source of income and a military exercise in Central Asia, drives enabled the development of Turkish archery; Turks brought their skills from Central Asia to Anatolia (Özveri et al. 2011: 1308-7878). Archery took a significant place in social life apart from militancy, hunting, and sportsmanship. For example, in military festivals, and religious feasts, various sportive archery competitions took place in social life. The fact that Turks secretly transferred special materials and techniques used in the making of arrows and bows through master-apprentice relationship enabled them to outclass settled publics thanks to the technological difference; and this situation created an excellence for the arms producer and his family in the society .[19]

Turks were specialized in shooting arrow forward, backward, and sideways on horseback. Anna Komnena told the following about this topic: "If a Turk starts to chase, he overcomes his enemy by shooting arrow. If he is the one being chased, he can overcome with his arrows. The arrow he shot sticks into the horse or equestrian by flying. If the arrow is stretched by a strong hand, it passes through the body. Turks are really master archers (Gömeç 2011).

Uyghurs made bowstrings from horse hair. In addition, on rock engravings and in the excavation works carried out in monumental tombs of Bilge Khagan and Kül Tigin, which were situated in Orkhon Valley, arrow heads having different sizes and qualities were found (Gömeç 2011). In Turkish history, arrows have not been used only as military weapons but also as symbolic meanings. They were used in the sealing of official papers with beeswax as well as being the symbol of dominance. These were especially made from gold, silver, copper, brass, and iron. The silver thread wrapped around the bow is called "toz", the iron part situated on the arrow head is called "temren", and the feather on the back of the arrow is called "yülek" or "yelek". A case to carry bows was not produced; they were generally carried on the shoulder or arm. However, specially designed and garnished cases were produced to carry arrows.[20]

19 (https://pr mera.e-s m.org/art cle.html? d=95317)
20 (http://m.ortadogugazetes .net/makale.php?makale= slam yet-sonras nda-okculuk& d=13433)

The Per od of Metehan

It has been stated that Metehan used arrows with whistles which demoralized enemies and affected their direction finding abilities. It has been accepted that Metehan is the inventor of this arrow with whistle, which was later on used by many nomadic tribes and defined as "sergeant arrow (çavuş oku)". Metehan equipped 10,000 mounted warriors whom he gave under the command of his father with these arrows and trained them. According to Chinese sources, if Metehan had directed his arrow to a target, soldiers under his command would directly turn to that target and destroy it as a part of the training they had had. One day he directed his arrow to his favourite horse. Some of his soldiers hesitated. Thereupon, he directed his arrow to the ones who hesitated. All of his soldiers who hesitated were killed by arrows. In this way, this game he played since his childhood reinforced the indisputability of his orders. One day, when he directed his arrow to his father who was hunting, none of his 10,000 soldiers whom he trained with strict discipline hesitated (Gömeç 2009).

After Islam

In the first years of Islam, archery had a different importance compared to other arms. For this reason, the importance given to Turkish archery gained a religious meaning after Turks adopted Islam. It is stated that there are over 40 hadiths about archery in Islam.[21] According to Byzantine historians Genesios and Kedrenos, success of Turkish archers who came from Central Asia to Anatolia was mentioned in this way (Özveri et al. 2011: 1308-7878). On July 837, troops consisting of Turks coming from Central Asia under the command of Khalifa Mutasım confronted with Byzantium troops in Dazimon town in Anatolia. In the war started in the morning, Byzantium mounted troops divided Khalifa's troops. Because of arrow rain of Turkish archers, Byzantium mounted troops could not find a chance for close combat; however, bow strings of archers loosened because of heavy rain, and Byzantium troops were able to run away. Yorgo Kedrenos used the following statement: "If it rained at night (not in the morning), the emperor and soldiers would die". Although Byzantines were master archers (they were famous for this quality in the time of Emperor Iustinianos), they gradually lost this quality in the 9th Century. Nicknamed as "Wise", the Em-

21 http://www.demkaokculuk.com/okculuk-tar h /

peror VI. Leo (866-912) used the following statements in his book Taktika, the book of tactics: “Today’s failures became ordinary since Romans completely neglected archery” (Özveri et al. 2011: 1308-7878).

In the Battle of Manzikert, especially in the beginning and end of the battle, arrow shots had great importance. Byzantium Emperor IV. Romanos Diogenes was captured by Sultan Alp Arslan thanks to an arrow. The statement of Nikephoros Bryennios is as follows: “Turks surrounded the emperor and started to shoot arrows from every direction. They prevented left wing troops following the emperor to save him. Left completely alone, the emperor used his sword against the enemy and killed many of them; however, he was surrounded by a huge crowd of enemies. Romanos’s hand was injured, he was recognized, and completely surrounded. His horse was shot by an arrow; the horse staggered, collapsed, and its rider fell. Thus, the Emperor of Byzantium was captured.” Weakness of Byzantium against Turkish archers obliged Byzantium to make reforms in the army and to use Turkish mounted archers as mercenaries (Özveri et al. 2011: 1308-7878).

Seljuks maintained mounted archery tradition of Asian steppe; they used their skills in Anatolia, too. Arrow and bow did not only mean military superiority in Seljuks, but they also meant the symbol of sovereignty. The tradition of “sending arrow” meaning a call for military alliance still continues to be alive after 1000 years as an etymological reference. Today in Anatolia, the thing sent for a formal invitation to a social event is named “okuluk” or “okuntu” (ok: arrow) (Özveri et al. 2011: 1308-7878).

The Per od of Ottomans

Turkish archery showed a wide development in shooting techniques and arms from Middle Age to the 19th Century. Archery was carried out as an organized and regular sports activity since the second half of the 15th Century; and 34 wide areas called “arrow field” were assigned with this aim. Arrow fields had their own allowances, managers, and servants; and athletes resided in these fields; trainings and competitions were organized in these fields. The most known arrow field was the arrow field (Okmeydanı) in Istanbul. After the conquest of Istanbul by Mehmed the Conqueror, this area was bought from its owners and assigned for the use of archery. Limits of the field were determined

through royal decree of the Sultan, and entrance of unguiculated animals into the area, burial of corpses, building houses, and flying bird around the area were prohibited. The opening of the facility took place in Hıdırellez (6th May) and the closure took place in Ruz-I Kasım (November). Competitions and shooting took place on Mondays and Thursdays. Apart from the days of competitions and trainings, athletes were training in the field (A general view to Turkish archery 2011).

Archery is an extension of the understanding and practice in old Turks. However, archery gained great importance in Ottoman Turks, and they brought innovation and range to the practice.[22] As it had been in ancient Turks, archery was a tool that showed the effectiveness of the army. For this reason, education was given importance in order to use this tool in the most effective way. Education naturally contained competition in itself. Archers' aim to show that they were superior to each other enabled them to succeed in a way that surprises modern people[23]

Behind cultural institutions, there are substantial amount of traditional accumulation, law, custom, material and spiritual support. Family, government, education, religions, science, philosophy, art, army, and sports are some of the first examples that come to the mind (Güven 1999: 16-78). In this context, archery has been one of the most important cultural structuring of Turkish cultural and war history since the emergence of first Turkish tribes. In the process of this cultural infrastructure, inherited by Ottomans from the first Turkish tribes, archery took a highly important place. Over time, archery, which became more important in purpose and practice, has gained its own characteristic again. It means that the training was given importance because the arrow could be thrown away and effective; good archers were rewarded by the Sultan. These rewards were given not only to the archers but also to the ones who produced arrows and bows (Tunç 2000: 36-60).

While it is emphasized that Ottomans used arrows in their conquests like their ancestors, it is underlined that they raised soldiers who were suitable for war techniques, tactics and purposes. Archery that was literally cultivated in a war culture has become an interest in Ottoman people. During the periods, the

22 http://www.d yad nnet.com/Yararl B lg ler-868&B lg =ok%C3%A7uluk-tar h
23 (http://www.d yad nnet.com/Yararl B lg ler-868&B lg =ok%C3%A7uluk-tar h).

sultans, who came to the throne, also created areas where arrows could be made by responding to this interest of people. Being the first one in the practice of the formation of the fields called arrow field, Orhan Gazi was the first ruler who took the first step in this purpose by forming the field of archers in Bursa where he had conquered (Özden 1999: 54-55). Again, it was Orhan Gazi who allocated this area, which still has a few stones, to the citizens who wanted to shoot arrows; and Yıldırım Beyazıt devoted this are for the preservation of this field (Güven 1999: 16-78). During the conquest of Istanbul by Mehmed the Conqueror, the place where he drove ships on the ground was made ‘arrow field’ which shows the importance given to archery (Güven 1999: 16-78).

Archery, being an indispensable part of the Ottoman warfare culture and nomadic lifestyle, was the main interest of people in daily life. The people of the nomadic culture did not turn their back on their skills of horseback riding and shooting arrows, and always practiced these skills. The sultans of the given era were not indifferent to their skills and made the necessary arrangements (Kahraman 1995: 28-42).

Sultans had another purpose in the construction of areas that would enable people to shoot arrows. These areas allowed people to shoot arrows as well as the janissary to exercise target practice. These practices, having a significant role in the periods of battle preparations, made great contributions to the army to be ready for war at any moment (Güven 1999: 16-78).

Archery in warfare culture has gained a new form as a sport discipline in time. Especially following the conquest of Bursa, the Ottomans took the greatest step of Turkish sports history since they regarded opening training facilities, incomparable with any other nation in the given era, for shooting arrows as a state responsibility by means of new regulations and abandoning old traditions in the sports as in all the state institutions (Kahraman 1995:28-42). This great step was ‘Monastery’. These Islamic monasteries, which can be called today’s sport federation in true sense, had a great importance for the establishment of the concept of athlete soldier.

As a matter of fact, there were halting places, in today’s name stadiums, which were used to prepare an army for the wars in the Ottoman State. There were sheikhs (Head Trainer) and disciples (Sportsmen) of these halting places, and the monasteries functioning as today’s federations, worked as institutions

for providing shelter, eating, drinking and especially religious education to these sheiks and disciples (Tunç 2000: 98).

Archery, as a warfare art in the Ottoman, gained a new form as a sports branch as a result of functioning of these monasteries under a certain discipline. Later on, archery, which occupied a place in the Ottoman culture as a valuable interest with the name of ‘Kabak (gourd) Game’, has become an indispensable symbol of the Ottoman and Turkish peoples by being adopted and kept alive by the whole society from sultans to people within a wide range extending from the battlefields, to arrow fields and to the most noble deed of weddings and entertainments (Tunç 2000: 38-60).

As stated in the introduction sentence, the influence of customs, traditions and principles that define the style of the Ottoman lifestyle on the formation and establishment of a sport as a cultural institution cannot be ignored. This study analyses how archery, which emerged as an accumulation of the Ottoman values in the context of this study, first emerged as the finest example of warfare, then as a noble Turkish sport and finally as the most elegant example of entertainment as “Kabak (gourd) game” in cultural life (Tunç 2000: 38-60).

Archery n Ottoman Per od as a D sc pl ne of Sport

The Ottoman life culture contains all social structures such as war, art, entertainment, sport and religion within its natural structure. It is indisputable that the war techniques and tactics as a heritage of Central Asian Turkish cultures are intertwined with life. Two basic elements of the relationship coming to the forefront here are horsemanship and marksmanship. When the conditions of the period are taken into consideration, marksmanship should be named also as archery. It was found out that the analysed Turkish arrows were produced from very straight, flexible, and coniferous trees which were thick in the middle and thin in each edge. According to the identifications of Western researchers, “the length of arrow in Turks depended on the height of the person who would throw the arrow and the qualities of the bow” (Kahraman 1995: 28-42).

1. According to Evliya Çelebi’s *Seyahatname*, the father of bowyers was Mehmed who was the son of the first Khalifa, Abu Bakr. Archery monasteries were founded with the aim of carrying out archery trainings as groups. These institutions were named such as “Kemankeş Tekkesi (Archer Monastery), Tiren-

dazlar Zaviyesi (Archer Zawiyah), and Atıcılar Dergahı (Marksman Lodge)". Archer Monastery was a club in today's terms. The head of this monastery was called 'Sheik'. This person was in the position of a club chairman assigned by the government. The sheik was also called "Bin yüzcü Sheik (One thousand and a hundred Sheik). Sheiks were chosen among the most mature and smartest ones of the master archers.[24]

ARROW SHOOTINGS n OTTOMANS

There Were Two Pr mary Types of Shoot ng n Arrow Shoot ng

Range (distance) shooting and puta (target) shooting. In order to participate in these two shooting types, archers had to take grip. In arrow fields, the days when archers competed to 'shoot range' or 'erect range' (breaking record) were called "Field day". The distance where the arrow fell was measured by 'gez'. A normal step distance of a medium height person was considered to be 'one gez', and its distance was about 66 cm. Shooting arrows to a target required a combination of strength, technique, skill, and vision. Shooting target was called 'Target shootings', 'Puta shooting' or 'Puta conditions'. In his *Seyahatname*, Evliya Çelebi tells that after the conquest of Istanbul, Mehmed the Conqueror commanded his soldiers to collect all icons ('put' in Turkish) in Hagia Sophia Mosque and all around Istanbul, and to use them as 'Nişangah' (targets) in Okmeydanı. For this reason, these shots were called 'Puta shooting'. Icons or baskets used as targets in target shooting fields were situated 300 gez away. Also, there were bells on targets. These bells informed on-point shootings to targets.[7]

24 (http://www.atasporlar vakf .org/?page_ d=121)

PICTURE 1: Ottoman Archer [25]

There Were D erent Types of Compet t ons of Target Shoot ng

1. In the shootings carried out under rope, a rope was stretched under the neck of archer. In Zarp shootings, thick iron plates or bronze plates should be stabbed with arrow. Makbul İbrahim Paşa gave a feast for Suleyman the Magnificent because he got his palace built in Atmeydanı. During the entertainments of this feast, one of the most important people in the Turkish Archery History, Tozkoparan İskenderat, stabbed 5 overlapped shields with an arrow he shot over him. Achievements of this master archer are so many that it has become a topic of legends. Tozkoparan İskender's arrow shot in Gündoğusu reaching to 12815 gez distance has never achieved in any era. In his successful archery life, Tozkoparan only could not achieve to defeat Bursalı Şüca (Şüca from Bursa) in Lodos range, and he died by saying "Ah! Lodos range".[9]

Turkish bows are wide and flattened through inside in the middle, Persian bows are in the shape of circle, and Tatarian bows have a wider appearance than both of these bows. Among these, Turkish bows are the effective ones.[26]

Directed from battlefields to arrow fields, archery culture has been practiced as a sports discipline and a noble Turkish sport. With the encouragement of governments and especially sultans, not only master archers were supported

25 http://www.d yad nnet.com/Yararl B lg ler-868&B lg =ok%C3%A7uluk-tar h
26 http://www.okcularvakf .org/haber/42/Vakf n-Tar h .html

but also ordinary people from the society were supported, and their interest to archery was kept alive. With respect to the importance given archery, archery is an Olympic sport having a federation of its own; it has been emphasized that its situation in Ottoman army before modernization movements and the use of firearms was highly important by indicating that this sport was very important in Ottomans. Becoming more active as a sports branch as a result of Orhan Gazi's personal interest, archery was disciplined with a number of organizations, rules, and regulations (Yücel 1998: 13-21). Especially with the foundation of arrow fields, archery had a regular organization and strict rules; and as a result of this, it started to have a sportive quality although shootings were carried out 'with the aim of victory' (Yücel 1999: 13-21).

Values and cultures of Ottoman life directly affected this sports branch. In addition to this, the effectiveness of Islamic understanding of life was also observed in this area. At first glance, although shootings were seen as an entertainment and a part of curiosity, actually there was a serious and disciplined atmosphere created by the obedience to specific morals and principles; and belief had a significantly important role in this situation. It is obvious that consideration of arrow fields as holy as mosques, not entering these places without ablution or as drunk, consideration of arrow and bow as holy materials, and starting and continuing shootings with prayers are the proofs that Islamic beliefs and values had effects in sports (Yücel 1999: 13-21).

Social value judgments and human relations also had reflections of Ottoman culture of life on sports area. Namely, it was not enough for archers to be only good archers but they were also expected to have a brotherhood based on mutual favour and respect over the sense of competition. Senior archers and instructors were highly respected; the ones who wangled in shootings or grafted or disobeyed were not tolerated (Yücel 1999: 13-21).

Types of Shoot ng Arrow and Compet t ons

There were three types of shooting arrow and competitions in Ottomans. As two of these shootings, Target Shooting (Puta Shooting) and Darb Shooting (Darb: Pounding) (In order to stab hard objects such as log or shield) were carried out primarily in order to be ready for battles. Range Shootings (Shooting

arrow to a distance) were one of the main activities practiced in arrow fields (Güven 1999: 16-78).

Target (Puta) Shoot ng

These were target shootings carried out between two people or two teams. The place where shootings were carried out was called ‘Sofa’ (Hall). The target was generally situated on a basket or wood as a circle painted with white, this white part was the target. Target board or basket was situated 200-300 steps away from the place where shooting would be carried out. Archers aimed at the target by sitting, taking position on their knees, or standing. Arrows hitting the target were counted, and the archer who had the most arrows on the target won the prize (Kahraman 1995: 28-42).

Darb Shoot ng

They were generally carried out with bronze shields and bronze bells. Specially crafted bows and arrows were used for this shooting. Darb shootings were carried out especially by cündis (a type of cavalryman) as a performance sport in the weddings organized by sultans. This kind of darb shootings were performed in two weddings of Suleyman the Magnificent, which were organized in 1534 and 1536, and in circumcision feasts organized by Murad III in 1582 (Güven 1999: 16-78).

Range Shoot ng Compet t on (Race)

Range shootings were carried out in arrow fields which were built for competitions. There some important points in range shootings. The first one was that the archer who took permission from seniors to carry out range shooting could not perform this shooting in every part of the field because range shooting areas were divided into two parts. One of them was the area of the ones who had their shootings under 900 gez, namely Müstahıks (the one who deserves), and the other one was one of the ones who had their shootings over 900 gez and had their names written in the registry book. Another important point was that range shootings were performed in accordance with the weather. The archer practiced shooting in the days when the weather was like the weather he desired to perform shooting. As a result of these shootings, the ones who ranked in the

competition and ranked by the distance they shot the arrow had range stones erected in the name of them. This tradition of erecting range stone and applying the rules required for this tradition was a sporty innovation and an honour given to the athlete, which did not exist in any other nations in that era. Finally, range shootings had four divisions. These were as follows: the first one (Down Race) was the one in which archers who could shoot as far as 900 gez participated in, the second one (Middle Race, Nine hundreds) was the one in which archers who could shoot as far as a distance between 900 gez and 1000 gez participated in, the third one (Head Race) was the one in which archers who could shoot over 1000 gez participated in, and the last one (Thousand hundreds) was the one in which archers who could shoot over 1100 gez participated in (Kahraman 1995: 28-42).

Target Shoot ng Tra n ngs n Ottomans

In the classical period, various archery types gaining wide currency in Ottomans required serious preparation trainings. Civil and military training areas were founded in order to train new archers, to maintain skills of seniors, and to satisfy enthusiasm of people about archery. Apart from military training areas where archers in the army trained, there were about 45 civil training areas in different regions of Istanbul where target shootings were performed, and they were business organizations (Veysel 1999). There were this kind of paid training areas in old Empire centres such as Edirne and Bursa (Usta 1999: 268). Apart from the stable training areas having the quality of gymnasium, there were also outdoor training areas or paid mobile training areas which were situated in picnic areas located out of towns. Busbecq stated that archery trainings in these training areas started at the age of seven-eight, continued for ten-twelve years; and in this way, archers could even hit the smallest targets. Talking about his experiences in a training area, Busbecq reported that Turks could line up five or six arrows from thirty feet away on a white circle, which was smaller than a coin, put on a shield situated on a wooden table, as none of the arrows touched each other. Visiting Istanbul through the end of the 16th Century, German traveller Lubenau also witnessed that an archery instructor taught bow handling and targeting skills for a very fair fee in a building in Beyazıt Square (Yıldıran 1996: 625-634).

OKMEYDANI ARCHER MONASTERY

Arrow and archery are activities that many nations have liked since their arrival on the stage of history, and have placed importance as a part of hunting as well as a war sport. Especially our nation has lived with this sport for ages. Military trainings became a kind of competition both in war and peace. Considering the significant role of archers in the victory of Malazgirt, archery was given a special attention since the first years of Ottoman Empire's expansion, and an arrow training area was organized in Bursa in the period of Sultan Orhan. Later on, it is said that Yıldırım Bayezid had a similar area built in Gallipoli.[27]

Un que Example of Turk sh Sport Culture: Archer Monastery

When archery in Ottomans was considered only from sportive perspective, it was accepted as a body and soul discipline, and an improvement process in its own rules and regulations; it was realized that achievements could not be reached with a coincidence or a surprise since it is a long-term training and practice issue. At this point, the existence and aims of archery monastery are understood. In these places, without considering coincidences, physical, mental, and spiritual trainings were carried out in a serious and professional manner. Archers trained every day in these monasteries; and before important competitions, they got into a dense and hard training process which was called 'firm training' ('muhkem idman'). The ones who wanted to be archers took permission from sheik and started to pray, and these people were called 'apprentice' ('şakirt' (novice)) (Tunç 2000: 38-60).

Another quality of Archery monastery was its understanding of museology which was appropriate for the period's conditions. In order to keep moral and cultural values alive forever, the existence of some practices is highly important. Emphasizing this importance in an effective way, arrow cases, bows, and calligraphies were hung on the walls of monasteries; it is emphasized that such an understanding emerged with the aim of maintaining memoires and using them for education (Arabacı 1999: 37-68).

With such professional archers, it is inevitable to have a highly professional management structure of archery monastery. All monastery officials had 'Sheik'

27 http://www.okcularvakf .org/haber/42/Vakf n-Tar h .html

as the responsible one, and all responsibility and authority belonged to this person. After Sheik, called ‘Area Senior’ (‘Meydan İhtiyarı’), there were three main top management ways as:

-Rıkab-ı Hümayun Head of horsemen Sheik,

- Sheik responsible for ranges, and

-Sheik responsible for charity.

These sheiks had six woodmen for each, and they would help sheiks. Apart from this management structure, there were referees who were called ‘airman’; and these referees carried out works varying from shooting rules to measuring distance during the shootings (Tunç 2000: 38-60).

After presenting this administrative and hierarchic order, ‘Registry Books’ were used in monasteries in order to divide athletes into categories and to keep seniority order. Archers and their levels were daily written in these books in the arrow field in Istanbul; archers had to shoot arrows at least 900 gez (594 metres) away in order to take place in this book (Tunç 2000: 38-60). It is stated that archers who could exceed this limit had the honour to get ‘Grip’ (‘Kabza’). In archery jargon, ‘Ahzı-ı kabza’ means getting permission from the master by shooting arrow to at least 900 gez away, and being an ‘Archer with book’, in other words, being recorded in the registry book (Yıldız 2002: 35). Yücel stated about getting grip that the one who demanded for a grip needed to get a master first, to receive training under the supervision of that master, to learn shooting methods in accordance with the rules, and not to give any breaks to trainings. The candidate also chose one of the archers who had grip as his fellow, and he learned the morals of monastery and field from him (Yücel 1991: 48).

Regulations of financial structures of monasteries, where needs such as all sportive trainings, nutrition, and sheltering were provided and religious education of athletes were given, were carried out with charity administrations. Issues such as nutrition, sheltering, and training of so many athletes made the economic support obligatory. This support was provided for monasteries through charities. Archery monastery and the place of arrow field in Mehmed the Conqueror’s Period belonged to the ‘Charity of Fatih’ (‘Charity of the Conqueror’). This charity provided 300 akçe (Ottoman coin) for food and beverages, sheltering, and treats. Being parallel with the increasing interest in archery, the number of tables in monasteries increased from 7 to 10 in the period of Selim III; in order

to cover the increased expenses, 1000 kurus were annually given from the charity of Mustafa III (Arabacı 1999: 37-68).

1. It is known that there were two monastery buildings which had the quality of monastery in Istanbul. One of them was Okmeydanı Archery / Archer's Monastery, and the second one was Unkapanı Wrestling Monastery, about which there is no sign today. The opening of the monastery took place in Hıdırellez Day (6th May) and for six months shooting trainings were carried out on Mondays and Thursdays. Apart from shooting trainings, games and sports such as pole ditch jump, sword competitions, javelin, wooden ball, and mace were performed. Okmeydanı Monastery was responsible for the function of a sports club in which Ahi tradition was continued in a way. Taking an archer into Okmeydanı, giving him the permission of shooting, or dismissing an archer from the field was only possible with the permission of the monastery sheik. Although there is some information that Mehmed the Conqueror built a military camp and had his ships built here during the preparations for the conquest of Istanbul, the name Okmeydanı cannot be found in the period of the Conqueror. Witnesses of the conquest such as Tursun Bey, Barbaro, Ducas, Francis, and Kritovulos did not give any information about this topic. Later on, in the history of Müneccimbaşı, it was mentioned that the Conqueror had the ships he launched on Haliç built in Okmeydanı. However, many researchers do not agree with this opinion. Despite this, it has been thought that a military camp was built in somewhere near Okmeydanı, and rear guard units were located in this place. [28]

It has been claimed that big victory celebration carried out with the leadership of Akşemsettin after the conquest was organized in Okmaydanı. Some sources mention that captures acquired after the conquest were distributed in this military camp. For these reasons, although it is said that the Conqueror had a mosque built here, there has not been any trace of it so far. A structure has been seen in this region in Matrakçı Nasuh's Istanbul plan dated 1537; however, the structure has seemed like a civil building rather than a mosque. In the endowment of Mehmed the Conqueror, the words Okmeydanı / Meydan-ı Tîr or Dergâhı Tîrendezân were not mentioned. It is known that Okmeydanı was registered by Sultan Bayezid II in the name of his father.[29]

28 okcularvakf .org/tar hce/

29 http://www.okcularvakf .org/haber/42/Vakf n-Tar h .html).

1. After the period of the Conqueror, especially in the period of Bayezid II, it has been known that Turkization in Istanbul rapidly increased and many Islamic sects was brought to the city. It is seen in some sources that Bayezid II was mentioned as Sofu (Ascetic) Bayezid because of his such efforts. Most probably, Okmeydanı Monastery was built by Bayezid II through the end of the 15th Century or in the beginnings of 16th Century in parallel with these activities. Some sources claim that in the beginnings of the period of Bayezid II, there was a covered place in this square which was called Sivrikoz Çardağı (Sivrikoz Arbour); and the governor of Bosnia, Vizier Iskender Pasha had this structure demolished, and then he felt upset about what he had done, so he had a mosque and a monastery built in this place. Consisting of structures such as qasr-i Hümâyûn or Sheik Room, mosque, kitchen, storehouse, this structure is the structure we have seen in Matrakçı Nasuh's miniature today. Well curb reaching to our day shows how realistic Matrakçı Nasuh was in his observations. Although it has been mentioned that there was a minaret, built in1518, of this sports facility's mosque built which was built in the period of Bayezid II, such minaret is not seen in Matrakçı's drawings. Although some sources mention that some parts of these structures were built by Sinan the Architect, such activity is not seen in Sinan's structure lists.[30]

DEVELOPMENT of TURKISH ARCHERY n our COUNTRY

2. Archery was organized as a competition for the first time in the period of Ottoman Sultan, Mehmed II. Being the Ottoman Sultan between the years 1451-1481, Mehmed II set the rules of archery competitions and had the archery competition fields organized for the first time. After the conquest of Istanbul, Mehmed II expanded the archery field called Okmeydanı and made it a better field with new regulations. Two people who attracted the most attention in the history were Tozkoparan İsmail and Bursalı Şüca. While historical Ottoman bows could throw arrows to 800-900 metres away, it is not possible for current modern bows to throw arrows to such a distance. Acceptance of archery as a sports branch in the world occurred with the foundation of International World Archery Federation in 1931. Carried out with the participation of 7 countries, the meeting was organized in Poland's city of Lwow, and the world archery was

30 http://www.tof.gov.tr/).

founded. Centred in Switzerland’s city of Lausanne, the International World Archery Federation has 157 members today. Archery took place in Olympics for the first time in 1900, and it has become a constant Olympic sports branch since 1972. In 1920s, archery in Turkey attempted to carry out its activities with limited opportunities within the body of Turkish Training Society Federation (TİCİ-Türkiye İdman Cemiyetleri İttifakı). With Republic Period, some archers who came from ancient Turkish archer families continued our traditional sport in Istanbul by also including young generations. Grandchildren of important names in Turkish archery history and the ones who were interested in this sport founded “Archery Sports Institute” in Istanbul in 1937 with Atatürk’s instruction. Having active days in this period, Turkish archery gathered under the roof of Turkish Archery Federation. 2 years later, becoming independent again in 1983, Turkish Archery Federation had Dr. Uğur ERDENER as its president, and after carrying out his duty for 23 years without an interruption, he was chosen as the president of International Archery Federation on 19th June, 2005.[31]

3.

Federat on Pres dents of Turk sh Archery Federat on;

Fazıl ÖZOK	1966 –1980
Lütfullah KAYAL	1980 – 1980
Uğur ERDENER	1981 – 1981
Fazıl ÖZOK	1981 – 1981
Uğur ERDENER	1983 – 2005
AbdullahTOPALOĞLU	2006 –

Changing by seasons, archery competitions take place in different areas as indoor and outdoor competitions. 2 types of bows, as being “Compound Bow” and “Traditional Bow”, are used in archery competitions. Athletes are classified by bow types they use. Archery is an enjoyable but hard sports branch which requires strength, coordination, concentration, and patience. As in all sports branches, in also archery, the success an athlete can achieve is parallel with the athlete’s level of practice and ambition. Ideal ages to start archery are ages of

31 15 http://www.tof.gov.tr/

9 and 10. Basic archery training received in these ages has a positive effect on mental development of athletes as well as it helps the elimination of deformations in body shapes occurred in daily life.[14]

In 2015, 5000 licenced athletes have been actively performed sport of archery. This interest has increased day by day. Gradual increase of international archery activities organized in our country and improvement of communication opportunities are most important factors in this increase in interest. Apart from a few countries, interest in archery in Europe and all around the world is in the same parallel with Turkey. Especially in South Korea, archery emerged as an occupation rather than a sports branch, and became the only source of income for athletes. Paying much attention to archery, South Korea got this interest's worth with 8 gold medals in Olympics in individual women's.[32]

Internat onal Organ zat ons Organ zed n Turkey So Far Are;

1993 Outdoor World Championship

1997 Indoor World Championship

2000 Outdoor European Championship

2002 Indoor European Championship

2007 Indoor World Championship

2008 Youth and Stars Outdoor World Championship

2013 Outdoor World Championship.

In addition to these competitions, Turkish Archery Federation has organized "Golden Arrow" competition, which has the characteristics of World Championship and is carried out with the participation of 45 countries every year, since 1987; and it experiences the pride of hosting world archery family in Antalya Archery Facilities which is one of the Europe's limited facilities. Later on, Golden Arrow competition was named as World Cup.[15]

Compet t on Rules n Archery:

Changing by seasons, archery competitions take place in different areas as indoor and outdoor competitions. 2 types of bows, as being "Compound Bow"

32 http://www.tof.gov.tr/

and “Traditional Bow”, are used in archery competitions. Athletes are classified by bow types they use.[15]

Rules of Indoor Archery Compet t ons:

Ranking Shootings

As for the distances indicated by categories below, as being 2 x 30, 60 arrow shots are performed in total. Series are performed with 3 arrows.[15]

Trad t onal and Compound Bows All Categor es and Age Groups => 18m

According to the results of ranking shootings, if there is a tie, numbers 10 and 9 are respectively taken into consideration. If the tie is not broken, a coin is flipped. However, if there is a tie between 2 or more athletes for the 32nd rank, numbers 10 and 9 are not taken into consideration, and a tie-breaking shot is performed with one arrow, and the athlete who makes the closest shot to the centre wins (Tunç 2000:38-60).

Ind v dual El m nat on Shoot ngs:

According to the results of ranking shootings, athletes who take place in the first 32 ranks in their categories are qualified to participate in individual elimination shootings.[33]

In traditional bows, elimination shootings are performed through set system. Each series of 3 shootings is accepted as 1 set. In each set, the athlete who scores higher gets 2 points and the athlete who scores lower gets 0 point. In case of a tie, each athlete gets 1 point. The athlete who reaches to 6 points becomes the winner. After 5 sets, if there is a tie in set points, a tie-breaking shot is performed with 1 arrow for each competitor, and the athlete who makes the closest shot to the centre wins.[16]

In compound bows, elimination shootings are performed in 5 series, for 3 arrows in each, and 15 arrows in total. The athlete who gets the highest score over 150 points in total wins the competition. In case of a tie, a tie-breaking shot is performed with 1 arrow, and the athlete who makes the closest shot to the centre wins.[16]

33 http://www.tof.gov.tr/

Rules of Outdoor Archery Compet t ons

In Outdoor Competitions, elimination rankings are carried out in 2 ways as being 1440 Rounds and 720 Rounds in Traditional Bows and Compound Bows.[16]

Ind v dual El m nat on Shoot ngs:

According to the ranking results obtained after ranking shootings, first 104 athletes in their categories are qualified to participate in individual elimination shootings. Athletes ranking in the first 8 ranks of their categories are considered to take place in the first 32 by

The athletes in the first eight categories are considered to have stayed in the first 32 directly through the 1/16 turn.[16]

El m nat on Shoot ngs n Trad t onal Bows

In traditional bows, elimination shootings are performed through set system. Each series of 3 shootings is accepted as 1 set. In each set, the athlete who scores higher gets 2 points and the athlete who scores lower gets 0 point. In case of a tie, each athlete gets 1 point. The athlete who reaches to 6 points becomes the winner. After five sets, if there is a tie in set points, a tie-breaking shot is performed with 1 arrow for each competitor, and the athlete who makes the closest shot to the centre wins.[34]

Picture 2: Turkish Archer[35]

34 http://www. zm rbsbspor.org/Haber/3980/SIRALAMA-TAMAM

35 https://ec.europa.eu/eurostat

El m nat on Shoot ngs n Compound Bows

Elimination shootings in compound bows are carried out with 15 arrows as being 3 by 3 in 5 series. The competitor who achieves the highest score over 150 points wins the competition. In case of a tie, a tie-breaking shot is carried out with 1 arrow for each competitor, and the one who hits the target as close as possible becomes the winner.[17]

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Being a part of our history as a real ancestor sport, and searched by all the countries in the world, Turkish archery has showed a rapid sportive development in the last 5 years; and, it set a good example with this quality. Thanks to the significant planning and the significant support provided by our sport organization, today, Turkish Archery experiences the pride of representing our country in the best way. Competing all around the world, our archers have proved through the success they have had in the last 14 years that they can have significant achievements with the opportunities they have.

In conclusion, although it is an ancestor sport and it has been aimed that athletes should be directed to this sport at the age of 8 as a part of the importance given to archery in Ancient Turks, it is observed that it still cannot find its place and gain the necessary importance. When the scientific studies carried out about archery are considered, it is obvious that they are not in sufficient numbers, and new studies contributing to Turkish literature and world literature are needed. With this study, it is aimed to emphasize the importance of archery in

our country, its general situation, and its level in terms of development process and improvement achieved from past to today.

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A COMPARATIVE ANALYSIS ON TURKEY AND EUROPEAN UNION COUNTRIES WITHIN THE SPORTS INDUSTRY IN TERMS OF SOME VARIABLES

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ABSTRACT

The purpose of this analysis is to explore the employment, participation and expenditure in sports within the scope of the sports industry, to make a comparative analysis on the relevant current situation of Turkey and to present the advantages and disadvantages compared to other countries. The sports industry has become a growing structure. The factors such as the digital and diversity increase in sports activities, developments in mass media, sports goods, sports facilities, commercialization and marketing, professional service enterprises, education, sports media and human factor are among the main factors that play a role in the growth of the sports industry. The sports industry creates a serious employment field with its growing and developing structure and sports goods and services production, sports organizations and activities provide new business areas. Numerical increase in sports activities and diversity, increasing

tendency to recreational activities and multiplication of recreational areas, the popularity of extreme sports, the number of people taking sports training, the pleasure of watching, the social structure, sports facilities and areas have positive effects on active and passive participation in sports and they also increase the need for goods and services required by the sports industry. Sports employment, production of goods and services and participation in sports events are the elements of industry that affect each other. Within the scope of this analysis, the purpose is to make the current situation analysis in terms of employment, production and participation dimensions within the sports industry of our country and to compare with the European Union countries.

Scope and method of the study

In this analysis, cross-country evaluations were made by using basic statistics. Data of the analysis were obtained from the website of Eurostat.[36] The countries below were evaluated within the scope of the analysis.

EU Countr es

Belgium, Bulgaria, Czech Republic, Denmark, Germany, Estonia, Ireland, Greece, Spain, France, Croatia, Italy, Cyprus, Latvia, Lithuania, Luxembourg, Hungary, Malta, Netherlands, Austria, Poland, Portugal, Romania, Slovenia, Slovakia, Finland, Sweden, United Kingdom, Montenegro

INTRODUCTION

Today, sports is seen as an effort of socializing and to be healthy, a job or a fun (Sawyer and Smith, 1999). Especially from the late 1960s to the present, the growth of sports-related enterprises, the companies producing sports goods and services, mass media, sports facilities and areas, stadiums, athletes, professional and amateur leagues within the sports field have not only made the sports an industry, but also provided sectoral growth within that industry (Argan and Katırcı, 2008). The sports industry, which is expressed as the market that offers its customers sports, fitness, recreation, leisure activities and related products, services, people, places and thoughts (Argan and Katırcı, 2002: 4-5) and ranked 23rd among 50 sectors being at the top in the United Stated in 1987 and then 22nd

36 Source: http://appsso.eurostat.ec.europa.eu/nu /show.do?dataset=sprt_emp_sex&lang=en

in 1988 (Pitts and Stotlar, 1996: 2-3). According to 1995 data, it has become the 11th largest (Shank, 1999) sector and continues to develop as a very large commercial area (Sawyer and Smith, 1999). Sports has become one of the most important and universal industries in today's world. Development of sports and sports industry can be measured with the participation in sports events, development of media promotion, growth in employment and in the global market (Shank, 1999: 2).

On a sectoral basis, the sports sector consists of two sub-sectors as the sub-sector of sports equipment and the sub-sector of sports services. The sub-sector of sports equipment has become a fast growing and multinational sector that produces sports equipment such as sportswear, sports shoes and sports equipment used in sports activities. Due to this feature, this activity has become an important component of the local, regional and national economy. The sub-sector of sports services includes two different activities as monitoring of sports activities and participation in them. Nowadays, significant differentiation occurs in the many topics of the same sports branch just like in different sports branches in sports sector. These differences occur depending on the places where sports activities are watched and the quality and abilities of the athletes, and the preferences of the audience bring up various types of differentiation. Specifically, the supply and demand-weighted differentiation has begun to gain a more specific characteristic (Üçışık and Erken, 2000). Today, more time and money are spent for sports, which shows an industrial growth (Basım and Argan, 2009: 175).

The formation of the sports industry and the development of sports management in the process of commercialization have transformed from voluntary staff and workforce to the professional staff and management structure working in paid position (Hoye et al., 2006). The enterprises producing sports goods in the sports industry, the developments in the service sector in sports, the sports organizations and relations with other sectors constitute a serious employment area. As stated by Basım and Argan (2009), sports managers work together with accountants, lawyers, tax officials, various government departments, architects, market researchers, media members, sports scientists, coaches, referees and volunteers within the sports industry. These occupational groups are involved within, or out of the sports industry and perform interactive works. Pitss and Stots (2002) have expressed that the sports world is developing fast and this devel-

opment not only causes the emergence of many new sports, but also constitutes a reflection of the increase in the number of opportunities to participation in sports and activities, explosions in the number of sports-related various magazines and websites, increased sports activity news media, the developments in the number and type of sports facilities and activities, the increase in the interest in sports tourism and adventure trips, the sports-related markets and the numerous materials and services offered. These developments will create many occupational opportunities for sports managers.

There are many employment areas within the sports industry. There are many sports-related job opportunities such as sports product and equipment salesperson, company and shop representatives, fitness trainer, exercise and condition program expert, facility manager, including such sports organizations as sports companies, sports products production and sales firms, federations, clubs, tourism, media, sports channels, (Basım and Argan, 2009) promotional coordinator, ticket sales director, video coordinator, press relations assistant and marketing office manager (Parks et al., 2013: 122). If we give an example from a sports facility, it is possible to find many employment areas such as facility manager, bureau manager, parking attendants, on-site sales managers, maintenance manager, scoreboard officers, sound and visual experts, public relations manager, locker room officers, lawn caretakers, registrars, programmer, trainer, coach, sports director, cleaning staff, human resources manager, sponsorship sales manager, security guards, architecture and engineering officers, and so on. (Fried, 2005; Flannery and Swank, 1999). In addition, sports organizations that prepare and offer sports programs constitute employment in the service sector (İmamoğlu and Ekenci, 2014).

On the economic aspect of the sports, there are four key issues stressed by the European Commission. These include policy making based on scientific data, sustainable financing of sports, implementation of EU state aid rules on sports, regional development and employability (European Commission, 2011).

Sports, as a large-scale and fast-growing sector, contributes significantly to economic growth and job creation. Sports creates an added value of approximately 4% in the EU economy. In addition, large-scale sports events are an important factor in the development of tourism in Europe. In this respect, the importance of sports cannot be underestimated for the European 2020 strategy, which aims at helping EU achieve smart, sustainable and inclusive growth in

changing global conditions. In addition, the European Commission aims to use sports as an effective tool in regional development and employability. In this context, universities and regional actors are included in this process and relevant projects in this area are supported by the Union through the Structural Funds (Taş et al., 2013: 136-151).

The following table shows the annual growth rates of sports employment.

Table 1: Total Employment With the Sports Employment and Mean Annual Growth Rates for the Years 2011-2016 [37]

	Employment in sport (1 000)						AAGR (%) 2011-16	
	2011	2012	2013	2014	2015	2016	Sport	Total
EU-28	1 493.2	1 554.8	1 504.2	1 566.8	1 626.8	1 694.1	2.6	0.7
Belgium	23.9	23.2	21.1	20.5	19.8	24.2	0.2	0.3
Bulgaria	10.3	8.9	9.1	9.5	10.6	11.6	2.4	0.3
Czech Republic	25.9	22.2	25.1	29.0	27.3	31.4	3.9	1.1
Denmark	26.9	26.2	24.7	28.1	29.9	32.5 b	3.9 b	1.0 b
Germany	173.3	204.3 b	218.2	218.8	224.2	243.3	7.0 b	1.2
Estonia	3.4	4.0	5.1	6.3	4.9	5.6	10.5	1.3
Ireland	17.9	16.7	17.6	17.8	17.3	20.0	2.2	1.8
Greece	12.4	8.2	9.7	14.2	15.6	17.3	6.9	-2.0
Spain	148.3	159.6	164.1	187.9	183.3	192.2	5.3	-0.1
France	279.1	277.4	212.8 b	167.3 b	176.1	180.3	-8.4 b	0.6 b
Croatia	4.1 u	4.5 u	4.6 u	6.1 u	4.8 u	5.9 u	7.6 u	-0.4
Italy	104.8	99.9	103.9	120.2	117.5	119.4	2.6	0.1
Cyprus	3.3	2.2	1.9	2.1	1.9 b	2.8	-3.2 b	-1.8
Latvia	4.7	6.0	4.8	5.8	5.5	6.0	5.0	0.7
Lithuania	5.3 u	5.2 u	5.2 u	5.9 u	6.8 u	7.8 u	8.0 u	1.7
Luxembourg	1.1	1.3	1.5	1.2	1.7 b	2.4	16.9 b	3.0 b
Hungary	10.7	11.0	12.0	14.2	18.7	17.0	9.7	3.0
Malta	0.6 u	0.8 u	1.0	1.0	0.9	0.9	8.4 u	2.9
Netherlands	64.0	64.1	64.6 b	66.6	73.7	76.4	3.6 b	0.3
Austria	25.1	24.0	25.8	27.8	35.9	27.9	2.1	0.8
Poland	45.1	49.5	52.8	58.7	57.8	63.8	7.2	0.8
Portugal	23.9	21.8	28.3	32.2	38.9	39.2	10.4	-0.6
Romania	11.4 u	20.0	14.1	10.8 u	12.3	12.7	2.2 u	-0.2
Slovenia	5.2	4.0 u	4.1	4.1	5.4	5.3	0.4	-0.5
Slovakia	6.7	8.5	11.8	12.5	11.2	11.8	12.0	1.5
Finland	23.5	23.7	25.8	30.8	30.7	30.6	5.4	-0.2
Sweden	57.9	62.6	70.3	72.7	76.7	74.6	5.2	1.2
United Kingdom	374.4	395.0	364.2	395.0	417.3	431.0	2.9	1.6
Iceland	3.4	3.5	3.6	3.5	3.6	3.9	2.8	2.8
Norway	19.6	20.9	23.4	23.9	25.8	29.0	8.2	0.8
Switzerland	34.5	35.1	34.1	39.3	41.6	46.8	6.3	1.4
Former Yugoslav Republic of Macedonia	0.5 u	0.8 u	1.1	1.9	2.2	1.9	30.6 u	2.3
Turkey	52.5	57.3	64.3	66.3 b	84.4	80.2	8.8 b	2.5 b

b — break in time series.
u — low reliability due to small sample size.

Another factor in the development of the sports industry is the employment of 5 million people in the sports industry (Spor pazarlama, 2002: 20). These rates of employment have increased today. In 2016, 1.7 million people were

37 http://appsso.eurostat.ec.europa.eu, 20.09.2018

employed in the European Union in sports area while the largest employment rate was in the UK and Germany. Employment rates increased in almost all EU countries between 2011 and 2016. The highest increases were in Slovakia, Hungary, Portugal and Estonia. It can be said that employment in sports increases at a faster rate than total employment in EU and in almost all countries.

One way to understand the growth of sports as an economy is to evaluate employment rates within the sports industry. Sports industry in the US has a return of 14.3 million dollars approximately. This industry employs 456.00 people with an average salary of $39.000 per person (Devecioğlu, 2014). Considering the volume of the sports industry in the world, it is estimated that approximately 6 million people were employed by 2014 and generated an income of approximately 500 billion dollars (DPT, 2014: 25). Approximately 2% of global economic income is based on sports (cited by Tutar et al., 2015:326 from European Commission, 2011). Regarding the European Union, it was reported in a survey conducted in 2006 that sports provided an added value of € 407 billion in 2004, corresponding to 3.7% of the EU gross domestic product. According to this, 15 million people are employed in the creation of the added value and this constitutes 5.4% of the workforce (cited by Tutar et al., 2015: 326 from European Commission, 2007).

One of the most important factors in addition to the manufacturing companies and service production enterprises that provide employment in sports is the mega and big sports organizations. Although these organizations have controversial examples, if they are planned and managed correctly, they constitute economic gain and employment areas. According to Terekli and Çobanoğlu, (2018: 95), the implementation of Mega sports organizations helps to improve infrastructure, creates jobs, ensures safe entry of foreign capital, creates new athletes and contributes significantly to the economic development of the country.

Economic expectations are usually the most important reason for the desire to organize sports organizations. The economic expectations of the countries competing for organizing sports organizations are defined as employment creation, economic activities and tourism revitalization. It is stated that in the countries competing to organize sports organizations, permanent jobs are created in the long term, the recognition and tourism increase and the educational and cultural level of the society increases (Terekli and Çobanoğlu, 2018: 105). A

few years of planning and investment will help create jobs and revitalize cities (Pettinger, 2017).

When the sports organizations are examined closely, it bears many features with the way of arrangement. One of the most important characteristics of the sports organizations today is providing economic benefits with their contributions to employment and national income in the countries that hold these organizations. Japan ($ 4.4 billion) and South Korea ($ 2.9 billion) spent a total of $ 7.3 billion for the FIFA World Cup in 2002. Economists state that these expenditures were made for the correction of the economy of the two countries concerned. These expenditures provided job opportunities for 600.000 people. It was stated that among the 2002 and 2006 world cup homeowners, South Korea got $ 140 million, Japan earned $ 46 million and Germany organizing committee got $ 92.2 million from the World Football Cup revenues. It has also been suggested that the US being the host in 1994 was provided $ 4 billion additional income with all other revenues as well as trophy income, a consulting firm alleged that South Africa earned $ 6.6 billion revenue as a result of this event. South Africa, which has a population of approximately 50 million people among the developing countries and whose name comes from the Africa continent reaching the south, began preparations for the World Cup matches in 2004. Although 40% of the population is at the poverty line, approximately 1.2 billion dollars were spent for stadium construction expenditures and 960 million dollars for infrastructure expenditures. South Africa only spent $ 1.75 billion for the stadium construction and this amount reached $ 2.5 billion with additions to this budget allocated. FIFA has committed to spend 700 million dollars in South Africa among the expenditure of $ 1.2 billion to be made for the organization. South Africa, which has $ 328 billion of GNP and 6.650 dollars of income per capita, has achieved a 2.8% growth in its economy in the cup period. With the impact of the World Cup, the economy was estimated to have grown by 3.5% while the unemployment rate of 24% decreased with the influence of the organization (Yıldırım et al., 2012: 25). Apart from this, the type, complexity and duration of the relevant organization in question is very important while investigating the economic effects of major sports events. Otherwise, it will not be healthy to see the big sports activities as a whole and evaluate the effects. In addition, the development of countries is another factor that affects the returns and costs of sports activities (such as infrastructure expenditure, income and

employment) (Matheson and Baade, 2004:1091). Matheson and Baade (2004: 1081) state that the infiltration of returns from large sports organizations to outsourced businesses is a negative situation, and the outsourcing of the host city will result in the revenue infiltration from the local economy in the case of full employment. As the revenues of sports organizations increase, there will be an increase in international organizations and the capital allocated to them will increase. The most important point of the international organizations is that they provide economic benefits with their contributions to employment and national income in the countries that hold these organizations (Tutar et al., 2015: 330).

The Atlanta Olympic Games in 1996 generated $ 5.1 billion in economic gains while 77,000 new employment sources were created (Doğu, 2006: 15-16). Before the Barcelona Olympics in 1992 between the years of 1986 and 1992, additional employment was created for 326.301 people and in the early 2000s, approximately 50.000 people benefited regularly at the Olympic facilities every day (Yıldız and Aydın, 2013: 277). It is observed that more than $ 1 Billion has been achieved in all 1996 Atlanta, 2000 Sydney, 2004 Athens, 2008 Beijing and 2012 London Olympic Games. It is obvious that when all these multiplier effects are included, it has provided important economic contributions to the countries in which it is organized. Giving some statistics on the contribution of Olympics to the employment, it is presumed that it will offer/offered approximately 302.000 employment contribution in the 1988 Seoul Olympics, 150.000 in the 2000 Sydney Olympics, approximately 1.8 million in the 2008 Beijing Olympics (in the period 2004-2008) and approximately 354.000 in the 2012 London Olympics (2005 - 2017 period) (cited by Öncel, 2018: 364 from Doğu, 2006; Oxford Economics Commission, 2013).

Looking at the effect of 2012 London Olympics and Paralympic Games on employment, the employment contribution of tourism activities is estimated to be approximately 61.000 person per year in the range of 2005-2017 (Nearly 20.000 of them are employed in London and the rest of them are employed in other regions). 26.000 additional jobs were provided within the budget of the London Olympic Games together with the relevant expenditures (52% of the employment is direct, 26% is supply chains and 23% is those working in dependent jobs). Construction activities in preparation for the Olympics were expected to provide 267.000 annual employment contributions to the UK economy in the period 2005-2017, of which 78.000 is the internal employment of

the construction sector itself (In 2011, only 12.300 people were employed in the Olympic Park and Olympic Village project) (cited by Öncel, 2018: 366 from Oxford Economics Commission, 2013). Similarly, when the South Korea hosted the World Cup, the Korea World Cup Organizing Committee (KOWAC) calculated the organization's contribution to the national economy as $ 8.3 billion. KOWAC also announced the creation of employment for 35 thousand people (cited by Yavaş, 2005: 51 from Taş, 2005).

Again, the 2010 World Cup created a positive economic impact and contributed US $ 509 million to the 2010 GNP. This organization had also a direct impact on labour force and provided employment for 130.000 people with stadium, infrastructure, transportation and hotel construction. For a developing country, mega sports events can yield a great benefit in terms of renewal of infrastructure. South Africa invested $ 364 million for ports, $ 1.35 billion for railway stations, airports and roads and $ 156 million for broadcast technologies. The country also spent $ 135 million for security and 40.000 people became new police officers at the end of the organization (Terekli and Çobanoğlu, 2018: 104). In a study conducted by the Institute of Economic Research Foundation (FIPE), it was stated that the 2014 World Cup was expected to create 1 million jobs as 710.000 permanent jobs and 200.000 temporary jobs in Brazil's economy (De Aragao, 2015: 11).

Regarding regional development, financial support is provided to the EU projects that support sustainable sports structures. Infrastructure investments for sports are supported through EU structural funds to use sports as an effective tool in local and regional development, rural development, employability and job creation. In this context, the European Social Fund provides support in enhancing the qualifications and employability of the workforce in the sports sector. Local stakeholders such as municipalities play an important role in the financing of sports and access to sports. In this respect, local stakeholders participate in policy-making at EU level (European Commission, 2011). In our country, pioneering projects should be developed and supported in order to increase sustainable sports structures and employment and supportive funds should be established.

Sports is one of the key sectors that is rapidly growing and possibly creating new jobs. In recent years, sports has developed rapidly in Europe and the increasing economic and commercial trend of sports has created a real change.

While the European Union is struggling to reduce unemployment, the sports sector is one of the areas where new jobs can be created and the EU's infrastructure investments, new technology, education and exchange programs will be supported for positive impacts. Nowadays, new job opportunities have emerged for new specializations resulting from new sports branches, sports-related clinics, and growth in sanatoriums and new spas and increased interest in looking for ways to stay healthy as people get older. One of the issues that the European Union focuses on is sports and employment. As defined in the "White Report" published by the Commission, sports has become an important source of employment.

In the early days, sports was organized by amateurs who undertook this work for free. But now, many people want to do sports professionally to win their own lives. This trend towards the development of professional sport, coupled with the fact that many people have more free time and want to try sports, has resulted in employment growth in various areas of sports. As of 2002, the employment created by the sports industry within the EU increased by 60% and reached to 2 million (Cited by Balcı, 2003: 53-66).

Evaluating in terms of our country, the unemployment phenomenon that is encountered in many sectors is also seen in the sports sector. It is observed that the organizations and employment areas of sports in our country are structured as public and private sectors. There are such expertise fields as coaches (football coaches, fitness coaches, and so on, sports coaches), sports managers, recreation specialists, physical education teachers, sports journalists, sports marketing experts, professional football players, athletes in other sports branches, masseurs, managers, conditioners, animators, Pilates trainers and scouting professionals in these sectors. In this process where social differentiation in the sports institution is rapidly increasing, it is observed that new areas of specialization are emerging while employment opportunities do not have the capacity to provide jobs for each graduate of the faculties providing sports training within the body of higher education (Devecioğlu and Çoban, 2011: 627-654). Especially in Turkey, the graduates can find employment opportunities in public sector such as the Ministry of Youth and Sports, General Directorate of Sports, Sports Federations, universities, local authorities, voluntary organizations and in the private sector such as recreation and fitness centers, private sports centers and in the media and so forth. (Donuk, 2005). Ensuring the employment of people with sports

information and culture in sports enterprises will contribute to the improvement of the sport culture and awareness while increasing the profitability and efficiency of the enterprise (Gündoğdu and Devecioğlu, 2009: 10-20). University graduates in our country have many difficulties in terms of being unemployed. The unemployment rate of male high education graduates was 8.6% in 2017 and the unemployment rate of women with tertiary education was 18.4% in the same year (http://www.tuik.gov.tr, 2017). In addition, female employment rate in Turkey is less than half of the male employment rate (Employment rate over 15 years of age is 46%, 65% in men, and 27.5% in women). In case of equal participation in employment in Turkey, GNP per capita is predicted to be bigger than 30% (Darama, 2018). This case bears similar features within the sports industry. While the employment rate of women in the sector for 2017 is 22.8 thousand, the male employment rate is 62.1 thousand.[38]

Considering the young population and labour force in our country, it can be said that employment in the field of sports is not enough to shift the individuals who have received sports education to the employment areas (public and private sector). Many factors that have an impact on this issue should be considered. The greater the share of our country in the sports industry is, the higher the employment will be in sustainability. It should be kept in mind that domestic companies and brands enter the market in sports goods production, service sector and sports tourism become widespread and sports organizations will contribute to employment. Sports organizations to be held will open employment gates and accelerate sports tourism.

Sports activities have a positive effect on foreign trade because it is intertwined with all sectors. In terms of the international football matches, the viewers coming to watch the matches of the teams leave foreign currency to the country they come and this contributes to the foreign trade balance of that country. Similarly, the expenditures made by football team's players and managers in that country creates macroeconomic multiplier effect to the country's economy and employment increases in the country (Cited by Tutar et al., 2015: 325).

The examples given above should be well evaluated for our country desiring to host the Olympics. According to the projections made in 2000s, it was stated that if Turkey organized the Olympic Games, 1 billion 772 million dollars

38 http://web.h t t.edu.tr, 20.09.2018

of direct investment would be made within the framework of the Istanbul Olympic Project within seven years of preparations which would last until organizing the Games and the revenues to be obtained from the television broadcast rights of Games, ticket sales, sponsorship and souvenir sales program could meet these investments. During this period, it was expected that an annual employment for 180.000 people would be created, about $ 8 billion additional contribution would be made to GNP through direct and indirect investments and an additional number of 2.5 million tourists would visit Turkey (Gündoğan, 2002: 174-175).

Professional sports organizations, activities, events and leagues are used as a means of revealing all possibilities such as the creation of an employment and added value environments in the US, contributing to economic development, increasing mobility in health, tourism and leisure areas, ensuring that new generations live a healthier life through sports, creation of modern and technology-equipped sports grounds and facilities and creation of a healthy and clean environment.

In order for the positive aspects of sports activities and events in Turkey to be evaluated within the framework of similar ones in the US and to ensure the developments in line with the professionalization of sports in Turkey, sports should be institutionalized, new sports laws should be created and they must be sustainable. Therefore, all kinds of professional leagues and sports organizations to be held in Turkey are of vital importance in terms of the development and success of the Turkish sports industry. In this context, it is important that professional leagues and sports organizations held in Turkey and the US should be carefully examined, analysis should be made and supported by academic studies by creating the theoretical background on the subject in terms of practical applications (Devecioğlu, 2014).

In addition, meeting the activity needs of the society and directing towards sports activities are related to the employment of individuals who have received physical education and sports education in the industry. The quality of the programs to be produced in sports institutions as well as the number and quality of the staff who will offer service is effective. With this aspect, the system is – to a great extent – based on educated individuals who will offer sports services. Therefore, it is possible for sports organizations or institutions to fulfil their aims successfully only with educated individuals in addition to other factors. However, the present findings suggest that individuals who have received phys-

ical education and sports education cannot be employed in a balance that suits our country's needs. Each new step to be taken regarding the employment of those who have received sports education in Turkey will also mean social and economic development of the country. In this respect, the issue is important and carries a vital value. So, the possibilities and opportunities in the field of physical education and sports in Turkey must be re-evaluated from the beginning and a new employment policy with a rich perspective and modern quality must be established. Otherwise, it will be difficult to catch up with the era (Taşmektepligil et al., 2009: 116).

Another important issue in the sports industry is active and passive participation in sports. Participants can participate actively in sports events or participate in these events in a passive role through the media being the distribution channel. Considering the young population in Turkey, it can be stated that active participation in sports activities is not at the desired level, there is an intense participation in football matches of the big four teams concerning audience in football. Considering the ratio of the number of clubs to the population, which are the most basic units in which active participation in the sports event will take place, it is seen that it is as low as laid out in the Tenth development plan. As expressed in the Tenth development plan, the number of sports clubs which were 8.593 in 2007 reached 11.735 in 2012. However, the number of general population per club is over 6.500 and this number has been reduced below 1.000 in most European Union countries. This shows that the number of sports clubs in our country should be increased.

The percentage of those who participate in sports activities as a member of sports associations that offer sports services is 30% in Germany and Denmark, 25% in France and 20% in Portugal (DPT, 2000: 11). The rapid development of technology, improvement of employment conditions, and increase in free time, developments in economic and educational status and increased sensitivity of individuals to healthy life have also brought new dimensions to sports services. In addition to this, the interest in sports events is increasing day by day due to the measures developed to increase the enjoyment of watching sports branches. Sports activities, both at the active and at the audience level, have become an indispensable activity in many people's lives and the topic of sports has been kept on the agenda. It is expected that the interest in sports both at the participant

and the audience-level will increase exponentially in the coming years (Ministry of Development, Tenth development plan, 2014:38).

In the study of Birol and Karaküçük (2014: 80-86) performed on the executives working in various levels of the Turkish Sports Organization, in line with the opinions expressed by the participants, they have found that eliminating the lack of awareness of doing sports and using high-quality leisure time in our country can only be possible by directing our society to sports and recreation facilities. In this regard, the inadequacy of sports facilities in our country and the difficulties in the use of existing facilities were stated as an important point stated by the managers to prioritize the adjustment and improvement. High awareness has been ascertained in the study concerning the necessity of employment of individuals trained in recreation field in public and private institutions and organizations. It has been expressed in the sense of society that the fact that the majority is far from the awareness of sports, they do not actively participate in recreational activities, they choose passive ones even if they participate and our country is far from achieving success regarding sports is an evidence of our failure in the policies implemented in sports and making use of leisure time.

It will be appropriate to evaluate the economic effects of sports especially in two ways. The first one is the increase in the number of goods and services produced through the development and growth of the industry and the second one is that the target of ensuring the increase in employment which is one of the macro-policy aims depending on the increase in production rises based on the increasing production (Saatçioğlu, 2013). Considering the potential of sports goods (sports equipment including sportswear and equipment, 310 billion dollars), licensed products, health and fitness centers, the total size of the sports industry is estimated to reach $ 600 billion worldwide.[39]

The size of international trade in sports equipment in the world is constantly increasing. A study covering 41 countries that account for 96% of the exports of sports equipment in the world has also revealed that the trade volume in 2004 could be $ 28 billion. Interpreting the strength/weakness analysis of the effects of sports on micro and macro economy, the sports sector will increase employment depending on the increase in investments in this country and increase in the investments transferred to economy through its effect on micro and mac-

39 http://www.sad kcan.com/12-konu-demokrat-part -donem -1950-1960.html

ro-economy, there will be more equitable structure in the distribution of income and increase in per capita income through economic development. The development of a sector in the economy will increase the participation in the labour force and provide an opportunity for the development of other sectors. Regional imbalances will be eliminated and the necessary environment for sustainable development will be provided. Despite all these pluses, the sports sector cannot improve and blunt the development of other sectors due to the lack of necessary sub-investments in the sports sector and the lack of support from the state (especially the underdeveloped and developing countries). External dependence in the supply products of the sports sector increases imports of countries. Finally, since sports is a sector that is both affecting and being affected, the lack of development of the sports sector will also affect other sectors negatively (Tutar et al., 2015: 311).

Within the sports industry, the United States has the 11th largest industry and Canada has the 10th largest industry in the sports equipment sector. In 2000, the revenue coming from clothing and sportswear in sports equipment purchase was 69.5 billion dollars in the US. In Canada, sportswear, footwear and equipment expenditures were 4.36 billion dollars in 1996 and by 2001, it reached 6.3 billion Canadian dollars. In addition, the sports products sector employs around 40.000 people in 15 member countries (Cited by Balcı, 2003: 53-66). On the other hand, the number and variety of extreme sports market equipment are increasing day by day. According to the American Sports Data, it is stated that one-third of the sports equipment sold in the United States sports industry is made up of extreme sports equipment. This figure corresponds to more than $ 14 million (Stotlar, 2002). The extreme sports market is constantly evolving along with those offered by equipment suppliers and media. Examples of these products are gloves, sunglasses, helmets, t-shirts, sand shoes, protective pads, bicycles, clamps, surfing, and so on and most of the materials are in the extreme sports market. According to the American Sport Data, one-third of the sports equipment sold in the United States sports industry is composed of extreme sports equipment. This figure corresponds to more than $ 14 million (Cited by Şimşek, 2010: 21-27).

Table 2: Some Global Sports Brands within the Turkish Sports Industry

GLOBAL COMPANIES		
Brand	**Country**	**Number of stores in Turkey**
Adidas	Germany	182
Nike	US	200
Puma	Germany	Multi-branded Stores
Reebok	England	Multi-branded Stores
New Balance	US	30
Inter sport	Greece	22
Sportive	Turkey	21
Decathlon	France	7

Source: (Batmaz et al., 2016: 526)

It can be expressed that a foreign producer-oriented market structure dominates the production and sales of sports equipment. In addition, local and regional players in the sports sector also become strong. Sportive belonging to Toksöz Spor, one of the local players invested by İş Private Equity, is in the market place. Koray Spor has 18 stores in Bursa, Yalı Spor has 44 stores and Barçın Spor has 17 retail stores and more than 200 dealers in İzmir all over the Aegean Region (https://www.dunya.com, 20.09.2018). But it is also true that the foreign companies have teeth in Turkey market. Obtaining a strong position in the goods production sector in the sports industry will ensure the growth of exports in this sector and at the same time create employment.

Table 3: Annual Net Income of Sports Products Manufacturers (million€)

Brand	Net income 2012 € (million)	Market share
Adidas	1.600	38%
Nike	1.500	36%
Puma	340	8%
Umbro	170	4%
Others	590	14%
Total	4.200	100%

Source: (Eser, 2014: 20)

As can be seen in the table, the size of the market share of foreign global sports brands should not be underestimated. Ensuring the brands and production in the sector is very important in terms of our country's market.

Inter-country Comparat ve Analyses of the Study

In this part, inter-country evaluations are made by using the basic statistics on sports employment, participation and expenditure within the scope of the sports industry.

Employment n sports (Thousand persons)

"Sport employment statistics are derived from data on employment based on the results of the European Labour Force Survey (EU-LFS). Employment in sport statistics aims at investigating on the dimension of the contribution of sport employment to the overall employment. The EU-LFS is the main source of information about the situation and trends on the labour market in the European Union."

According to 2016 data, it was determined that the country that created the highest employment in the sports sector was the United Kingdom. This country is followed by Germany and Spain. The employment sizes created by each country were established as 431K, 243K and 192K respectively.

The countries with the lowest level of sports employment are Malta, Luxembourg and Cyprus. These countries create employment size of 900, 2400 and 2800 people respectively.

Turkey is in the sixth position in this ranking. The size of the employment created by Turkey in 2016 in the field of sports is about 80K people.

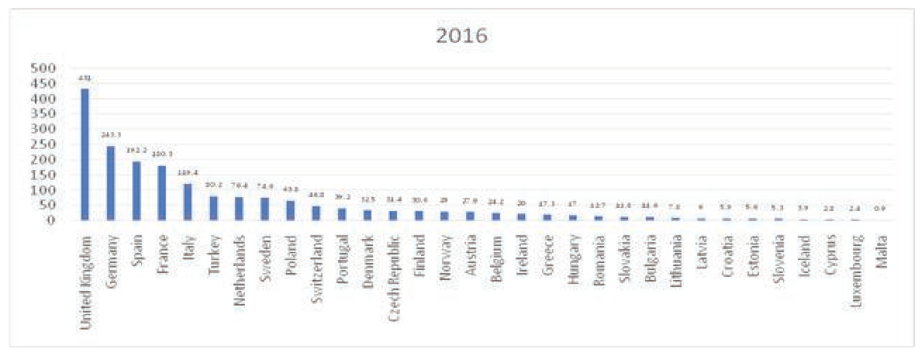

Figure 1

Unemployment being one of the important problems of Turkey occurs in sports just like in every industry and profession. Human capital created by the faculties that raise teachers, managers, trainers and recreation experts in education and sports institutions of the country cannot correspond within the workforce completely in the sense of employment.

In the sports sector, the unemployment phenomenon is observed to be affected from the institutions and employers regulating the sports labour market, the characteristics of each of the labour markets, those who demand the labour force and the potential labour force, competitor labour force, socio-cultural and economic environment, geographical environment and so on. It is seen that the sports institutions in the public and private sector in the country cannot employ all the graduates of the relevant departments with full capacity in their specialization areas (Şaşmaz, Ataçocuğu and Zelyurt, 2017: 70-97).

Employment n sport by Sex (Thousand persons)

The distribution by sex in sports employment is shown in the figure below.

The countries where men have the highest share in employment were determined as England, Germany and Spain, respectively. In these countries, the size of male employment in the sports sector was found as 229K, 117K and 117K respectively.

The countries where women get the highest share in employment were found as England, Germany and Spain respectively. In these countries, the size of female employment in the sports sector was found as 201K, 125K and74K respectively.

Among these countries, while female employment is higher than in men in Germany, Sweden and Switzerland, male employment is at higher level in all other countries.

Among these countries, Turkey stands out as the country with the highest difference in terms of the difference between the sexes. While the male employment in sports in Turkey is 61K in sports, female employment figures have remained at a low level of 19K.

Turkey is regarded as a patriarchal society where gender roles are very distinct (Kandiyoti, 1995; Sakallı, 2001: 599-610). In the process of socialization, while families allow their boys to participate in sports, girls are ensured to

avoid from sports since it is desired more that girls should protect their bodies and should not lose their feminine characteristics. There has been an increase in women's participation in sports after the 1970s with various opportunities for women and new legal arrangements, the impact of the women's movement and health and physical compliance movements (Coakley, 1994). However, this situation changes in societies with different level of development while the participation rate of women in sports in industrialized countries is higher and this rate is low in developing countries. In developing countries, it is thought that woman is created only for fertility; she should only smell perfume instead of sweat and choose passive life rather than an active one. It is recommended that women who participate in sports choose artistic and aesthetic branches such as tennis, swimming and skating (Açıkada and Ergen., 1990).

There are many factors affecting women's participation in sports and leisure activities. Considering in socio-economic terms, it can be said that women's low level of economic income negatively affects the participation in both sports and leisure time activities. Looking from a family perspective, marriage and especially having kids create problem for women to allocate sufficient time to sports and leisure time activities. Due to various social and moral concerns, single women in the younger age group are prevented from participating in sports and leisure activities by their families. In religious terms, it can be said that religious rules and moral values in many parts of the world are the main determinants of women's participation in sports and leisure activities. In some countries, sports activities in which women can participate are restricted due to religious beliefs. Considering the environmental characteristics, it can be said that the limited sports and recreation areas in the place of living negatively affect women's participation in sports and leisure activities (Güner, 2015: 22-29).

Today, it seems that significant improvements have been made about the participation of women in sports although it is not at a level that can be compared with men. Although the perceptions pertaining to women's participation in the sports have not disappeared completely, it has begun to change. Women being under the control of men once now compete with men beyond being invisible in the field of sports. It is now possible to see women in many sports branches that we are not used to see before or where only men compete (Yüksel, 2014: 681).

Most of the women who do sports in our country see the sports as a means of beautification and glamorization and they have expectations in this direction. Therefore, weight problems are less and they are at peace with their bodies. Women do sports in order to protect their beauty and attractiveness, so women tend to prefer aerobics, step, walking and jogging to keep fit. As the effect of the mother is high on children, it should be ensured that the women's interest in sports is increased and they are actively involved in the sports in order to spread the sports to the general public (Aytan, Korucu, 2013: 788).

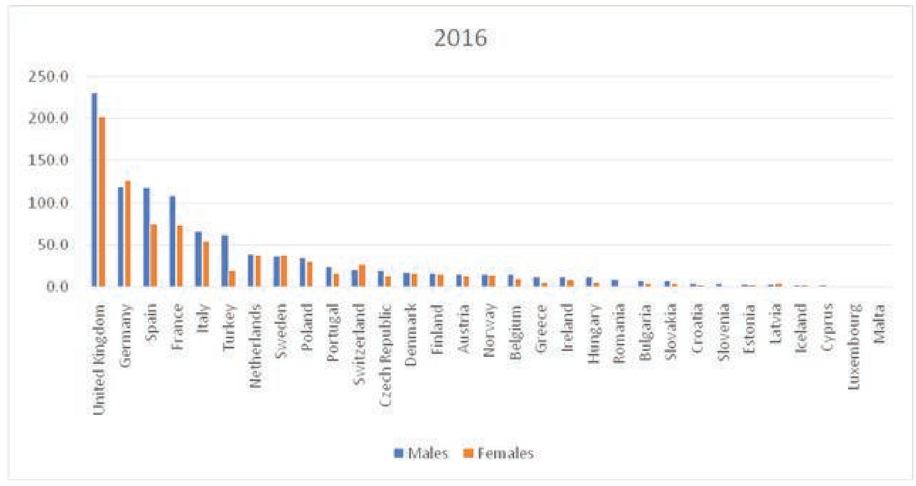

Figure 2

Employment by educational attainment level and Sex (Tertiary Education)

"The European Union Labour Force Survey (EU-LFS) provides population estimates for the main labour market characteristics, such as employment, unemployment, inactivity, hours of work, occupation, economic activity and other labour related variables, as well as important socio-demographic characteristics, such as sex, age, education, household characteristics and regions of residence. The definitions of employment and unemployment, as well as other survey characteristics follow the definitions and recommendations of the International Labour Organisation. The definition of unemployment is further precised in Commission Regulation (EC) No 1897/2000."

According to 2017 data, it was determined that the country that created the highest employment with tertiary education in the sports field was the United

Kingdom. This country is followed by Germany and France. The employment size of each country is 13K, 11K and 10K respectively.

The countries having tertiary education in terms of the lowest sports employment are Malta, Montenegro and Iceland. These countries create an employment for 59, 67 and 70 people respectively.

Turkey ranks fifth in this ranking. The size of employment created by Turkey in the field of sports with tertiary education in 2017 is 6K people on average.

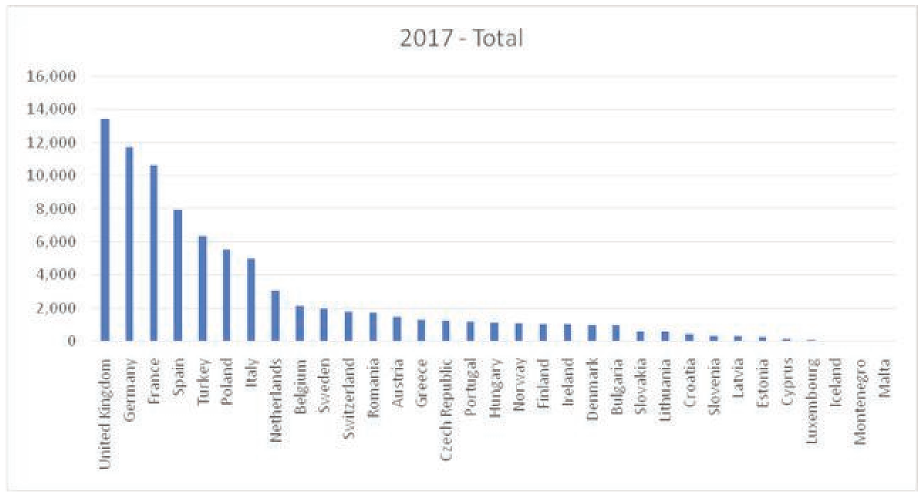

Figure 3

Sports service sector is increasing its importance. Accordingly, people form the basis of service production, which often depends on the skills and expertise of trained people. In other words, production in a service business is predominantly labour intensive. In fact, human labour stands out in the production and delivery of services (İmamoğlu and Ekenci, 2014). Success in the provision of services is determined by the quality of the service rather than by large capital investments. Therefore, factors such as experience, competence, education, human relations, harmony, appearance and culture are considered in the selection of the personnel who will provide service. Since people are the core of service production (Can et al., 1995: 193).

The distribution with tertiary education by sex in sports employment is shown in the graph below.

The countries getting the highest share in the employment of men with tertiary education are Germany, the United Kingdom and France, respectively. In these countries, the employment size of the men with tertiary education in the sports sector is 6K, 6K and 5K respectively.

The countries getting the highest share in the employment of women with tertiary education are the United Kingdom, France and Germany respectively. In these countries, the employment size of the women with tertiary education in the sports sector is 6K, 6K and 5K respectively.

Turkey ranks the fourth in this ranking. Turkey creates 4K employment in men and 2K in women regarding the sports employment with tertiary education.

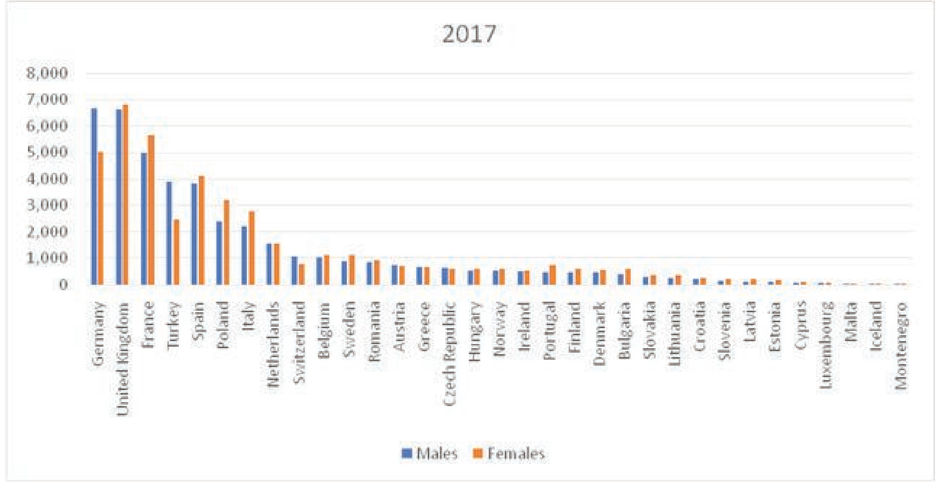

Figure 4

Extra-EU exports of sporting goods, by product, EU-28, 2014 (value in euros)

Some industries are composed of only one product. These industries are defined as single-product industry. The tennis racket industry can be considered to be a single-product industry. There are different types of tennis rackets ranging from size to color, material to price to meet the demands of many different consumer markets within this industry. The tennis racket industry is also a part of the sports goods industry being a multi-product industry (Pitts and Stotlar, 2002).

In one department, products can also be subdivided in individual sports or sports groups closely related to each other. For example, the water sports department has equipment, goods, souvenirs and clothing for various sports

branches such as scuba diving, fishing, water skiing and swimming. The tennis department has tennis racket due to being a one-product industry. However, it is possible to find other tennis products in this department such as tennis balls, shoes, socks, towels, bags, hats and T-shirts. Sports goods and equipment are considered to be one of the elements that encourage people to participate in sports and recreation activities. With the developing technology, the sports goods in various types and qualities have been included in the sports industry. For instance, there are now many different products in the sports industry such as shoes that are better attached to the ground and thus help to jump longer and/or run faster, anti-sweat tracksuits and swimsuits that help to swim faster. In addition, various sports goods and equipment are offered to the sports market for different consumer groups such as children, elderly, pregnant and disabled. In addition, the developing technology has also influenced the design of sports products and equipment such as racket, basketball ball or baseball bat, in a different size, shape and appearance (Katırcı and Argan, 2012: 14).

Increased interest in sports, fitness and recreation activities has enhanced both sports activities and sports opportunities and also increased participation in sports events. In the past, consumers had fewer opportunities to do sports, but today more opportunities are offered for sports consumers to do sports. The increase in professional activities creates new opportunities within the scope of both sports management and sports marketing in terms of organization and presentation of these activities to consumers. In addition, the need to design sports equipment required for professional sports and participation is also increasing (Argan and Katırcı, 2008). The diversity of sports types and the increase in participation in sports organizations and thus in professional sports cause an increase in the need for sports equipment in this area and the design of the sports products in line with the demands of the participants.

Increased goods and services in the sports industry (e.g. sports goods such as sports equipment and sports implements, sportswear, entrance fees and sports services) increase the development of the sports industry. Technological advances also affect this increase. Technology has affected sports equipment, sportswear and sports opportunities (Argan and Katırcı, 2008). Sports industry has shown a great improvement all over the world. Sports-related businesses within the industry, sports goods producing companies, mass media, sports fields, stadiums, businesses producing businesses, players, sports teams and professional

leagues have allowed the sector to grow and gain more share from many sectors (Terekli et al., 2000).

Countries holding many economic sectors in the world play a leading role in the sports sector as well. Large global companies such as Adidas, Nike, Puma and Reebok are managed by countries like Germany, the US and the UK holding the world's economy in their hands. These countries are producing in some Far East countries such as China and Singapore where labour costs are low to minimize their costs and to increase their earnings in this competitive environment (Batmaz et al., 2016: 524).

According to 2014 data, when the export items made from European Union countries are examined, it is seen that the most exported products are Boat and Water sports materials. Gymnastics, Athletic and Swimming equipment and Skiing and related equipment get the second and third share.

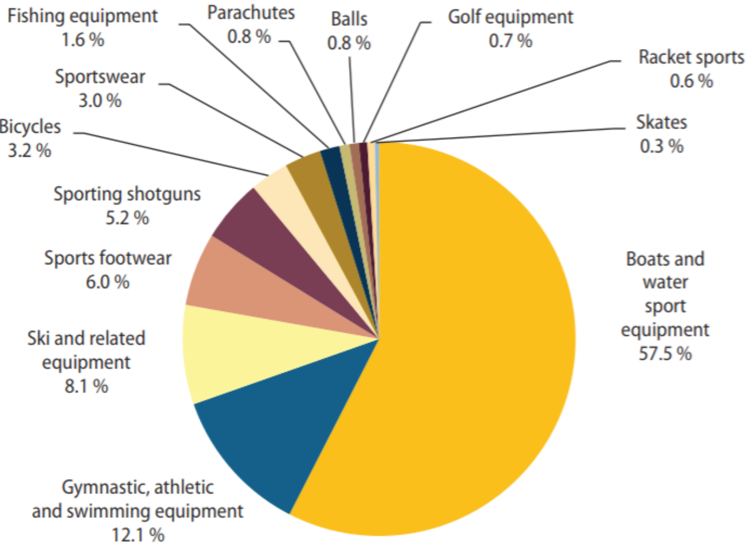

Figure 5

Extra-EU imports of sporting goods, by product, EU-28, 2014 (value in euros)

According to 2014 data, when the export items of European Union countries are examined, it is seen that the most exported products are Boat and Water sports materials. Gymnastics, Athletic and Swimming equipment and cycling products get the second and third share.

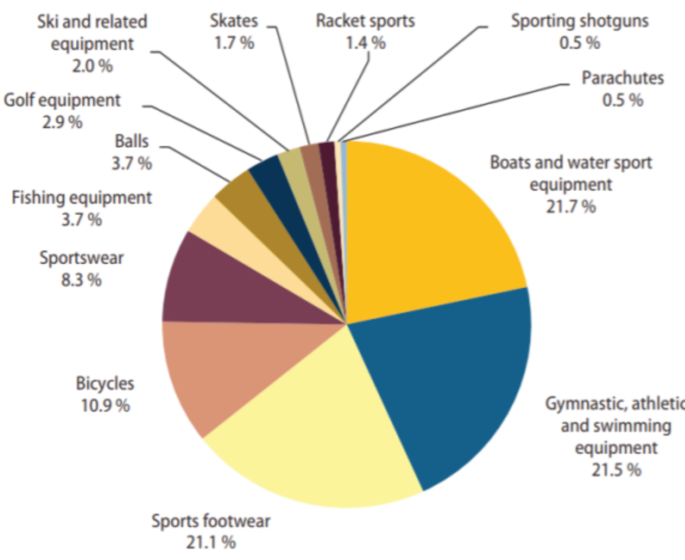

Figure 6

Persons attending live sport events in the last 12 months by sex and age

"Data on attending live sport events come from the specific ad hoc modules on social and cultural participation included in the European Survey on Income and Living Conditions (EU SILC) in 2006 and 2015. The reference period is the last 12 months. Data are presented as a share of the population and according to the breakdown variables: age, sex, educational attainment, household type, income quintile and degree of urbanisation. Information on reasons for non-participation is also available."

According to 2011 data, the graphic where people who do not participate in the live sports events is categorized is as follows. Turkey has the highest number of people who have never participated in a live sports event. More than 85% of the Turkish sports spectators have never attended a live sports event. While 10% states to have attended a live sports event 1-6 times, 4% has stated to have participated in a live sports events more than 6 times. The number of people who have attended a live sports event more than 6 times is the highest in Slovakia while 37% of Luxembourgian people have stated that they have participated in a live sports event 1-6 times.

With the factors such as the popularization of sports, considering it to be one of the important elements that entertain the society and addressing it as one of the basic parts of a healthy life, we see that the economic structure of sports is growing. Active and passive sports participation within daily sports activities such as fitness, sports, healthy life and recreational activities is increasing day by day. The inclusion of sports in daily life in such an important way brings about a market and the concept of an industry as a natural result of this (Katırcı, et al., 2013:3).

As observed in the sports statistics in our country, it has been determined that the number of those doing sports is very low and the places where the sports is done are insufficient. This situation may arise from the Turkish economy as well as the general problems of Turkish sports (Özen et al., 2012: 107-116). Serious policies should be introduced and implemented in schools and clubs to increase active participation in sports. In addition, increasing spectator participation within the framework of regional, national and private sports activities is to be held within a sustainable sense.

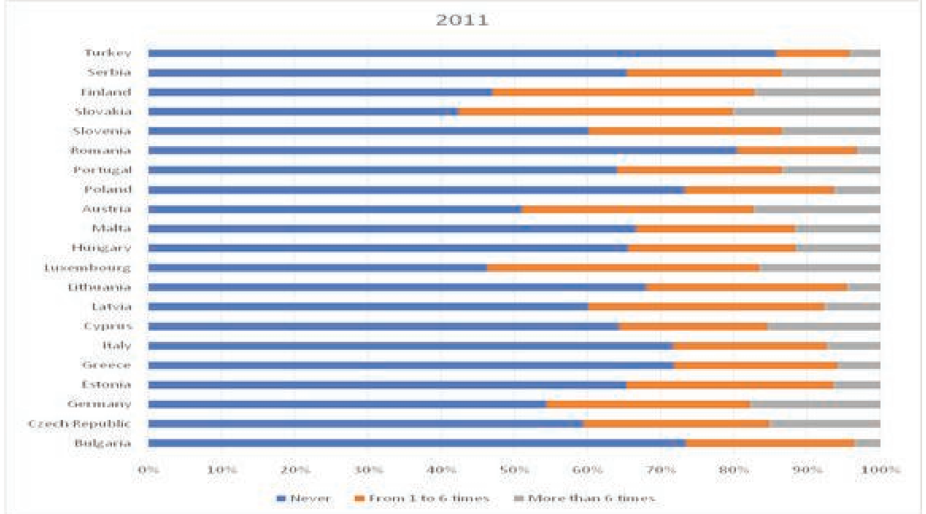

Figure 7

Mean consumption expenditure of private households on sporting goods and services

"Household expenditure statistics on sporting goods and services provide an overview of the consumption patterns of households and assess the weight of

private expenditure on sporting goods relative to the total household expenditure. These statistics are extracted and then compiled from the 2010 Household budget survey (HBS). As private expenditure is influenced, among the others, by the prices level and structure, data on private expenditure on sporting goods and services can be completed by statistical information on the Harmonised Indices of Consumer Prices (HICP)."

According to 2010 data, the first three countries with the highest expenditure for recreational and sports services are Ireland, Cyprus and Luxembourg, respectively. A large part of the sports expenditures in Turkey is allocated to sports products and services. Expenditures made on recreation and sports services constitute the second largest category.

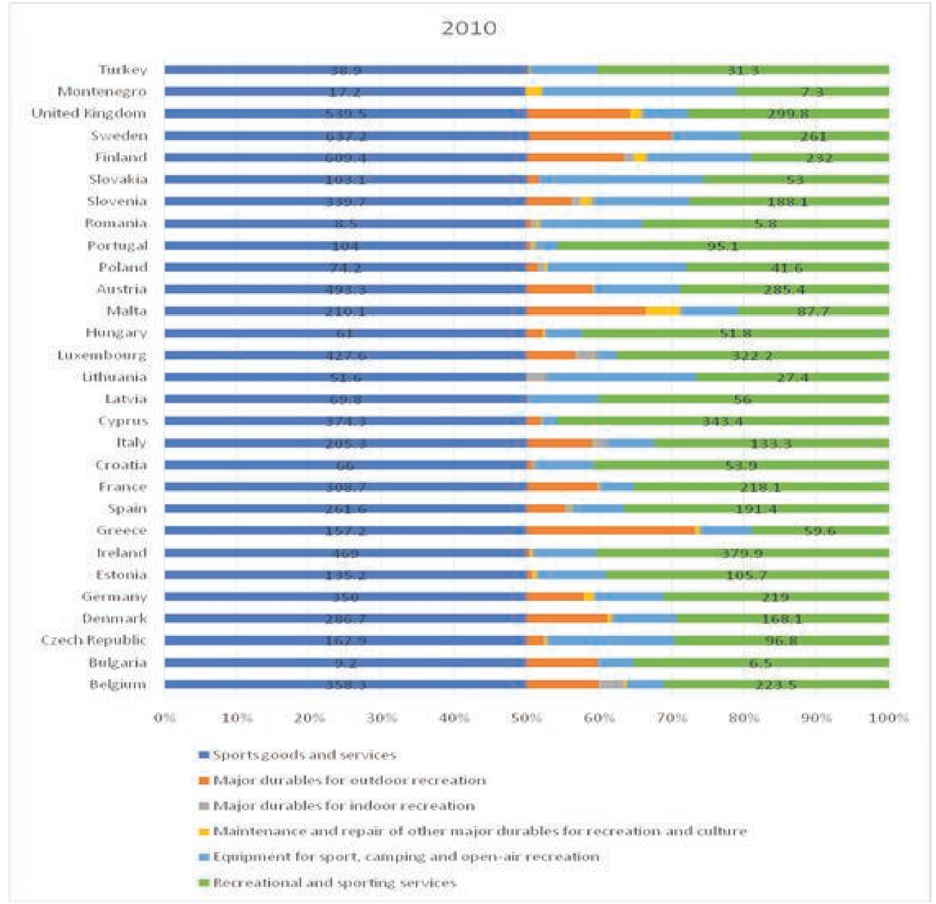

Figure 8

CONCLUSION and EVALUATION

- It has been determined that the country that has created the highest employment in the sports area is the United Kingdom. This country is followed by Germany and Spain. The countries with the lowest sports employment are Malta, Luxembourg and Cyprus. Turkey is in the sixth place in this ranking.
- The countries where men have the highest share in employment are determined as England, Germany and Spain, respectively. The countries where women get the highest share in employment are respectively England, Germany and Spain. Turkey stands out as the country with the highest difference between the sexes among these countries.
- It has been determined that the country creating the highest employment with tertiary education in the sports area is the United Kingdom. This country is followed by Germany and France. The countries with the lowest sports employment and tertiary education are Malta, Montenegro and Iceland. Turkey is in the fifth place in this ranking.
- The countries where men with tertiary education get the highest share in employment are Germany, the United Kingdom and France, respectively. The countries where women with tertiary education get the highest share in employment are England, France and Germany. Turkey is in the fourth place in this ranking.
- It is seen that the most exported products from the European Union countries are Boats and Sports materials.
- It is observed that the European Union countries mostly import Boats and Sports materials.
- Turkey has the highest number of people who have never participated in a live sports event. The number of people who have attended a live sports event more than 6 times is the highest in Slovakia while 37% of Luxembourgian people have stated that they have participated in a live sports event 1-6 times.
- The first three countries with the highest expenditure for recreational and sports services have been found to be Ireland, Cyprus and Luxembourg.

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CHAPTER 4

CULTURE AND OTHER FIELDS

"FINDING HOME" EXAMPLE BETWEEN EMPATHY & AWARENESS AND INDIFFERENCE & DESENSITIZATION

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ABSTRACT

The technology is moving at an extraordinary pace and becoming an indispensable thing of human life in a short time, which affects our perceptions and our sense of reality. The combination of capitalist understanding with the developing technology causes everything to materialize. The consumption societies, which emerge with the constant regeneration of the capitalist system itself, cause serious inequalities of income on earth. The great powers that can manipulate other countries economically, politically and in a mediatic way lead to wars, destruction and increasing immigrants in diverse geographies who have been forced to leave their homeland. The non-governmental organizations organize various social awareness projects with regard to the refugees who have to leave their homeland. One of them has been presented to the world under the name "Finding Home" in the form of an android application game – unlike other projects – by the world famous UN Refugee Agency (UNHCR), United Nations High Commissioner for Refugees. When this game is uploaded to the mobile phone, the player becomes a refugee in the game and seeks a place to live. The game is a mobile phone application where a real refugee girl's information and

screenshots are seen. The application includes real photos, phone numbers and WhatsApp contacts. With the help of calls and messages, the player is trying to find a safe and happy living space out of her/his country by finding her/his separated siblings and family. In this study, "Finding Home" application / game will be analyzed based on Jean Baudrillard's concepts of "Simulation and Simulacra" and McLuhan's views. In today's digital world and consumption society, how people will be sensitized to one of the life's most bitter truths – being a refugee – through a game and how their perceptions can change will be addressed.

INTRODUCTION

As stated by Jean Baudrillard first as well as the theorists based on his ideas, the "modern age" being around the "consumption" phenomenon faces the ever-changing and renewed serious threats spreading from Western societies. A crucial "corruption of meaning or loss of meaning" that is encountered with the shifting of what is "virtual" and what is "real" is sort of an indication stating that the existing danger will actually grow larger and become uncontrollable over time.

The difference between the virtual and real now reveals itself not only with visuals, texts, videos, and so on distinguished with five sensory organs but also with emotions. Concerning the fact that emotions are an important part of communication and transmission, it is fairly natural for capitalist society to appeal to emotions in order to ensure consumption. In today's societies, it is necessary to have strong and well-planned communication strategies in order to reach correct consumers at the right time, to guide them, to create new desires, wishes and attitudes and to change the wishes and attitudes of consumers within an order established as based on social, cultural, technological and competitive elements. As clearly stated by the Marshall McLuhan's statement "the medium is the message" (McLuhan&Fiore, 2014), the use of communication channels and tools as well as the content of the message has become more important with the rapid development of the technology in creating the effects of the messages. For this reason, it can be stated that reaching the consumers being the indispensable element of consumption society through the digital communication technologies provides various advantages in terms of resources while it can increase the efficiency of the message considerably.

In time, the increase in the number of people who use digital communication technologies increases the chance of reaching different target groups that contain various demographic groups. Particularly as aimed by UNHCR, types of games that can be downloaded and played over smartphones designed to reach various and different age groups and cultures at the same time will be a very important tool.

The game "Finding Home" created by UNCHR through smartphones is called a game created to help everyone on earth to empathize the situation of refugees with the own expression of the organization. It is arguable that after turning the tragic situation of the refugees into a "game", the individuals playing the game in a "virtual" environment in their own comforts are expected to "empathize" and gain social awareness and the empathy created with the application is brought to a material level by expecting a donation to UNHCR within the game application.

In the light of all this, the game "Finding Home" within the context of Baudrillard's concepts of simulation, simulacra and consumption society will be evaluated by taking into consideration the situation of refugees.

JEAN BAUDRILLARD, HYPERREALITY, SIMULATION and SIMULACRA

Understanding the Jean Baudrillard's concepts of hyperreality, simulation and simulacra will help to better understand the concept of the game which is the basis of the study. In general, everything on earth is basically a simulation according to Baudrillard. Since there is another reality above the one we live. In this case, the real problem is that the simulation and reality are intertwined in such a way that they are not separated from each other. On the other hand, it is not possible to separate reality and its simulation from each other. Jean Baudrillard has clarified this situation as follows: "the person lying down on the bed and pretending to be sick actually tries to convince us that s/he's sick. If a person is simulating a disease, symptoms may manifest themselves in her/his. In this case, the principle of reality is not damaged when this person pretends to be sick; in other words, there is always a difference between reality and simulation that is attempted to be hidden. Here the simulation is trying to destroy this difference between this "reality" and the fake. Moreover, "when it is questioned

whether this person is really sick, according to Baudrillard, this person is neither sick nor a healthy person, because in this case there is no objective reality to evaluate this person as sick or healthy.” (Baudrillard, 2001: 16).

The concept of simulacrum arises from the fact that simulation and reality are mixed together. The simulacrum is the view desired to be perceived as a reality to individuals (Baudrillard, 2010). There is no need for a “reality” in this new simulation universe desired to be created because “simulacra” have replaced reality. In this new world, reality and fake have intertwined and now there is no worth of reality.

Nevertheless, reality is not the one. Reality is reproduced again and again countlessly. In this new world, it is debated whether humanity needs reality. Because there is no need for rational reality anymore, society is not in a position to deal with the painful and negative processes of reality.

On the other hand, another important concept suggested by Baudrillard is “the principle of reality”. The concept of the principle of reality is an intellectual process that has been created entirely in minds. In this intellectual process, hopes, purpose and plans for future are created. But in this case, if the perception of what is reality is crippled - that has been already injured according to Baudrillard - then the individuals have no longer a healthy perception related to the sense of reality. Viewed from another point of view, Baudrillard looks at the common meaning between the two concepts by comparing the principle of reality with the concept of ideology. Commonly, the concepts of ideology and reality are very influential on the preferences of individuals and they are the concepts that have the ability to influence and direct individuals when they make a selection in any matter (Baudrillard, 2010). Individuals who have lost their sense of reality no longer know how to make their choices and form their preferences over the simulacra shown to them as real.

The common goal of all elements such as the art, television, production objects, advertising, economy, entertainment sector, social media and games, and so on that make up the simulation environments is to increase consumption. The process that ensures the continuity of societies where reality and copy are intertwined is consumption and its economic elements. Within these societies, the capitalist system creates the requirements not needed by individuals essentially and compels them for consumption to ensure satisfaction by using the simulacra

previously created in order to form unnatural necessities on all human beings. Individuals living in the community are made to feel as though the only purpose of existence is to satisfy the needs that they do not need.

Jean Baudrillard heavily criticizes the Western societies and modernity by looking at the theory of simulation from another perspective. With the development of technology, Baudrillard claims that modernity has transformed and it has actually exploded during this transformation (Baudrillard, 2010). This explosion has emerged especially in the field of freedom. In this new environment, media, internet, virtual reality have been brought to the forefront and the distances have abolished. Also, in this new world, non-existent things seem to exist and it is not clear what is wrong or what is right; that is, nothingness is dominant in this created world. Games constitute an important part of this new environment. Because the games that are played actively by people of all ages from every aspect of life have in fact vaporized the perception of their social reality and created virtual reality instead. Baudrillard calls this new era as simulation era (Baudrillard, 2010). Because there is nothing left in this age that is not simulated.

MARSHALL MCLUHAN GLOBAL VILLAGE CONCEPT and CULTURAL IMPERIALISM

Marshall McLuhan, one of the most popular and important theoreticians of the 20th century, has conducted extensive studies on the effects of communication technologies on society and the individuals and has raised several views that include such concepts as “global village” and “the medium is the message”.

In general, McLuhan divides human history into four epochs as Tribal Age, The Age of Literacy, Print Age and Electronic Age. McLuhan suggesting that people have become to be conscious as of the transition from written culture to the electronic age has been criticized seriously by some circles for this optimistic attitude. On the other hand, he has provided a different point of view to the literature by interpreting media over literature and language due to the fact that he received literature education. He was particularly influenced in his studies by Harold Innis being an economist and communication historian (Rigel, 2005:9).

While conducting media and communication research, McLuhan established a relationship between the media and the community from a different

perspective than everyone in particular with his known discourses. The theorists conducting communication analysis emphasized the part related to content while McLuhan brought a different perspective to the subject with his statement "the medium is the message". According to him, content alone is not sufficient; it can provide a certain amount of competence. According to McLuhan, the messages cannot be understood if the media are not well-known during the performance of communication studies. However, the effect of medium is undeniably significant while conducting an analysis on communication tools and media. For instance, the medium for this study is the mobile phone screen on which the game is played (McLuhan&Fiore, 2014).

While explaining the mass communication, McLuhan aims to clarify printing, radio and mostly TV and their effect on society. He thinks that electronic communication tools will create a mass culture and the world will become a "global village" in time. The global village will reunite humanity and create a uniform consciousness. The oral culture transformed into written culture thanks to Gutenberg and written culture transformed into electronic culture, which laid the ground for the change of people's thinking. Before written culture developed and became widespread, manuscripts were read aloud in front of the communities and those living in the society used to socialize thanks to these reading hours in a way. The invention of printing and the rapid development of printing technologies have caused people to turn in on themselves and the invention of portable book has isolated people and emphasized individuality more. The state of individualism that emerged with the invention of portable book was destroyed by the electronic age, which began with the invention of telegraph. According to McLuhan, everything happens simultaneously in this global village, the concept of time and place has disappeared; however, the sense of touch and hearing took its primacy again as in times before individualism and the period of individualism ended (Rigel, 2005: 17-20). Everyone in the society has become to eat, drink and wear just like big companies produce. This situation indicates that the international companies now have a voice in global village and these companies determine all kinds of consumption habits of individuals and the society has become to be shaped above the concept of consumption.

The effect of all media and technologies on the society in the Global Village is reconsidered by McLuhan on linguistic basis. But he does not address the language as an origin, since the language is actually the origin (McLuhan

and Povers, 2001: 15). According to McLuhan, the development of technology has been abstracted from the historical conditions and the economic, political and material basis of the society (Erdoğan and Alemdar, 2002:185). He also advocates that every new technology will evolve as the existing one exterminates the old one; certain senses are lost with the technologies, accordingly. There is always a continuing competition between senses and technologies (Erdoğan and Alemdar, 2002:177). Along with the rapid development of communication technologies, especially TV - i.e. the screen - has become a global village in which similar senses are shared like a world. As per the opinion of McLuhan, the members of global village living outside the West have started to learn the world of news and imagination of the West in masses through electronic media since 1980. Within the broad boundaries created by radio and television, the general structure of nationalism and culture has changed and a new field used simultaneously among people has emerged (Rigel, 2005: 48).

In an interview made in 1966, for the question “why are you interested in the effects of media on culture?”, McLuhan gave the following answer: “I find the media analyses quite exciting since there is nothing else that affects people so much. The standard for this effect lies in this question: Who is affected from media? Today, we have created ways that can make the simplest event to affect many people. One of the outcomes of electronic environments is that people are included in this environment all together.” (McLuhan, 1966).

Moreover, he expressed the actual intention and aim of communication technologies with these words: “We live in a global village and our number is continuously growing. Actually, people don’t read newspapers. They dive into them just like having a hot bath every morning. One of the most desirable things of being big is to have the luxury of thinking small. The medium is the message. Technologies aren’t alone the inventions used by people, they are the medium that reinvent human being. The mother tongue is propaganda. The medium is the message” (McLuhan&Fiore, 2014).

According to the McLuhan’s opinion, the schools trying to produce a written culture in a global village will be abolished. After these schools are abolished, they will be replaced by the home environment equipped with the electronic information. In this environment, as the whole world will be in our home thanks to the television we are always engaged in, they will all be our family. In this process, a social emancipation will be ensured with the annihilation of

schools with the reason that they are the dictatorship of written culture. Thus, McLuhan approached the technological progress with great optimism and suggested that through the electronic media, the relationship between people and the world would gain a more collective structure as in the period before the writing and particularly before the invention of printing press and the communication media would transform the world into a "global village" as a result (McLuhan&Powers, 2001).

British historian Eric Hobsbawn says that "When people meet something they are not prepared for in their past, they look for words to name the unknown. This behavior does not change when they cannot identify the thing they come across even when they cannot understand it" (2006:388). Actually, the term "global village" used by McLuhan is a good example of the need for naming expressed by Hobsbawm. It is possible to say that the power of printing and printed publications has weakened even if it has not completely disappeared considering from the time when McLuhan expressed the concept of "global village" to nowadays. However, new communication technologies, which have become quite popular now, have led to the domination of village rules rather than the city rules in global scale communication as emphasized by McLuhan. Because, in the industrial societies, the information which is prepared within the body of media institutions with a known preparer, source and the presenter has given its place to a new type of information which is spread in the villages as "word of mouth" with a completely unknown source and target. News sites, Facebook groups, blogs, dictionaries created with user comments, microblogging and photo sharing networks receive more attention for this reason.

In this regard, it can be argued that the Eastern societies with a communitarian structure expressed by McLuhan are much more prone to the new model of communication than Western societies. At this point, it is also necessary to remind the view that there is a "cultural imperialism" for the Eastern societies.

In general, the concept of culture has been attempted to be defined by theorists of different opinions. Regarding all of these definitions, it becomes clear that the culture has two different definitions conceptually. Looking at the first definition, culture is addressed as having hobbies and special habits in terms of intellectual and artistic activities while it is defined as a phenomenon "encompassing the whole characteristic events and points of interest of a society widely" by Thomas Stearns Eliot. Similarly, Roland Barthes thinks that culture

is a concept that covers the whole life (Hebdige, 2004). As a result of these two definitions, culture can be interpreted as habits of the individual in the society s/he makes with socialization and her/his gaining life practice. Culture established with the centuries of accumulation has a past and a future; at the same time, culture is open to interaction and change as it is a living and ongoing phenomenon.

If we look at the concept of imperialism after the concept of culture, imperialism has a clearer and more specific framework than culture. As stated by John Tomlinson in his cultural imperialism book, it is possible to talk about two types of imperialism. The first one is the one referring to the political system with the definition related to the colonialism in the 19th century England. The second one is based on the economic system and the Marxist analysis of the development stages of modern capitalism from the beginning of the 20th century (Tomlinson, 1999: 15-16).

In general, there are various discussions about the definition of cultural imperialism. Various philosophers have made different contributions to the definition of cultural imperialism. Generally accepted definition of cultural imperialism put forth by referring to both definitions of imperialism is as follows: “It is the use of economic and political power to spread and glorify the values and habits of a foreign culture at the expense of losing an indigenous culture” (Tomlinson, 1999: 14).

If we look at the history of humanity, all the societies have influenced each other related to science, art, technology, economy and art systems. In today’s society, it is much more possible to talk about a global cultural exposure; however, it is arguable whether this new-age imperialism is political or economic. The capitalist system, which has affected the whole world, is nourished by everyone being a consumer. In this case, it seems unlikely that all of the Eastern or Western people would avoid mass consumption. In the case of continuous consumption, individuals and societies buy or do not buy what they want or do not want according to their own culture, ideas, perspectives or needs. The only compulsion here is related to the fact that global consumption culture directs the societies toward consuming intensely presented image, product, money, entertainment and information as created by the capitalist system.

It will be insufficient to talk about the intention of an imperialism systematically formed by Western societies that produce a significant part of the wide-

ly used technology and that has become strong particularly in economic way after the industrial revolution. Because the Western countries, which focus on carrying out their actions in order to sustain both the economic forces of themselves and of foreign corporations including the military operations, focus on providing other technologically and economically dependent societies to consume more beyond changing their cultures. In this process, they take everything which already exists in Eastern societies they can turn into a new product and present them by redesigning with a Western package. This is exemplified by the rapid increase in interest for East's doctrines such as Yoga, meditation and reiki or the fact that chain brands selling fast food products offer goods suitable for the eating habits of the culture in which they will operate. In fact, this is evident that since these companies are aware of the fact that they will not be able to change the societies they enter and operate, they present their own products and services by localizing them.

Media imperialism, which has similar characteristics to cultural imperialism, also carries the transformative and destructive effects that spread from the Western countries to the world. This concept is based on the idea that the products produced by international media (television programs, advertisements, news, internet games, social networks, and so on) pose a threat to the development and integration of national cultures, especially the "Third World" societies (Tomlinson, 1999:60).

By the 20th century, globalization of communication has been advanced by the activities of large-scale communication companies. Media companies dominant in the world have a very significant impact in the world and have shaped their activities in a way that is based on the globally designed strategies more efficiently. Third world countries do not have a significant say in the media. Therefore, these holding companies being world's giants have been criticized for protecting the institutions they have been cooperating in addition to protecting their own interests on a global scale and having the power to lead the societies for this purpose (Thompson, 2008: 303).

From a political standpoint, it was quite easy to misinform or mislead the societies at times when radio and television were very important. But even in those times, we see that Eastern Europe and the Soviet regimes were not successful even though they struggled to block the radio and television broadcasts held by the West. In today's society, it is impossible to talk about a totalitarian

media structure although everyone can have access to information from quite different sources. Even if the global influence of the media is still alive, it is very difficult to find true or false information among the chaotic information chunk of the internet; however, none of the individuals are tied to a single source even if a lot of news are ignored because of this intense flow of information.

Within all these technological processes and progresses, societies have acquired stimuli through technology that a normal perception cannot have with such means as TV, radio, computer and internet. Although this situation seems like a significantly big win for humanity, individuals lose their own realities and become the victims of technology's ideology and policy.

Talking about the today's societies, the concept of the "Global Village" suggested by McLuhan expresses many things relevant to such conditions as inclusion of a basic ideology in addition to being political, east-west dilemma and increase in sharpness. The most important one suggests that "Global Village" concept lies behind even in the basis of Hybrid cultures.

A NEW LOOK at GAMES FROM the PERSPECTIVE of MARSHAL MCLUHAN and JEAN BAUDRIALLARD

Jean Baudrillard has argued that the media i.e. internet channels for today's societies has been covering the reality and creating their own facts, in this way the simulation universe emerges (Baudrillard, 2010).

On the other hand, Marshal McLuhan argues that non-stop mass media have removed the concept of space and time, the world has become a global village, the concept of "message" has ceased to exist in this period called "communication" age and the term "medium" has become the message itself (McLuhan&Fiore, 2014).

Both of the theorists conducted their studies in the 20th Century. Then in the 21st Century and with the results of the developing technologies, these theories have a fairly accurate view related to not only their own ages but also communication technologies and games that appeared later. The situation has become even more serious with the increase in interaction in communication technologies and the disappearance of boundaries, with the emergence of private life accessibility and the fact that communication tools have distorted the existing reality and emphasize those they want to be accepted.

McLuhan and Baudrillard made statements that featured the different roles of the media. However, when we look at how these two perspectives complement each other, the social, psychological, communicative and cultural implications of game being the subject of our research can be more clearly understood.

First of all, as stated by Baudrillard, “we live in a “hyperreal” world that is under the influence of “hyperrealism” and everything is rendered transparent by simulation”. On the other hand, Baudrillard reveals that reality concept is absorbed by capitalism and mass media, transforming it into a different reality, hyperrealism (Baudrillard, 2010). Under these circumstances, the distinction between the real and unreal has disappeared and they were substituted by simulations and simulacra.

Evaluating the opinions of Baudrillard from a wider perspective, it becomes clear that the culture that was popularized through mass media is a purchasing culture. According to him, the critical aspect of the message is removed with the mass media. These new communication tools having the power to change the existing social order directs and ensures the community’s participation with an appropriate commitment and interesting messages. On the other hand, he utters that production is not a rational activity. Baudrillard has interpreted the consumers being deceived with such statements as advertisements and so on as a showy game.

In this new world, the distinction between the real and virtual has come to an end. Instead of creating and expressing the meaning of the message, the concept of exhibiting the meaning in front of a scene has prevailed within each other. According to Jean Baudrillard, the meaning created here actually constitutes simulation. In fact, the real meaning has been lost in simulation universe (Baudrillard, 2010). The message transmitted from the mass media to the masses prevented them from facing the lack of meaning.

Whatever the point of reality is, it is a very important element for anything that is shared in the form of news. In particular, the reality of information related to the people around during face-to-face communication or about a recently released program, a game or a product must be questioned. Individuals call the information they are convinced that it is real and they want to believe as reality while they label the information they do not want to believe as rumor or gossip.

However, a new concept of reality emerges when mass media want to convince individuals of something.

First, the reality encountered in such an environment is quite different from the concepts of reality that the individual sees and hears or as passed through the filters of her/his relatives. Due to the fact that the perceived reality is transmitted to individuals in a way that is allowed by the methods, limitations and powers of mass media, those transmitting this reality are mass media not individuals. When the reality perception in such technologies as television, computer and smart phone in which screen is at the forefront is taken into consideration, there is a considerable difference between the perception of any newsworthy reality with the naked eye and the reflection of this reality through the screens. While people look at an event with the naked eye and have the freedom to look at the situation, event or anything from any point of view desired, the reflection of the same event to audiences via the screen is limited to the angle selected and equipped with the message specifically desired to be conveyed by camera and sound recordings and so on. This viewpoint specifically chosen by the cameras can be seen as a new interpretation or perspective for the existing reality. For this reason, there are considerably significant differences between the reality seen with naked eye and the one on the screen. The reality watched on screen is not an absolute reality, it is the fictional reality. On the other hand, it is not just cameramen who play an important role in shaping the reality reflected to the individuals from the screens. Since the shootings, photos and recordings and so forth are enriched with the sorted, selected and specially created voice and image effects and the texts related to the messages desired to be conveyed. In this process, reality is actually being restructured.

Most people do not think there is a reality other than what they perceive and see, which is actually one of the most important factors that facilitate the broadcasters behind the screens. It is not difficult for persuaders acting accordingly to influence and persuade people. That's because people want to avoid responsibility, they do not think about it and their thoughts are entertainment-based. After that, even if the reality is presented, the individuals who follow the screens no longer want to encounter the truth and the established reality makes people happy or they think that they are happy.

The screens have a very important place during the massive process in which many things named as simulations are moved from their roots. Reality

shows, movies, videos shared via social media, android and iOS application games and everything presented through screens are essentially like hyper real tricky scenes. For instance, a TV program broadcasted in US in 1971 showing the daily life of American Loud family to the world was prepared by putting cameras in every corner of the family's house during seven months continuously (Baudrillard, 2010). On Turkish TV channels, a similar one was presented with the name "Biri Bizi Gözetliyor (*Big Brother Is Watching Us*)". Later, with the development of the technology, the computer game "Sims" emerged and the individual stopped being audience and started to create the simulation part. Individuals now realize the lives they want to live with the homes, lifestyles, clothes, cars, and so on in virtual environment. This game is completely a simulation and even the real individuals do not exist as different from others. The real person playing the game creates her/his own reality in this simulation.

After all of these examples, considering the Jean Baudrillard's interpretation of reality and created reality; it will become apparent that the individual watches the Sudanese civil war on television with the same insensitivity as watching any toilet paper advertisement. Even if the civil war in Sudan continues after the individual turns off the television, it ends for her/him (Baudrillard, 2010). That's exactly why the universe people live in is the universe of simulation. Everything is composed of only images and movements and all of them are non-living.

Another war example indicated by Baudrillard is that Gulf War is actually a simulacrum that did not take place for real. Expressing with his own words; "War has become a rating game with no scenes of blood and horror. Such that, we come to our houses in the evening after work, we have dinner and then while we are extending our legs to the table and sipping our tea, we think that let's look at what happened at war today calmly and with slackness. There is nothing newsworthy attribute in the news made with an attached (so-called) journalism in which we don't feel the pain and with lack of empathy. Both the news and the wars are only simulation. We – watching the glowing lights as the war – only see the running soldiers on the green screen shooting with the night cameras as if we were too far from the war. There are no civilians killed in these scenes, a journalist cannot shoot a father's crying for losing his child. For this reason, wars have lost their reality. Only these wars that have become simulation which we watch "as war" exist. We call this simulation reality. Our reality has replaced

with the simulation. The reality has already given its place to the simulation field (Baudrillard, 2010)."

The conclusion made by Jean Baudrillard in his own time when new media and internet technologies did not exist is that the media institutions only reveal the reflection of reality, bend the truth, make individuals believe non-existing things and they discover simulacra by creating their own realities after a while (Baudrillard, 2010). When we consider new communication tools that have emerged in today's societies and games or applications that constitute the subject of our research, we will not have a very different view.

Following Baudrillard's views, Marshall McLuhan - a Canadian communicator – has stated that by emphasizing the concept of "global village" at the beginning of the 1960s (McLuhan, 1966), everyone in the world would be aware of the ongoing events with the rapid development of mass media and the societies will resemble each other. In addition, McLuhan has emphasized that technology has a determinant feature by suggesting that human history is indeed characterized by the development of mass communication technologies and is divided into periods. McLuhan has developed the concept of "global village" by adding the concept of "the medium is the message" into his opinions. While the value of technology is shaped by how it is used traditionally, McLuhan has stated that the term of medium is the real content itself with the concept "the medium is the message" (McLuhan&Fiore, 2014). On the other hand, McLuhan considers the medium to be the extension of human. The message desired to be conveyed in the global village is shaped thanks to the medium. For instance, telling a story by using certain words, staging a play, conveying it from radio or broadcasting on a television can differ and make sense as related to the person who perceives the messages transmitted by that story. According to McLuhan, every new communication technology causes the world to be perceived in a different manner even without a notice (McLuhan&Fiore, 2014).

With his own words, McLuhan utters that "It is important to note that recognizing, perceiving and naming is no longer a consequence of the human mental process; however, one has become an extension of this electronic world beyond her/his own body with the development of electronic systems and technology, accordingly" (McLuhan&Fiore, 2014). The stimulants that cannot be obtained with normal perception with the media such as Internet, TV and computer and so on can easily be obtained thanks to the technology. Like McLuhan, some con-

sider this situation to be an important gain while it is questioned what humanity has lost. After this questioning, the most obvious answer is that mankind has actually lost its own reality and has become a victim of the ideology and policy of technology.

In conclusion, what McLuhan is interested is the perception movement created by the scenes on the screen on audience rather than the actions and events presented through the screen. Communication technologies that seek to reach a specific target audience through the screen represent a cognitive operation which those who perceive have to fulfill as independent from the program or image content shared. According to McLuhan, it is necessary to revive written texts in order to be able to resist this operation which is created through screens (McLuhan&Fiore, 2014).

Considering the opinions put forth by Marshall McLuhan and Jean Baudrillard, “The age of media is actually a show age.” It is a period in which the quality of content is now much more lowered, contents of products are weakened, people are made unresponsive especially because of the rapid and changing information bombardment with the emergence of internet technologies, the memory is lost and the ability to perceive and judge is nearly absent.

“F nd ng Home” Game/Appl cat on

UNHCR (The UN Refugee Agency) has developed the game “Finding Home” as an application of IOS and ANDROID in order that the situation of the refugees who have left or been forced to leave their country for various reasons in the world can be understood by other communities living in welfare and an empathy can be built about the experiences of refugees.

One of the main purposes of the application is that the individuals using this application simultaneously experience what the refugees and particularly child refugees suffer from. However, the fact that the application can be “not a reality, but a simulacrum of a simulation world” reminds the question of whether it is an empathy or desensitization. Moreover, it is a well-known fact that the world is now a “global village” and people in this village are informed about each other with the support of the advanced technology. But it is another subject of discussion that individuals seek for empathy with the game which is completely

“a virtual reality” rather than finding those in need for real and this application is conducted by a world-famous refugee support organization.

The fact that UNHCR (The UN Refugee Agency) is a US-funded organization and this country has negative policies towards refugees particularly after President Trump makes us think about the empathy and sensitivity development-based purpose of the game.

Before evaluating the general characteristics of the “Finding Home” application in detail, it will be useful to mention the name of the application. “Finding Home” indicates “arranging a house/accommodation”. As can be understood from its name, this smart phone application is a “game” of finding a home/accommodation to a refugee girl who is in a difficult situation and far from her family.

Presenting a traumatic and tragic truth that is still happening in many geographies of the world causes the concern for emptying the content of subject and making it meaningless. Just as stated by Jean Baudrillard in explaining the concepts of Simulation and Simulacra and mentioned in Matrix movie, “In this new world concept surrounded by simulations and simulacra, people do not really experience any emotion. These feelings move so fast that even the individuals have confused and even forgot all of their sadness, anxiety, joy, fear, and so on. For this reason, the main purpose is not to live these feelings in real sense, but to fulfill them only for the purpose of simulacra.” The individuals playing this “Finding Home” game ease their conscience when they play this game and feel as if they saved a refugee girl even though they do not do in real life, then they continue their lives in the same way after experiencing the feeling of “purification”. The institution that offers such an application in the form of a game aims to increase “social awareness” with their own words. However, “increasing the social awareness” is conducted in a simulative environment rather than a real one. For this reason, “increased social awareness” will probably be “a new simulacrum and it may not be reflected to real life.

After individuals download this game to their mobile phone, they see a new mobile phone screen in the application, the game actually takes place in the mobile phone of a little refugee girl. There are photos, videos, WhatsApp application and the ringing moment in this mobile phone. The person who plays the game has to answer the messages that are constantly coming from WhatsApp.

The point that should be precisely emphasized in this section is that there is a WhatsApp application in the game, the language used is only English and the mobile phone is the same as the image of IPhone brand mobile phone. This point is in a serious commitment to “cultural imperialism”. Because when you look at the pictures in the app, there are possibly black and African individuals seen. It is understood by looking at photographs and videos that all of the people in the application are real persons. It is possible for UNHCR (The UN Refugee Agency) to use the photos and videos reached to them or shot by their employees for reflection of reality in this application. But these black individuals are not English or American and so on and they are thought to be from the countries with non-English mother tongue. And as can be observed from the photographs, these people are from the countries being “colonies” of super powers of the world countries and the language of these individuals is definitely not English. Moreover, it is also interesting that the refugees who endure all kinds of poverty to survive are represented by the IPhone brand telephone. For this reason, although the refugee representations used in the application and use of some brands can be considered with the purpose of providing the reality, it is meaningful. On the other hand, it is also the indicator that this application is totally a simulation. Since simulations are far from reflecting the truth and in contrast, they can include anything in which points desired to be adopted are revealed.

Regarding the photos and videos within the application, it becomes clear that these harrowing photos and videos belong to a refugee girl and her family who are in a difficult situation. The brother of this little girl also shares these videos with his sister in WhatsApp chat. In these videos, the brother is seen to be in poverty, stampede and search for help. But the fact that refugee children in such a miserable situation send photographs and videos from IPhone brand mobile phones to each other through WhatsApp makes us think that they are the competitors of a “survivor” type of competition.

On the other hand, the language factor leading the global common values is prominent when the application is evaluated from the McLuhan’s perspective of “global village”. Everyone on earth has adopted English as the common language. McLuhan addressed the concept of “global village” from a positive perspective. According to him, the consensus and sharing of people will increase with the global village concept and maybe the concepts of regional superiority will no longer exist in the world. Nowadays, it is fair to say that this point of

view is unfortunately not seen much in practice. It can be said that the nations that have moved away from their language in cultural manner instead of the global union are also facing cultural imperialism. These common uses starting with language eventually bring about the cultural degeneration, departure from one's own culture and loss of culture in time.

McLuhan's concept "The medium is the message" has an important place in practice. With such an application, UNCHR actually incorporates many messages. Addressing the "Finding Home" application as a medium, the messages included become prominent. First of all, the purpose of creating such an application in the form of a game is to help the refugees in difficult situations by calling humanity for "empathy and conscience". On the other hand, the fact that the application has been created through IPhone and English is the common language of the application actually reveals the supporting organizations, institutions or countries with which UNHCR works and it is kind of a message presenting a sovereign and the "others" that should be subject to them with their miserable situations.

Lastly, although "Finding Home" application aims to increase social awareness by calling empathy and conscience in the world, things perceived by users may not coincide with this purpose. The fact that a sensitive issue directly experienced by millions of people is presented to users as a game / application includes the possibility of making the reality meaningless and causing users to be desensitized.

CONCLUSION and EVALUATION

Today's societies, in which the digital age affects the whole world, are under the bombardment of technological developments. The emergence of interactive and new media tools in the transition from Web 1 to Web 2 tools and penetration of these new media tools into all areas of life without slowing down also determine our perception of reality. The direction and scope of communication has changed and developed, especially the applications that improve the usage area of smart phones have become indispensable for users. These applications and the fast connection of the users to the new world behind the screen have led to the increase in the difference between reality and simulation. The "Finding Home" application being one of the smart phone applications has

also been evaluated both through the simulation and simulacra concepts of Jean Baudrillard and by Marshall McLuhan's global village term within the scope of this study.

"Finding Home" application is quite different from other applications. Because this practice is actually a social responsibility project and it serves the purpose of informing the society about the situation of immigrants / refugees and helping UNHCR support immigrants. According to the organization's disclosures and studies, the income to be obtained from the use of this application will also be spent to help immigrants.

Approaching the subject with Baudrillard and McLuhan's theoretical perspective, the concept of simulation opens an important window for Finding Home application. In fact, by moving the subjects that are very important for the world to the simulation environments, the facts can be mitigated in a sense and can lose meaning. Individuals can remain insensitive and indifferent to the images they are exposed behind the screen after a while even if they actually see them. As stated by Baudrillard, the human mind has been unable to differentiate between simulacra and reality. As we have mentioned before, society is no longer in a position to deal with the painful and negative processes of reality and no longer needs rational reality.

Consumption is nourished and marketed by these new technological tools after the increasingly intriguing applications fitting in media, social networks and tiny phones become considerably significant power day by day. The products consumed can often be adopted by the individuals in a short time without treating unequally and they can be made to be materials of pleasure. Relaxation or in other words the state of refinement as emphasized by Aristotle catharsis (purification) appears as the "tools of pleasure" of the modern world. Users can experience catharsis in such products as games, movies, music and so on which give pleasure to the individual. The individual often feels pity or fear when s/he is experiencing catharsis. In this context, the individuals who download the "Finding Home" application and play this game are afraid of being unable to save the refugee children at the end of the game on the one hand and pity for them on the other. At the end, they experience a purification i.e. catharsis when they complete the game successfully. The individual feels relaxed and purified even though there is no observable reality and concrete aid.

In conclusion, the discussion of this application is considered to be highly important in that it differs from other applications and games in terms of content and subject. The “Finding Home” application is deemed to be noteworthy in the way that it presents the situation of refugees to the world in a simulation environment behind a phone screen. As a tool referring to the term “the medium is the message” by Marshall McLuhan, this application is believed to carry a variety of sub-messages with the representation of refugees and weak, implication directed to the dominating and view of commercial brands. Although the codification and decoding of these messages can differ in terms of individuals and societies, it should be taken into consideration that the messages not intended in every communication through the media tools can be perceived and “real” projects that will include users into the life concretely and let them take responsibility against the brutal facts experienced must be prioritized.

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MEDIA OWNERSHIP IN TURKEY AND EFFECTS OF THE RELATIONSHIP BETWEEN MEDIA AND POLITICS ON MEDIA OWNERSHIP

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ABSTRACT

The relationship between media and politics in Turkey has continued since the emergence of the printing press until today. This relationship that started with the newspapers published in the Ottoman Empire continued until the modern media of Turkey in 2017. In this study, the concept of media ownership, the greatest problematic of the world, was investigated specific to Turkey. In the first part of the study, a conceptual literature research about media ownership was carried out. In the second part, the history of media ownership in Turkey was examined and milestones that are important in this history were described. In the last part of the study, the structure of media ownership in Turkey by 2017 was examined and the media groups steering the market were sampled. As a result of the study, it is emphasized that high concentration in media ownership, one of the most important problems of the world, is also experienced in Turkey. As this high concentration narrows media ownership, it also affects media democracy negatively in parallel with the relationship of the media with politics.

INTRODUCTION

Media plays a big role in the development of countries. Especially in countries like Turkey who has young population. The young population has the thread to be affected from mass media more than the adults. Turkey is the first country among EU countries in terms of young population (Yavuzaslan,Özkal:110). So, media plays an important role in the development of the future. The mass media play a fundamental role in molding public opinion with their impact on how society perceives and discusses the news.

Political authorities wanted to dominate the media and take control of it just as all over the world. The media industry, which is intertwined with politics, has lost its economic independence as well as editorial independence and has transformed into enterprises that operate in the direction of the ones who pull the strings. This situation sparked great debates for the sake of media democracy and the autonomy of media has become disputable. Media freedom, discussed especially in third world countries and monarchical countries, is identified with politics. Political power has always wanted to control the media. Media, which is under control, will broadcast in line with the wishes of the sovereign powers and direct the communities in parallel with the ideologies of these powers.

However, the independence and pluralism of media are also a guarantee of a healthy democratic system. As a necessity of a healthy democracy, criticisms intended for those holding the power should be expressed easily in the media. The way to be free and independent is to follow the ownership structure of the media, prevent the media ownership from being taken over by a single group or a pro-government group and secure its independence. Ownership structure also affects media industry's use of resources. Thus, it attracts potential investors to the industry by shaping the economic structure of the industry.

CONCEPT and IMPORTANCE of MEDIA OWNERSHIP

Media expends its structure in every change faced in technology. The technological developments have created a deep change in the form of media. Media consisted of only newspapers hundred years ago. Then radio and media expended the structure of media. The new technological developments of internet created new media which was called as "new media". Media started to be called as traditional media and new media in the 2000s (Kuyucu,2017:23). This tre-

mendous change of media increased the important of media in normal human life. Media created its trademarks and brands start influencing people's opinions in deep.

Trademarks are the focal point of the liberal economics which are predominant globally beyond its basic characteristic to identify the commercial source or origin of products or service. Trademarks are one of the phenomena which depict today's culture economy. All the marketing and communication activities in a competitive environment are performed depending on trademarks (Türkal, Özal:2018:72). Media and its ownership position play a big role in the development of the industries as well as culture. The concentration and ownership position in a competitive market can affect the total economy and politic structure of a country.

Considering the ownership structures theories, it is possible to say that media organizations are divided into three groups. Accordingly, the media organizations of which all or most of the capital or majority shares are owned by public legal entities are categorized as public media, those of which all or most of the capital or majority are owned by private or legal entities are categorized as private media and those of which a part of capital is private, the other part is public are categorized as private-public media organizations (Kuyucu, 2013:112).

Differences in the ownership of media industry determine the concentration in that industry. Concentration in the media generally emerges in three forms. These are horizontal media concentration, vertical media concentration and diagonal media concentration (Avşar, 2004:322).

Horizontal Media Concentration: Horizontal media concentration is that the same ownership of capital owning more than one independent media organs. In horizontal media concentration, integration of the ownership and capital is the point in question. The presence of more than one newspaper (Milliyet and Vatan) in the same media segment (print media) of Demirören Group in Turkey is an example of horizontal media concentration.

Vertical Media Concentration: Vertical media concentration is that a media organization controlling and owning at every stage from production to consumption or investing in different media fields. Ownership and capital integration between the program producers and distribution markets they are associated with in publishing is the point in question. In Turkey, Doğan Media Group's

undertaking the distribution of its newspapers through the agency of Yaysat is an example of vertical media concentration.

Diagonal Media Concentration: If the same capital ownership possesses ownership in different fields of media, this constitutes diagonal media concentration. Diagonal media concentration comes into existence when a media organization owns more than one of television, radio, print media and Internet media. Almost all of today's active major media groups own television, newspaper, radio and online news portals at the same time under the same group.

Despite the increase in news channels in the media today, the diversity of news outlets and news does not increase. Media concentration causes the dose of criticisms aimed at media ownership to increase. Consequently, media concentration has begun to be considered to be an important problem. Since concentration in the media brings along monopolization, it poses a threat to democracy. Media concentration hands the control of media industry in to one or more major media groups by creating unfair competition (Karlıdağ & Bulut, 2016:86). Concentration in the media is very significant for the democracy of media industry.

Creating a full diagram of media ownership in Turkey is very difficult on the ground that the interests of actors in the industry and political actors are intertwined. Only revealing these relationships between the interest groups and providing transparency make it easier for the media to ensure freedom of expression. However, the transparency of media ownership is de facto limited. Sometimes, partnership structures are being concealed from the public because of their relations with the public (Adaklı, 2017:88). In Turkey, rather than being an industry that brings money in, media is an instrument of holding the power in order to derive benefits by taking advantage of bilateral political relations for other economic activities. Today's major media organizations prefer to take part in the media industry not because it brings money in, but because it provides the opportunity to be effective in other industries. Since media ownership is extremely successful in manipulating the masses, media organizations continue their activities at the risk of losing money (Milutinovic, 2017:43).

By the reason of these bilateral relations, media organizations can generally pursue a policy of broadcasting for the benefit of power holders even in subjects involving the general public. For instance, the Penguin documentary broadcast-

ed on CNN Turk screens during Gezi Park Protests that took place in 2013 in Turkey has virtually become a symbol of political pressure on the media. In the sequel, “pool media” that broadcasted in line with the will of the power even in the subjects such as Ergenekon, Balyoz, Oda TV cases that had left their marks on a period of Turkey and involved the whole public, and “dissident” media organizations suppressed by the politicians have been a sign to how media ownership can be a significant weapon in manipulating the society (WEB1, 2017).

MEDIA OWNERSHIP STRUCTURE n TURKEY

In Turkey, political pressures on the media have been experienced in every period. In the period when Democratic Party came to power with the promise of “ending the pressure on the media”, far from ending the pressure in a short period of time, the Democratic Party government increased the pressure further. In this period, practices such as favoritism of the newspapers supporting the DP government, transferring funds from discretionary fund, extra withholdings from dissident media had been witnessed. This oppressive period ended with the Military Coup on 27 May 1960. In the following continuum, there has been pressure on the media almost every period because of the interventions of the military to democracy decennially (Sözeri, 2015:176).

With economic stabilization decisions taken on 24 January 1980, 12 September 1980 military coup has been a turning point in many fields in Turkey’s history. One of these fields is the media. As high amounts of subventions had been provided for newsprint papers within the frame of interventionist state concept until 24 January 1980, these subventions were abolished after 24 January 1980. Therefore, the amount that media organizations paid for newsprint papers, one of the most important cost items of the print media, had increased up to fivefold. In this period, organizations with great capital power and advertising support behind them survived (Koloğlu, 2006:98).

One of the breakdowns in media ownership in Turkey was experienced in 1990s. When it came to 1990s, as an important event, TRT’s monopoly was broken. With the beginning of private TV channels to their broadcasting lives, the power of the media increased even more, and diagonal concentration started to increase in this period. In this period, Doğan and Bilgin Groups also undertook distribution with Bir-Yay, which they established jointly, and started to monop-

olize. In the same period, they ensured Kanal D and ATV, which they owned, to grow increasingly stronger by controlling their own advertising markets (Topuz, 2015:53).

Another important development in this period is the economic crisis in 1994. In this period, promotions (gifts) were started to be given away in order to recover increasing costs and decreasing circulation due to the economic crisis. The promotional period, which started with giving away encyclopedias in 1992, reached to a point in 1993 that all kinds of products and even cars to be given away with coupons. Also, again in this period, low-cost newspapers with fewer pages started their publication lives (Koloğlu, 2006:70).

When it came to 2000s, we see the impact of another historical economic crisis in Turkey on the media. The economic crisis in 2001, the cases such as corruptions in banks, deeply influenced the media industry in which diagonal concentration was intense. The distribution company, which was founded jointly by Doğan Group and Bilgin Group and then named Yay-Sat, came under the rule of Doğan Group after the transfer of Etibank, which was owned by Bilgin Group, to SDIF and Bilgin Group lost its weight in the media.

The role of Doğan Group in the postmodern coup on February 28th, when the group was the strongest in the media, is still being discussed today. The criticisms of the propaganda of Doğan Group's broadcasts and publications in the direction of TAF's seizing the control of the governance are being discussed intensively in Türkiye Newspaper, which is owned by İhlas Group today. Reasons that the proximity of Doğan Group to government is covered more than the other media organizations and that the group does not show its support to the government openly like the other media organizations, cause the group to be the target of other media organizations of which proximity to the government is publicly known.

With AKP's coming to power in 2002, the coalition period in Turkey came to an end and a new era began. The media groups dominating the industry at the beginning of the AKP government were Doğan, Uzan, Çukurova and Doğuş Groups. Prime Minister of that period, Recep Tayyip Erdoğan opened the way for businessmen, known for their proximity to the government in capital and ownership structures of media organizations in Turkey, to enter the media sector as from 2007 by the reason of believing that ownership and capital structure

of the media should change in order to be able to get the support of the media (Saran, 2014:73).

In this period, Cem Uzan, who took a stand against AKP with the Genç Parti, had effectively used Star TV and Star Newspaper, which he owned before the election, and received over 7 percent of the votes unexpectedly. This has led the importance of the media ownership to be understood once again. The ownership structure of Star TV and Star newspaper changed as the companies of Uzan Group, which maintained its broadcasting and publication policies against AKP, were seized by the state's SDIF. Super FM, Metro FM, Joy FM, Joy Türk FM and Radio Alaturka, owned by the group, were also sold. Although Doğan Group offered the highest price to buy Star TV of the group, which was sold by SDIF, the sale was not allowed due to competition and Star TV has joined Doğuş Group.

After the arrest of Dinç Bilgin, Ciner Group took a step into the media as a partner to Sabah Newspaper and became a partner to Cumhuriyet in 2002 and Sabah-ATV group in 2003. In 2005, the ownership of Sabah-ATV passed completely to Ciner, and in 2007, the media organizations owned by Ciner were transferred to SDIF. Ciner established Habertürk TV, Habertürk Radio and haberturk.com in 2007, and incorporated Show TV of Çukurova Group seized by SDIF in 2013. Dinç Bilgin is not the owner of any media organization today.

Turkuvaz Media Group bought Sabah and ATV from SDIF in 2007. However, the fact that Turkuvaz media group used credits from public banks to be able to secure the tender brought discussions along. Çukurova Group entered the media world in 1977 buying Akşam Newspaper, then they had to sell the newspaper in 1980 during the period of crisis. The group founded Superonline in 1996, bought Akşam Newspaper back from Ilıcak Group in 1997. They founded Digiturk together with Doğan Group in 1999. After seize of the companies of Çukurova Group by TMSF in 2013, the group's Show TV passed to Ciner Group, 360TV, Akşam and Güneş newspapers passed to Sancak Group Ethem Sancak bought Star newspaper in 2004 and then dismissed his shares.

CURRENT STATE of MEDIA OWNERSHIP n TURKEY

In October 2016, the findings of Media Ownership Monitoring Project (MOM) as a result of a joint project carried out by Reporters without Borders

(RSF) and Bianet (Independent Communication Network). The related report has virtually taken a picture of media ownership in Turkey and its findings were shared with the public (Reporters sans frontières, 2016).

As of 2016, there are 2,731 newspapers, 734 radio stations, 83 radio-televisions and 108 television channels publish/broadcast in Turkey. Approximately 40 of these media organizations are shared by eight media groups. Half of these eight media groups have invested in at least three of the media such as radio, television, newspapers and web sites. Doğan Group and Kalyon Holding are involved in all four of these media. Doğan Group and Kalyon Holding are followed by Demirören Holding, Ciner Holding, Doğuş Holding, TRT, Estetik Publishing (Sözcü Group) and Hayat Görsel Yayıncılık (Kanal 7, Radyo 7, haber7.com).

All of the media organizations are active within the structure of a company. It is required to apply to Radio and Television Supreme Council for allocation of channel and frequency for radio and television channels and stations, for publishing a newspaper, it is required to notify Office of the Chief Public in the province where the address of the newspaper is located by issuing documents determined by laws. On the other hand, it is not necessary to make a notification or obtain permission for an online news portal.

Concentration in the media is regulated by the Law on the Establishment of Radio and Television Enterprises. Again, Competition Authority is obliged to take measures against unfair competition in accordance with the Law on the Protection of Competition.

According to media legislation, the same company can only render one radio, one television and one optional broadcasting service. A natural or legal person can be a partner to a maximum of four service providers that have terrestrial broadcast licenses, directly or indirectly. However, in this partnership, total annual commercial communication revenues of media organizations of which shares are hold by a natural or legal person directly or indirectly do not exceed 30 percent of total commercial communication revenue of the industry. On the other hand, there is no specific regulation for digital media and print media. For this reason, the prevention of the concentrations in these media organizations is the responsibility of the Competition Authority directly.

In Turkey, it is seen that there is a high level of horizontal concentration in print media and Internet broadcast/publishing. Owners of the same capital own more than one independent media organs. Despite the organizations owned by actors that recently entered the industry are among the owners of online news portals, the most followed online news media are mostly online web sites of daily and national newspapers owned by major media groups. This proportion is approximately 44 percent in television and radio industries. However, it's about half of all the media types of the largest 8 companies in media industry. Table 1 shows the share of media groups with regards to ratings in the media.

Table 1: Shares of Media Groups in Total Media Ratings (2017)

Doğan Group	9.98%
Turkuvaz Media Group	6.60%
Demirören Group	5.71%
Ciner Group	4.76%
Doğuş Group	4.21%
Public (Government)	3.23%
Estetik Group	3.15%
Hayat Görsel Group	2.19%
	39.83%

Owners of the two largest distribution companies in Turkey, Yaysat (Doğan Media Group) and Turkuvaz Distribution (Turkuvaz Media Group) are active in media companies. Since the activities of these companies are not audited separately, the amount of media they press and distribute can be questioned. The largest networks in distribution of radio and television broadcasts are Digiturk and DSmart. Digiturk, which was transferred to SDIF by the reason of its debts and formerly owned by Çukurova, was sold to Qatar-origin beIN Media Group at a price which was not disclosed.

It is claimed that media ownership in Turkey has been redesigned especially during the 15-year AKP rule in order to silence the opposite structures. Until 2007, the strategy of AKP government of demilitarization and democratization had been accepted by the society and the media had been supporting these efforts. For this reason, there was no negativity or conflict between AKP gov-

ernment and the media until 2007. However, since 2007, the AKP government has been struggling to remain on its own by destroying all potential enemies in the direction of single dominant view policies, going beyond having the power alone. In the period after 2007, with direct intervention to media by the AKP government by favour of SDIF and even by using public resources, a transformation started to be experienced. Media organizations began to go directly into the ownership of those who have organic relations with the Prime Minister of the period, Erdoğan, in efforts to create a "pool media" (Akgül, 2015:84).

Therefore, media in Turkey is grouped as (Akgül, 2015:2):

- A group of Akşam, Yeni Şafak, Star, Yeni Akit, Sabah, ATV and even TRT and Anadolu Agency owned by capitalists who have direct organic relations with AKP,
- A group of Koza-İpek and Zaman Group which were linked to the Gülen Community before the 15 July Failed Coup Attempt (today, media organizations in this group have been closed down),
- Ciner, NTV, Doğuş and Demirören groups, which do not have organic relations with AKP but have adopted a pro-AKP journalism approach,
- Doğan Group, which resists in not being pro-AKP, and
- Anti-AKP opposition groups such as Sözcü, Cumhuriyet, Aydınlık, BirGün.

Mostly, media bosses in Turkey did not enter media industry with their free will. While the opinion of media ownership is used as a weapon for investments of the media owners in other industries is dominant in the eye of the society, it is seen that media organizations active in the media industry are operating on almost non-rational conditions. M. Emin Karamehmet, the owner of Çukurova Group, which was one of the owners of major media organizations in that period, who was called to the commission established in TGNA in order to investigate the 28 February Postmodern coup to testify, stated that he entered the industry with the pressure of politicians and had to buy television after making financial loss. Likewise, Turgay Ciner mentioned that he had to enter the media with the pressure of Özer Çiller, the husband of that period's Prime Minister Tansu Çiller (Saran, 2014:82).

Today, the situation is not very different. In the period after 2007, AKP government wanted the businessmen close to itself due to its efforts to create

its own media to enter the media industry by "asking them to", and as a result, pro-government pool media, broadcasting with the same tongue, which constitutes a vast majority of the media, emerged. It is striking that the media organizations supporting the government are growing extremely rapidly. Therefore, the main motivation in making all these pressures and non-profitable investments is increasing the business potentials of the capitalists in other industries through their relations with those who hold the power. Media bosses often operate in very different fields by participating into high-priced public tenders.

MEDIA GROUPS IN TURKEY by 2018

Almost half of the media organizations in our country belong to Doğan, Doğuş, Demirören, Ciner, Albayrak, Kalyon, İhlas Groups and Ethem Sancak. The shareholders of Doğan, Doğuş, Albayrak, Demirören and İhlas groups are mostly family members. In the other media groups except Doğan Group, publications and broadcasts are generally made in line with the policies of the president, the government and the governing party, AKP.

Ratings of the organizations close to the government are higher than the other media organizations. About 55 percent of those who follow online news web sites, about 57 percent of print media readers, about 40 percent of radio listeners follow news web sites, newspapers and magazines of the organizations close to the government. At this point, public media of Turkey, TRT, of which neutrality has always been questioned, has been criticized of being the media of power holders since the days of its launch. According to the figures presented by Ersin Öngel, a RTSC member from HDP, in the parliament, before 1 November 2015 elections, TRT allocated 30 hours to the governing party, AKP, 29 hours in addition to the President Erdoğan, 5 hours to CHP, one of the opposition parties, 1 hour to MHP and 18 minutes to HDP. In addition, TRT's 9 hours of nonstop live broadcast of AKP congress on 12 September 2015 had been the question of debates.

Holdings affiliated to the media companies in Turkey are active in many industries from construction to energy and tourism. These holdings participate into public tenders in these industries where they are actively doing business and sign contracts with the state. Zirve Holding, the only shareholder of Turkuvaz Media Group owned by Kalyon Group, which is known for its proximity to the

government, is operating in construction industry in Qatar, Russia, UAE, Saudi Arabia and Iraq, in addition to Turkey. Many infrastructures works such as the biggest projects of Turkey which are the third airport in İstanbul, Turkey-Cyprus Water Supply Project, İstanbul D-100 Highway Metrobus Line, Taksim Square Pedestrianization Project, are again among the tenders and works got by this holding that is known for its closeness to the government.

Doğan Group operates in the sectors of newspaper, radio, television, online news portal, news agency, retailing, financial services, industry, automotive, real estate, energy and tourism. The group has three newspapers, three radios, two televisions, four online news portals, two magazines, a publishing house and a news agency in the media. In addition to the Giresun Aslancık Dam and Hydroelectric Power Plant project with Doğuş Group partnership, the group owns two hydropower and two wind power plants.

During the failed coup attempt on 15 July 2016, President Recep Tayyip Erdoğan's joining to CNN Türk screens with the assistance of mobile phone applications known as FaceTime became an important turning point in getting over the process. However, because of the news published in Hürriyet, which is owned by Doğan Group, in February 2016 that made the TAF disturbed, the relations between Doğan Holding and the Government softened after 15 July were tensed again.

Table 2: Doğan Media Group's Media (Untill April 2018)

Newspaper	**Magazine**	**Television**
Hürriyet	Doğan Burda Magazine	Kanal D
Posta	Doğan Egmont	CNN Turk
Fanatik	Doğan Kitap	tv2
Hürriyet Daily News	Doğan Marketing and Planning	Dream TV
TME		Dream Turk
	News Agency	Kanal D Romania
Printing, Distribution	Doğan News Agency	Euro D
Doğan Distribution		
Doğan Printing Center	**Platform**	**Radio**
Doğan Media International	D-Smart	Radyo D
Doğan Foreign Trade	**Other**	Slow Turk
	D-Production	CNN Turk Radyo
	Doğan Music Company	radyonom.com

In the 21st of Mach 2018 the owner of Doğan Media Group expressed to public that he decided to sell his media group to Demirören Group to 1.1 Billion USD. This was a big turn point in the Turkish media history. This changed the structure of Turkish media, and Demirören Media Group became the biggest media group by April 2018.

Another important media group active in Turkey, Doğuş Holding operates in radio, television, online news portal, publishing, food and beverage, retailing, banking and finance, construction, automotive, real estate and energy sectors. Doğuş Group, which entered the media industry by buying Milliyet in 1979, is still the owner of six televisions, four radio stations, eight news portals, eight magazines and a publishing house. The group got important public tenders such as subway construction in İstanbul, terminal for travel vessels, construction of a hotel in Karaköy in İstanbul, the controversial Galataport.

In 2018 Doğuş Media Group also decided to have an economic downsizing and closed its sports TV channel NTV Spor on the first quarter of 2018. Doğuş Media Company announced that combined his two music TV channels Kral Pop TV and Kral TV in to one channel. The reason for this was economic; the group closed one of its music TVs and combined the two TVs into one channel.

Table 3: Doğuş Media Group's Media (2018)

Television	**Radio**	**Magazine**
NTV	NTV Radyo	Vogue
Star	Kral FM	Miss Vogue
Kral TV	Kral Pop Fm	GQ
	Kral World Radio	Robb Report

All of media companies of Ciner Publishing Holding and Ciner Media Investments are owned by Turgay Ciner. Holding entered the media industry with Habertürk newspaper in 2009. It increased its investments in the media by purchasing Show TV, which was transferred to SDIF from Çukurova in 2013. The holding still has three active television channels and a newspaper. Ciner Group is 74 percent partners with Eti Mine Works. The group also got thermal power plant tenders in Konya and Silopi, Şırnak. It is the only bidder for the construction of Akkuyu Nuclear Power Plant. In addition, the stadium of Kasımpaşa Sports Club within the body of the group bears the name of the president.

Table 4: Ciner Media Group's Media (2018)

Television	**Internet**	**Newspaper**	**Radio**
Show TV	Haberturk.com	Haberturk	Habertürk Radio
Haberturk TV	Bloomberght.com	**Other**	Bloomberg Radio
Bloomberg HT		Haberturk Printing	
		C Production Film Industry	

Demirören Group started its business life with liquid petroleum trade. Demirören Group, which entered the media industry by buying Milliyet in 2011, owns two important national newspapers such as Milliyet and Vatan and their

online news web sites. Apart from the media sector, the group operates in manufacturing, shopping centers, real estate, port management, construction, education and tourism. Yıldırım Demirören, one of the owners of the group, is the president of the Turkish Football Federation. In addition, he is also a member of the Tender Commission of broadcasting tenders made by TFF. Demirören Media Group bought Doğan Media Group in March 2018 and expended its position in Turkish media. With this issue Demirören Media became the biggest media group of Turkey.

Table 5: Demirören Media Group (2018)

Newspaper	**Internet**	**Television**
Hürriyet	Milliyet.com.tr	Kanal D
Posta	Gazetevatan.com	CNN Turk
Fanatik	Skorer.com	tv2
Hürriyet Daily News	Uzmanpara.com	Dream Türk Euro D
TME Milliyet VataN		
	News Agency	
Printing, Distribution	Doğan News Agency	
Doğan Distribution		
Doğan Printing Center	**Platform**	**Radio**
Doğan Media International	D-Smart	Radyo D
Doğan Foreign Trade	**Other**	
		CNN Turk Radyo

The owner of Es Media, another important media actor in Turkey, is Ethem Sancak. Sancak entered the media industry by going into partnership with Star newspaper and Channel 24 in 2017 and sold this media group in 2010. After a period of 3 years, he stated that he bought that media group to support the government and sold the channels because "his mission had ended". He entered the media sector again by buying Güneş, Akşam, Sky360 TV, two radio stations and

various magazines previously owned by Çukurova Group, taken over by SDIF in 2013. In 2014, he bought back all shares of Star Newspaper and 24 TV he had previously sold to Star Media Group. With BMC, the group still participates in the tenders of the vehicles such as Kirpi and riot control vehicles needed by TAF and Police Department and "wins" the tenders. Ethem Sancak has sold his media group to a businessman named Hasan Yeşildağ in August 2017. The fact that he is a friend of Turkey's President Recep Tayyip Erdoğan from the period when he was in prison has raised discussions about the relation between media ownership and politics.

Table 5: Es Media Group's Media

Newspaper	Television	Radio	Magazine	Other
Akşam	24 TV	Alem Fm	Alem	Esmedya Digital
Güneş	360 TV	Lig Radio	Platin	Star Printing
Star	TV 4			

Zirve Holding, established in September 2013 to buy ATV and Sabah owned by Turkuvaz Group, owns five newspapers, four television channels, 15 magazines, 3 online web sites and 6 radio stations. Kalyon Group won important public tenders such as third airport in İstanbul, Mecidiyeköy - Mahmutbey subway construction, the pedestrianization of Taksim Square, the Bakırköy Courthouse, metrobus line, Turkey-Cyprus drinking water line, Başakşehir stadium and Çanakkale-Ayancık road construction.

Table 6: Turkuvaz Media Group’s Media

Newspaper	**Magazine**	**Television**
Sabah	Cafe Ruj	ATV
Fotomaç	Otohaber	A Haber
Takvim	Home	Minika
Yeni Asır	Sofra	ATV Europe
Sabah Europe	Forbes	Yeni Asır TV
Sabah USA	Şamdan	
	Cosmopolitan	**Online Web Sites**
Supplements	Para	Teknokulis
İş’te İnsan	Global Energy	Yeniasirilan.com
Sabah Emlak	House Beautiful	
Sabah Sarı Sayfalar	Bazaar	**Other**
	Cosmopolitan Bride	Turkuvaz Kitap
	Aktüel	Abone Turkuvaz
	Bebeğim	TK Kitap Kırtasiye
	Esquire	Turkuvaz Mobil Media
	Cosmogirl	

İhlas Holding, which made its way into the media industry with the establishment of Türkiye Newspaper in 1970, owns a newspaper, two television channels, a radio station, a news agency and web sites today. İhlas Holding, which operates 25 companies in the fields of newspaper, radio, television, online news portal, news agency, magazine, publishing, retailing, industry, real estate, education and health, won a controversial urban transformation tender of 4300 houses in Gaziosmanpaşa, İstanbul in 2013, the tender for wireless wide area and secure network from Bağcılar Municipality of İstanbul, the tender for polymetal mines in Salihli and Bayındır and the tender for lignite mine and thermal power plant in Elbistan.

Table 7: İhlas Media Group's Media

Television	Radio
TGRT News	TGRT Radio
TGRT Documentary	
News Agency	**Newspaper**
İhlas News Agency (İHA)	Türkiye Newspaper

During the 15-year AKP government, criticisms about silencing of the opposition media have continuously been made. Within the scope of the state of emergency declared on 20 July 2016, after the failed coup attempt happened in the period of AKP, media organizations related to Fethullah Gülen Community, which is seen as the power behind the failed coup attempt and is the founder of the terrorist organization FETÖ, and Kurdish media mostly broadcasting in the east were closed by decree-law.

Trustees were appointed to Bugün and Millet newspapers, which are known to be connected to the Gülen Community, Koza-İpek Media Group, which owned KanalTürk and Bugün TV, the newspapers Zaman, Today's Zaman and Meydan, and Feza Media Group that owned Cihan News Agency and Aksiyon Magazine. Trustees closed Bugün and Millet newspapers and Türksat removed the broadcasts of Samanyolu TV, S News TV, Mehtap TV and Irmak TV from the satellite. Özgür Gündem newspaper was closed on the grounds that it made the propaganda of the terror organization, PKK, and was the media organ of the organization.

With statutory decrees issued within the scope of the state of emergency on 20 July after the 15 July 2016 failed coup attempt, 5 news agencies, 62 newspapers, 19 magazines, 34 radio stations, 29 television channels and 29 publishing houses were closed down on the grounds that they were related to the Gülen Community and they were making propaganda of the PKK. However, among the media organizations closed, the closing judgments of 17 newspapers, two radio stations and a television channels were later reversed. The transfer of all the movable and immovable property assets of the closed organizations to the treasury, the fact that the debts of these organizations would not be paid and the judicial way was closed to these decisions took place in the related decree-laws. However, because the cartoon channel Zarok TV broadcasted in Kurdish and

TV 10 channel broadcasted to Alewis were among the television channels closed brought along criticisms about the closure decisions.

CONCLUSION

Media ownership is one of the most important issues of today's media industry. For an independent and free media environment, an independent media ownership structure to form is also required. In order to be independent, media businesses need to be economically independent.

Media ownership and control in Turkey has always been a matter of debate over a period of more than a hundred years. Media-politics relations started in the Ottoman State continued after the foundation of the Republic of Turkey and lasted until today. At every turn, the ruling party wanted to take control of the media and developed policies about the ownership of the media.

The period when politics and media were most often mentioned side by side in Turkey was the years of A.P. (Justice Party) when Turkey made a transition to multi-party regime. AP leader Adnan Menderes practised different methods to silence the media. One of them was threatening of the media by not giving classified advertisements to the newspapers writing against the government. In Turkey, where military coups were experienced in an average of every ten years, the first thing that military did after the coups was silencing the media. During the coups and memorandums in 1960, 1970 and 1980, the military firstly tried to silence the media, various newspapers were closed down and state radio and television were silenced. Especially the 1980 coup struck a serious blow to the media democracy of Turkey. Closed newspapers, journalists and general editorial directors arrested because of their writings have been a black spot in media democracy. Turgut Özal, the leader of ANAP which came to power alone after the 1980 coup, gave the signals that the media concentration in Turkey was going to grow, saying "Soon, 2,5 newspapers will be left in Turkey". The second important turning point in the history of Turkish politics being mentioned with the media started after the second half of the 1980s. In this period, media owners have been the owners of major holdings and those who operate in different business fields. Another important characteristic of those is that media owners would contact the governments before being media bosses and the fact that they were directed to be media owners by the governments. Holding owners who

enter the media have also added a media enterprise alongside their other businesses.

1990s were the years when public monopoly was broken in radio and television broadcasting in Turkey. Private capital radio and television channels which have been operating since 1991 created diversity in the media. Together with this diversity, media holdings growing vertically and diagonally have emerged. These media holdings have established relations with politics in coalition-governed Turkey in 1990s. In this period, there were media holdings for supporting almost every party. As a fraction got rich with the economic crisis and devaluation, and interest rates reaching up to 4500% per night in 2001, a large part of the country became poor. This impoverishment was reflected in the elections and the Turkish society brought AK Party to power alone by issuing the bill of this devaluation to three major parties. With AK Party's coming to power alone, the relationship between the ownership structure of the media and the politics came to the agenda many times in 2000s and 2010s. Between 2006-2016, the years when the media passed into other hands mostly, almost eighty percent of media owners have changed. In this continuum, the fact that media bosses who bought media holdings were the businessmen close to the government has caused the concept of "partisan media" to emerge in Turkey. Journalists, academicians and opinion leaders alleged that the media in Turkey in this period passed into the ownership of the businessmen close to AK Party and its leader President Recep Tayyip Erdoğan and made pro-government broadcasts and publications. Today, we can say that there are media with two different ideologies as a result of polarization in Turkey. The first and also the largest is media holdings close to the government named "partisan media", and the other one is the "opposition media" broadcasting and publishing against the government. In the battle of Islamists and Republicans being experienced in Turkey, the media took position on behalf of both sides and they broadcast and publish in line with the interests of the pole they belong to.

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THE ROLE OF LOCAL GOVERNMENT IN ENVIRONMENTAL SUSTAINABILITY

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ABSTRACT

Local government is of great importance for environmental sustainability. Its significant contribution to the management and protection of environment makes cities more livable places. Without its contribution, environmental sustainability cannot be imagined in the context of human-environment interaction. Today, successful local governments show great efforts in ensuring the harmony between human and nature. In this study, the role of local government in environmental sustainability will be highlighted by giving different examples from different countries.

INTRODUCTION

Local government is essential for environmental sustainability. In all countries, local government undertakes very important and various tasks in this regard. There are good reasons for focusing national attention on local government. Every environmental issue is a local environmental issue. Even when those issues also capture the attention of state and territory, regional or Commonwealth agencies, the local governments in which they are located always have a profound and enduring interest that is worthy of attention by all spheres and stakeholders. Local government is the sphere of government that is closest to the people and environment. Local government environmental protection

activities include sewage and trade waste treatment, solid waste management, recycling, and pollution prevention. Local government has the dual role of both regulator and operator in environmental protection (Wild River, 2006). Environmental protection is of great importance for environmental sustainability. Environmental sustainability is the ability to maintain things or qualities that are valued in the physical environment (Sutton, 2004: 2). Local government has an important role in this protection because local government is responsible for the conservation and sustainability of the physical environment.

DEFINITION of ENVIRONMENT

Literary environment means the surrounding external conditions influencing development or growth of people, animal or plants; living or working conditions and so on. This involves three questions (Singh, 2006: 1-2):

- What is Surrounded: The answer to this question is living objects in general and man in particular.
- By What Surrounded: The physical attributes are the answer to this question, which become environment. In fact, the concern of all education is the environment of man. However, man cannot exist or be understood in isolation from the other forms of life and from plant life. Hence, environment refers to the sum total of condition, which surrounds point in space and time. The scope of the term environment has been changing and widening by the passage of time. In the primitive age, the environment consisted of only physical aspects of the planted earth land, air and water as biological communities. As the time passed on man extended his environment through his social, economic and political functions.
- Where Surrounded: The answer to this question is in nature that physical component of the plant earth, viz land, air, water and so on support and affect life in the biosphere.

Environment can be defined in many ways. Albert Einstein said “The environment is everything that isn’t me.” A definition has been provided in South African legislation of the environment as: “…the surroundings within which humans exist and that are made up of the land, water and atmosphere of the earth; micro-organisms, plant and animal life; any part or combination of and the interrelationships among and between them; and the physical, chemical,

aesthetic and cultural properties and conditions of the foregoing that influence human health and well-being" (Middleton, Goldblatt, Jakoetand Palmer, 2011). Environment literally means surrounding and everything that affect an organism during its lifetime is collectively known as an environment. In another words environment is sum total of water, air and land interrelationships among themselves and also with the human being, other living organisms and property (Ullah and Wee, 2013: 87).

A person's environment consists of the sum total of the stimulation which he receives from his conception until his death. It can be concluded from the above definition that environment comprises various types of forces such as physical, intellectual, economic, political, cultural, social, moral and emotional. Environment is the sum total of all the external forces, influences and conditions, which affect the life, nature, behavior and the growth, development and maturation of living organisms. The term environment is used to describe, in the aggregate, all the external forces, influences and conditions, which affect the life, nature, behavior and the growth, development and maturity of living organisms (Singh, 2006: 2). It can be said that environment is vital for all living things. Human is among them also. In that case human must not forget to maintain the sustainability of environment because of his own future.

THE CONCEPT of ENVIRONMENTAL SUSTAINABILITY

The concept of environmental sustainability, while a broad one, rests on a central tenet: meeting human needs without undermining the capacity of the planet's ability to support life. Environmental sustainability forms one of the three integrated dimensions of 'sustainable development', alongside the economic and social dimensions. Far from being only about the preservation of natural resources, environmental sustainability is fundamental to poverty reduction, human development and wellbeing (UN Volunteers, 2014). Before environmental sustainability, the concept of sustainability should be explained first.

Sustainability is a focus for a new value debate about the shape of the future. It is a signpost pointing to a general direction people must take, while the debate is engaged about the best path to lead them forward. Sustainability results from activities which (Dexter and Benveniste, 2000: 5).

- enhance the planet's ability to maintain and renew the viability of the biosphere and protect all living species,
- enhance society's ability to maintain itself to solve its major problems,
- maintain a decent level of welfare for present and future generations of humanity,
- extend the productive life of organizations and maintain high levels of corporate performance.

Sustainability is not a concept referring to some static paradise, but rather a capacity of human beings to continuously adapt to their non-human environments by means of social organization (Scott, 2002). There are three types of sustainability: social, environmental and economic (Goodland and Daly, 1996: 1002-1003):

- **Social Sustainability (SS):** SS is only achieved by systematic community participation and strong civil society. Social cohesion, cultural identity, diversity, sodality, comity, sense of community, tolerance, humility, compassion, patience, forbearance, fellowship, fraternity, institutions, love, pluralism, commonly accepted standards of honesty, laws, discipline, and so on constitute the part of social capital that is least subject to rigorous measurement, but probably most important for SS. This moral capital as some have called it, requires maintenance and replenishment by shared values and equal rights, and by community, religious, and cultural interactions. Without this care it will depreciate just as surely as will physical capital. Human capital-investments in the education, health and nutrition of individuals-is now accepted as part of economic development, but the creation of social capital, as needed for SS, is not yet adequately recognized.
- **Economic Sustainability (EcS):** The widely accepted definition of EcS is maintenance of capital, or keeping capital intact, and has been used by accountants since the Middle Ages to enable merchant traders to know how much of their sales receipts they and their families could consume. Thus the modern definition of income is already sustainable. Of the four forms of capital (human-made, natural, social, human), economists have scarcely at all been concerned with natural capital (e.g., intact forests, healthy air) because until relatively recently it had not been scarce.

Economists also prefers to value things in monetary terms, so it is having major problems valuing natural capital-intangible, intergenerational, and especially common access resources, such as air, and so forth. In addition, environmental costs are used to be externalized, but are now starting to be internalized through sound environmental policies and valuation techniques. Because people and irreversible impacts are at stake, economics has to use anticipation and precautionary principle routinely, and should err on the side of caution in the face of uncertainty and risk.

- **Environmental Sustainability (ES):** Although ES is needed by humans and originated because of social concerns, ES itself seeks to improve human welfare and SS by protection the sources of raw materials used for human needs and ensuring that the sinks for human wastes are not exceeded, in order to prevent harm to humans. Humanity must learn to live within the limitations of the biological and physical environment, both as provider of inputs (sources) and as a sink for wastes. This translates into holding waste emissions within the assimilative capacity of the environment without impairing it. It also means keeping harvest rates of renewables to within regeneration rates. Quasi-ES can be approached for non-renewables by holding depletion rates equal to the rate at which renewable substitutes can be created. ES means maintaining natural capital, akin to the definition of EcS (Goodland and Daly, 1996: 1002-1003).

These three different types of sustainability are related with each other.ES is the ability to maintain the qualities that are valued in the physical environment. For example, most people want to sustain (maintain) (Sutton, 2004):

- human life,
- the capabilities that the natural environment has to maintain the living conditions for people and other species (for example, clean water and air, a suitable climate),
- the aspects of the environment that produce renewable resources such as water, timber, fish, solar energy,
- the functioning of society, despite non-renewable resource depletion,
- the quality of life for all people, the livability and beauty of the environment.

Threats to these aspects of the environment mean that there is a risk that these things will not be maintained. For example, the large-scale extraction of non-renewable resources (such as minerals, coal and oil) or damage done to the natural environment can create threats of serious decline in quality or destruction or extinction.

ES is related to development. The concept of sustainable development should be mentioned here. The principle of sustainable development can be traced to the 1972 United Nations Conference on the Human Environment in Stockholm, but gained currency in the 1987 Report of the World Commission on Environment and Development (the Brundtland Report) which defined it as development that meets the needs of the present without compromising the ability of future generations to meet their own needs. The inclusion of sustainable development in the European Community (EC) Treaty thereby introduces for the first time an intergenerational element into EC law. The centrality of the principle in the Union's treaties may be seen primarily as a response to the Member States adopting sustainable development as a guiding principle in national legislation and policy documents, thereby discharging their obligations under international law (McGillivray and Holder, 2001).In order to achieve sustainable development, the sustainability of the environment must first be ensured.

ES can be defined as the situation in which vital environmental functions are safeguarded for future generations. So the issue at stake is that the possibilities to use them remain available (Hueting, 2008). ES is a process of maintaining or improving the integrity of the life support system of the earth. This constitutes a necessary condition for the welfare of present and future generations (Chesney et al., 2015: 85). ES is a condition of balance, resilience, and interconnectedness that allows human society to satisfy its needs while neither exceeding the capacity of its supporting ecosystems to continue to regenerate the services necessary to meet those needs nor by our actions diminishing biological diversity (Morelli, 2011: 5). ES is systematically integrated into all aspects of its development work. At this point, Canada can be given as a good example. Canada's approach is to help its partner countries create, maintain, and enhance ES, particularly in relation to (Government of Canada-Global Affairs Canada, 2016):

- **Climate Change:** Including emissions reduction, protection of carbon-absorbing vegetation, and adaptation to climate change;

- o Without action to reduce greenhouse gas emissions, average global temperatures will rise by 1.4°C to 5.8°C between 1990 and 2100.
- o Along with increases in precipitation, average global sea levels will rise between 9 and 88 cm by 2100, which has implications for the 50 to 70 percent of the world's population that currently live in low-lying coastal areas, mainly in developing countries.

- **Land Degradation**: Including improved natural resource management, land rehabilitation, and conservation through local participation, and increased access by women to land, credit, and training/information;
  - o Each year, nearly 10 million hectares of land are permanently degraded.
  - o The impact is most severe in dry land regions, especially in Africa.
  - o Land degradation affects some 250 million people directly, and the livelihoods of nearly a billion more may be at some risk.
  - o Yearly losses are estimated at some $50 billion worldwide.

- **Access to Clean Water and Sanitation**: Including water and sanitation programs developed and implemented by the poor, with increased participation by women, and strengthened institutions that govern water resource management; and
  - o Globally, 783 million people do not have access to safe drinking water. However, between 1990 and 2010, more than 2 billion people gained access to improved drinking water sources, such as piped supplies and protected wells.
  - o 2.5 billion people lack access to basic sanitation, contributing to the deaths of more than 1.5 million children each year.

- **Urbanization**: Including improved access to essential services such as water and sanitation for the urban poor, and to clean technology.
  - o By the year 2015, over half of the world's people will live in urban communities; by 2030 that figure is estimated to rise to 95 percent.

- In developing countries, the majority will live in under-equipped, substandard housing and will suffer from the environmental impacts of over-crowding and lack of basic infrastructure.

Canada will also work to strengthen global environmental agreements and build the capacity of its partners to implement them. As a state, it can be said that Canada succeeded in achieving environmental sustainability. This success should be taken as an example for local government in all over the world because authority and responsibility of local government is great in environmental sustainability

Creating ES is of great importance for local government because local government has significant power and influence to determine whether policies and programs under their authority create sustainable or unsustainable conditions. For example, local government largely has control over land use and development (James, 2004). It can be said that the protection of environment is the direct responsibility of local government.

ENVIRONMENTAL RESPONSIBILITIES of LOCAL GOVERNMENT

While development has been forming the whole world's agenda from the industrial revolution to 1970s, after this time, having been occurred the environmental crises which reminds that the environmental resources are not unlimited has revealed the importance of the environmental and environmental protection. The development of environmental policy and environmental management systems has become the primary agenda of whole countries with the environmental issues to reach the level of threat to human life. In this context, also the local government that is at the core of the problems has a great important role in the creation and development of environmental management systems (Zeytin ve Kırlıoğlu, 2014: 238). In this respect, local government is supported by law.

Local government is the administration unit of which tasks and responsibilities about the environment are clearly defined by laws. Both the dimension that the environment problems have reached and the arrangements done by laws have made the local government important administration units. The reasons as the tasks and responsibilities which have been made an arrangement issue by laws and the environment problems that have been peculiar to the urban

locations most have caused to discuss the environment issue in the local government's literature. The environment and environment problems have been discussed and argued out in the local government's literature (Sümer, 2009: 57). In this context, it can be said that local government is a multi-dimensional concept. These dimensions are (Adeyemi, 2012: 188-189):

- **Social:** From the social dimension, local government is basically a social institution. It is an organized social entity based on the feeling of oneness. This emanates from the fact that man is a social animal and must of necessity interact with other people. Local government provides a platform for people in a locality to express and fulfill their human urge to interact and in the process of interaction, the feeling of convergence bring to the fore the commonality of basic needs of the people in the neighborhood of food, shelter, clothing, water and so on. It is those facets of their feeling of oneness that are a binding force not only among themselves but also between the local authority and the local people.
- **Economic:** Local government is basically an economic institution with a foremost role to play in promoting the economic well-being of the people of the locality. The economic dimension of the concept of local government relates to its economic viability. Thus revenue generation becomes a primary function of local government. A local government that is not economically viable cannot do much to improve the economic conditions of the people in the locality.
- **Geographic:** Local government also has a geographical dimension. From the perspective of a specific and defined territorial jurisdiction over a particular human habitation, the local government may be conceptualized in geographic terms. The geography of local government which includes physical, demographic and economic features has its impact on its policies, administration and law. These various features are of universal character, hence may be conceptualized. The geographical dimension of local government stems from the fact that among the inhabitants of a given area, there is a consciousness that they are differentiated from the inhabitants of other areas in the same country. This is what is called the concept of neighborhood which makes the inhabitants of an area automatically aware of the interests which infringe upon them more directly than upon others.

- **Legal:** Local government is a legal institution in the sense that it is established by law of a competent and higher authority. This makes local government a miniature body-politic and a corporate body. In its former capacity, it is the agent of state and, as such, represents public interest. In that capacity, it exercises a part of the power of the state legally delegated to it within specified geographical boundaries.
- **Political:** Local government is seen as a political institution. It is basically, a political mechanism for governance at the grass root level.
- **Administrative:** Local government has an administrative dimension. It has its local bureaucracy like other higher levels of government that coordinate the activities and the operation of day- to- day running of the system. On the whole, it may be said that local government is basically an organized social entity based on the feeling of oneness. In political terms it is concerned with the governance of a specific local area, constituting a political sub-division of a nation, state or other major political units.

In performance of its functions it acts as the agent of the state. In other words, local government is an integrant of the political mechanism for governance in a country. As body corporate and juristic person, it represents a legal concept. The geography, demography and economic factors of a local area, offer important dimension in the conceptual articulation of local government (Adeyemi, 2012: 188-189). In the light of these explanations, local government can be defined as the administration of locality, a village, or town a city or any other area smaller than the state by a town, a city or any other area smaller than the state by a body representing the local inhabitants, possessing a fairly large amount of autonomy, increasing at least a part of its revenue through taxation and spending its income on services which are regarded as local and therefore, as distinct from state an central services. Local government is a government at local level exercise through representative council established by law to exercise specific powers within defined areas. These powers should give the council substantial over local affairs as well as the staff and institutional and financial powers to initiate and direct the provision of services and to determine and implement project so as to complement the activities of the Government in the areas to ensure through devolution of functions to their councils and through the active participation of the people and traditional institutions that local initiative

and response to local needs and condition are maximized (Ibeto and Justine, 2012:183-184). The existence of local government is of great importance in the prevention of environmental problems.

Environmental problems stem from human activities. One of the most important reasons for local government to exist is to improve the quality of human life. Therefore it is impossible to find a solution to environmental problems without the participation of local government. Activities that cause environmental problems occasionally occur in areas under the responsibility of local administrations. Local government should have some qualities in order to prevent environmental problems and improve its conditions. Local government should have structures that are democratic, autonomous and transparent. It should also establish regulations in accordance with the needs of its neighborhood so as to meet needs of local environment. In order to implicate these rules local government have autonomous structures that will be built more dependent from central government. This would obviously enable them to make faster and more efficient decisions (Zengin and Öztaş, 2009: 116).

Local government is confronted with the challenge of managing the environment, ensuring public health and meeting their obligation to administer state/territory legislation with finite resources. While central governments also hold responsibility to ensure the health and wellbeing of the population, it is often local government that directly delivers the services that protect the community from issues such as contamination of food, water or land, or inadequate waste disposal (Environmental Health Standing Committee, 2012). For these reasons local government has important functions and major roles in ensuring environmental sustainability.

THE ROLE of LOCAL GOVERNMENT n ENVIRONMENTAL SUSTAINABILITY and MALATYA DECLARATION

The primary objective of the 1992 Earth Summit was to generate new commitments from national governments on global environmental issues. One of the most tangible outcomes of the summit was to focus international attention on the role of cities as central actors in the Earth's ecosystem. As a result, the UN Conference on Human Settlements (Habitat 11) extended its focus, originally on housing only, to sustainable human settlements. The final product of the meet-

ing, the Habitat Agenda, provides the greatest recognition ever offered by the United Nations to the role of local governments in the sustainable development process. The success of the Habitat Agenda will be defined by the ability of local governments to effectively adopt its recommendations (Brugmann, 1996: 363).

Article 28 of Agenda 21 states that “local authorities construct, operate, and maintain economic, social, and environmental infrastructure, oversee planning processes, establish local environmental policies and regulations, and assist in implementing national and subnational environmental policies. As the level of governance closest to the people, they play a vital role in educating, mobilizing, and responding to the public to promote sustainable development”. With this broad statement, the United Nations Earth Summit recognized the importance of implementing policy at the local level and of supporting local levels of government to implement global environmental mandates (Brugmann, 1996: 364).

Prior to the Earth Summit, Local Governments for Sustainability (ICLEI) was established in 1990 and one of its key aims was to overcome one glaring omission in global environmental governance – local government involvement. Following the Earth Summit, a number of initiatives that aimed to instigate a gradual shift in global governance under the mantra of “thinking globally, acting locally” were established to which ICLEI played an important part. The idea of “the urban challenge” was floated and the Curitiba Commitment pursued the creation of an Agenda 21 relevant for local governments that would ensure a multi-sectorial environmental audit with a strong participatory approach. ICLEI was a leading actor in drafting a special section (Chapter 28) called Local Authority Initiatives in Support of Agenda 21 and a subsequent call on all local governments to develop a “Local Agenda 21”. The establishment of Local Agenda 21 prodded local governments in cities all over the world to embark on cumulative local sustainability action in order to achieve positive global results. This movement was supported by national and international associations of local governments. Simultaneously, the role of ICLEI evolved overtime. The organization now acts as a vital link between local governments worldwide by providing a key platform for the dissemination of knowledge and information, allowing cities and their local governments to act as a concerted governance group committed to sustainability initiatives (Otto-Zimmermann, 2012: 515).

These very important developments give many responsibilities to local governments in the world in the context of environmental protection. At this point,

local government is of great importance and responsibility. Not only about the environment but also in many other areas, local government has a major role in public service. This is clearly demonstrated by the Malatya Declaration held in the city of Malatya, Turkey in 2015. This declaration was conducted *under* the auspices of the United Cities and Local Governments-Middle East and West Asia Section.

The United Cities and Local Governments-Middle East and West Asia Section (UCLG-MEWA) aims to establish cooperation among the local governments in the region of Middle East and West Asia, to become the united voice of the democratic governance, through protecting the values, aims and interests of local governance. It is quite important for an international actor to assume a strong role in the international arena. It will be our most important goal to raise the synergy which it has created to become an important power in its region, altogether, by means of fulfilling the duties it has undertaken in the Middle East and West Asia Region. UCLG-MEWA is currently carrying out various works in spheres such as "Climate Change, Millenium Development Goals, Eradication of Poverty, Local Finance, Decentralization, City Diplomacy and Ensuring Peace, Alliance of Civilizations, Social Inclusion and Participatory Democracy, Gender Equality, Culture, Urban Mobility, Urban Strategic Planning, Sustainable Development, Immigration, Water" and the like, which are among the most discussed issues in the world, at local, regional, national and international levels, on which strategies and projects are developed, and solutions sought. These works are powered by the active participation of the UCLG members. The principles, strategies and programs developed thanks to these works are adopted by not only local governments, but also national governments and international organizations. UCLG-MEWA also pursues its activities as a think-tank, which carries out researches in order to provide solutions to the problems that the societies face. In this regard, it coordinates the Turkish Local Agenda 21 Program, which is considered to be one of the best examples of participatory-democratic **local governance** practices in the world; thereby contributing to the process of democratization in our region, within the context of local governments (UCLG-MEWA Official Website). Malatya Declaration made by this organization clearly presents all duties and responsibilities of local governments regarding environment and sustainability.

Regarding the content of the Malatya Declaration in the context of the topic of Climate Change, the participants are committed to (UCLG-MEWA Official Website):

- **Being** key actors in implementation of local and sub-national actions, and in catalyzing of local stakeholders and citizens, regarding the importance of Goal 7 and 13 of the Sustainable Development Goals,
- **Engaging** with national governments, intergovernmental bodies, private sector, finance institutions and civil society to create a strong and effective global climate community that can support and implement a rapid transformation towards the global utilization of a renewable energy based, low-emission, resilient development approach at all levels,
- **Urging** national governments to ensure that local and sub-national governments have the capacity and resources to implement local climate mitigation and adaptation strategies that contribute to national and global efforts, and to create enabling structures as well as effective framework conditions that enhance climate cooperation and complementarity between local and sub-national governments,
- **Mobilizing and prioritizing** actively within our own local budgetary schemes the necessary funding required to implement both local low carbon actions and adaptation measures,
- **Enhancing** our response capacities to climate change,
- **Generating,** where they can, new and innovative sources of funding that can support their low carbon plans, low emission development plans, biodiversity action plans, their integrated sustainability plans, or other smart city development measures, noting that the development and implementation of these plans can offer a great opportunity for local governments to create local jobs and to respond to the economic crisis.

With regards to the topic of Urban Agriculture, they are committed to:

- **Working through meeting the cities that are positioned only as the consumers with the earth, and ensuring that people in the city would be producers again,**

- **Managing** natural resources in urban areas, in ways that do not underpin food security for the surrounding territory, considering that local governments can support agricultural production and local economic growth by shortening the food chain and promoting local production,
- **Ensuring** that people are able to purchase and cook safe, affordable, nutritious food,
- **Ensuring** that biodiversity conservation is an integral part of urban planning and development strategy.

With regards to the topic of Waste Management and Pollution, they are committed to:

- **Raising awareness** in public at the residential level for reduction of waste,
- **Promoting** training and education related to basic waste for kids and youth in local level(UCLG-MEWA Official Website),
- **Contributing** to the reduction of the negative effects related to water and soil pollution through effective natural resource management and environmental protection, and **protecting these resources,**
- **Mobilizing** for air and noise- pollution and doing the necessary activities,
- **Developing integrated implementation projects on decreasing the waste first in its sources, and then parsing, and making efforts about disposal of any kind of waste,**
- **Mobilizing the central government through increasing the consultations on dangerous waste management in local authorities level,**

With regards to the topic of Energy, they are committed to:

- **Promoting convenient and favorable investments from renewable energy sources for their region,**
- **Identifying** gaps in access to affordable green energy among vulnerable groups in their communities,

- **Investing** in energy efficient buildings and green energy sources in public institutions (e.g. government offices, schools, and so on), and introducing sustainability criteria into their procurement practices,
- **Promoting investments** in "smart city" technologies -especially those concerning local transport and urban planning policies- with the aim of impacting energy efficiency and carbon emissions significantly, **and making peace between humanity and the nature with the aim of reaching ecological life.**

The mayors, presidents of regional governments, and representatives of some associations, gathered in Malatya, in line with the adoption of the 2030 Agenda for Sustainable Development resulting acknowledgment -through **Sustainable Development Goal 11**on Sustainable Cities- of the role that cities and sub-national governments declare this document(UCLG-MEWA Official Website). It would be useful to know the content of the Goal 11.

On September 25th 2015, countries adopted a set of 17 goals to **end poverty, protect the planet,** and **ensure prosperity for all** as part of a new sustainable development agenda. Each goal has specific targets to be achieved over the next 15 years. Of these goals 11th goal is about making cities inclusive, safe, resilient and sustainable. The content of this goal can be stated as follows (UN Official Website):

- By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums.
- By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons,
- By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries.
- Strengthen efforts to protect and safeguard the world's cultural and natural heritage.
- By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses

relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations.

- By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management.
- By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities.
- Support positive economic, social and environmental links between urban, peri-urban and rural areas by strengthening national and regional development planning.
- By 2020, substantially increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters, and develop and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015-2030, holistic disaster risk management at all levels.
- Support least developed countries, including through financial and technical assistance, in building sustainable and resilient buildings utilizing local materials(UN Official Website).

Regarding the content of the above objectives, it will be seen that all the objectives are under the responsibility of the local government. Local government should pay attention to these following steps while fulfilling this responsibility for more sustainable future (Keleş and Ertan, 2002: 256):

- To remove the emerging environmental pollution,
- Producing solutions to prevent environmental problems before they occur,
- To determine the measures of all kind of activities that pollute the environment,

- To establish and support institutions and organizations that will provide effective support in environmental surveys, control and environmental management processes,
- To identify the hazards that will cause pollutant effects on the environment and to warn the concerned units and citizens about them,
- To create new ways and opportunities to prevent environmental hazards and risks,
- To improve existing natural resources, to make them sustainable,
- To improve the quality of life of individuals and communities as much as possible,
- To produce and use new technologies and policies that will be useful in the prevention of environmental pollution, to support producers.

Environmental sustainability can only be achieved by taking above measures. Local government has great duties and responsibilities in this regard. Without local government support, it is impossible to achieve a successful environmental management and without a successful environmental management, environmental sustainability cannot be achieved.

CONCLUSION

In the middle of the 20th century, we saw our planet from space for the first time. From space, we see a small and fragile ball dominated not by human activity and edifice but by a pattern of clouds, oceans, greenery, and soils. Humanity's inability to fit its activities into that pattern is changing planetary systems, fundamentally. Many such changes are accompanied by life-threatening hazards. This new reality, from which there is no escape, must be recognized and managed (Morelli, 2011: 10).Today, it can be clearly seen with too many examples that environmental problems now have reached the proportions that threaten the future of mankind. Changing climate conditions, melting glaciers, endangered species and deforestation can be listed as just a few of these examples. The human-induced factors have great role in the formation of this pessimistic picture. The unconscious and wrong practices against environmental values bring about many problems (Talas and Karataş, 2012: 107-108).It is impossible to achieve environmental sustainability without overcoming these problems. Environmental sustainability can be achieved primarily through pro-

tection of the environment. Local government has great tasks and responsibilities in this protection because local government as the closest management unit to the public can prevent environmental problems at their source. The local government is the service unit that best knows the nature of the environmental problems. Local government needs to be strengthened to leave a clean environment for future generations and to ensure sustainability of the environment. The central government must always support local government in this respect and provide necessary and adequate facilities.

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JULY 15 COUP ATTEMPT AND ITS SOCIOLOGICAL ANALYSIS AND EVALUATION

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ABSTRACT

This study analyses the coup attempt initiated by FETO (Fethullah Terrorist Organization) against the 65th State of Republic of Turkey on 15 July 2016 and failed on 16 July. Many coups and coup attempts were experienced in Turkey between the years of 1923 and 20189 after the proclamation of the Republic. These attempts negatively affected not only the citizens of the country, but also Turks and Turkish minorities living in different geographies. In addition, they caused the devaluation of the State of the Republic of Turkey in the international sense, losing power and yielded opportunities to the foreign powers to get interests and benefits by playing games against the State of the Republic of Turkey. In general terms, the coup and coup attempt are interpreted as the elimination of the existing political power by using power from different angles as depending on different reasons. However, when we look at the definition made by the Turkish Language Association, it is defined and described as "the forceful resignation of the current government by using democratic means, the establishment of pressure, the use of force and making the political administration ineffective and changing the regime". However, as mentioned in both definitions, a positive development has not been observed in the societies where the coup was

carried out after the coup and coup attempt. As in the Republic of Turkey, many countries experienced coup and coup attempts all over the world. All of this was performed with the expressions of changing the current regime and political administration, introducing democracy and presenting a more prosperous way of life to the existing public. No matter what the reason was, a positive outcome and impression was never seen in the society and country where the coup was held after that. In this study, the main effects and outcomes of coup attempts during the Democracy history against the State of the Republic of Turkey on public are analysed. Examples are given from the coups in the world.

INTRODUCTION

The first article of the 1921 Constitution "Sovereignty Rests Unconditionally" with the Nation has been indicated as the forerunner of Turkish Nation accepting Republican regime. In fact, on 29 October 1923, the Grand National Assembly of Turkey (GNAT) decided to rule the Turkish nation with the Republic. As of this date, The Turkish Nation and the State have been governed by the Republic.

The proclamation of the Republic, "Sovereignty Rests Unconditionally" with the nation enabled the Turkish Nation and State to be ruled with the most obvious democracy and to move towards a bright future. Mustafa Kemal Atatürk's views on the Turkish Nation's sovereignty and freedom have now become official with the Republican administration. In addition, the implementation of all the rules of democracy with the proclamation of the Republic has been a harbinger of an advanced and contemporary life.

The Republican administration has enabled the nation to use its political rights freely in all aspects. Thus, it provided the functionality of a pluralistic democracy and the emergence of a multi-party period. Although the functioning of democracy reveals itself after the proclamation of the Republic, we cannot ignore the secret activities of some reactionary mindsets and thoughts i.e. "Opportunists" for the eradication and overthrow of the Republican regime. Because some practices tried to be implemented together with the Republic have strengthened the hands of these opportunists due to the lack of conditions. Because of the secret attempts of anti-Republican opportunities, Turkish Nation and society was tricked into the belief that Republican administration was bad

and against their religious beliefs. Although these opportunists failed in this matter, some individuals of the society aligned themselves with them.

As stated in the abstract of the study, many coups and coup attempts were held until today after the proclamation of the Republic. The first coup in Turkey was held on 27 May 1960 (Yıldırım, 2017: 1-357).

Looking at May 27 coup, it is the first military coup of the Republic of Turkey in literature. This coup was held against the Democratic Party (DP) being the political power of that period. After the military coup, Adnan Menderes - the President of the Democratic Party and Prime Minister, Fatin Rüştü - Zorlu Minister of Foreign Affairs and Hasan Polatkan - the Minister of Finance were executed by the military coup management. Let's look at the Democratic Party period between 14 May 1950 and 27 May 1960.

With the elections of 14 May 1950, the Democratic Party earned the political power of the country with the rate of 57% votes and 408 deputies as "the top-rated political power in the Republic of Turkey" and put an end to the 27-year administration of CHP (Republican People's Party) power. [40] In political history, 1950 elections is called and known as "White Revolution"[41].

The Democratic Party set a record with a rate of 57.5% in the elections of 2 May 1954. This record is the maximum vote rate and the percentage in the political history of Turkey and no other political party and political power has achieved this rate. With this vote rate, Democratic Party had 502 deputies.

On 27 October 1957 elections, Democratic Party couldn't ensure the same success as in the first elections and its vote rate and percentage reduced. Looking at the 1957 elections results, they became the political power again with a vote rate of 47.9% and 424 deputies. Following the 1957 elections, there was an increasing tough period in the political arena of the country and increasing problems were observed in the economic sense in the first year and afterwards following the elections. The main one of these problems is the imbalances in foreign payments and the inability of payment of external debts. Economic measures were rapidly implemented in 1958 as economic problems increased. After the implementation of the economic measures and the difficulty of payment of foreign debts, the exchange rate of dollar being 2.80 at that time increased

40 http://dp.org.tr/demokratpart /genel-baskanlar m z/Default.aspx? slem= cer k&modul=5& d=1645

41 http://www.sabah.com.tr/galer /turk ye/28-subat-postmodern-darbes ne-g den-surec/12

to 9.02 liras. In the face of these negative situations, economic internal and external balances were completely corrupted and economic instability, unemployment, bankruptcies and social problems started to be experienced. Another significant problem during the period of Democratic Party is Cyprus. Regarding the Cyprus problem that emerged slowly following the 2 May 1954 elections of the Democratic Party, the pressures applied by “EOKA” organization on Turkish Cypriots started to increase. This situation also created negative effects on the political power of the Democratic Party.

Looking at 160 coups in general terms, we can say that the coup is an economic-related problem and caused by foreign pressures (Tuna, 2017: 65-85). The economic coup tried to be implemented by the foreign powers in 2017 and 2018 following the July 15, 2016 coup attempt clearly expresses this situation. Economy, which strengthens the hands of the developed and economically powerful countries of the world, also helps them to get the dominance over other developing world countries in an economic sense. The increase in exchange rate ($ and EURO) experienced in the first half of 2018 in Turkey is one of the most significant examples.

Although the coup attempts of 22 February 1962 and 21 May 1963 are not mentioned in the political literature of Turkey so much, we can say that these are a military coup attempt. February 22 revolt was organized and held by the Colonel Talat Aydemir but it failed. He started to seek external support due to the disagreements among a group of military officers called “National Unity Committee (MBK)”. In this period, Colonel Talat Erdemir, commander of the Military Academy, established the colonel junta. Then in 1961, Erdemir’s colonel junta gaining increasing power established the Armed Forces Union. This union showed its power on 6 June 1961 (Öztuna and Gökdemir, 1987: 140-141).

When we investigate the factors causing the emergence of February 22 coup attempt, they are indicated as the inadequacy of May 27 revolution and failure to achieve the desired target (Demir, 2006: 155-171). The fact that the people were divided into two groups before and after the May 27 coup attempt was disturbing Erdemir’s Armed Forces Union. The other two factors are that the government wasn’t formed as desired and the new reforms couldn’t be realized (Aydemir, 1968: 130-133; Örtülü, 1987: 224-226; İsen, 1964: 32-35).

Regarding the 12 March 1971 memorandum, we can say that this is also a coup attempt (Coşkun, 2016: 299-309). Some negative conditions in the political and social situation of the country increased the doubts and anxieties about the occurrence of a military intervention. However, concerning the statements of the Chief of the General Staff of the army, Memduh Tağmaç, published in his message in 1971, his statements about the fact that anarchic negativities in the country could be solved by democratic means caused the people to soften (Hale, 1994: 189). The doubts of Tağmaç regarding the fact that there was a chain of command in 1960 coup but no chain of command would be formed in a new and possible coup attempt prevented the army from dragging into a new adventure. Thus, he said to the officers thinking about revolt in the army that he would do what was necessary when needed (Gürkan, 1986: 166).

12 September 1980 coup was the beginning of a new era for Turkey and it constitutes one of the most important political stages indicating that the great pains cannot be forgotten for years (Özçelik, 2012: 73-93). This coup attempt that can also be called as an international turning point for Turkey left deep traces over Turkish people (Savran, 1992: 109). From an economic point of view, we can say that there were serious turmoil and economic crises in the 1980 coup and before. The political power and economy has of great importance in the state administration. For this reason, the failure of managing these two powers for some different reasons reduces the state's effectiveness and the efficiency (Jessop, 2008: 26-27). The decrease in the effectiveness of the "System" of government and administration tools causes rapid emergence of some problems and may cause serious systematic ideologies to affect the state's administration in the following periods (Poulantzas, 2004: 367).

28 February 1997 Process

28 February process is an army and bureaucracy-based period that was claimed to be initiated against the reaction and that started with the decision explained after the emergency meeting of National Security Council on 28 February 1997 in which Necmettin Erbakan was the President and Tansu Çiller was the Minister of Foreign Affairs. In contrast to the past three examples in the political history of the Republic, the soldiers did not seize control over administration in person. Instead, media was made as a propaganda tool. 28 February was remembered as "post-modern coup" since soldiers did not un-

seat the government forcefully. As soldiers say, “the democracy was equalized”. The decisions in the political history of Turkey and the experiences that caused changes in the political, administrative, legal and social arena of Turkey during the implementation of these decisions were called post-modern coup. This period was the beginning of discriminatory practices and violation of human rights such as the ban on headscarves against the conservative part of the society, the students wearing headscarves were expelled from schools, convincing rooms were established and these students were forced not to wear headscarf and many public staff were dismissed from their jobs. In order to monitor whether the decisions and sanctions decided in this process called with “Action plan against reactionary forces” were applied, West Study Group was established under the leadership of “Çevik Bir”.

Dec s ons Taken on 28 February

NSC meeting held on 28 February took nine hours. In NSC, it was stated that secularism was the assurance of democracy and law in Turkey. The government was informed by the NSC decisions taken on 28 February 1997. It was stated in the decision that; “laws must be applied for secularism, schools affiliated to religious sects must be monitored and transferred to the Ministry of Education, 8-year continuous education should be applied, Quran courses must be monitored, Tevhid-i Tedrisat (Unification of Education) must be applied, religious sects should be shut down, the media defending those expelled from the army because of reaction and pointing the army as the enemy of religion should be controlled, dress law should be complied, sacrificial animal skins shouldn’t be given to associations, the actions against Atatürk should be punished”.

On March 4, then Prime Minister Erbakan said he would not sign the decision if the NSC decisions would not be smoothed and then he did not sign it. On May 21, the chief prosecutor of the Supreme Court of Appeals Vural Savaş sued for the closure of the Welfare Party on charges of “dragging the country into civil war”. On June 3, Susurluk Case started in State Security Court after 7 months. On June 7, The General Staff put an embargo on firms claimed to support reactionary activities. On June 10, the President and members of the Constitutional Court, the Court of Cassation and the Council of State were summoned to the General Staff and they were given briefing on reaction. On June 18, Necmettin Erbakan resigned as prime minister. He stated that the reason for

his resignation was to transfer the Prime Ministry to Tansu Çiller. Next day on June 19, President Süleyman Demirel assigned The Motherland Party Leader Mesut Yılmaz to form a government instead of the True Path Party (DYP) Leader Tansu Çiller who had the GNAT majority behind. On June 30, Mesut Yılmaz established ANASOL-D (triple coalition) government together with Bülent Ecevit and Hüsamettin Cindoruk.[42]

This process has shown that a painful period began on behalf of the political life of State of the Republic of Turkey began and it revealed the indicators of the possibility that more serious problems could occur in the next process.

Virtue Party achieved 111 deputies on the elections dated 18 April 1999 and got its place in the assembly, Merve Kavakçı elected as deputy from İstanbul province appeared on Turkish public because of headscarf as of the day elected when 28 February process and headscarf ban sustained. Ali Riza Septioglu, interim president of GNAT and the oldest member of parliament at the time, said that Kavakçı could not take the oath and enter the General Assembly of the Parliament with the headscarf by pointing out to Hat Revolution of Atatürk. Afterwards, Merve Kavakçı came to the GNAT General Assembly in order to participate in plenary session of the Assembly after receiving her certificate of election from the Supreme Electoral Council on 2 May 1999; however, the deputies of Democratic Left Party (DSP) protested against Kavakçı by hitting on benches and booing her off after she entered the General Assembly with a headscarf and at the same time, DSP Party Leader Bülent Ecevit went up to the Assembly rostrum and stated that “This is not anybody’s place for private life. This place is the highest institution of the state. Those serving here have to comply with the rules of the state. This is not the place to challenge the state. Please teach this lady her place!”[43]

It became inevitable to live serious problems and chaos both in the political life of Turkey and within the country after this tension experienced in the Grand National Assembly of Turkey.

Fethullah Gülen, the architect of the July 15 coup, was one of the most prominent figures in the February 28 process. On 11 January 1997, Necmettin

42 https://www.dunyabulten .net/tar hten-olaylar/14-y l-once-mecl ste-yasanan-basortusu-kr z -h278772.html

43 http://www.sabah.com.tr/galer /turk ye/28-subat-postmodern-darbes ne-g den-surec/12 28.02.2016

Erbakan invited 51 heads of the religious sects and communities for iftar to his Prime Ministry House, Fethullah Gülen was among those invited; however, he did not go to the iftar dinner and this caused intense discussions on media. On a TV program of Samanyolu TV dated 29 March 1997, he said that “Army requested the solution of problems via democratic means” against those criticizing Turkish Armed Forces for intervening in politics and giving a memorandum, he was among those criticizing Necmettin Erbakan after 28 February and expressed that the intervention of the Turkish Armed Forces was democratic. In his interview given to Yalçın Doğan from Kanal D on 16 April 1997, he supported the army’s attitude and said that: “*Our soldiers may be considered as antidemocratic by some circles because of some of their actions. But they do what the constitution gives them and what their position necessitates. Actually, I think they are more democratic than some civil parts. Perhaps, if the power they represent were in the hands of people who don’t want each other between these parties, they would raid on a night, they would defeat their enemies and sit their place. They act reasonably even though they have the power. They act very rationally. For a long time. The feeling isn’t at the forefront and the power doesn’t reveal itself as the display of power. So they seem to be more balanced in the democracy to me, in this regard.*”[44]

Contrary to common belief, military coups are not alike. There are many differences between the first coup (27 May 1960) of our damaged democracy history and the last post-modern intervention (28 February 1997). The equal right to speak both for the coup plotter lieutenant and general on 27 May dampened the understanding “obey the order, no matter what!”… After 11 years, two different juntas raced for the government just like “the early bird stages a coup”. Those selecting the date of 9 March couldn’t make it. 12 March 1971 quartet called the rival junta to account in Ziverbey. In the end, vital lessons such as the unity and integrity of all the coup plotters and paying respect by subordinates to superiors were learnt. The fact that the first NSC memorandum on 12 September morning started with an emphasis on “Turkish Armed Forces seized power in the chain of command” was an indicator of this sensitivity. As a matter of fact, our army was uniform on 28 February. 27 May was supported by CHP against the Democratic Party government. 12 March and 12 September did not choose

44 http://www.hurr yet.com.tr/28-subat-ve-27-may s-fark -142874

one party as target or allied. In short, according to two rules in the handbook of coup plotter, 1) protection of chain-command, 2) giving a beyond-political view is the key for success.[45]

27 Apr l 2007 E-Memorandum

The memorandum published by Turkish General Staff on the night of 27 April 2007 through the website regarding the election process of the 11th President Abdullah Gül as the President by the Assembly is defined as e-memorandum as an example of post-modern tutelage. On the night when CHP took the first voting related to Presidency elections to the Constitutional Court, it was sternly stated on the website of Turkish General Staff as of 23:17 that "Turkish Armed Forces are the supporter of secularism" and this position was determined to be carried out with determination and the task would be fully fulfilled if necessary. The only feature that distinguishes this statement from previous military tutelage statements is the difference of the media used. This post-modern memorandum, which was given just before the Presidential elections in 2007, has taken its place in history as a critical corner in our recent history. The process experienced before and after the 27 April declaration refers to a break in Turkish political history. It will be necessary to analyse how the repressive and tutelage understanding is working to dominate society and democracy and how the anti-democratic supporters in the Turkish Armed Forces support this process, the process until April 27, the events of the e-memorandum night and the following developments.[46]

S m lar t es between 27 Apr l E-Memorandum Text and 15 July Coup Declarat on Text

Interesting similarities are observed when comparing the "memorandum" text published on the website of the Turkish General Staff on 27 April 2007 with the declaration that was read by the TRT channel news anchor forcefully by pointing a gun to her head on 15 July coup night. When the texts of the two declarations are compared, it is understood that there are strange similarities apart from some differences arising from the political climate differences of the

45 http://darbeler.com/2015/05/18/27-n san-e-muht ras /

46 http://blog.m ll yet.com.tr/27-n san-e-muht ras -metn -ve-15-temmuz-darbe-b ld r s -metn -benzerl kler /

periods in which they are published. One important similarity is that both interventions failed the next day. The biggest similarity is that both declarations are written with a corrupt Turkish and they have weaknesses of expression power.

Notable similarities in the declaration texts are as follows:

1. The first two words of both declarations are "The Republic of Turkey…".

2. The last two words of both declarations are "….respectfully announced".

3. In the beginning sentences of both declarations, the purpose of reaction against the corruption of state's main values including secularism is emphasized.

4. Both declarations contain claims that they were written on behalf of the Turkish Armed Forces.

5. Although both declarations claim to reflect the views of the Turkish Armed Forces, it is understood that the E-Memorandum is only the personal opinions of Chief of General Staff (Yaşar Büyükanıt) and the July 15 coup declaration (code name is the Committee of Peace at Home) is the work of the junta.

6. Both interventions are directed at the same political power.

7. In both interventions, the chiefs of staff being in an intervening and/or negligent positions remained in charge.[47]

8. Both of the interventions did not receive any reaction from the US.

9. Both interventions continued the tradition of "a military intervention every eleventh year".

10. Both interventions did not surprise some of us at al.

The memorandum has been supported by organized groups since the Republican meetings, especially by bar associations and universities. Although some journalists such as İsmet Berkan and Hasan Cemal have expressed their opinions against the memorandum, the media have taken part in an attitude that supports the memorandum. *EU Enlargement Commissioner Olli Rehn* has said that the Turkish Armed Forces should not interfere with the electoral process to prove that it respects democratic secularism and democratic values. *US Secretary of State of that period Condoleezza Rice have expressed that: "US fully supports the democracy and constitutional development process of Turkey i.e.*

47 http://www.haberturk.com/dunya/haber/1275033-dunya-l derler -darbe- c n-ne-ded /11

the elected authorities. Our answer is yes, US is in the same position with the European Union's support given to Turkey in this matter".

Per od after the Memorandum

The Dolmabahçe meeting between Büyükanıt and Erdoğan, which took place immediately after the memorandum with no information on content, remains a mystery. After that date, both names kept this talk a secret. Afterwards, Erdoğan said that they answered the memorandum and saw the memorandum only as an explanation. Büyükanıt argued in all of his statements including Parliamentary Commission Investigating Coups that he wrote the text but it wasn't a memorandum, but a text that revealed only the secularism sensitivity. In 2011, the memorandum was removed from the website with the efforts of the President Gül.

What D d World Leaders Say about July 15?

Previous US President Barack Obama: He said that "I am not the decision-maker. The US President used the statement 'All the claims regarding US is related to the coup attempt in Turkey are unfounded' while condemning July 15 coup attempt". Concerning the Gülen's statement, Obama said that "The process will proceed in accordance with the law, I am not the decision-maker".

France Prime Minister François Hollande: After the news regarding the demands for "death sentence should be brought back" for coup plotters, he expressed in his statement made relevant to July 15 coup attempt that "We don't make concessions about the human rights; a country that wants to enter into EU cannot bring the death penalty back."

Greece Prime Minister Alexis Tsipras: **"**We support the elected authorities." In the statement made on the morning of 16 July, he stated that they would support the elected Turkish government. The return process of 8 coup plotter soldiers fleeing to Greece by helicopter is still in progress.

Russia President Vladimir Putin: "The anti-constitutional actions are unacceptable". After 15 July, Putin spoke with President Recep Tayyip Erdogan on the phone due to the military coup attempt against the elected government of Turkey and reminded the principles related to the fact that anti-constitutional actions and violence cannot be accepted in Russia's state life.

UN Secretary General Ban Ki-Moon: He said “We are concerned”. He talked to Mevlüt Çavuşoğlu on the phone and expressed his expectations about compliance with the human rights principles regarding arrests and custodies.

US Department of State: The spokesman of US Secretary of State John Kerry told to Çavuşoğlu that “The implications and allegations that the United States has a share in the coup attempt are completely false and they can damage the US-Turkey relations”.[48]

COUP ATTEMPTS n the WORLD

When we look at the history of Germany, a coup attempt was made against the Weimar Republic but it failed. The coup attempt against Nazi leader Adolf Hitler in 1923 also failed. But when Hitler was at his most powerful time when one year was left for the “End of the 2nd World War”, “German” insurgents again attempted a coup and Hitler survived from this coup attempt unharmed. However, 5 thousand people who were found to be related to and involved in this coup attempt faced trial and some people were executed. [49]

The coup attempt led by the “Bayram Curri, Elez Isufi, Hamit Toptani and Halit Lleşi” against the Albanian government that earned their independence on 28 November 1912 failed.[50]

A total of 11 military coup attempts took place in Greece. These coup attempts occurred in the years “1923-1933-1935-1938-1951-1967-1973-1975”. However, these coup attempts were prevented by the Greek official forces and the coup attempts failed. [51]

When we look at the political history of Greece, we see that 11 different coup attempts took place in the past. In fact, Greece being a NATO member country that experienced so many coup attempts have contributed to the protection of those who were involved in the coup attempt that took place on 15 July 2016 in Turkey or giving them political asylum. 8 coup plotter soldiers fleeing to Greece with a military helicopter belonging to the army of the State of the Republic of Turkey were kept by the Greek authorities, defended by Greek law-

48 http://www.gazete2023.com/dunyada-basar s z-olan-darbe-g r s mler -p2-a d,382.html
49 http://www.gazete2023.com/dunyada-basar s z-olan-darbe-g r s mler -p3-a d,382.html#galer
50 http://www.gazete2023.com/dunyada-basar s z-olan-darbe-g r s mler -p4-a d,382.html#galer
51 https://www.bat trakya.org/bat -trakya-haber/yunan stana-kacan-darbec ler n- s mler -bell -oldu.html

yers of "Dapudani and Elia Marinaki" and they were given political asylum by the Greece Council of State. [52] [53]

When we look at the political history of Estonia, we see that there are two coup attempts. The first one was carried out by a group of communists in 1924 but it failed. However, the second coup attempt in 1932 was successful. [54]

The coup attempt by the fascist lapua movement in Finland in 1932 ended in failure. This failed coup attempt was recorded as a coup attempt on 29 February 1932 in Finland's political history.[55]

Two coup attempts are seen in the political history of Japan. The first attempt was suppressed during the presidency period of Inukai Tsuyoshi and the coup attempt failed. But Tsuyoshi was killed by Japanese naval officers on May 15 incidents even though he had suppressed this coup attempt. In 1936, after another four years, another coup attempt took place. [56]

When we look at the political history of America, we see that there was a coup attempt against Franklin D. Roosevelt in 1933. But we can say that this coup attempt failed because of the previous intelligence received. [57]

The coup attempt made in July 1934 in Austria was successful with the assassination of Engelbert Dollfub, the prime minister of the period. [58] In the same year, the oath-taking ceremony of Manuel Avila Camacho was attempted to be prevented by a businessman and politician called Juan Andreu Almazan in Mexico but it failed. [59]

Although the coup attempt against the fascist leader Vidkum Quisling government in 1940 failed, this coup attempt contributed to Germany's occupation of Denmark and Norway. [60]

The coup attempt by Eyüp Khan in Pakistan in 1951 failed.[61] The coup attempt under the leadership of Colonel Ramon Barquin in CUBA in 1956 also

52 https://www.bbc.com/turkce/haberler-dunya-44232928
53 http://www.gazete2023.com/dunyada-basar s z-olan-darbe-g r s mler -p5-a d,382.html#galer
54 http://www.gazete2023.com/dunyada-basar s z-olan-darbe-g r s mler -p6-a d,382.html#galer
55 http://www.gazete2023.com/dunyada-basar s z-olan-darbe-g r s mler -p7-a d,382.html#galer
56 http://www.gazete2023.com/dunyada-basar s z-olan-darbe-g r s mler -p8-a d,382.html#galer
57 http://www.gazete2023.com/dunyada-basar s z-olan-darbe-g r s mler -p9-a d,382.html#galer
58 http://www.gazete2023.com/dunyada-basar s z-olan-darbe-g r s mler -p11-a d,382.html#galer
59 http://www.gazete2023.com/dunyada-basar s z-olan-darbe-g r s mler -p10-a d,382.html#galer
60 http://www.gazete2023.com/dunyada-basar s z-olan-darbe-g r s mler -p12-a d,382.html#galer
61 http://www.gazete2023.com/dunyada-basar s z-olan-darbe-g r s mler -p13-a d,382.html#galer

failed.[62] The coup in Brazil in 1959 made by soldiers from the air force was blocked by the head of state Juscelino and the coup attempt failed.[63] We see more than one coup attempt in the political history of Argentina. These coup attempts were in the years of 1951, 1987, 1988 and 1990. Among the South American countries, Argentina is one of the countries that was affected most by the coup attempt. Although there were four coup attempts, these coup attempts in Argentina did not succeed.[64] The coup attempt in France to overthrow the President Charles de Gaulle in 1961 also failed.[65] In the history of Italy, a coup attempt was made in 1964 but failed.[66] In the coup attempt in Chile, the head of state Salvatore Allen was overthrown by Augusto Pibnochet who led the coup although the first uprising in the same year couldn't succeed. [67] The coup attempt to overthrow the Shah of Iran in 1979 in Iran – being an Asian country – failed although the US supported it. [68] A coup attempt was made to overthrow Gorbachev in 1991 in the Soviet Union being among the developed world countries. However, this coup attempt also failed. [69] Lastly, we can exemplify the military coup in Egypt. In the elections held in Egypt on 16 and 17 June 2012, Mohammed Mursi was elected as the President of the Republic by taking 51.71% of the votes and he was dismissed with a trial held on 3 July 2013 and Sisi undertook this duty. [70]

JULY 15 COUP ATTEMPT and t's OUTCOMES

The July 15 coup attempt was carried out by a group of soldiers within the Turkish Armed Forces, which defined itself as the Committee of Peace at Home. A curfew has been declared by the army with a statement indicating that the army seized the control issued on the website of Turkish Armed Forces and TRT channel.

In the evening of the same day, the Bosporus and Fatih Sultan Mehmet bridges were closed by the gendarmerie, the Grand National Assembly of Tur-

62 http://www.gazete2023.com/dunyada-basar s z-olan-darbe-g r s mler -p14-a d,382.html#galer
63 http://www.gazete2023.com/dunyada-basar s z-olan-darbe-g r s mler -p15-a d,382.html#galer
64 http://www.gazete2023.com/dunyada-basar s z-olan-darbe-g r s mler -p16-a d,382.html#galer
65 http://www.gazete2023.com/dunyada-basar s z-olan-darbe-g r s mler -p17-a d,382.html#galer
66 http://www.gazete2023.com/dunyada-basar s z-olan-darbe-g r s mler -p18-a d,382.html#galer
67 http://www.gazete2023.com/dunyada-basar s z-olan-darbe-g r s mler -p19-a d,382.html#galer
68 http://www.gazete2023.com/dunyada-basar s z-olan-darbe-g r s mler -p20-a d,382.html#galer
69 http://www.star.com.tr/guncel/m s r-darbes -2-dalga-nas l-oldu-haber-1126434/
70 https://www.yen safak.com/15temmuz/b r-bak sta-15-temmuz-seh tler - nfograf k

key and Presidential Palace was bombed and an assassination attempt was performed against the President Recep Tayyip Erdogan.

In the morning of July 16, as a result of the operations of the Turkish Armed Forces and the General Directorate of Security, the military coup attempt was suppressed and the soldiers surrendered with their weapons.

BACKGROUND

It is alleged that the coup attempt was performed to prevent the assumption that the military authorities at different levels close to the Gülen Movement would be expelled from the army in the Supreme Military Council Meeting to be held in August 2016 and to seize the control over the Turkish Government considering the AKP-Gülen Movement conflict.

ITS EFFECTS and ECONOMY

Turkish lira devalued against the US dollar after the coup attempt. Following the announcement of the coup declaration and Binali Yıldırım's first explanation, the exchange rate which was around 2.88 prior to the events increased to 3.05 which was the biggest devaluation in the last two months. In addition, a 5% depreciation occurred against the Euro.

MEDIA

After the coup attempt, many media organs were closed, and a list of the following media companies is as follows. According to the Turkish Journalists' Union, 3.000 journalists working in these closed media organs became unemployed since July 15.

➢ **Closed News Agencies**

3 news agencies including Cihan News Agency, Muhabir News Agency and SEM News Agency were shut down.

➢ **Closed TV Channels**

17 TV channels including Barış TV, Bugün TV, Can Erzincan TV, Dünya TV, Hira TV, Irmak TV, Kanal 124, Kanaltürk, MC TV, Mehtap TV, Merkür TV, Samanyolu Haber, Samanyolu Avrupa, Samanyolu TV, SRT TV, Tuna Shopping TV and Yumurcak TV were closed. All broadcasting licenses of Azerbaijan

channel ANS TV desiring to broadcast the interview made with Fethullah Gülen were cancelled by Azerbaijan.

- **Closed Radio Channels**

22 radio channels including Aksaray Mavi Radyo, Aktüel Radyo, Berfin FM, Burç FM, Dünya Radyo, Esra Radyo, Haber Radyo Ege, Herkül FM, Jest FM, Kanaltürk Radyo, Radyo 59, Radyo Aile Rehberi, Radyo Bamteli, Radyo Cihan, Radyo Fıkıh, Radyo Küre, Radyo Mehtap, Radyo Nur, Radyo Şemşik, Samanyolu Haber Radyo, Umut FM and Yağmur FM were closed.

- **Closed Newspapers**

41 newspapers including Adana Haber, Adana Medya, Ajans 11, Akdeniz Türk, Antalya, Banaz Postası, Batman, Batman Postası, Batman Doğuş, Bingöl Olay, Bizim Kocaeli, Bugün, Demokrat Gebze, Ege'de Son Söz, Ekonomi, Gediz, Haber Kütahya, Hakikat, Hisar, İscehisar Durum, İrade, İskenderun Olay, Kocaeli Manşet, Kurtuluş, Lider, Merkür Haber, Meydan, Milas Feza, Millet, Nazar, Özgür Düşünce, Son Nokta, Şuhut'un Sesi, Taraf, Today's Zaman, Türkeli, Turgutlu Havadis, Türkiye'de Yeni Yıldız, Urfa Haber Ajansı, Yarına Bakış, Yerel Bakış, Yeni Emek, Yeni Hayat, Zafer and Zaman were closed.

- **Closed Journals**

The activities of 28 publishing houses including Akademik Araştırmalar, Aksiyon, Asya Pasifik, Bisiklet Çocuk, Diyalog Avrasya, Ekolife, Ekoloji, Fountain, Gonca, Gül Yaprağı, Nokta, Sızıntı, Yağmur, Yeni Ümit, Zirve, Altınburç Yayınları, Burak Basın Yayın Dağıtım, Define Yayınları, Dolunay Eğitim Yayın Dağıtım, Giresun Basın Yayın Dağıtım, Gonca Yayınları, Gülyurdu Yayınları, Gazeteciler ve Yazarlar Vakfı Yayınları, Işık Akademi, Işık Özel Eğitim Yayınları, İklim Basın Yayın Pazarlama, Kaydırak Yayınları, Kaynak Yayınları, Kervan Basın Yayıncılık, Kuşak Yayınları, Muştu Yayınları, Nil Yayınları, Rehber Yayınları, Sürat Basım Yayın Reklamcılık Eğitim Araçları, Sütun Yayınları, Şahdamar Yayınları, Ufuk Basın Yayın Haber Ajans Pazarlama, Ufuk Yayınları, Weşanxaneya Nîl, Yay Basın Dağıtım, Yeni Akademi Yayınları, Yitik Hazine Yayınları, Zambak Basın Yayın Eğitim Turizm were ended.

JULY 15 COUP ATTEMPT WITH NUMBERS

13.369 people were detained and 6.016 people were arrested following the July 15 coup attempt, 21.060 passports were cancelled. The Ministry of Interior published the data belonging to July 15 coup attempt.

According to data, 246 people lost their lives in Istanbul, Ankara and Muğla province, including 62 police officers, 5 soldiers and 179 civilians. 135 people were injured including135 police officers, 21 soldiers and 2.029 civilians.

Following July 15, 1.611 police officers (795 high-ranking, 816 common), 8.900 soldiers (169 generals, 2.365 officers and 6.366 others), 2.114 judges and prosecutors, 55 local authorities and 689 civilians were detained.

A total of 6.016 people were arrested according to the data of the Ministry. Among those arrested, 470 was police officers (287 high-ranking and 183 common), 3.847 of them were soldiers (123 general, 1.052 officers and 2.672 others), 1.572 of them were judges and prosecutors, 34 of them were local authorities and 93 of them were civilians. A judicial control decision was made for 1.134 people while 716 people were released. While 5.503 detainees have still been in custody, 24 people have been killed and 49 people have been arrested.

During this period, 3.588 public passports, 16.697 private passports, 757 service passports and 18 diplomatic passports were cancelled by the passport type.

After the July 15 coup attempt, the State of Emergency (OHAL) was declared on July 21 2016. More than 130.000 public servants were expelled during this period while 35 decree-laws (KHK) were issued. Another important point of July 15 coup attempt is the ongoing cases. The number of those arrested following the FETO trials is 50.510.

OHAL, announced immediately after the coup attempt on July 21 2016, was extended 7 times and 35 decree-laws were issued during this period. Tens of thousands of people were suspended as 130.000 people were expelled from their work in public sector. Proceedings were started for 169.013 people during OHAL.

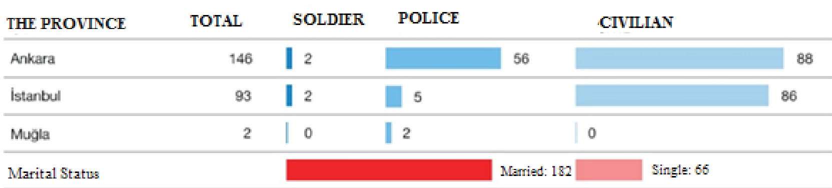
105.151 appeals were made to the OHAL Commission for two years while only 3.752 people returned to duty. During this two-year period, apart from the expulsions in the Turkish Armed Forces and Security General Directorate,

expulsions in the Ministry of Justice in particular drew attention. Nearly one quarter of the members of the judiciary in Turkey were expelled. The number of expelled judges-prosecutors reached to 4.560.

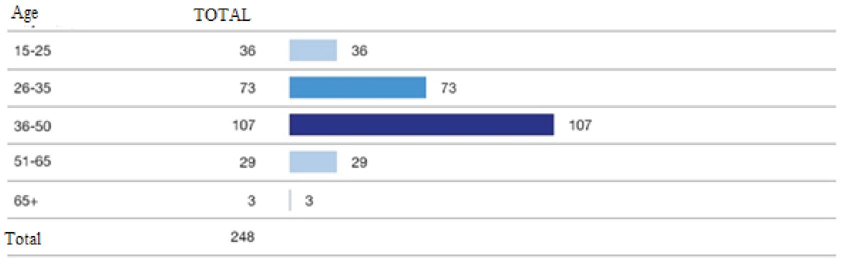
During this two-year period, 5.705 academicians were expelled and more than 400 peace academicians participating in the signature campaign "We will not be partners in this crime" were also expelled.

JULY 15 MARTRYS at a GLANCE

"248 soldiers, police officers and civilians martyrized during the coup attempt on July 15th initiated by the soldiers of the Fethullah Terrorist Organization. Ankara and Istanbul were the provinces with the highest number of martyrs while the majority of them were married and civilian."[71]



THE PROVINCE	TOTAL	SOLDIER	POLICE	CIVILIAN
Ankara	146	2	56	88
İstanbul	93	2	5	86
Muğla	2	0	2	0
Marital Status		Married: 182		Single: 66



Average Age of Martyrs

The majority of martyrs were young and middle-aged.

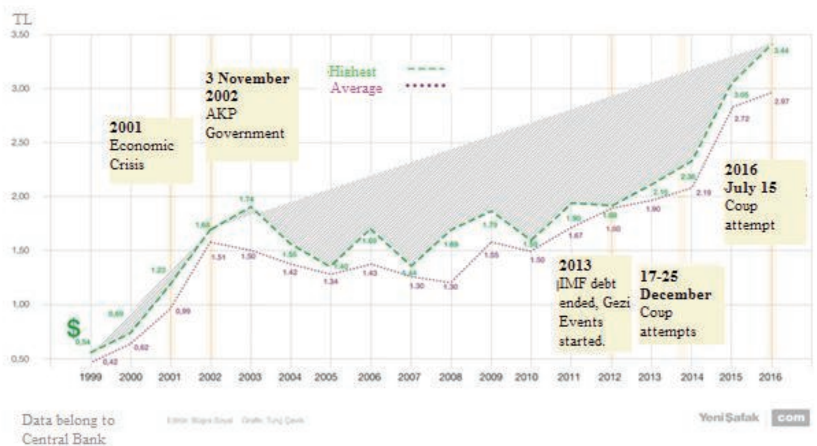
Age	TOTAL	
15-25	36	36
26-35	73	73
36-50	107	107
51-65	29	29
65+	3	3
Total	248	

"It has been two years since the July 15 coup attempt which aimed to capture and divide Turkey. Despite repelling the July 15 coup attempt with a heroic national resistance, it caused undesired effects over Turkish economy. July 15

71 https://www.yen safak.com/ekonom /feto-1-tr lyon-dolar -engelled -3384040

treacherous coup attempt that caused serious amount of loss of time and energy in economy prevented Turkey from reaching a magnitude of 1 trillion dollars."[72]

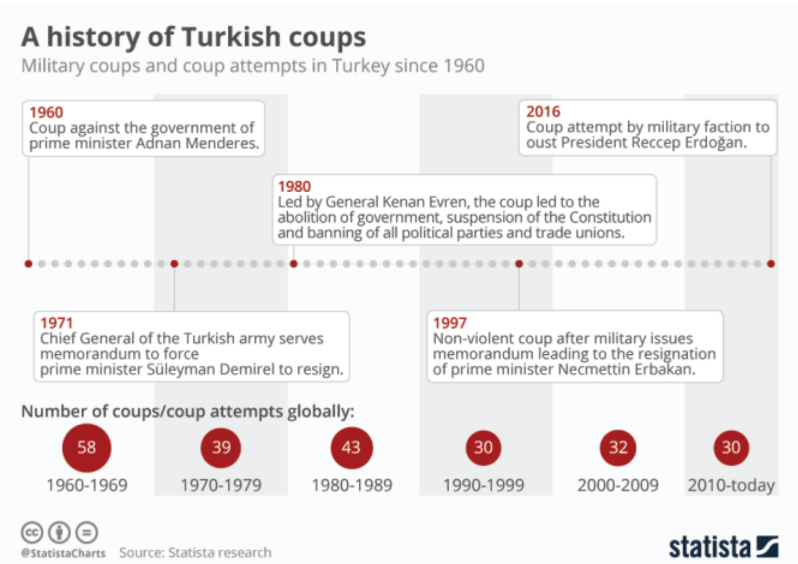
"BIST 100 index depreciated on the first work day following the July 15 coup attempt that occurred on Friday after the closure of markets. Euro and Dollar appreciated against the Turkish Lira."[73]



"The dollar rising above 3.0150 TL in the international markets due to the coup attempt news fell below 2.93 in the first minutes of the day. The dollar rose again above 2.98 afternoon and Borsa Istanbul, which started the day with a 2.5 percent decrease, ended the day with a 7 percent loss. (18.07.2016)[74]

72 https://www.yen safak.com/ekonom /feto-1-tr lyon-dolar -engelled -3384040
73 https://www.haberturk.com/ekonom /borsa/haber/1268108- ste-p yasalar n-darbe-g r s m ne- lk-tepk s
74 http://www. ha.com.tr/foto-28-subatta-ne-oldu-28-subat-surec -ned r-11310/sayfa-6/

HISTORY of TURKISH COUPS



GENERAL ACADEMIC COMMENTS on MILITARY COUPS n the WORLD

Erik Meyersson, Assistant Professor at SITE

Coups overthrowing democratically elected leaders fail to provide the opportunity for engaging in unpopular but much needed economic reforms. This type of coups tend to reverse important economic reforms, especially in the financial sector while also leading to increased indebtedness and overall deteriorating net external financial position, and an increased propensity to suffer severe economic crises. Analysis of coups overthrowing democratically elected leaders exposes reduction in social spending that suggests a shift in economic priorities away from the masses to the benefit of political and economic elites.

By Joseph Wr ght, Barbara Geddes, Er ca Frantz, George Derpanopoulos

Coups — traditionally seen as a sign of democratic breakdown — may actually be a tool to usher in democracy. By creating a shock to the political system, the argument goes; coups can generate opportunities for political liber-

alization that would otherwise be absent. As Paul Collier wrote in 2009 for the New Humanist, “coups and the threat of coups can be a significant weapon in fostering democracy.”

Can coups really foster democracy? In a recent study, we weigh in on this question. We look at the political systems that follow coups against autocrats, as well as the ensuing levels of repression.

Though democracies are occasionally established in the wake of coups, our research indicates that more often coups initiate new dictatorships and more human rights violations.

CONCLUSION

The military interventions in Turkey are the interventions performed against the civil administration either institutionally by the Turkish Armed Forces or through the initiative of some army officers on their own.

Turkey has switched to multi-party political life with the democratic elections in 1946. Turkish Armed Forces intervened in the democratic civil administration sometimes by overthrowing or pushing the Governments of the Republic of Turkey to resign and sometimes by preventing or insisting the enacting some laws through expressing that the internal security is under threat. These coups and memorandums were planned and performed within the chain of command (such as the September 12 coup) or sometimes by only a group of officers (such as the May 27 coup) outside the chain of command.

The Turkish Armed Forces seized power twice in 1960 and 1980 and forced the government to resign in 1971 and 1997.

After 2007, some of the active and retired members of the Turkish Armed Forces began to be prosecuted regarding cases on coup plans and chaos plans bearing the purpose of taking control over the country. Among these prosecutions, there are Sarıkız, Ayışığı, Yakamoz and Eldiven coup attempts, Balyoz coup plan, Action Plan against Reactionary Forces, Ergenekon cases, September 12 coup and 28 February case. More than 200 members of the Turkish Armed Forces are jailed pending trial within these lawsuits.

It has been revealed following the trials that Sarıkız, Ayışığı, Yakamoz, Eldiven, Balyoz and Ergenekon cases are plots against the Turkish Armed Forces and the purpose is to corrupt the competent structure of army with fake evidenc-

es, lawsuits have been filed against all prosecutors initiating investigations and they have been banned from the profession.

The AK Party Government has performed a decisive stance for the tutelage intervention of Turkish Armed Forces made with an online declaration on 27 April in a way not to be shown by other previous governments that faced military interventions and they eliminated the attack. It was also supported by the public a lot. However, the decisive stance for the 27 April declaration changed towards the thought that "the declaration wasn't a memorandum" but a routine explanation in following years. Yaşar Büyükanıt, who gave a statement to the Parliamentary Commission Investigating Coups, presented the changing statements of the government representatives as evidence for the thought that the declaration was not a memorandum. A decision of non-prosecution and non-jurisdiction was made for Yaşar Büyükanıt and memorandum.[75]

Lastly within the process of coups in the democracy history of Turkey, July 15 coup attempt has been described as "Peace at home" movement by the coup plotters being the members of FETO terrorist organization and it failed. It can also be described as insurrection. A curfew has been declared by the army with a statement indicating that the army seized the control issued on the website of Turkish Armed Forces and TRT channel. In the process starting with the closure of the Bosporus and Fatih Sultan Mehmet bridges by the gendarmerie, F16 jets flew over the Grand National Assembly of Turkey and bombed it four times when the Speaker İsmail Kahraman and nearly 50 deputies were there. The bombing attempt over the Presidential Palace in Beştepe district of Ankara failed. Assassination attempt was performed against the President Recep Tayyip Erdoğan being at a hotel in Marmaris, Muğla at that time. Chief of General Staff Hulusi Akar, Commander of the Turkish Land Forces Salih Zeki Çolak, Air Force Commander Abidin Ünal and Commander of the Turkish Gendarmerie Forces Galip Mendi were taken hostage by the coup plotter soldiers.

Upon the developments, the President Recep Tayyip Erdoğan invited the public to go to the squares and airports to react to the coup by expressing in his connection with the CNN Türk channel through Face Time that coup plotters would not be allowed at all. After the call, anti-coup protests have been held in many cities of Turkey.

75 http://www. ha.com.tr/foto-28-subatta-ne-oldu-28-subat-surec -ned r-11310/sayfa-6/

President Erdoğan's role in suppressing and eradicating the coup attempt in the process of July 15 is huge. It can be concluded that he has a high leader profile in his reaction with public particularly (Derman and Oba, 2016:67). He is an active political leader who reflects his aims and wishes in his speeches, addresses the cognitive characteristics of the target audience, uses the "timing" very well without worrying and guarantees the things he will accomplish in line with his own potential (Derman and Oba, 2016:67).

In this study, the effect of coups performed against the State of the Republic of Turkey and their outcomes on public, coup attempts in the World, July 15 coup attempt made by treacherous FETO coup plotters and its effects-results have been analysed. Looking at the results obtained from this sociological analysis, it is clearly observed that some negative conditions in the name of the State of the Republic of Turkey have been experienced and some permanent traces have been left for following years.

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