

Problematic Behaviors Observed among Adolescents and Regarding Factors: Case of Turkey

Ayşe Şener Taplak^{1*}, Sevinç Polat²

¹Bozok University, Health School, Department of Nursing for Child Health and Diseases
Yozgat, Turkey

²Bozok University, Health School, Department of Nursing for Child Health and Diseases
Yozgat, Turkey

*Corresponding author's email: hem.ayse_3886 [AT] hotmail.com

ABSTRACT---- *This study was conducted to determine problematic behaviors observed among adolescent in Turkey. The study was conducted as a descriptive and cross-sectional study. The sample group of the study was composed of 131 adolescents aged between 11 and 18 years. It was determined that the leading problem was suicide attempt by 44.4%, the second problem was injuring behaviors by 40.4%, and these problems were followed by other problematic behaviors (15.2%). These results suggest that risky families, children, and adolescents should be detected and followed up by nurses and appropriate interventions should be made.*

Keywords---- Problematic Behaviors, Adolescents, Nurse, Turkey.

1. INTRODUCTION

Adolescent period is a change period in which children undergo numerous physical, emotional and social changes all together in a short time (Koç, 2004; Siyez, 2007). During this phase, adolescents are often unable to have the strength to adapt the sudden changes emerging in their bodies and their psychological maturation cannot keep up with the bodily and sexual changes, and they experience various problems regarding psychological development. When these disturbances are exacerbated by the worries about the future, the life sometimes becomes a difficult problem to be coped with (Koç, 2004; Parlaz, Tekgül, Karademirci & Öngel, 2012); which may result in weak impulse control, suicide, objection, destructive activities, and hyperactive, aggressive, antisocial or criminal behaviors. The concept “problematic behaviors” is used in the literature to define problematic and disturbing behavior patterns like them. These behaviors are dealt with internalized problematic behaviors and externalized problematic behaviors. Being defined as all kinds of behaviors that may have the potential to affect social units such as family, peers, school, and social environment negatively and to include violation of others’ basic rights and social rules; antisocial behaviors and criminal actions are discussed in relation with the externalized problematic behaviors (Bailey, Hill, Oesterle, & Hawkins, 2009; Grietens et al., 2004; Eisenberg et al., 2001; Olson, Schilling, & Bates, 1999). These actions include illegal behaviors aimed at injuring people or damage to property and violation of such general rules as truancy/skipping the school and challenging the authority. Antisocial behaviors, crime behaviors, and suicide actions distinguished by damage to private property, committing arson, theft, substance abuse, car theft, drunk driving, murder, armed usurpation, beating or physical assault, fighting, damage to public property, hitting, possession of firearms; criminal behaviors and suicide attempt have been increasing. Violence, crime, suicide attempt, and similar problematic behaviors may result in significant outcomes both in the life of the adolescents and society like dropping out school, being unproductive individuals in the society due to failure to get a job and to have a profession, continuation of these behaviors into adulthood and financial and spiritual losses (Monahan, Steinberg, & Cauffman, 2009; Light & Dishion, 2007; Bor, McGee, & Fagan, 2004; Maddox & Prinz, 2003; Clark, Vanyukov, & Cornelius, 2002).

Constituting 30.3% of the whole population, there are 22.7 million children aged under 18 in Turkey (UNICEF, 2012). Since young population constitutes majority of total population, it is very crucial to detect these problematic behaviors observed in adolescence period as early as possible and to take necessary measures against them in terms of raising a healthy generation and healthy society. Comprehensive studies are needed in order to create social sensitivity in relation with the characteristics and severity of problematic behaviors exhibited by the adolescents and to raise healthy generations. However, there have been almost no studies on this issue in Turkey. This study was conducted to detect problematic behaviors observed among adolescents.

2. METHODS

Participants and Procedure

Population of this descriptive and cross-sectional study was composed of 131 adolescents aged between 11 and 18 years. The whole population was included in the sample group. The study was conducted in a city near the capital of Republic of Turkey located in the Central Anatolia Region. After necessary official permissions were received from the prosecution office, there were 280 adolescents who were officially recorded to demonstrate problematic behaviors in the prosecution documents between March 2011 and August 2012 and 131 of them whose lawsuits were finished and whose legal cases were closed were included in the study. The files of these children were reviewed under supervision of an officer taking charge in the office of prosecution and their age, gender, marital status, residential place, educational status, and problematic behaviors submitted to the court (crime, suicide attempt etc) were assessed.

Statistical Analyses

The data collected were assessed by using number, percentage, and chi-square test in computer environment. $P < 0.05$ was accepted as statistically significant.

3. RESULTS

3.1. Descriptive Characteristics of the Adolescents

It was determined that mean age of the participant adolescents was 15.65 ± 1.83 years, 46.6% were female, 53.4% were male, 87.8% lived in city centers and 63.4% received high school education (Table 1).

Table 1: Distribution of the Adolescents according to Their Descriptive Characteristics

| Descriptive characteristics (n=131) | $\bar{X} \pm sd$ | Min-Max |
|-------------------------------------|------------------|-----------|
| Age | 15.65 ± 1.83 | 11.0-18.0 |
| | n | % |
| Gender | | |
| Female | 61 | 46.6 |
| Male | 70 | 53.4 |
| Residential place | | |
| Yozgat/City Center | 115 | 87.8 |
| District | 16 | 12.2 |
| Educational status | | |
| Primary school | 48 | 36.6 |
| High school | 83 | 63.4 |

3.2. Problematic Behaviors demonstrated by the adolescents

When the problematic behaviors exhibited by the participant adolescent were examined, it was determined that the leading problem was suicide attempt by 44.4%, the second problem was injuring behaviors by 40.4% and these problems were followed by other problematic behaviors by 15.2% (threat and insult, theft and looting, sexual assault, escape from orphanage, endangering traffic).

Table 2: Distribution of the Problematic Behaviors Observed among Adolescents

| Type of Problematic Behavior (N=131) | n | % |
|---|------------|--------------|
| -Suicide attempt | 58 | 44.4 |
| -Injuring behaviors | 53 | 40.4 |
| <i>Injuring others</i> | 44 | 25.9 |
| Simple Injury | 23 | 17.5 |
| Reckless Injury | 11 | 8.4 |
| <i>Self-injury</i> | 19 | 14.5 |
| -Others | 20 | 15.2 |
| Threat and insult | 8 | 6.1 |
| Sexual harassment | 4 | 3.0 |
| Theft and looting | 3 | 2.3 |
| Escape from orphanage | 2 | 1.5 |
| Endangering traffic | 2 | 1.5 |
| Possession of drug and stimulant drug for use | 1 | 0.8 |
| Total | 131 | 100.0 |

3.3. The relationship between problematic behaviors of the adolescents and their gender, age and educational status

In the study, it was determined that while 57.1% of injuring behaviors (self-injuring behaviors or injuring others) were committed by male adolescents, the suicide attempt were made by female adolescents at the rate of 72.1% and there was a statistically significant difference between problematic behaviors exhibited by the adolescents and gender ($p < 0.05$) (Table 3).

Table 3: Distribution of Problematic Behaviors according to Gender, Age, and Educational Status

| | Injuring (n=53) | | Suicide (n=58) | | Other (n=20) | | Test X ² | P |
|---------------------------|-----------------|------|----------------|------|--------------|------|------------------------|--------------|
| | n | % | n | % | n | % | | |
| Gender | | | | | | | | |
| Female | 13 | 21.3 | 44 | 72.1 | 4 | 6.6 | 36.024 | 0.000 |
| Male | 40 | 57.1 | 14 | 20.0 | 16 | 22.9 | | |
| Age | | | | | | | | |
| < 15 years | 40 | 38.1 | 53 | 50.5 | 12 | 11.4 | 10.431 | 0.005 |
| ≥ 15 years | 13 | 50.0 | 5 | 19.2 | 8 | 30.8 | | |
| Educational Status | | | | | | | | |
| Primary School | 24 | 51.1 | 14 | 29.8 | 9 | 19.1 | 6.236 | 0.044 |
| High School | 29 | 34.5 | 44 | 52.4 | 11 | 13.1 | | |

*Line percentage was calculated.

It was determined that while 94.8% of the adolescents who attempted to suicide used medicines, 5.2% attempted to suicide using a sharp object (blades, knives etc.). It was found that half of injuring behaviors (50%) was done by fighting and attack.

In the study, it was found that while suicide attempt was higher among the adolescents aged < 15 years (50.5%), injuring behaviors were more common (50.0%) among adolescents aged ≥ 15 years and there was a statistically significant difference between age groups and types of problematic behaviors ($p < 0.05$) (Table 3).

Significant difference was found between educational status and problematic behaviors exhibit by the adolescents ($p < 0.05$); while injuring behavior was exhibited by adolescents attending primary schools (51.1%), suicide behavior was exhibited by adolescents attending high schools (52.4%) (Table 3).

On the other hand, it was determined that no statistically significant difference was present between residential place and problematic behavior types of the adolescents included in the study ($p > 0.05$).

4. DISCUSSION

Problematic behaviors prevent the adolescents from completing developmental tasks and responsibilities, from fulfilling the socially expected roles, from enjoying competence and success feelings and from a successful transition to young adulthood period (Jessor, 1991). It brings important tasks to the families and the state to integrate adolescents into the

society and to take the necessary precautions by determining problematic behaviors, which are seen during adolescence, at an early period.

When problematic behaviors exhibited by the adolescents included in this study were examined, it was found that the leading problem was suicide attempt by 44.4% and female adolescents attempted to suicide at most. Literature reports that the frequency of suicide varies based on gender (Yalaki, Tasar, Yalçın, & Dallar, 2011; Pomerantz, Gittelman, Farris, & Frey, 2009; Atay & Kerimoğlu, 2003). Suicide is a crucial public health concern and an important death cause across the world. It is estimated by WHO that approximately 2% of all deaths all over the world were suicide (WHO, 2000). Day by day, adolescent suicide has increasingly been a heavy problem both in Turkey and in the world. In USA, suicide ranks fourth after accidents, cancer and murder as death cause of the adolescents aged between 10 and 14 years; whereas it ranks third after accidents and murder among the adolescents within the age group of 15 and 24 years (Centers for Disease Control and Prevention, 2010; Siyez, 2006; Pavia, Nicotera, Scaramuzza, & Angelillo, 2005; Shields, Hunsaker & Hunsaker, 2005). Suicide attempt rates during adolescence are particularly high and prevalence of suicide attempt among the adolescents is reported to be 7.8% (Centers for Disease Control and Prevention, 2010). Frequency of suicide changes depends on age groups (Atay & Kerimoğlu, 2003), with suicide accounting for a fifth of annual deaths among 15- to 24-year-olds, ranking as the third leading cause of death among this age group (Centers for Disease Control and Prevention, 2010). It was a remarkable result that nearly half of the adolescents aged < 15 years attempted to suicide in this study. These results are indicative of that age of suicide attempt has gradually been decreasing. Suicide attempts increase significantly with age during adolescence. The reason behind why suicide is rarely seen before the age of 12 may be explained by the fact that a child of this age group may not have the capacity to prepare and execute a real suicide plan (Güleç & Aksaray, 2006). In this study, it was determined that suicide attempt was made by female adolescents more. Similar to our results, the studies conducted both in Turkey and the World have drawn attention to the gender difference in suicide attempt and have reported that suicide attempt is more common among female adolescents compared to male adolescents (Zhang et al., 2005; Miller & Glinski, 2000; Bayram et al., 1995; Tezcan, Oğuzhanoğlu, & Ülkeröğlu, 1995). When the reasons for suicide behaviors among the adolescents were examined; it was observed that possibility of suicidal behaviors increase with parent loss due to separation and divorce, parental depression, substance abuse, psychopathological disorders involving antisocial behaviors; besides, poor parent-child relations (poor intrafamilial communication, high or low parental expectation, over-controlling attitudes of parents on children) raise suicide and suicidal attempt risk among the adolescents by 1.4-3.6 times, physical abuse in childhood increases risk of suicide by 1.9-6.5 times and similarly sexual abuse increases suicidal risk, as well (Devrimci-Özguven, & Sayıl, 2002; Beautrais, 2000; Gould et al., 1996; Brent et al., 1994). Although these causes were determined with numerous studies, it is required to draw attention to the fact that suicide cases are closed because suicidal attempt is not a legal crime in Turkey, underlying causes are poorly investigated and people do not present a legal case and also studies on problematic behaviors are not carried out by an expert health personnel. Again, these problematic behaviors may be associated with the fact that adolescence is a period in which identity conflicts are experienced, adolescents try to solve these turbulent conflicts through suicide, they are incompetent to solve problems, they have difficulty in controlling their anger and aggressive emotions or they do not know how to cope with them and they lack social support. If the underlying behavioral problems, antisocial behaviors and ineffective social problem solving methods are not unearthed and intervened at the early period, these behaviors may turn into critical problems in following periods such as dropping out school, substance abuse, committing crimes, bullying, being exposed to bullying, high anxiety and worry, panic disorders, depression, stress-related disorders, and schizophrenia (Baker-Henningham, Walker, Powell & Meeks-Gardner, 2009; Robichaud & Dugas, 2005; Pakaslahti, Karjalainen, & Keltikangas-Järvinen, 2002; Boivin & Hymel, 1997; Crick & Ladd, 1993).

It was determined in this study that most of the suicide attempts were made by taking medicines. Similar to our results, the study of Tezcan et al., determined that 94.73% of the Turkish adolescents who attempted to suicide tried to kill themselves by taking medicines (Tezcan, Oğuzhanoğlu, & Ülkeröğlu, 1995). It was found in this study that the second preferred method for suicide was the use of blades (razors, knives). It was specified in the study of Devrimci and Sayıl (2003) that other than taking medicines, the second most commonly used suicide method was the use of chemicals and suicide jump. The reason for high rate of suicide with medicine may be taking those in the films who commit suicide with medicines as role models, considering the suicide with medicine as a painless method or easy availability of medicines (Devrimci & Sayıl, 2003).

It was determined in this study that male adolescents aged ≥ 15 years exhibited injuring behaviors more. Similar to suicide rates, countries' non-lethal self-injury rates showed considerable differences. While the rate of self-injury was 7.2% in Mexican adolescents, it was only 1.5% in Irish adolescents (Gonzalez, Alvarez-Ruiz, Saldana-Hernandez, & Carrero-Garcia, 2003). The reasons of the problematic behaviors, which are regarded by the adolescents as acceptance by friends, may be the wish to attract parents' attention, anger and revenge feelings, self-punishment or externalization of the anger and difficult problems undergone - due to upbringing styles especially among male adolescents- by injuring their own bodies. Also, difficulties experienced by the adolescents during family or peer interaction, social and individual obstacles and emotional deprivation and frustration caused by the inability to cope with these obstacles, films with violent content, and efforts to prove oneself through the masculine actions may lead to physical violence among the male

adolescents. Moreover, the fact that problematic behaviors exhibited by the male adolescents are perceived as bravado because of the traditional family structure in Turkey may be affecting these results, as well (Turkish Prime ministry general directorate of family and social researches, 2008). As far as the current study was concerned, the reason behind why negative behaviors examined under the title of “other problematic behaviors” (threat and insult, theft and looting, sexual assault, escape from orphanage, endangering traffic, possession of drug and stimulant drug for use) were made mostly by male adolescent might be resulting from the effect of peer groups and gangs upon male adolescents who spent most of their time outside home. Moreover, parents’ exhibiting over-controlling behaviors because of worries about their children may be conflicting with the independency pursuit of the adolescents and cause them to develop relations with these dangerous peer groups and gangs during adolescent period. The studies conducted have pointed out that friends are important risk factors for problematic behaviors observed during the adolescence (Siyez & Aysan, 2007; Hawkins, Catalano, & Miller, 1992). In Turkey, it is not considered appropriate for the adolescent girls to spend time outside home and parents’ preference and opinion upon friend selection are very important could be explained as a reason for small number of externalized crimes committed by female adolescents. It could be asserted that this result was affected by the fact that problematic behaviors exhibited by girls are not welcome and may negatively influence their job and husband selection in the future due to traditional family structure in Turkey.

It was determined that educational status of the participant adolescents was effective upon the type of problematic behaviors. It was established that while adolescents with primary school degree generally exhibited injuring behaviors, adolescents who attended at high school demonstrated suicide behavior. It could be asserted that adolescents with primary school degree can commit injuring-crimes due to being easily deceived, financial benefits and peer gangs; whereas, adolescents who go to high schools commit suicide because of the increased stress and difficulties caused by the difficult period of preparation for university entrance exams and future worries.

5. CONCLUSION

Risky families, children and adolescents should be detected and followed up by the public health nurses, pediatric nurses, nurses of school health and appropriate interventions should be made. Situations that create anger and aggressiveness among the adolescents should be reduced by contacting with the families of the adolescents and proper coordination and collaboration should be made with suitable social clubs and sportive activities that can be organized at schools so that the adolescents can take their energies. Parents should be enlightened about drug safety and, easy accessibility to the drugs of children and adolescents should be prevented by nurses. Also, trainings should be arranged for the parents and adolescents about the problems experienced during adolescent period, sexual health, coping with stress, anger control, increased problem solving skills, and coping with examination stress. Furthermore, governments should build appropriate social settings in which correct social behaviors are taught by eliminating unsuitable behaviors for the children and adolescents. It could be recommended to raise social awareness related to the subject with comprehensive studies to be conducted.

6. REFERENCES

- Atay, I.M., & Kerimoğlu, E. (2003). Suicidal behavior in adolescents. *Turkish Journal of Child and Adolescent Mental Health*, 10(3), 128-36.
- Bailey, J. A., Hill, K. G., Oesterle, S., Hawkins, J. D. (2009). Parenting practices and problem behavior across three generations: Monitoring, harsh discipline, and drug use in the intergenerational transmission of externalizing behavior. *Developmental Psychology*, 45, 1214-1226.
- Bayram, G., Dilbaz, N., Holat, H., Bitlis, V., Tüzer, T., Şenol, S. (1995). Sociodemographic characteristics of suicide attempts in adolescents who referred to an emergency ward of a general hospital. *Turkish Journal of Child and Adolescent Mental Health*, 2 (2), 57-63.
- Baker-Henningham, H., Walker, S., Powell, C., Meeks-Gardner, J. (2009). A pilot study of the incredible years teacher training programme and a curriculum unit on social and emotional skills in community pre-schools in Jamaica. *Child: Care, Health and Development*, 35 (5), 624-631.
- Bor, W., McGee, T. R., Fagan, A. A. (2004). Early risk factors for adolescent antisocial behaviour: An Australian longitudinal study. *Australian and New Zealand Journal of Psychiatry*, 38, 365-372.
- Beautrais, AL. (2000). Risk factors for suicide and attempted suicide among young people. *Australian New Zealand J Psychiatry*, 34, 420-436.
- Brent, DA., Perper, JA., Moritz, G., Liotus, L., Schueers, J., Balach, L., Roth, C. (1994). Familial risk factors for adolescent suicide: a case-control study. *Acta Psychiatrica Scandinavica*, 89, 52-58.
- Boivin, M., & Hymel, S. (1997). Peer experiences and social self-perceptions: A sequential model. *Developmental Psychology*, 33, 135-145.
- Centers for Disease Control and Prevention. (2010). Youth risk behavior surveillance-United States, 2009. *Morbidity and Mortality Weekly Report*, 59, 9-10.

- Crick, N. R., & Ladd, G. W. (1993). Children's perceptions of their peer experiences: Attributions, loneliness, social anxiety, and social avoidance. *Developmental Psychology*, 29, 244-254.
- Clark, D. B., Vanyukov, M., Cornelius, J. (2002). Child antisocial behavior and adolescent alcohol use disorders. *Alcohol Research & Health*, 26, 109-115.
- Devrimci-Özgüven, H. (2002). The epidemiology of suicide and suicide attempts. Çelikkol, A., Sayıl, I.,(eds). *Suicide*. İzmir: Ege Psychiatry Publications, 7-22.
- Devrimci-Özgüven, H., Sayıl, I. (2003). Suicide attempts in Turkey: Results of the WHO / EURO multicentre study of suicidal behavior. *Can J Psychiatry*, 48, 324-329.
- Eisenberg, N., Cumberland, A., Spinrad, T. L., Fabes, R. A., Shepard, S. A., Reiser, M., Murphy, B. C., Losoya, S. H., Guthrie, I. K. (2001). The relations of regulation and emotionality to children's externalizing and internalizing problem behavior. *Child Development*, 72, 1112-1134.
- Gould, MS., Fisher, P., Parides, M., Flory, M., Shaffer, D. (1996). Psychosocial risk factors for children and adolescent completed suicide. *Arch Gen Psychiatry*, 53, 1155-1162.
- Grietens, H., Onghena, P., Prinzie, P., Gadeyne, E., Assche, V.V., Ghesquiere, P., Hellinckx, W. (2004). Comparison of mothers', fathers', and teachers' reports on problem behavior in 5-to 6-year-old children. *Journal of Psychopathology and Behavioral Assessment*, 26, 137-146.
- Gonzalez-Forteza, C., Alvarez-Ruiz, M., Saldana-Hernandez, A., Carrero-Garcia, S. (2005). Prevalence of deliberate self-harm in teenage students in the state of Guanajuato, Mexico: 2003. *Soc Behav Personality*, 33, 777-792.
- Güleç, G., & Aksaray, G. (2006). Evaluation of socio demographic-socio cultural and family traits of young suicide attempters. *New Symposium Journal*, 44(3),141-150.
- Hawkins, J.D., Catalano, R.F., Miller, J.Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, 112,64-105.
- Jessor, R. (1991). Risk behavior in adolescence: A psychosocial framework for understanding and action. *Journal of Adolescent Health*, 12, 597-605.
- Koç, M. (2004). Developmental psychology terms of adolescents and general characteristics of adolescent. *Journal of the Institute of Social Sciences*, 17, 231-256.
- Light, J. M., Dishion, T. J. (2007). Early adolescent antisocial behavior and peer rejection: A dynamic test of a developmental process. *New Directions for Child and Adolescent Development*, 118, 77-89.
- Maddox, S. J., Prinz, R. J. (2003). School bonding in children and adolescents: Conceptualization, assessment, and associated variables. *Clinical Child and Family Psychology Review*, 6, 31-49.
- Monahan, K. C., Steinberg, L., Cauffman, E. (2009). Affiliation with antisocial peers, susceptibility to peer influence, and antisocial behavior during the transition to adulthood. *Developmental Psychology*, 45, 1520-1530.
- Miller, A. L., & Glinski, J. (2000). Youth suicidal behavior: Assessment and intervention. *Journal of Clinical Psychology*, 56 (9), 1131-1152.
- Olson, S. L., Schilling, E. M., Bates, J. E. (1999). Measurement of impulsivity: Construct coherence, longitudinal stability, and relationship with externalizing problems in middle childhood and adolescence. *Journal of Abnormal Child Psychology*, 27, 151-165.
- Parlaz, AE., Tekgül, N., Karademirci, E., Öngel K. (2012). Adolescence period: Physical growth, psychological and social development process. *Turkish Family Physician*, 3(4):10-15.
- Pavia, M., Nicotera, G., Scaramuzza, G., Angelillo, IF. (2005). The Collaborative Group. Suicide mortality in Southern Italy:1998–2002. *Psychiatry Resh.*, 134, 275-9.
- Pakaslahti, L., Karjalainen, A., Keltikangas- Järvinen, L. (2002). Relationships between adolescent prosocial problem-solving strategies, prosocial behaviour, and social acceptance. *International Journal of Behavioral Development*, 26 (2), 137-144.
- Pomerantz W., Gittelman M., Farris S., Frey L. (2009). Drug ingestions in children 10-14 years old: An old problem revisited. *Suicide Life Threat Behav.*, 39,433-439.
- Robichaud, M., & Dugas, M.J. (2005). Negative problem orientation (Part: I): Psychometric properties of a new measure. *Behaviour Research and Therapy*, 43(3), 391-401.
- Shields, LB., Hunsaker, DM., Hunsaker, JC. (2005). Suicide: A Ten Year Retrospective Review of Kentucky Medical Examiner Cases. *J Forensic Sci*, 50(3), 613-617.
- Siyez, MD. (2006). Attempts of committing suicide in the period of puberty: A Review. *Kastamonu Education Journal*, 14(2),413-420.
- Siyez, MD., & Aysan, F. (2007). The role of psychosocial risk and protective factors in adolescent problem behaviors. *Journal of Education Faculty*, 20(1),145-171.
- Tezcan, A.E., Oğuzhanoglu, N.K., Ülkeroglu, F. (1995). Suicide attempts in children and adolescents. *Crisis Journal*, II. *Social Psychiatry Symposium Special Issue*, 3 (1-2), 70-74.

- T.C. Prime Ministry General Directorate of Family and Social Research. (2008). Adolescent Profile Projects in Turkey in 2008. T. C. Prime Ministry General Directorate of Family and Social Studies, Ankara.
- UNICEF. (2012). Situation Analysis of Children and Young People in Turkey in 2012.
- World Health Organization. (2000). World Health Report 2000. Health Systems: Improving Performance. World Health Organization, Geneva.
- Yalaki, Z., Tasar, M.A., Yalçın, N., Dallar, Y. (2011). Evaluation of suicide attempts in childhood and adolescence. *Ege Journal of Medicine*, 50 (2), 125-128.
- Zhang, J., McKown, R. E., Hussey, J. R., Thompson, S. J., Woods, J. R. (2005). Gender differences in risk factors for attempted suicide among young adults: Findings from the third national health and nutrition examination survey. *Annals of Epidemiology*, 15, 167-174.