Çocuklara Göre Aile İlişkileri Ne Durumda?

How Are Family Relations According to Children?

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Amaç:
Bu çalışma çocukların ebeveyn-çocuk ve aile ilişkileri ile ilgili görüşlerini belirlemek amacı ile yapıldı.

Gereç ve Yöntem:
Tanımlayıcı olarak yapılan bu araştırmanın evrenini Karaman ili merkez ilçesindeki okulların beşinci sınıfına devam eden öğrenciler oluşturdu. Örnekleme, küme örnekleme yöntemi ile belirlenen iki okulda öğrenim gören, toplam 200 öğrenci alındı. Veriler araştırmacılar tarafından geliştirilen anket formu ve "Çocuklar İçin Aile İlişkileri Ölçeği" kullanılarak sınıf ortamında toplandı. Verilerin analizinde sayı, yüzde, ortalama, standart sapma, bağımsız gruplarda t testi, Mann Whitney U, Kruskal Wallis, ANOVA ve Tukey testleri kullanıldı.

Bulgular:
Çocukların yaş ortalaması 11,11±0,66 yıl olup cinsiyetlere göre dağılımları benzerdi. Annelerin %44,5'i ilkokul, %28,5'i ortaokul, %27'si lise ve üzeri okullardan mezun idi. Annelerin çalışma durumu değerlendirildiğinde %67'sinin ev hanımı olduğu belirlendi. Babaların eğitim durumlarına göre dağılımları benzer oranlarda idi. Çocukların yarıya yakını ilk çocuk (%47) idi. Çocukların aile ilişkileri ölçeği alt boyut puan ortalamaları destekleyici alt boyutu için 26,75±3,14, engelleyici alt boyutu için 14,87±3,34 olarak belirlendi. Ölçek alt boyutlarından alınan puanları açısından annenin eğitim durumu (F=3,604; p=0,029), çocukların cinsiyeti (t=-2,774; p=0,007), çocuk sırasına (F=4,506; p=0,012) göre gruplar arasında farklılık olduğu belirlendi. Annesi lise ve üzeri okullardan mezun olan öğrencilerin aile ilişkilerini daha destekleyici buldukları belirlendi. Ayrıca erkek çocukların (15,49 ± 3,50) ve ailenin ikinci çocuğu olan öğrencilerin (15,67±3,72) aile ilişkilerini daha engelleyici buldukları belirlendi (p<0,05).

Sonuç:
Çocukların aile ilişkilerini destekleyici bulma oranları engelleyici bulma oranlarından daha yüksek olup bu puanlar bazı demografik özelliklere göre değişmekte idi.

Anahtar kelimeler: aile ilişkileri, çocuk, ebeveyn, çocuk-ebeveyn ilişkileri

ABSTRACT
Aim:
The aim of this study was to determine the views of children about parent-child and family relations.
Materials and Methods: The universe of this descriptive study consisted of students attending fifth grade of schools in central district of Karaman province. A total of 200 students from two schools were selected by sampling method. The data were collected in the classroom by using the questionnaire and The Family Relationship Scale for Children developed by the researchers.

Data were analyzed by number, percentage, mean, standard deviation, independent samples t test, Mann Whitney U, Kruskal Wallis, ANOVA and Tukey tests.

Results: The mean age of the children was 11.11 ± 0.66 years and the distribution according to gender was similar. 44,5% of mothers graduated from primary school, 28,5% from secondary school, 27% from high school and above. When the working status of the mothers were evaluated, it was found that 67% were housewives. The distribution of fathers according to their educational status was similar. Nearly half of the children were the first child (47%). The mean scores of the children's family relationship subscale were 26.75 ± 3.14 for the supportive subscale and 14.87 ± 3.34 for the discouraging subscale. It was determined that there were differences between the groups according to the educational status of the mother ($F = 3,604$; $p = 0.029$), gender of the children ($t=-2,774$; $p=0,007$), and the order of the children ($F=4,506$; $p=0,012$). It was determined that the students whose mother graduated from high school and above found the family relations more supportive. In addition, it was determined that male children (15.49 ± 3.50) and students who were the second child of the family (15.67 ± 3.72) found that family relationships were more obstructive ($p < 0.05$).

Conclusıon: The rate of finding supportive of family relationships of children was higher than the rate of finding inhibitor, and these scores varied according to some demographic characteristics.

Keywords: family relations, child, parent, child-parent relations

Introduction

The phenomenon of family has always been the subject of research for science such as anthropology, sociology and psychology. In the field of psychology, especially with Freud, the concept of family was emphasized. The family is a social unit with many responsibilities (1,2). According to Gladding (2006), the family is composed of people who are connected to each other by biological and/or psychological, historical, emotional or economic ties and see themselves as part of the household. This definition of Gladding draws attention to the emotional functions of the family and is important in this respect (3).

Although more biological factors come into prominence in family definitions, another important function of the family is that it responds to the emotional needs of family members (2). When family is mentioned, an institution that positively affects the development of individuals in general comes to mind. However, families may not always have positive effects on family members (4). Therefore, families are divided into healthy (functional) and unhealthy (non-functional) families. According to Satir (2001), communication in healthy families is clear, distinct, direct and honest; eigenvalue is high. Moreover, the social bond in such families is open, promising and based on the right to choose; the rules are appropriate, flexible, humanly and variable according to the circumstances (5). There are similar definitions for healthy families in the literature (6-8). Unhealthy family relationships can negatively affect the development of the individual (9). In terms of children, the family is generally considered to be a structure that is assumed to have a positive effect on the child and is thought to have a protective function (10).

In the studies conducted, perception of family functions as unhealthy shows that individuals; increase tendency to show violence (11), affect the sense of trust and therefore avoid individuals close relationships (12), affect the control focus (13), that their learned resourcefulness of are high (14), increase problematic and unwanted behavior (15-17), being pushed to loneliness and ıt shows that the individual has difficulty in establishing a relationship in social life because of the relationship that the family cannot establish (18). In this study, it is aimed to determine family relations from the perspective of children.

Material and Methods

The universe of this descriptive study consisted of students attending the 5th grade of schools in the central district of Karaman province (transition period to adolescence). A total of 200 students from two schools were selected by sampling method. The data were collected in the classroom by using the questionnaire and the Family Relationship Scale for Children developed by the researchers.

Survey form; It consists of 25 questions in which the sociodemographic characteristics of the students and their family relations are questioned.

The Family Relationship Scale for Children (FRSC); it is a three-point Likert-type scale consisting of two sub-dimensions (discouraging family relations and supportive family relations) that measures attitudes towards family relations. In both dimensions, question items are scored as "1" never, "2" sometimes, "3" always. Items 2-6, 10, 14, 16, 18, 19 constitute the sub-dimension of discouraging family relations. The discouraging family relations sub-dimension includes the unhealthy elements of the family elements and prevents the development of the child. The high score in this dimension indicates that the child perceives the relationships in the family as obstructive. Items 1, 7-9, 11-13, 15, 17, 20 constitute the subscale of supportive family relations. The supportive family relations sub-dimension includes healthy elements of family members and supports the development of the child. The high score in this dimension indicates that the child perceives the relationships in the family as supportive. The Cronbach alpha coefficient of the FRSC, which gives two different points due to its theoretical structure, is .82 and .84 for the first sub-dimension, and .76 and .78 for the second sub-dimension (2).

Written and ethical permissions were obtained from the relevant units in order to carry out the study. Data were analyzed by number, percentage, mean, standard deviation, independent samples t test, Mann Whitney U, Kruskal Wallis, Anova and Tukey tests.

Results and Discussion

Half of the children were 11 years old (55.5%) and their distribution by gender was similar. While 44.5% of the mothers were primary school graduates and 67.5% were housewives, all of the fathers were employed in any job and 53% graduated from high school and above. Half of the children reported that they had two children in their family (51%) and that they had a first child (47%). The majority of the parents were alive (97.5%) and living together (89%).

The majority of the children were found to have no long-term disease (87%) and no continuous medication (90%). The first three reasons for hospitalization in the last year were examination (66%), treatment (25%) and emergency treatment (21.5%). 28.5% (n = 57) of the children stated that they were hospitalized for a long time. It was reported that most of the patients were accompanied by mothers (n = 43; 75%), and others were accompanied by fathers (n = 7; 12.3%) or other relatives (n = 7; 12.3%).

The majority of children did not have any scars (62%), an involuntary habit (67.5%) or a significant disease (78.5%); stated that there was no need for care in the family (95.5%) or that there was no one (89%) who could harm themselves / others when angry. When the children were asked to evaluate their family communication, the majority of the children stated that they had good communication with all family members (mother, father, sibling) (n = 181; 90.5%), while others stated that they had poor communication with at least one of them.

When the mean scores of Discouraging (14.87 ± 3.34) and Supportive (26.75 ± 3.14) Family Relations Sub-Dimension of the participants were evaluated, it was seen that the supportive family attitudes were higher. In the correlation analysis, it was found that there was a negative, moderate, statistically significant relationship between the mean scores of both sub-dimensions (r = -, 574; p = 0,000).

In the study, it was found that the mean score of the discouraging family relations sub-dimension was higher in children with involuntary habit, having a significant disease in the family, male and second child in the family. In the study of Sirin et al. (2018) found that males defined their families as more obstructive and that the number of children in the family did not make any difference on their family relations.

In the study, it was seen that 11-year-old children were more supportive of family relations than their 10-year-old children, and those whose mothers graduated from high school and above were more supportive than their secondary school graduates (Table 1). When the literature is analyzed, Ozkurt and Camadan (2018) found that the psychological value given to the child increased with the increase in the education level of the mother; Cerit (2007), on the other hand, found a significant difference between the education level of the mother and the communication which is one of the healthy family function components. This finding of our study is similar to the literature. As the mother's education level increases, it can be thought that mothers can help them raise their perceptions of themselves and their families by giving their children more positive feedback.

It was determined that children's staying with a single parent, long-term hospital stay, and defining poor communication with at least one family member increased the mean score of the discouraging sub-dimension; on the other hand, staying with both parents, not staying in hospital for a long time and having good communication with all family members increased the mean subscale scores of supportive family relations (Table 1). When the literature is examined, McMaster Model, one of the most prominent family functions models, focuses on six foundations: problem solving, communication, roles, emotional responses, emotional participation and behavior control (6). These findings of our study are in parallel with the literature and explain healthy family function according to McMaster Model in line with the principles of emotional reactions, emotional participation, communication and roles.

Conclusion

Children's perception of family relationships varies according to some demographic characteristics and perception of family communication. Therefore, it is important to take these features into consideration in the regulation of family relations.

Supportive family relationships can have a significant impact on the psychological health of children and young people and these effects have been confirmed by many studies (22, 23, 24, 25). From this point of view, having healthy or unhealthy family functions affects individuals in many ways. For this reason, it can be said that having healthy functions of families is very important for the development of the child. In addition, the lack of studies on family relations among secondary school students in our country and in the world is remarkable. New supportive researches are needed in our country.

Table 1. Distribution of mean scores and demographic characteristics of children and comparison between groups

	The Discouraging Family Relations Sub-Dimension Average Score	The Supportive Family Relations Sub-Dimension Average Score
Age of child *		
10	15,08±3,21	25,41±4,21
11	14,93±3,43	27,14±2,94
12	14,60±3,28	26,80±2,53
F	*0,267*	*4,056*
p	*0,766*	*0,019*
Mother education status **		

Primary school	14,97±3,13	26,88±2,91
Middle school	15,28±3,73	25,89±3,86
High school and above	14,25±3,22	27,44±2,42
F	*1,375*	*3,604*
p	*0,255*	*0,029*
Gender		
Female	14,21±3,05	26,79±3,26
Male	15,49±3,50	26,72±3,03
t	*-2,744*	*0,157*
p	*0,007*	*0,875*
Status of living with parents		
Lives with both	14,63±3,24	27,03±2,90
Living with mother or father	18,86±4,38	22,86±5,21
Not living with her parents	14,70±2,16	26,20±3,39
KW	*12,098*	*15,438*
p	*0,007*	*0,001*
Family queue of contributor		
1	14,15±2,83	27,13±2,70
2	15,67±3,72	26,06±3,68
3	15,15±3,48	27,18±2,82
F	*4,506*	*2,808*
p	*0,012*	*0,063*
Status of long stay in hospital		
Stayed	16,30±3,65	25,70±3,58
Not stayed	14,29±3,04	27,17±2,85
t	*3,970*	*-3,044*
p	*0,000*	0,003
The presence of involuntary habit		
There arent	14,38±3,01	27,00±2,55
There are	15,88±3,77	26,23±4,07
U	*3378,500*	*4171,500*
p	*0,008*	*0,569*
Is there any serious illness in your family?		
There are	15,91±3,56	26,42±3,20
There arent	14,58±3,23	26,84±3,12
t	*2,334*	*-,781*
p	*0,021*	*0,436*
Status of family communication		
Good communication with all family members	14,67±3,36	27,01±3,03
Poor communication with at least one family member	16,68±2,63	24,26±3,11
t	*-2,528*	*3,748*
p	*0,012*	*0,000*

* Destekleyici Aile iLişkileri Alt Boyut $p_{10\text{-}11 \text{ yaş}}$ =0,014

$p_{\text{anne lise ve üzeri mezun-ortaokul mezunu}}$=0,025

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