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(0-18) Investigation of the Causes of Disability of Mentally Disabled Children from the Perspective of Paediatricians

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Abstract

Keywords:

Mental Disability,
Health, Autism,
Development,
Awareness, Diseases,
Genetics,
Child Diseases

In the research, the causes and consequences of the reasons why children with mental or developmental disabilities have these diseases are examined. It has been investigated to examine the awareness levels of the developmental abilities of children with these diseases from a medical point of view and to increase the awareness levels of the formation of these inadequacies in terms of parents, and to investigate what factors may be the factors that constitute disability with the measures to be taken.

INTRODUCTION

In the past centuries, it has been scientifically proven that mental disability is not a disease, that it is madness, and that mental disability is a disease due to many factors. With positive science, medicine and psychological factors, it has been observed that mental disability is caused by multiple factors today. This situation is divided into two as prenatal factors and postnatal factors (Kara, 2017). Prenatal Factors, Gentic mutation, consanguineous marriages, blood incompatibilities, drugs used during pregnancy, Hereditary diseases, Maternal substance abuse, drug, alcohol, cigarette consumption, Malnutrition and unhealthy conditions of the mother during pregnancy are counted as many prenatal factors (Durduran & Bodur, 2009).

Postnatal Factors, Incorrectly used drugs and doses, wrong treatments, severe fever, high pressure, wrong birth, oxygen deprivation of the baby, fear, sudden shock, high radiation, brain haemorrhage, stroke, concussion and various accidents can cause mental deficiency and subsequent disability. Since this category occurs later, it is important for people to pay attention to their health while living and to have a health check-up every year in order to have a better quality life (Eripek, 1996). In this study, the causes of intellectual disability from the point of view of medical doctors were investigated and closed-ended multiple-choice questions were prepared by taking their opinions. Before the questions were prepared, preliminary information was obtained by using the interview technique with 50 parents with disabled children. As a result of the preliminary information, the factors that could cause the most disability were separated and turned into questions.

OBJECTIVES

To find out why children with intellectual disability have this disease from the point of view of medical doctors. The examination of the causes and consequences is discussed.

METHODS

One hundred paediatricians working in the province of Istanbul were asked ten closed-ended questions of the Triple Likert Type and the data were obtained by taking the percentages of the SPSS-22.Bestimsel Analysis. (Number of people who responded separately Agree-Disagree-Undecided/Total Number of People100)x100: %? S(percentage result) The results found in the research were visualised by using Pie and Bar Graphics. Vertical analysis was also performed. Comments and analyses were added over the results of the scientific findings and the results of the findings were transferred to the research as it is. For closed-ended questions, a questionnaire analysis form was created by interviewing 50 families with disabilities, so that the research questions were obtained

RESULTS

SORU-1	As a Medical Doctor, it is thought that Individuals with Intellectual Disabilities are born as a result of Genetic Factors?		
A)AGREE		B)DISAGREE	C)UNDECIDED
f:%92		f:%0	f:%8
SORU-2	We can say that Mental Disability occurs as a result of some accidents and unwanted situations that occur during the birth of the baby?		
A)AGREE		B)DISAGREE	C)UNDECIDED
f:%87		f:%11	f:%0,2
SORU-3	One of the reasons for the baby's mental disability, we can say that it occurs at the time of birth or after birth due to damage to the brain due to causes such as high fever, trauma, fear, violence, brain stroke, falls and severe accidents, radiation?		
A)AGREE		B)DISAGREE	C)UNDECIDED
f:%100		f:%0	f:%0
SORU-4	One of the biggest causes of mental disability is consanguineous marriage is considered?		
A)AGREE		B)DISAGREE	C)UNDECIDED
f:%95		f:%0	f:%5
SORU-5	It can be said that the reason for the birth of babies with mental disabilities is that the drugs used by the mother during pregnancy stop or damage the brain development of the foetus and cause the baby to be born with disabilities?		
A)AGREE		B)DISAGREE	C)UNDECIDED
f:%81		f:%2	f:%17
SORU-6	It is thought that one of the most important causes of mental disability in recent years is the disruption of the intestinal flora of the mother and the baby as a result of some parasites taken from the food of the pregnant mother?		
A)AGREE		B)DISAGREE	C)UNDECIDED
f:%98		f:%0	f:%2
SORU-7	It can be said that the mother's use of harmful substances such as volatile substances, alcohol, cigarettes, heroin during pregnancy causes the baby's brain structure to develop incompletely and the child to be born half or fully disabled?		
A)AGREE		B)DISAGREE	C)UNDECIDED
f:%100		f:%0	f:%
SORU-8	It can be said that one of the biggest reasons for the birth of disabled individuals is that the mother does not make the necessary controls during pregnancy, does not undergo some tests and analyses, and as a result of early intervention, disabled babies are born.		
A)AGREE		B)DISAGREE	C)UNDECIDED
f:100		f:%0	f:%0
SORU-9	It is thought that the partial disabilities of individuals with mental disabilities are due to doctor's mistakes?		
A)AGREE		B)DISAGREE	C)UNDECIDED
f:%22		f:%68	f:%10
SORU-10	It can be said that one of the most important causes of mental disability is the lack of adequate nutrition of the mother and the inability of the baby to develop fully, and factors such as premature births are effective?		
A)AGREE		B)DISAGREE	C)UNDECIDED
f:%99		f:%0	f:%1

One hundred paediatricians were asked that one of the causes of mental disability is thought to be the birth of mentally disabled individuals as a result of genetic factors, the answers received revealed that 92% of the doctors think that this disorder occurs as a result of genetic factors.

Another result found is as follows, Mental Disability, some accidents that occur during the birth of the baby, as a result of unwanted situations were asked to the doctors, 87% of the doctors answered by agreeing. However, it was observed that 11% of paediatric specialists gave a negative answer of disagree to this question.

One hundred paediatricians were asked about the reasons for the baby's mental disability, such as high fever at the time of birth or after birth, trauma, fear, violence, brain stroke, falls and severe accidents, radiation. All one hundred paediatricians answered by agreeing.

Paediatricians were asked that one of the biggest causes of Intellectual Disability is consanguineous marriage and 95% of them agreed.

Paediatricians were asked that the reason for the birth of babies with intellectual disabilities is that the drugs used by the mother during pregnancy stop or damage the brain development of the fetus and cause the baby to be born with a disability. 81% of paediatricians agreed with this question. 17% of paediatricians were undecided.

One hundred paediatricians were asked that one of the most important causes of mental disability in recent years is the disruption of the intestinal flora of the mother and the baby as a result of some parasites taken from the food of the pregnant mother. Out of a hundred experts, 98% agreed.

One hundred paediatricians were asked whether the mother's use of harmful substances such as volatile substances, alcohol, cigarettes, heroin during pregnancy can cause the baby's brain structure not to develop fully and cause the child to be born with half or full disability.

Pediatricians were asked that one of the biggest reasons for the birth of disabled individuals is that the mother does not make the necessary controls during pregnancy, does not undergo some tests and analyses, and as a result of early intervention, disabled babies are born. One hundred experts answered this question by agreeing.

One hundred paediatricians were asked whether the partial disabilities of individuals with intellectual disabilities could be caused by doctor's mistakes. 68% of paediatricians stated that they disagreed. However, as a result of an interesting result, 22% stated that doctor mistakes could occur. The idea that it may also be caused by doctor errors has emerged, albeit to a lesser extent.

According to 99% of paediatricians, one of the most important causes of mental disability is the mother's inadequate nutrition and the inability of the baby to develop fully, and factors such as premature births are also effective.

CONCLUSIONS

In this research, One Hundred Doctors who are Paediatrics specialists were asked ten closed-ended multiple-choice questions about Mental Disability and the data obtained were transferred to the research as it is. As a result of the research, the following results were obtained.

- Mental Disability may occur as a result of Genetic Factors

- Mental Disability may occur as a result of accidents during birth

- Causes of Mental Disability, High Fever at the time of birth or after birth, Trauma, Fear, Violence, Brain Shock, Fall and Heavy Accidents, Radiation

- Babies with intellectual disabilities may be born from consanguineous marriages

- One of the most important causes of intellectual disability is the lack of adequate nutrition of the pregnant mother and the inability of the baby to develop fully, as a result of factors such as premature births.

- It is believed that the drugs used by the mother during pregnancy stop or damage the brain development of the foetus and cause the baby to be born with disabilities.

- One of the most important consequences of mental disability is that as a result of some parasites taken from the food of the pregnant mother, the view that autism and disability may occur due to the disruption of the intestinal flora of the mother and the baby has gained weight.

- One of the most important reasons for the disability of the individual is that the brain structure of the baby cannot fully develop due to the mother's use of harmful substances such as volatile substances, alcohol, cigarettes, heroin during pregnancy and the child will be born half or fully disabled.

- According to paediatric specialists, one of the reasons for the birth of disabled individuals is that the mother does not make the necessary controls during pregnancy, does not undergo some tests and tests, and as a result of early intervention, the view that disabled babies may be born with mental disabilities has gained weight.

- Pediatrician doctors stated that partial disabilities of individuals with mental disabilities may be caused by doctor's mistakes, and 68% of the doctors opposed this situation and stated that there would be no doctor's mistakes. However, the opinion of 22% of doctors and 10% of undecided doctors about the possibility of doctor errors is one of the interesting findings of the research.

RECOMMENDATIONS

- In the research, personal opinions and observations of the doctors were taken. Mental disability is a condition that exists in life. As long as life continues, this disability and its types will continue and we should see it as a part of life. It must be ensured that the pregnant mother is under regular medical supervision from the very beginning until the moment of birth.

- The medicines to be taken should be under the supervision of a specialist physician. Risk factors and the mother should be away from a number of factors and factors that may jeopardise the health of the child during the development phase of pregnancy.

- Nutrition should be given great importance. The mother and the baby should be protected from accidents, volatile substances should not be used in the presence of pregnant women. It should be ensured that there are no bad substance habits.

- The mother and baby must be under the control of an experienced and specialised doctor. The mother should not be exposed to violence, fear and severe psychological traumas.

- Taking good care of the mother's hygiene and health, doing sports and keeping her morale high will minimise some of your negative risk factors. In terms of health, it should be ensured that consanguineous marriages are not made. It should be ensured that the mother consumes meat, milk and egg trio for the brain development of the baby.

LIMITATIONS

Limitations of the research, The research was limited to the province of Istanbul. 50 families with intellectual disability were interviewed. The research was limited to 100 paediatric doctors. It was limited by literature review.

NOTICES

Evaluation: Evaluated by internal and external consultants.

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Academic Evaluation on the Most Distinctive Features, Diagnosis and Treatment Aspects of Fibromyalgia

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Keywords:

Fibromyalgia, pain, Symptom, syndrome, Rheumatologist, Physical exhaustion, Fatigue

Abstract

Although pain is the primary and most distinctive feature of fibromyalgia, the condition is characterised by a complex polysymptomatology including fatigue, sleep disturbances and functional symptoms. Although pain is the primary and most distinctive feature of fibromyalgia, the condition can occur for other reasons. A disorder known as fibromyalgia syndrome is one of the most common explanations for the constant pain experienced by a significant number of people. Fibromyalgia syndrome is one of the most obvious causes of ongoing discomfort in the body of a significant number of people. Both the aetiology and pathophysiology of fibromyalgia are very complex and have not been fully elucidated. This wide range of possible pathophysiological pathways is a reflection of the wide range of risk factors associated with fibromyalgia. These risk factors include female gender, childhood adversity (including multiple headaches and abdominal symptoms, maternal death, behavioural problems at school, time spent in local authority care and family financial difficulties), stressful life events, few years of schooling, increased body mass index and a history of medical and psychiatric illness. There are additional proximal determinants, such as physical aches, headaches and somatic symptoms, as well as disturbed sleep and poor behaviour, but their status is not clear, as they may already be included as part of the fibromyalgia   diagnosis.

INTRODUCTION

Despite the fact that there are still processes underlying the heterogeneity of fibromyalgia that remain to be discovered, cluster analytical studies of established cases have identified a subgroup of patients with a marked sensitivity to pain, multiple accompanying symptoms (including depressive and somatic symptoms), marked functional impairment and possible changes in inflammatory markers. In addition to a wide range of other somatic symptoms, this group also has severe fibromyalgia, among other symptoms. In addition to experiencing a wide range of additional somatic symptoms, members in this group also struggle with severe cases of fibromyalgia as well as other conditions (Uhlig, Sand et al., 2018).

OBJECTIVES

The causes and consequences of the pain sensation and symptoms of fibromyalgia and different scientific approaches are discussed. It is aimed to examine the socio-economic causes of the academic studies, the effects of fibromyalgia, the examination and diagnosis of fibromyalgia from the perspective of rheumatologists, and the signs and symptoms of this disease.

METHODS

The study was originally written as a review article by scanning the literature on fibromyalgia in Turkey and abroad.

RESULTS

Widespread Pain that Can Affect Many Parts of the Body

Fibromyalgia is characterised by widespread pain that can affect many parts of the body. As one of the defining features of the disease, fibromyalgia patients may experience pain all over the body. Other examples of somatic symptoms include pain in the neck, shoulders and back, as well as tingling and numbness in the hands and feet. Other somatic symptoms include a burning sensation in the hands and feet. They have the ability to predict the onset of fibromyalgia, act as an indicator of the severity of the condition and function as an independent predictor of poor health (Rasmussen, Rosendal et al, 2016).

Analytical tests performed on patients diagnosed with fibromyalgia revealed that a significant component of the severe fibromyalgia clusters discovered was a range of somatic symptoms. There is probably more than one reference for this. If the answers to these questions are different, this raises the question of whether the factors predicting fibromyalgia onset are the same or different (Branco, Albello et al, 2010).

Therefore, the question arises whether the factors predicting the onset of fibromyalgia are the same or different depending on whether the disease is accompanied by a large number of symptoms. This hypothesis

has not been tested in any of the previous research of which we are aware through a prospective population cohort study (White, Speechey et al, 1999).

Components of the Total

Conditions include, but are not limited to, anxiety, depression, burnout, panic disorder, social phobia, agoraphobia, obsessive-compulsive disorder and eating disorders, to name just a few of the conditions covered. This meant that several differently assessed personal illnesses would not be included in the variable called "stress" as an indicator of fibromyalgia. Stress is a variable that can be used to predict fibromyalgia. This was a consequence of the statement that preceded it in the sentence. Instead, there would be a change in the approach taken when stress is measured quantitatively. Following this, a total score for the effects of external stress is determined by first determining a stand-alone "life events and difficulties score". This indicated external stresses including serious illness or the death of a close family member, as well as notable crises or problems at work, in interpersonal relationships, finances or housing (Dionne, Vonkrorff et al., 2013).

The fact that housing is a problem for some people should also be included in this category. The fact that housing is a problem for certain people also falls into this category. This also provides the idea that the causes of stress are probably a combination of both internal and external factors:
A higher score on the life events and challenges score indicates that the individual is experiencing a greater amount of stress compared to the normal level of stress that people experience (Sleurs, Tebeka et al., 2015).

Factors Contributing to the Socio-economic Structure of the Community

There are questions about the respondent's age, gender, marital status, residence (rural or urban), financial status, employment status, education level, and health. In addition to insurance status, it is important whether the respondent is currently being treated by a doctor for a condition (major depressive disorder, generalised anxiety disorder, irritable bowel syndrome, rheumatoid arthritis, systemic lupus erythematosus and other rheumatic diseases (Lluch, Nijs et al., 2018).

Emotional Misery

The disorder known as fibromyalgia can cause physical discomfort throughout a person's body (sometimes referred to as widespread pain), difficulty sleeping, extreme exhaustion and often both mental and emotional misery. People suffering from fibromyalgia are probably more sensitive to how their body reacts to the sensation of pain than people without the disease. This processing of pain is called the umbrella term

"abnormal pain perception". Pain and fatigue can be common symptoms of the condition known as fibromyalgia. Although the root cause of the condition has not been conclusively established, there are successful therapies and ways to control fibromyalgia (Pain, 2020).

- If the individual has fibromyalgia, these signs and symptoms
- The most common symptoms associated with fibromyalgia
- Pain in the shoulders and neck
- Headaches
- Fatigue
- A syndrome characterised by widespread pain and stiffness in the whole body
- Mental and physical exhaustion and fatigue
- Both depressive and anxious feelings have this common feature
- Sleep problems
- Having problems with one's intelligence, memory and/or ability to focus attention on a task can be considered attention deficit disorder.
- Various head-related disorders, including but not limited to headaches and migraines
- This disease is characterised by a series of symptoms, two of which are tingling or numbness in the hands and feet characterised by symptoms.
- Symptoms of this condition include discomfort in the face or jaw, as well as problems with the jaw itself, such as temporomandibular joint syndrome (also known as TMJ).
- Problems with the digestive system such as stomach pain, bloating, constipation and even irritable bowel syndrome (IBS) (also known as IBS) (Barands, Dessel et al, 2020).

Age

Even young children and teenagers have a one in a million chance of developing fibromyalgia at some point in their lives. This risk exists for absolutely everyone. However, the vast majority of patients are not diagnosed with fibromyalgia until middle age, and the risk of developing fibromyalgia increases with age.

The patient may have rheumatoid arthritis or lupus, both of which are autoimmune diseases. If a person already has lupus or rheumatoid arthritis, then the chance of acquiring fibromyalgia increases (Wolfe, Brahler et al, 1999).

This also applies to those with a family history of fibromyalgia (RA). There are several other variables that may be associated with the onset of fibromyalgia; however, more studies are needed to determine whether these links are true. A woman's risk of developing fibromyalgia is about twice as high as a man's risk of developing the condition. Exposure to an unpleasant or traumatic event, such as being involved in a car accident, is one of the possible trigger factors that can lead to post-traumatic stress disorder (PTSD). Illness (such as viral infections), including but not limited to infectious diseases caused by viruses, is an important risk factor. The problem of obesity is important (Wilsın, Starz et al, 2012).

It is standard procedure to diagnose fibromyalgia by looking at the patient's medical history together with the results of physical examination, X-rays and blood tests. This is done to arrive at a definitive diagnosis. The use of medication and self-management tactics can be beneficial not only for the treatment and management of fibromyalgia symptoms, but also for the symptoms themselves (Epidemiol, 2001).

Rheumatologists

Rheumatologists are medical professionals who specialise in the diagnosis and treatment of fibromyalgia as well as other types of arthritis. Rheumatologists also treat patients suffering from other types of arthritis. Rheumatologists are trained to diagnose and treat patients suffering from a wide range of arthritic conditions. Patients diagnosed with fibromyalgia should only be treated by a rheumatologist or a team of rheumatologists working together. To effectively treat fibromyalgia, often medical professionals use a range of treatments to achieve this goal(Larsson, Bakogh et al, 2010).

a.Medications, including analgesics, which can be obtained by purchasing over-the-counter or by obtaining a prescription from a qualified medical professional.

b.Exercise includes activities such as running on a treadmill, lifting weights.

c. Sessions dedicated to patient education, usually offered in primary care or community settings, may be beneficial.

d. Massage, yoga and meditation are all important examples of stress management approaches.

e.Engaging in healthy sleep patterns can help to achieve superior sleep quality, perhaps throughout the entire sleep life (Beutel, Krakau et al, 2011).

CONCLUSIONS

Patients diagnosed with fibromyalgia have the option of receiving treatment from a qualified medical professional, in addition to the possibility of self-managing their disease. It has been shown that using these strategies can lead to a reduction in both pain and impairment, which in turn enables patients to continue to engage in activities that are important to them. Pain, disability and a general decline in quality of life are just some of the potential side effects of fibromyalgia, which can lead to a range of other symptoms and outcomes (Mcdermott, Feldman et al, 2007).

Individuals with fibromyalgia are more likely to need hospitalisation due to the intensity of their symptoms compared to those without the condition. This is because people with fibromyalgia suffer from a chronic pain condition (Mohse, Bakkar et al, 2021).

In recent years, there has been a noticeable increase in the frequency of major depressive illness. People without fibromyalgia are about three times less likely to suffer from severe depression than those with the condition known as fibromyalgia. This is a very important distinction. Screening for depression and receiving depression-specific treatment are very important parts of the treatment of depression.

There has been an increase in the number of people who take their own lives by suicide or die as a direct result of an accident. Fibromyalgia patients have a higher risk of dying from suicide and injury than the general population, but the overall mortality rate of people with fibromyalgia is comparable to the general population (Moukaddeun, Chaaya, 2017).

Despite fibromyalgia patients having a higher mortality risk than the general population, there is an important link between fibromyalgia and many forms of arthritis, including osteoarthritis, rheumatoid arthritis, systemic lupus erythematosus and ankylosing spondylitis (Neumann, Buskila et al., 2003).

LIMITATIONS

The research is limited to scientific researches that have been previously conducted worldwide and have been included in the literature.

EVALUATIONS

Evaluation: Evaluated by internal and external consultants.

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ETHICAL DECLARATION

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Investigation of the Effect of Parents' and Teachers' Internet Usage Patterns on Communication Skills of (60-72) Month Old Children

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Abstract

In this study, it was aimed to reveal the effect of teachers' and parents' internet usage patterns on the communication skills of 60-72-month-old children. The sample of the study consists of teachers who provide preschool education in state-affiliated kindergartens in Bahçelievler district of Istanbul province and the parents of 357 children aged 60-72 months who receive education in these schools. Convenience sampling method was used in thestudy.

INTRODUCTION

Technologies that make life easier have caused developments in many areas. One of these areas is education and training activities. Some of the reflections of technology in the educational environment are the integration of tools and equipment in educational areas with technology, re-preparation of educational programmes in this direction, use of software integrated with technology, use of information and communication technologies at almost every level of education, etc. (Karaduman, Sarıkaya et al., 2011).

The American Academy of Pediatrics (AAP), Council on Communications and Media Group clearly explains that infants under the age of two should not be in front of the screen in any way. However, it states that children over the age of two can be educationally beneficial in very high quality interactive games and can be beneficial for language development, social skills and home school preparation (AAP, 2011).

Today, the ownership of technological devices is increasing due to the developments and advances in the world of information and communication technologies. However, the internet infrastructure is expanding and many preschool-age children are learning to use electronic devices such as tablets, phones, etc. with touch screens before they have acquired basic skills. The age of starting to use these devices, most of which are connected to the internet, is gradually decreasing (Hollewey, Green et al., 2015).

There are positive and negative views on internet content and its effects on children. Positive views are expressed as a technological wonder that supports children's personal development such as access to information, creativity, problem solving and analytical thinking. On the other hand, it is expressed negatively as uncontrolled, excessive, unconscious use, causing anxiety and fear with its misuse, and negatively affecting the development of the child's personal skills (Colwell, Kato, 2003).

Some studies have revealed that excessive use of computer and internet negatively affects the psycho-social development of children. What is necessary for the healthy development of children is their interaction with their family and friends. This interaction is now replaced by friendship in electronic environments, and in such a situation, children's interpersonal communication and communication maintenance skills are negatively affected. For this reason, it is possible to talk about the existence of a direct relationship between problematic internet use and asocialisation, depression and feeling of loneliness (Caplan, 2002).

In Ergüney's study, it was concluded that internet use negatively affects children's socialisation and family communication (Ergüney, 2017).

In this study, the effects of parents' and teachers' internet use on the communication skills of 60-72-month-old children are discussed by evaluating the views of teachers and parents. In the literature section of the study, technological developments, information on internet use and communication skills were presented. Then, the necessary data for the study were obtained by interviewing the parents and teachers of preschool children. Since there is no research in the literature on the relationship between internet use of parents and teachers of preschool children and children's communication skills, it is thought that the results of the study will contribute to the literature.

The number of studies on the use of technology by young children is not yet at a sufficient level. In some of the studies conducted by academicians, it has been determined that 90% of preschool children spend most of their time in front of a white screen. In a comprehensive study conducted by the American Academy of Paediatrics (AAP), it was stated that exposure to visual media was harmful for children under the age of two and warnings were made about not being exposed to visual media (10). In another study conducted by Zimmerman and colleagues, it was stated that the use of technology by young children causes retardation in language and cognitive development (Sayan, 2016).

It has been determined that the use of information technologies in preschool period positively affects the development of children's problem solving, information processing, reflective thinking, planning, logical/mathematical thinking, visual thinking, analogical thinking, critical and creative thinking skills. Apart from these, information technologies also positively affect psycho-motor skills, memory and vocabulary development.

OBJECTIVES

In this study, it was aimed to examine the internet usage patterns of teachers and parents and to determine the effect of teachers' and parents' internet usage patterns on the communication skills of 60-72-month-old children.

METHODS

This research is a descriptive study conducted to examine the effect of internet usage patterns of parents and teachers of 60-72 children attending preschool education on children's communication skills in terms of parents' and teachers' views. In this quantitative research, the relational screening model, which is one of the general screening models that investigates the existence or degree of change between two or more variables, was used (Karasar, 1998). SPSS 22 was used in the research.

The reason why descriptive research type was preferred in the study was that it was aimed to examine the communication skills of 60-72 children and the internet usage patterns of their parents and teachers in detail and to determine whether the internet usage patterns of parents and teachers have an effect on children's communication skills. The findings obtained were compared with the relevant literature and the situation examined was broadly defined and explained. In the study, data were obtained through a questionnaire prepared by the researcher according to the relational screening method.

RESULTS

The analysis process of the research data was analysed under four headings. Firstly, the demographic characteristics of parents and teachers and the distribution of information about their use of technology were given. In the second stage, the demographic characteristics of the parents were compared according to the mean scores of the scale and its sub-dimensions. In the third stage, the relationships between parents' internet usage patterns and 5-6 year old children's communication skills evaluation scores were analysed by correlation analysis, and finally, the effect of parents' internet usage patterns on 5-6 year old children's communication skills was examined by simple linear regression analysis.

Distribution of Participants Regarding Their Technology Usage Status

The information about the participants' use of technology is presented in the following tables with frequency and percentage values. The following are the findings of the research.

Table 1: Information on Parents' and Children's Use of Technology

	Kişi Sayısı (n=344)	Yüzde (%)
Do you have an internet modem (WI-FI) at home (n=340)?		
Yes	272	80,0
No	68	20,0
GB (n=231)		
0-1	2	0,9
2-3	2	0,9
4-6	3	1,3
7-10	10	4,3
Limitless	214	92,6

Do you have a smartphone? (n=340)		
Yes	336	98,8
No	4	1,2

How many GB of internet package do you have on your phone?		

Mother (n=312)		
0-1	15	4,8
2-3	115	36,9
4-6	108	34,6
7-10	56	17,9
Limitless	18	5,8

Father (n=296)		
0-1	5	1,7
2-3	51	17,2
4-6	100	33,8
7-10	99	33,4
Limitless	41	13,9

Do you have a social media account?		
Yes	328	95,3
No	16	4,7

What are they?		
Facebook	30	40,0
Twitter	5	6,7
Instagram	37	49,3
Flicker	-	-
Other	3	4,0

How long do you visit your social media accounts?		

Mother (n=309)		
Every day	230	74,4
Every other day	44	14,2
Once a week	16	5,2
Every 15 days	7	2,3
Nothing	12	3,9

Father (n=285)		
Every day	204	71,6
Every other day	36	12,6
Once a week	18	6,3
Every 15 days	12	4,2
Nothing	15	5,3

Does your child use technological devices?		
Yes	334	97,1
No	10	2,9
If yes, which technological tools does your child use? (n=149)		
Computer	4	2,7
Tablet	65	43,6
Mobile Phone	36	24,2
TV	43	28,9
Other	1	0,7
Which games does your child prefer to play on technological devices? (n=216)		
Violent game	3	1,4
Educational games	110	50,9
Non-violent games	89	41,2
Strategy games	14	6,5
In which time zone does your child play?		
Week days (n=286)		
Morning	37	12,9
Afternoon	50	17,5
Evening	126	44,1
Nothing	67	23,4
All day	6	2,1
Weekend (n=262)		
Morning	16	6,1
Afternoon	94	35,9
Evening	82	31,3
Nothing	44	16,8
All day	26	9,9
How much time does your child spend in virtual environment in 1 day? (n=324)		
0-30 minute	70	21,6
1 hour	100	30,9
2 hour	94	29,0
3 hour	37	11,4
4 hours and above	23	7,1
Which technological tools do you prefer to use? (n=185)		
Computer	3	1,6
Mobile Phone	166	89,7
TV	16	8,6

When do you prefer to use the internet?		
Week days (n=300)		
Morning	22	7,3
Afternoon	49	16,3
Evening	175	58,3
Nothing	22	7,3
All day	32	10,7
Weekend (n=291)		
Morning	19	6,5
Afternoon	32	11,0
Evening	178	61,2
Nothing	27	9,3
All day	35	12,0
How much time do you spend on the internet and virtual environments in 1 day? (n=328)		
1 hour	173	52,7
2 hour	85	25,9
3 hour	31	9,5
4 hour	11	3,4
4 hours and above	28	8,5
Do you think your child spends too much time with technological devices? (n=331)		
Yes	144	43,5
No	187	56,5
In your opinion, how much time should your child spend surfing the Internet and the virtual environment? (n=320)		
0-30 minute	166	51,9
1 hour	131	40,9
2 hour	23	7,2
Do you think there are positive aspects of your child spending time with technological devices? (n=330)		
Yes	207	62,7
No	123	37,3

When Table 6 is analysed, it is seen that 80.0% of the parents participating in the study have internet at home, while 20.0% do not have internet at home. While 92.6% of those who have internet at home have unlimited internet package, 4.3% have 7-10 GB, 1.3% have 4-6 GB, 0.9% have 2-3 GB and 0.9% have 0-1 GB. Almost all of the parents (98.8%) have smartphones, while only 1.2% do not have smartphones.

Among the mothers who use smartphones, 36.9% have 2-3 GB, 34.6% have 4-6 GB, 17.9% have 7-10 GB, 5.8% have unlimited and 4.8% have 0-1 GB internet package. Among the fathers who use smartphones, 33.8% of them have 4-6 GB, 33.4% have 7-10 GB, 17.2% have 2-3 GB, 13.9% have unlimited and 1.7% have 0-1 GB internet package.

While 95.3% of the parents have social media accounts, 4.7% do not have social media accounts. Among the parents with social media accounts, 49.3% have Instagram accounts, 40% have Facebook accounts, 6.7% have Twitter accounts and 4% have other social media accounts.

While 74.4% of mothers visit their social media accounts every day, 14.2% of them visit their social media accounts every other day, 5.2% of them visit their social media accounts once a week, 2.3% of them visit their social media accounts once every 15 days and 3.9% of them never visit their social media accounts; while 71.6% of fathers visit their social media accounts every day, 12.6% of them visit their social media accounts every other day, 6.3% of them visit their social media accounts once a week, 4.2% of them visit their social media accounts once every 15 days and 5.3% of them never visit their social media accounts.

While 97.1% of the parents' children use technological tools, 2.9% of them do not. Of the children who use technological devices, 2.7% use computers, 43.6% use tablets, 24.2% use mobile phones, 28.9% use TV, and 0.7% use other devices. While 1.4% of children play violent games on technological devices, 50.9% play educational games, 41.2% play non-violent games and 6.5% play strategy games.

While 12.9% of the children play games in the morning on weekdays, 17.5% play at noon, 44.1% play in the evening, 2.1% play all day and 23.4% do not play any games during the day; while 6.1% play games in the morning on weekends, 35.9% play at noon, 31.3% play in the evening, 9.9% play all day and 31.3% do not play any games during the day. While 21.6% of children spend 0-30 minutes a day in the virtual environment, 30.9% spend 1 hour, 29.0% spend 2 hours, 11.4% spend 3 hours, and 7.1% spend 4 or more hours.

While 1.6% of the parents who participated in the research prefer to use computers among technological tools, 89.7% prefer mobile phones and 8.6% prefer television. On weekdays, 7.3% of the parents prefer to use the Internet in the morning, 16.3% in the afternoon, 58.3% in the evening, 10.7% in the evening, 10.7%

all day and 7.3% never use the Internet during the day. 6.5% of the parents prefer to use the Internet in the morning, 11.0% in the afternoon, 61.2% in the evening, 12.0% all day and 9.3% never use the Internet during the day. While 52.7% of the parents spend an average of 1 hour a day on the internet and virtual environment, 25.9% spend 2 hours, 9.5% spend 3 hours, 3.4% spend 4 hours, and 8.5% spend more than 4 hours. While 43.5% of the parents think that their children spend too much time with technological tools, 56.5% do not think so.

According to 51,9% of the parents, the duration of the child's surfing on the internet and virtual environment should be 0-30 minutes, while according to 40,9% it should be 1 hour and according to 7,2% it should be 2 hours. While 62.7% of the parents think that there are positive aspects of their children spending time with technological tools, 37.3% do not think so. In order to obtain more detailed information about the internet use of parents and children, open-ended questions were asked to the parents. The answers given by the parents to these questions were categorised and presented in Table 7 below.

Table 2: Parents' Views on Their Children's Use of Technology

Statements	Answer Categories	f	%
Reasons why your child spends a lot of time with technological devices?	Unfavourable environmental conditions	89	%66,4
	Technological tools attract the child's attention and interest	29	%21,6
	Sibling status	16	%11,9
What are the positive aspects of your child spending time with technological devices?	Positive impact/contribution to education	146	%65,7
	Positive effect on child development	44	%19,8
	Adapting to technological developments and helping to obtain information	32	%14,4
What are the negative aspects of your child spending time on technological devices?	Negative effect on communication skills	75	%19,6
	Negatively affecting the development of the child	66	%17,3
	Negative effects on the health of the child	61	%16,0
	Addiction	54	%14,1
	The content in technological tools contains violent tendencies and the presence of violent behaviours in children	56	%14,7
	Lack of content control (parents do not supervise the child)	37	%9,7
	Attention deficit and hyperactivity disorder	22	%5,7
	Negative impact on education	10	%2,6

While 66.4% of the parents who participated in the research stated the reasons for children spending time with technological tools as negative environmental conditions, 21.6% stated that technological tools attract the child's attention and interest, and 11.9% stated sibling status.

65.7% of the parents stated that the positive aspect of the child spending time with technological tools is its effect/contribution to education, 19.8% stated that it has a positive effect on the child's development, and 14.4% stated that it helps the child adapt to technological developments and acquire knowledge.

The negative aspects of spending time with technological devices were stated by 19.6% of the parents as having a negative effect on communication skills, 17.3% as having a negative effect on development, 16% as having a negative effect on health, 14.1% as being addictive, 14.7% as causing a tendency towards violence, 9.7% as not controlling the content, 5.7% as causing attention and hyperactivity disorder and 2.6% as having a negative effect on education.

CONCLUSIONS

In the study, information about the internet usage patterns of the parents and teachers of 60-72-month-old children attending preschool education was measured with the "Internet Usage Patterns Questionnaire" and the communication skills of children were measured with the "Communication Skills Scale for 5-6 Year Old Children". The results of the study conducted to determine the effect of parents and teachers on the communication skills of 60-72-month-old children attending preschool education are given below.

As a result of the study, parents' internet usage patterns did not differ according to the gender of the child and the age of the child, but they differed according to the variables of parental age, parental education level and parental employment status. Accordingly, parental internet usage patterns did not differ according to the age of the mother, but differed according to the age of the father. Fathers between the ages of 31-35 use the Internet more actively than fathers over the age of 35.

Parental internet usage patterns differed according to the educational level of mother and father. The higher the educational level of both mother and father, the higher their internet use.

Parental internet usage patterns differed according to the employment status of the mother and father. Mothers who stated their occupation as other use the internet more actively than housewives. Fathers who stated their occupation as "other" used the Internet more actively than self-employed fathers.

As a result of the study, the communication skills of 5-6 year-old children did not differ according to the

variables of parents' age, gender of the child, age of the child and number of siblings, but they differed according to the variables of parental education level, parental employment status and the child's previous preschool education. Accordingly, while children's communication skills did not differ according to father's education level, they differed according to mother's education level. The communication skills of the children of mothers who graduated from primary/secondary school were higher than the communication skills of the children of mothers who graduated from undergraduate/graduate school.

Children's communication skills did not differ according to father's employment status, but differed according to mother's employment status. The communication skills of children whose mothers are housewives are higher than those of children whose mothers are employed.

Children's communication skills were higher in children who did not receive preschool education than in children who received preschool education.

As a result of the research, a significant relationship was found between mother's and father's internet usage patterns and preschool children's communication skills. It was observed that the internet usage patterns of the parents of 60-72-month-old children attending preschool education were effective on the communication skills of children. Accordingly, the increase in parents' internet use has a negative effect on children's communication skills.

However, no significant relationship was found between teachers' internet usage patterns and preschool children's communication skills.

LIMITATIONS

This research is limited to preschool teachers teaching in public schools within the borders of Bahçelievler in Istanbul province and parents of preschool students studying in these schools in the 2018-2019 academic year. The research is limited to the parents of 357 children aged 60-72 months.

DISCLOSURE

Evaluation: Evaluated by internal and external consultants.

Conflict of Interest: The authors have no vested interest in this article. No conflicts were reported.

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ETHICAL DECLARATION

Publication Ethics of Istanbul Medisosyal Education and Research Journal of Health Sciences; It is a nationally based scientific journal that aims to ensure that scientific research and publications are carried out in accordance with the basic principles such as honesty, openness, objectivity, respect for the findings and creations of others, and aims to achieve this in the field of Health Sciences. Helsinki Declaration criteria are taken into consideration

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Investigation of the Language and Social Development of Inclusion Students with Disabilities between the Ages of (0-18) and the Effects on Education from the Perspective of Teachers

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Abstract

In the world and in our country, mainstreaming students receive education in various classes at (1.2.3) levels. There is a special education, BP file and educational content for mainstreaming students, and the school counselling and guidance staff are active in all public and private schools as a first aid centre in all matters that the student needs with the task of psychological counselling. It is thought that the school education of mainstreaming students contributes to their language and social development, and that there may be failures in the education system as well as developmental progress. The problems experienced by the students in language and social development were analysed from the teachers' point of view.

INTRODUCTION

It is known that the most important factor for inclusion students, who live their lives as partially disabled and whose education is supported by the state, to be able to adapt to school, education and business life is that their social development should be healthy. School education activities should be correct and healthy for individuals who receive inclusive education and have stagnant intelligence to realise themselves and adapt to life.

The education received at school enables mainstreaming students to progress one step further. A special file is prepared for education and individual education plans are drawn up. In order for them to adapt to the school and their classmates in every sense, it is important for the progress of mainstreaming students that the class teacher, Drs teachers and school counsellor, family and friends are understanding and helpful (Çoşkun & Erdin, 2014).

Guidance services are available in every school. It is known that a multifactorial problem experienced or to be experienced with the cooperation of psychological counselling and guidance teachers, school or institution principal, teacher, family and student will be solved with coordinated communication and on-site intervention. It is known that the most important factor in the language development of inclusion students is the family. Language development that starts in the family develops or fails to develop in educational institutions according to the academic level of the student (Sucuoğlu & Özokçu, 2005).

Inclusion students who have language problems due to multiple factors may sometimes have health-related problems, no matter how much education they receive. Students whose language is underdeveloped and who have difficulty in expressing themselves cannot be understood when talking to their peers and may cause contempt. Inclusion students who have a lisp, tongue tie, and strong speech can be the subject of ridicule of their peers due to these congenital health problems, and there are also inclusion students who have improved themselves (Duran, 2019).

Socially, as a result of the inability to express language problems, the student experiences various psychological traumas and social mood disorders, academic development problems, expression problems in perception and expression, and it is thought that the inadequacy of the family, the inability of the school counsellor and teachers to support too much will cause inclusion students to regress in terms of academic, social, psychological and language development (Ekşi, 2010).

OBJECTIVES

The aim of this study was to investigate the problems in the language and social development of disabled inclusion students studying at primary school level from the perspective of teachers.

METHOD

(200) primary school teachers working in the Bahçelievler region of Istanbul province were asked seven closed-ended questions of the Triple Likert Type and mathematical proportioning, percentage frequencies were found using the Qualitative Compositional Research Method in the research and various data were obtained. The results found in the research were visualised using Pie and Bar Graphics. Comments and analyses were made on the results of the scientific findings.

Förmulation: t(x,y,z) /n)*100: s%?

(X(n:Agree, person count)/n(total.person count)*100(Percentage): s%(Result):t,s,f(%)

RESULT

Research Questions (Questions, Social and Language Development of Inclusion Students

Observation, Teacher Competence, Counsellor Competence, School

Adequacy of Materials, Social Adaptation, Socialisation with Peers)

Araştırma Soruları	Yes I agree	No Disagree	Partly Agree
QUESTION 1: In your opinion, can we say that the mainstreamed student in your class is socially in harmony and integrated with his/her friends?	t(x,y,z) /n)*100: s%? 200 Öğr. n67 : f%33,5	t(x,y,z) /n)*100: s%? 200 Öğr. n122 : f%61	t(x,y,z) /n)*100: s%? 200 Öğr. n11 : f%5,5
QUESTION 2: Do you think that the mainstreaming students you have observed and taught in your class for one year have language development problems?	t(x,y,z) /n)*100: s%? 200 Öğr. n102 : f%51	t(x,y,z) /n)*100: s%? 200 Öğr. n91: f%45.5	t(x,y,z) /n)*100: s%? 200 Öğr. 7 : f%3,5
QUESTION 3: Language development of mainstreaming students is thought to have too much effect on social development?	t(x,y,z) /n)*100: s%? 200Öğr.n181: f%90.5	t(x,y,z) /n)*100: s%? 200 Öğr. n17: f%8.5	t(x,y,z) /n)*100: s%? 200 Öğr. n7 : f%3,5

QUESTION 4 As a teacher, can we say that you approach the mainstreaming students in your class impartially, that you benefit them in terms of education/training, and that you help mainstreaming students in every sense?	t(x,y,z) /n)*100: s%? 200 Öğr. n166 %83	t(x,y,z) /n)*100: s%? 200 Öğr. n3: f%1.5	t(x,y,z) /n)*100: s%? 200 Öğr. n31 : f%15.5
QUESTION 5 As a teacher, how can we say that you know how to approach inclusive students in your class and how to prepare a complete education plan and programme for them?	t(x,y,z) /n)*100: s%? 200 Öğr. n146 %73	t(x,y,z) /n)*100: s%? 200 Öğr. n0: f%0	t(x,y,z) /n)*100: s%? 200 Öğr. n54 : f%27
QUESTION 6 Can we say that the materials in your classroom are sufficient for the language and social development of inclusion students?	t(x,y,z) /n)*100: s%? 200 Öğr. n188%94	t(x,y,z) /n)*100: s%? 200 Öğr. n3: f%1.5	t(x,y,z) /n)*100: s%? 200 Öğr. n9 : f%4.5
QUESTION 7 In case of deficiencies of inclusion students in your class in terms of social, emotional and language development and in case of problems in the classroom, school counsellors should ensure that school counsellors are fully and completely involved. that he solved the problem by intervening early?	t(x,y,z) /n)*100: s%? 200 Öğr. n141%70.5	t(x,y,z) /n)*100: s%? 200 Öğr. n33: f%16.5	t(x,y,z) /n)*100: s%? 200 Öğr. n26 : f%13

CONCLUSIONS
Inclusion students cannot be in social harmony with their peers in the classroom.

- Inclusion students have language development problems

- The effect of language development on social development of mainstreaming students is very high.

- It is seen that some of the teachers cannot approach the mainstreaming students impartially and fairly and cannot fully help them, but the majority of the teachers provide all kinds of help and self-sacrifice to the mainstreaming students and act fairly.

- It is seen that the teachers know how to approach mainstreaming students and how to prepare the education plan and programme for the students.

- It was revealed that there were no materials for inclusion students to use for language and social development in the classrooms.

- Guidance services are not able to solve the social and psychological problems of mainstreaming students and are not fully competent in problem solving. It shows the inadequacy of school counselling services.

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- Guidance services are not able to solve the social and psychological problems of mainstreaming students and are not fully competent in problem solving. It shows the inadequacy of school counselling services.

SUGGESTIONS

- First of all, it is absolutely necessary to carry out a careful and meticulous study for mainstreaming students and to fully meet the needs of these students who receive education within the institution.

- A language development programme should be implemented for inclusion students whose language deficiency is detected and they should be provided with lessons.

- How teachers should approach mainstreaming students can be provided by the guidance service or by giving some trainings to teachers to overcome this problem.

- Practices and activities for social development can be organised for inclusion students within the school.

- Activities should be organised for inclusion students to fully adapt and integrate with their peers.

- Classroom organisation and the availability of some materials for mainstreaming students should ensure that they are comfortable and feel a sense of trust in the classroom environment.

- Teachers should be reminded frequently by administrators and counsellors that teachers should be self-sacrificing and fair.

- The inadequacies of guidance counsellors should be eliminated and educational seminars and courses should be provided for guidance counsellors during the year.

- It is also important to increase the comfort of the counselling service in order for students to receive a better service.

- It should be explained how normal peers should behave towards mainstreaming students in the classroom.

- Seminar-style practical work and meetings can be held every year for students to raise awareness.

LIMITATIONS

The research is restricted to the district of Istanbul province gardenevler. The research is limited to 200 parents.

EVALUATION

Evaluation: Evaluated by internal and external consultants.

Conflict of Interest: The authors declare no conflict of interest related to this article.

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ETHICAL STATEMENT

Publication Ethics of Istanbul Medisosyal Education and Research Journal of Health Sciences; It is a national and internationally indexed scientific journal that aims to ensure that scientific research and publications are carried out in accordance with the basic principles such as honesty, openness, objectivity, respect for the findings and creations of others, and works to achieve this. Helsinki Declaration criteria have been taken into consideration.

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Factors Affecting the Brain Development of the Baby in the Mother's Womb

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Abstract

Keywords:

Babies,Brain Development, Disease,Health, Neurons, Development, Mother,Pregnancy, Nutrition,Geese, Dangers

Today, the technological progress in the health system, which enables the examination of the baby in the womb from the first developmental stage to the last developmental stage, offers great advantages in terms of health. It is known that there are various factors affecting the brain development of the baby in the womb. These factors can be grouped under two main headings as internal and external factors.

The baby's brain development constitutes the most important stage in his life. The brain is the only intelligent organ that manages all organs by signalling and commanding by human nature. The first stage of the baby's brain development begins at 8 weeks in the womb with the division of the baby's cell in the mother's womb. the first formed organ is the heart.

INTRODUCTION

Since the human brain is very complex and sensitive in terms of structure and physiology, it is the organ that needs the most protection in our body. Although we have structural similarities with other mammals, it is the human brain that distinguishes us from other living things. This magnificent system, which surrounds our whole body like a network with the brain at its centre, needs different stages of development and equipment.

While a mammal can stand up, suck and walk immediately after birth, a human baby is born with an underdeveloped nervous system and is dependent on its parents. The main stages of maturation end after birth, with the basic development of the brain and nervous system beginning in the last two months before birth. Under the influence of genetic structure and environmental factors, brain nerve cells (neurons) strengthen their communication with new experiences and the brain gradually matures (Ayvaz, 2022).

OBJECTIVES

The stages that the foetus goes through from the first brain development stage in the womb and the internal and external factors affecting the brain development of babies and the positive and negative effects of these factors were investigated.

METHOD

The research was originally written in the form of a review of the factors affecting the brain development of the baby in the womb by scanning national and international sources. Qualitative and quantitative data were added to the research by referencing.

RESULT

Brain Development of the Baby

The baby's brain is a tubular structure (neural tube) formed by the cells that multiply after fertilisation of the mother's egg on days 21-28. After the end of the day, they begin to accumulate. The cells differentiate into brain cells and grow and mature over time.

The vitamin folic acid plays a very important role during this period. In babies of mothers with folic acid deficiency, structural abnormalities in the brain and nervous system called "neural tube defects", incomplete formation in the spinal cord, incomplete bone formation in the spinal cord, or incomplete formation in the spinal cord causing spina bifida (the cord must be open or left outside the sac (usually expressed as holes in the baby's back)), abnormalities called "spina bifida" may occur.

In some of these abnormalities the baby cannot survive, while in others emergency surgery may be required. In developed countries (e.g. the United States of America), the incidence of neural tube defects in newborns is 1/2000, whereas this number is -9/1000 in our country (Eliot, 2000).

Brain development and growth in the womb

The growth of the baby's brain is parallel to the growth of the head. The head circumference, which is 35 cm at birth, grows rapidly in the first six months, then the growth rate slows down gradually. Children's head growth is compared with standard growth charts designed for their age. If a child's head circumference is less than 3% of normal for their age, this is called microcephaly. Diseases that damage brain growth and development in children with microcephaly are analysed.

In addition to genetic factors, microcephaly can also be caused by infections, especially during pregnancy (TORCH group infections). Macrocephaly is a condition in which the head is above these standard curves. This requires examination for diseases such as hydrocephalus, which abnormally enlarges and compresses the brain and its supporting structures.

For these reasons, it is very important for a pregnant woman to be under the supervision of a doctor from the beginning to the end of pregnancy, not only if there are problems, but also to know whether the baby is growing healthy. To identify conditions that may affect brain development. In addition, some possible diseases can be treated and operated on even while the child is still in the womb (Lagercrantz, 2016).

Factors of Nutrition Affecting Brain Development

The influence of the mother's balanced diet on the baby's brain development is undeniable. Our eating habits should prioritise not overeating, a good balance of protein, carbohydrates and fats, including vegetables and fruits, drinking good fluids and emphasising variety over quantity.

However, there are no publications showing that a single nutrient can enhance brain development. Deficiencies of certain nutrients and minerals have been shown to adversely affect brain development. The best examples are iron deficiency, which causes anaemia, and vitamin B12 deficiency, which causes severe learning difficulties and memory and neurological problems, especially in girls. Omega 3 (DHA, fish oil) is beneficial for all age groups in case of nutritional deficiency. The best thing a mother can do to develop her child's brain and make it healthy is to take care of her health and avoid situations and events that will harm herself and her child (Karaca, 2022).

CONCLUSION

The first brain development process of the baby starts to form and develop in the form of neural tube with the increase in the number of cells after 21-28 days after the fertilisation of the mother's egg.

Factors affecting the baby's brain development can be summarised as follows;

- ➢ The mother contracting infectious diseases during pregnancy.
- ➢ Using medication without consulting a doctor while the mother is pregnant.
- ➢ Not taking minerals such as minerals and folic acid that will support the baby's brain development under the supervision of a doctor. Being deprived.
- ➢ Inadequate nutrition
- ➢ Eating insufficient vegetables and fruit
- ➢ Consuming spoilt foods
- ➢ Not being under medical supervision from the beginning to the end of pregnancy
- ➢ Genetic structure of the mother (Gene mutation-Anomolies)
- ➢ Consanguineous marriages
- ➢ Retarded development of brain nerve neurons while the baby is developing in the womb
- ➢ Exposure of the mother to radioactive material
- ➢ Mother's smoking, using volatile substances, heroin, etc.
- ➢ The nervous system of the foetus is affected in the womb when the mother is exposed to a high voltage line
- ➢ The mother experiences sudden bumps, accidents and falls in the later stages of pregnancy.
- ➢ Risks of late pregnancy
- ➢ Sudden shock, fear and severe violence against the mother during pregnancy
- ➢ Inadequate intake of omega 3-6 and vitamin B12 by the mother, affecting the brain development of the baby
- ➢ Infection of the baby in the womb causing brain diseases such as microcephaly.

SUGGESTIONS

Since brain development starts in the foetus, expectant mothers should pay attention to their health. Pregnant Mothers; It is important to use folic acid and omega-3 supplements under the control of a doctor. Since it directly affects brain development during pregnancy and breastfeeding, it should avoid smoking and alcohol for a healthy brain development of the baby.

The effect of nutrition on brain development: Nutrition affects the development process of the nervous system. Pregnancy and 0-3 years are the periods when the brain develops the fastest. Important biological processes such as the formation of neurons, the formation of synapses, the growth of axons and dendrites require sufficient fat, protein and carbohydrate intake during this period.

Objects that negatively affect brain development

Technical devices such as tablets, phones, televisions and computers negatively affect brain development

Play and Brain Development

Continuous communication with children is the key to brain development. You can increase your child's communication and social skills and contribute to brain development with a parent-child routine consisting of simple and practical games that you will create with your child.

Importance of breast milk

Breast milk contributes to brain development with its rich Omega-3 and Docosahexaenoic acid (DHA) content. The intake of docosahexaenoic acid by the mother contributes to the normal brain development of the foetus and breastfed babies. The baby should be breastfed especially for the first 6 months and breastfeeding should be continued until the age of 2.

Foods that Support Brain Development

- Eggs increase concentration due to their protein content.
- Salmon, tuna and sardines are Omega-3 rich foods.
- Nuts such as walnuts and hazelnuts are brain-friendly and full of vitamins and minerals.
- Yogurt contributes to the development of cell membranes by increasing brain activity.
- Spinach, cabbage enlarges brain cells.
- Oats improve memory.
- Spices such as cinnamon help protect brain cells (Michael et al, 2018).

LIMITATIONS

The research is limited with the data of scientific researches related to the subject in Turkey and abroad.

EVALUATION

Evaluation: Evaluated by internal and external consultants.

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Legal Arrangements for Disabled People in Turkey and in the World

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Abstract

Keywords:

Health, Disability Legal regulations, Psychological, Social, Social, Ministry of Health

In Turkey, the High Council for the Disabled (1950-1951) was established by the state and started to produce social, social and psychological projects for the disabled. With the laws enacted for disabled individuals to live more comfortably and to lead a life worthy of human dignity, special education services carried out by the Ministry

INTRODUCTION

The most common definition of disability is the emergence of a problematic situation in which the individual cannot find himself/herself in interaction with the environment due to the inability caused by the dysfunction of the sensory organs caused by injuries.

In this definition, disability is a limitation in the functioning of organs and their functions before, during and after birth, and disability is a loss of mental, physical, behavioural or sensory ability. Impairment of the functions of all or some of the organs indicates the occurrence of disability (Çitil & Üçüncü, 2018).

According to OECD, EU and Turkey, approximately 1% of the world population is disabled. In other words, there are 1 billion disabled people in the world. For this reason, they are described as "the world's largest minority". According to the National Disability Database, there are 1,559,222 disabled people in Turkey: In OECD countries, the proportion of disabled people aged 20-3 is 6 years old. Between the ages of 35 and 9, this number doubles. Between the ages of 50 and 6.

In the European Union, there are million disabled people aged 15-6 with basic functional problems, while 35 million people have limited work opportunities due to a lifelong health problem. One in every four disabled people receives assistance. % of disabled people in EU countries drop out of school after primary school. While the risk of poverty/social exclusion in Turkey is 9% of the disabled in the EU compared to "Sweden", according to the United Nations Development Programme, this rate is 1 per disabled person in Turkey (Eyder, 2022).

OBJECTIVES

In Turkey and in the world, what kind of rights and opportunities are given to disabled individuals regarding social-health-economic problems and health services, and what kind of legal arrangements are made in Turkey with the developments abroad in the legal framework. The findings obtained were transferred to the research as it is.

METHOD

This article was originally written as a review article by scanning national and international sources of the latest developments on what the legal regulations are for the disabled in the world and in Turkey. Quantitative and qualitative data were added to the research by citing the source.

RESULTS

The State of the Republic of Turkey first enacted a law in (1976) for the unemployed disabled and the elderly over the age of (65), and provided them with financial assistance, even if the amount is small. The legal policies related to the disabled in Turkey have been able to be expressed in a certain discipline by bringing the works related to the disabled to a point in 1997 by the Administration for Disabled Persons under the Prime Ministry.

The Ministry of Health is only interested in the health services of disabled people. All other services related to the disabled are carried out by the Ministry of Social Policies. The prerequisite for disabled people to benefit from various state aids is "being in need". In Turkey, if the rate of disability for the disabled (40%) and above, the state provides financial assistance under the name of disability pension, which is paid quarterly as (2022) pension with the laws enacted.

The fact that the social policies implemented by the state are in an effort to improve day by day, and that visible progress has been made, the fact that health institutions comply with the decisions taken, and that they act according to the communiqué made by the Ministry of Health has contributed to the increase in the quality of health services provided to the disabled and easy accessibility.

These individuals are paid salaries at certain intervals. The latest current salary table and disability rate in (2015) are shown in the table below. With the principle of equality for all in mind, the first declaration on the rights of persons with disabilities was published by the United Nations General Council in December (1975). This declaration declared that the disabled person and the normal person are equal without discrimination of religion, language, race, status, ideological discrimination at the United Nations International Disabled People's Meeting.(1981)

The World Action Programme on Disabled People was prepared in 1982 and three policies were determined for disabled people.

These three policies are as follows:

- Disease Prevention Services (Health)

- Rehabilitation Services

- Equal Opportunity (Aktel & Erten, 2017).

In (1989), Human Resources Development Action Plan 'Tallinn Framework' was adopted for disabled people. In the Tallinn Plan, it was aimed to utilise the labour force of disabled people, to provide vocational training, and to provide the necessary training for employment. In 1992, as a result of the joint decision taken by the United Nations, it was decided to celebrate 3 December every year as the World Day of Disabled Persons.

The United Nations (1993-2002) was accepted as the Asia-Pacific Decade for Persons with Disabilities. At the Asia-Pacific Disability meeting held by the United Nations, it was stated that most of the disabled people live in developing countries. The legal regulations of the Republic of Turkey on disabled people; Turkey has announced that it accepts all international conventions to which it is a party as having the force of law.

Thus, the Republic of Turkey has taken the necessary legal steps by accepting that it will comply with all decisions taken on the international platform regarding the disabled (2004). This decision has been a good example by overriding the internal regulations of the Turkish State.

If we need to give an example from abroad in terms of the services and educational opportunities provided to the visually impaired in mental disability, which is a type of disability; The Netherlands is one of the first countries that come to mind in this field. The first library for the visually impaired was opened in the Netherlands (1887) and named "De Vereniging De Nederlands Braillebibliotheek" (Nagpal, 2008).

It carries out all kinds of vital plans and studies of children and adults, starting from the age of education to working life, within a certain programme, thanks to the audio books, magazines and various publications and printed embossed books produced by Delicon Production supported by the Dutch government. In cooperation with the Dutch government and Dedicon educational institution, they provide services to the visually impaired by preparing special reading software, dyslexia software and reading and listening programmes for the visually impaired to read newspapers, books and magazines (Bhartia, 2008).

Sixty thousand books, three hundred newspapers and magazines were produced as audio publications in Dedicon education centre and this continues today. The Dutch government and the education company provide these services free of charge. The Dutch government provides one and a half million euros a year and two collaborators (Dedicon Education Centre and Public Library Sector Institute) convert one thousand three hundred books into audio books every year, and five hundred books, three thousand seven hundred newspapers and magazines are translated into Braille embossed text and published (Kumar, 2008).

There are various differences between the disabled people in Turkey and the disabled people living in European countries in terms of social, economic and infrastructure services as well as the value judgements of the society, communication, tolerance and cooperation.

In the Netherlands, if individuals are born disabled for any reason, they are registered after birth. From the very first moment, these individuals are started to receive education in order to develop self-confidence, adaptation to social life and hand-eye coordination. Vocational studies are prioritised for these individuals and it is ensured that they perform a profession well in the future.

Dedicon receives three and a half million Euros a year from the state and produces all kinds of tools and equipment for the disabled and sends these products to the state library.

One hundred million people with disabilities were identified in the world in (2012). This number is increasing due to war, disease and poverty. For the visually impaired in Turkey (1889) in Istanbul in a section of the School of Commerce began to operate in (1921) in Izmir deaf, dumb and blind school was opened, by the Ministry of National Education (1950) in Ankara blind school and training dormitory was put into operation. All schools for the visually impaired were transferred to the Ministry of National Education in 1951. According to (2009) data, there are 16 primary schools for the visually impaired opened by the state.

There is gender discrimination against the visually impaired in Turkey. While male visually impaired people can go out alone, female visually impaired people are confined to their homes and prevented from going out.
 International Conventions on Disabled Persons to which the Republic of Turkey is a party:

- Convention on the Rights of the Child
- Social Rights Convention
- Covenant on Economic and Cultural Rights
- European Social Charter and Convention on the Rights of Persons with Disabilities
- Covenant on Civil and Political Rights

RESULT

There are various differences between the disabled people living in European countries and the disabled people in Turkey in terms of social, economic and infrastructure services and the value judgements of the society, communication, tolerance and cooperation.

In 1976, the Republic of Turkey became one of the few states in the world to provide salaries to disabled people and 65-year-old citizens. The Republic of Turkey prepared a World Action Programme for the disabled for the first time in 1982 and three policies were determined for the disabled. In this context, for the disabled: Disease Prevention Services (Health) - Rehabilitation Services - Equal Opportunity has been legalised by law. These developments are important in terms of the importance given by Turkey to its disabled citizens and the understanding of social state as an example for the countries of the world.

In the Netherlands, Dedicon Company produces all kinds of tools and equipments for the disabled by receiving three and a half million Euros a year from the state and sends these products to the state library. The Dutch state provides one and a half million Euros a year to support disabled people. In Turkey, there is gender discrimination against the visually impaired. While male visually impaired people can go out alone, female visually impaired people are confined to their homes and prevented from going out.

All schools for the disabled in Turkey were affiliated to the Ministry of National Education after 1951.
As a result of the joint decision taken by the United Nations in 1992, it was decided to celebrate 3 December every year as the World Day of Disabled Persons. Turkey has complied with the decision.

The International Conventions on Disabled Persons to which the Government of the Republic of Turkey is a party are as follows:
1-Convention on the Rights of the Child
2-Covenant on the Social Rights of Persons with Disabilities
3-Covenant on Economic and Cultural Rights of Persons with Disabilities
4-European Social Charter and Convention on the Rights of Persons with Disabilities
5- Convention on Civil and Political Rights of Persons with Disabilities
The above-mentioned conventions are of international nature and are binding on the Republic of Turkey and have the force of law (Şişman, 2014).

LIMITATION

The research is limited to the data of scientific researches related to the subject in Turkey and abroad.

NOTICE

Evaluation: It has been evaluated by internal and external advisors.

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Total Quality Management and Control Gaps in Public Hospitals

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.Abstract

Keywords:

Personal Health Data,
Data Subject,
Right of Access,
Right to Information

In today's time, it is necessary to focus on what can be the Total Quality Management and Audit Gaps in the Health Enterprises of the Hospitals in the World and in our country and what can be done to eliminate the problems caused by these gaps and these problems. Total Quality Management and Audit Gaps in Public Hospitals are also seen in the world countries and Turkey. These gaps can be done intentionally, including legal gaps, negligence, intention or crime.

INTRODUCTION

Total Quality Management and Audit Gaps in Public Hospitals It can be seen due to many factors in world health institutions and in Turkey. Quality is an issue that has been constantly examined by mankind throughout history. Ancient Egyptians paid attention to the proper chipping and joining of the stones they used in the construction of monumental tombs (Akat, 1984).

Craftsmen trained in medieval Europe fulfilled two tasks at once as both manufacturers and quality inspectors. Guilds played a very important role in the protection of quality. In an economic life based on competition, it is obligatory to comply with the call to continuously improve the quality of goods and services (Gözlü, 1994).

Corruption in health enterprises is organised if there is no good control mechanism. The top management of health enterprises should establish an internal control system to prevent corruption and ensure that this system functions very well. Corruption occurs especially in purchasing and sales departments.

OBJECTIVES

The aim of the study is to analyse the problems caused by Total Quality Management and the control gap in health enterprises and how these problems should be eliminated.

METHOD

This research has been written as a compilation by reviewing national and international sources (articles-books-journals) related to the subject.

RESULT

In the century we live in, the growth of the scales of health enterprises, the increase in the work flow in the companies and the increase in the number of departments make it difficult for the business owners or senior management to control the business. Some managers and employees who are not well-intentioned in the companies abuse this situation and some corruption occurs. Corruption occurs especially in purchasing and sales departments.

In the purchase of goods, the goods are invoiced at a high price, the real value of the goods is paid to the seller and a commission is paid to the person who issued this invoice and the difference is embezzled. By issuing misleading documents, the invoice price is paid for the goods that are not actually purchased, and

this money is transferred to personal accounts in return for commission.

In the sales departments, the goods are loaded incompletely from the warehouse and kept in the company warehouse to be sold in the future, or the packaged goods are emptied and the goods are included in the inventory count, and then these goods are sold without invoice by agreeing with the buyer at a lower price.

In foreign countries and in Turkey, forgery is carried out by organising a number of forged documents with accounting frauds, advance receipts are issued to the personnel from the cash register and this money is used in personal affairs and these advances are closed with certain expense invoices or are recorded as advance refunds at the end of the month. Since it is very difficult to audit, expense vouchers are issued in the name of some unreal persons, goods and services are pretended to have been purchased and these monies are transferred to personal accounts (Byrne, 2010).

Some abuses are also encountered in current account transactions, customer collections are not recorded or do not reflect their real value, and a bearer cheque is issued by making it appear as if payment has been made to the sellers, and then this cheque is embezzled. While making payments over the internet, money is transferred to personal accounts by making the transfer to another account number.

Frauds related to personnel payments are also common. Employees who leave their jobs are paid as if they are still working. The days that the personnel work incomplete during the month are taken into consideration as a full month and the payments for the missing days are transferred to personal accounts. In order to prevent these abuses, the top management of the enterprise should establish an internal control system and ensure that this system functions very well (Tekin, 1996).

Each department should be audited not at certain routine intervals but in a sudden and frequent manner. All movements related to the company should be linked to official documents, and transactions linked to official documents should be determined with request forms, instructions and counting minutes, and these forms and minutes should be compared with official documents.

CONCLUSION

As a result, no matter how good the system is in an enterprise, if the quality departments in the enterprise are reflected in customer satisfaction in terms of self-assessments in terms of customer satisfaction in practice, not on paper, it is the main indicator that the quality studies on paper in health enterprises are realised in practice. Quality auditors will have determined the success levels of quality units in health enterprises in practice, not on paper, by conducting audits at uncertain times, not at certain times in health enterprises.

One of the most important results of the research;

The applicability of Total Quality Management and Audit gaps on Public, University and Private Health Institutions have been seen and measures have been tried to be taken for this. In the scientific studies, it is seen that there are Total Quality Management and Audit gaps in public hospitals, university hospitals and private health institutions and improvement programmes are carried out (Bakır, 2005).

Total quality on a service is in the right direction with the satisfaction of those who receive the service, and it has been observed that this satisfaction increases to higher levels with the increase in quality, and the measures to be taken for this should be taken in line with the plan and programme, and it has been observed that the legal gaps or gaps in the supervision of public and private hospitals and state hospitals should be eliminated (TSE, 2020).

It should not be forgotten that the adequate inspection of hospitals and health institutions and the timely intervention of the auditors, the clarification of the accuracy of the reports, the absence of any misconduct, the detection of loss or loss by closing the legal gaps, and the improvement of quality depend on the report to be given by the ombudsmen.

In the accounting of health institutions, full control should be ensured in terms of money output, purchase and sale of goods, and it will be possible to ensure that health institutions are under full and effective suspicion of being under full and effective control (Bozkurt, 2015).

LIMITATIONS

The research data is limited to the sources accessed from Turkey and abroad.

NOTICE

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Cognitive Development Problems in Children as a Health Problem and Digital Games

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Abstract

Keywords:

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Right of Access,
Right to Information*

Digital games can cause many harms as well as benefits. Traditional games in the game world have been replaced by virtual and electronic games. Children are exposed to the electro-digital world especially in the pre-school period between the ages of 0-5. The most important warning made by experts in this regard is that television, tablets, phones and all digital devices should be strictly prevented from interacting with children during infancy and early childhood between the ages of 0-3

INTRODUCTION

Today, the digital materials of the industry, which is constantly developing and progressing in an electronic, digital age, attract the attention of both children and adults. It is thought that children who lose themselves in this world and fill their time with virtual games by closing their perceptions to the real world will bring many problems. It is seen that digital games extinguish the perception and attention of pre-school children, especially their perception and attention, their reactive behaviours and various consequences that will lead to attention deficit, mood disorder and tendency to violence will occur.

It is seen that the electromagnetic energy emitted by high-energy devices such as digital games, tablets, televisions and telephones emitted by parents to children, the cognitive performance and perception of children's cognitive performance and perceptions are shifted to the source of play rather than learning education, and violent images are seen to harm the child in many areas, including communication within the family. In national and international researches, it is seen that digital games cause blunting in children's cognitive intelligence and difficulties in perception, obsessions and negative collapses in children's characters.

OBJECTIVES

It was investigated whether digital games harm children's cognitive development and how children are affected.

METHODS

The answers given to the triple Likert-type multiple-choice questions and the descriptive statistical (%) results of these answers are presented as they are in the study. The questionnaires were administered to mothers and fathers. (250) parents with children aged 0-6 years were asked.

Data were obtained by taking the percentages of SPSS-22.Descriptive Analysis.

RESULT

QUESTION 1: As a parent, how many hours a day does your child watch television?	N250 Top.Ebv F:22 Parent 8.8%: (100%) a) 1-2 hours	N250 Top.Ebv F:55 Parents 22%: (100%) b) 2-3 hours	N250 Top.Ebv F:173 Parents 69.2%: 8 (100%) c) 3-5 hours
QUESTION 2: Do you think it is useful when your child watches cartoons?	N250 Top.Ebv F:121 Parents 48.4%: (100%) YES	N250 Top.Ebv F:25 Parent 10%: (100%) NO	N250 Top.Ebv F:104 Parents 41.6%: 8 (100%) PARTLY
QUESTION 3: Do you give your tablets, phones and computers to your child?	N250 Top.Ebv F:202 Parents 80.8%: (100%) YES	N250 Top.Ebv F:48, Parent19.2%: (100%) NO	N250 Top.Ebv F:0 Parent %0: (%100) KISMEN
QUESTION 4: Do you know that digital devices damage your child's cognitive intelligence?	N250 Top.Ebv F:100 Parent 40%: (100%) YES	N250 Top.Ebv F:120 Parents 48%: (100%) NO	N250 Top.Ebv F:30 Parents 12: 8 (100%) PARTLY
QUESTION 5: It is thought that your child between the ages of 0-6 will cause behavioural disorders as a result of exposure to computer games and virtual digital devices. As a parent, do you voluntarily expose your children to these digital devices?	N250 Top.Ebv F:172 Parents 68.8%: (100%) YES	N250 Top.Ebv F:78 Parents 31.2%: (100%) NO	N250 Top.Ebv F: 0 Parent %0 : (100%) PARTLY
QUESTION 6: Do you know that your child exposed to digital devices will have social, psychological and cultural adjustment problems?	N250 Top.Ebv F:67 Parents 26.8%: (100%) YES	N250 Top.Ebv F:102 Parents 40.8%: (100%) NO	N250 Top.Ebv F:81 Parents 32.4%: (100%) PARTLY
QUESTION 7: Do you know that digital, virtual games will disrupt your children's sleep patterns and cause insomnia and irritability?	N250 Top.Ebv F:22 Parent 8.8%: (100%) YES	N250 Top.Ebv F:224 Parents 89.6%: (100%) NO	N250 Top.Ebv F:26 Parent 10.4%:(100%) PARTLY
SORU 8: Dijital oyunların ve internetin çocuğunuz ile aile içi iletişime zarar vereceğini farkında mısınız?	N250 Top.Ebv F:9 Parent 0.6%: (100%) YES	N250 Top.Ebv F:241 Parents 96.4%: (100%) NO	N250 Top.Ebv F:0 Parent %0: (100%) PARTLY
QUESTION 9: Are you aware that children exposed to all kinds of digital games and activities between the ages of 0-6 will experience cognitive losses and may affect the level of intelligence in the future?	N250 Top.Ebv F:23 Parent 9.2%: (100%) YES	N250 Top.Ebv F:188 Parents 75.2%: (100%) NO	N250 Top.Ebv F:39 Parent 15.6%: (100%) PARTLY
QUESTION 10: Are you aware that digital games can increase domestic violence and affect your child?	N250 Top.Ebv F:201 Parent 80.4%: (100%) YES	N250 Top.Ebv F:49Parent%19.6: (100%) NO	N250 Top.Ebv F:0 Parent %0 (100%) PARTLY

CONCLUSION

The answers given to the triple Likert-type multiple-choice questions and the statistical results of these answers are presented in the study as they are. The questionnaires were administered to mothers and fathers. 250 parents with children aged 0-6 years were asked.

1=As a parent, how many hours a day does your child watch television?

Analysis and Results: It was found that 173 out of 250 parents watched cartoons to their children between 3-5 hours 69.2% 55 parents watched 2-3 hours and 22% 22 parents watched 1-2 hours 8.8%.

Conclusion; According to this result, it has been revealed that parents let their children watch too much TV and this shows that parents act unconsciously and uninformed.

2=Do you think it is useful when your child watches cartoons?

Analysis and Result: Out of 250 parents, the number of people who think that cartoons are useful for their children is 48.4% with 121 Yes, the number of parents who find it useless is 10% with 25 and the number of parents who find it partially useful is 41.6% with 104 people.

Conclusion; According to this result, it is concluded that parents find cartoons partially useful. This situation reveals that parents are uneducated and not very interested in their children and do not do research.

3=Do you give your tablets, phones and computers to your child?

Analysis and Results: Out of 250 parents, the number of people who stated that they give their tablets, phones and computers to their children was found to be 80.8% with 202 who said yes and 19.2% with 48 who said no.

Conclusion; According to this result, it is seen that parents give tablets, phones and computers to their children. It is seen that parents are uncaring and indifferent towards their children.

4=Do you know that digital devices harm your child's cognitive intelligence?

Analysis and Results: Out of 250 parents, 100 parents answered yes that digital games and gadgets harm cognitive intelligence. 40% of the parents answered no, 120 parents answered no and 48% of the parents said that digital games and gadgets partially affect cognitive intelligence. 30 parents answered 12%.

Conclusion; According to this result, it has been revealed that the parents participating in the survey are inadequate and uninformed, unable to protect children against digital dangers, as well as having deficiencies in terms of education.

5= It is thought that exposure of your child aged 0-6 to computer games and virtual digital devices may cause behavioural disorders. As a parent, do you voluntarily expose your children to these digital devices?

Analysis and Result: 172 out of 250 parents answered yes 68.8% The number of parents who answered no was 78 and the rate was found to be 31.2%.

Conclusion; According to this result, it is seen that the parents who participated in the survey do not know that virtual and digital devices harm their children or they do not care that the child may be harmed by thinking that nothing will happen.

6= Do you know that your child exposed to digital devices will have social, psychological and cultural adaptation problems?

Analysis and Results: Out of 250 parents, 81 people answered Partially 32.4%, 102 people said No, 40.8%, 67 people answered Yes, 26.8%.

Conclusion; According to this result, it is seen that few of the parents participating in the survey are conscious.

7= Do you know that digital, virtual games will disrupt your children's sleep patterns and cause insomnia and irritability?

Analysis and Result: 224 out of 250 parents gave the answer "No, I don't know" 89.6% The number of people who gave the answer "I know partially" was found to be 10.4% and the number of people who gave the answer "I know partially" was 26.

Conclusion; According to this result, it is seen that the parents participating in the survey are uninterested and uninformed about the subject.

8= Are you aware that digital games and the internet will harm family communication with your child?

Analysis and Result: 241 people out of 250 parents answered no. 96.4% The number of people who answered yes was found to be 9 and 0.6%.

Conclusion; According to this result, the parents participating in the survey have absolutely no knowledge. It is seen that they do not know that this situation will have bad consequences in the future.

9= Are you aware that children exposed to all kinds of digital games and activities between the ages of (0-6) will experience cognitive losses and may affect the level of intelligence in the future?

Analysis and Results: 188 out of 250 parents answered no 75.2% The number of people who answered yes was found to be 23, 9.2% The number of people who said it partially affects was 39, 15.6%.

Conclusion; According to this result, the parents participating in the survey are absolutely uninformed. It has been seen that there is a great need for information in our society on this issue.

10= Are you aware that digital games can increase domestic violence and affect your child?

Analysis and Results: 201 out of 250 parents answered yes. 80.4% The number of parents who answered no was 49. 19.6% result was found.

Conclusion; According to this result, it is seen that the parents who participated in the survey are aware of these problems but do not take any measures.

ANALYSING THE RESULT

Behaviours may cause permanent addiction; Virtual games normalise violent behaviour due to the content of the game. Children can be abused and deceived by meeting people they do not know. Virtual games can bring many mental disorders with these dangers. Playing games for days can increase sleep disorders, headaches, obesity, anger and aggressive behaviours. Virtual games may cause behavioural disorders over time.

SUGGESTIONS

The Destructive Effects of Violent Games

Virtual games may cause children to confuse the concepts of real and unreal. In virtual games, an artificial environment created by emptying the reality has replaced the reality. Studies have also reported that young people who play violent virtual games continue to fight in their dreams and feel threatened. In addition, it can be seen that these games reduce students' success in school and negatively affect their perception of trust in the classroom (Yiğit, 2017).

We should use the power of communication in the family

It should not be forgotten that parents' focus on virtual games in the family, parents' immersion in the internet environment, parents' loss of their status as role models, the importance of family communication and increasing this quality has increased, young people and children should be ensured to participate in more sports activities, social and cultural trips.

As family activities and time spent with friends increase, young people will stay away from such dangers and we should try to explain the great dangers of the virtual world to children without boredom and try to make them realise them (Penezoğlu & Ulukol, 2022).

We must stop electronic games

Some virtual games can be played part-time educational games, provided that they are not excessive. However, all games with violence and terrorist content should be stopped, harmful social networks, chats, all kinds of content on the internet that will harm children, including pornographic images, sexual assaults and images of torture should be closed to access and we should protect the social and psychological memories of our children. Daily use of virtual games should be limited (Yücel, 2019).

We must organise our lives and the future of our children

In order to evaluate virtual games in terms of content and classify them according to age groups, the member states of the European Union and the USA have established age rating and content evaluation systems under the names of Pan European Game Information System (PEGI) and Entertainment Software Evaluation Board (ESRB), taking into account their own social values. The aim is to provide an auto control. There is no such initiative in Turkey (Özhan, 2011).

LIMITATIONS

The research is limited to Istanbul and Bahçelievler, Bakırköy, Güngören, Bağcılar. International and Turkish academic sources were utilised. The research was restricted to parents only.

EVALUATION

Evaluation: It was evaluated by internal and external consultants.

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ETHICAL STATEMENT

Publication Ethics of Istanbul Medisosyal Education and Research Journal of Health Sciences; It is a national and internationally indexed scientific journal that aims to ensure that scientific research and publications are carried out in accordance with the basic principles such as honesty, openness, objectivity, respect for the findings and creations of others, and works to achieve this. Helsinki Declaration criteria have been taken into consideration.

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Consumption of Sugary Foods and Obesity

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Abstract

Keywords:

Sugar, Diabetes,
Obesity, Pancreas

In the research, the factors caused by the sugar we consume in our Daily lives, the consumption of sugar is one of the causes of obesity in children and how much the pancreas is damaged. The scientific findings are written in an original way by showing the source, and ethical principles have been observed. This article was originally written in the form of review research

INTRODUCTION

Sugar has become an indispensable part of our daily lives. Excessive sugar in tea and coffee, cakes and desserts that we eat with appetite. We are quite happy while consuming them. Sugar, which we enjoy consuming, is naturally or artificially present in almost every food. Sugar consumption is required to provide carbohydrates, one of the basic needs of the human body.

Carbohydrates play an important role in the functioning of metabolism and rank first among the body's energy sources. As with all nutrients, it is important to consume sugars in moderation. Sugar remains the most attractive consumable due to its good taste. Excessive or too little sugar consumption can lead to metabolic and systemic disorders.

Nowadays, as a result of the increase in ready-to-eat food consumption and people's preference for practical and quickly prepared foods due to the busy city tempo, the consumption of artificial sugar has considerably exceeded the consumption of natural sugar, and this situation can create risky situations for health. In the emergence of diabetes, the amount of sugar in the blood increases as a result of the sugar that passes into the blood with the digestion of the food we eat and then cannot enter the cell from the blood and remains in the blood continuously. This disease can manifest itself and last a lifetime.

OBJECTIVES

In this study, it was aimed to know sugar consumption and its causes and consequences of obesity in children.

METHOD

This research has been written originally as a compilation by scanning the sources (articles and books) related to the subject in Turkey and abroad.

RESULT

Sugar is a hotly debated topic in the world of nutrition, and for good reason. Excessive sugar consumption has been linked to a number of health problems, including obesity. Sugar is found in many foods, including sweets, soft drinks and even some savoury foods such as ketchup, barbecue sauce and salad dressings. It is often added to these foods to improve their flavour and extend their shelf life.

As a result of research on the health risks of white sugar, some types of sugar that are healthier than white sugar are used as an alternative.The World Health Organisation recommends that simple sugars should be consumed at less than 5% of daily energy. This corresponds to daily carbohydrate consumption. Although this much sugar is tolerated by the body, it damages the body if consumed in excess. However, in many countries people consume much more sugar than recommended, contributing to obesity and other health problems.

Obesity is a serious health problem that affects people of all ages and is characterised by excessive fat storage in the body. Excessive sugar consumption can contribute to obesity by increasing calorie intake and promoting weight gain. When people consume too much sugar, the body stores the extra calories as fat, which can lead to weight gain and an increased risk of obesity. Sugar has also been shown to affect hormones in the body that regulate hunger and metabolism, leading to weight gain. High sugar intake can also cause insulin resistance, which can lead to type 2 diabetes.

Natural and artificial sugar are completely different. In the name of healthy food, natural sugar sources have been researched to obtain natural sugars industrially and to obtain products that can be easily obtained from them; these sweets and products made from them began to take their place on the market shelves. The best known and most commonly used artificial sugar is white sugar, which is offered for consumption after several refining processes. We have all had this dessert on our tables for years (Elanur & Karabulut, 2018).

How does sugar enter the cell?
When carbohydrates (multiple sugars) in food are broken down in the digestive system, they enter the blood as glucose (simple sugar). Our body has an organ called the pancreas located behind the stomach. This organ secretes a hormone called "INSULIN". In diabetes, a hormone called insulin cannot be made or produced by our body due to a malfunction of the pancreas, but it cannot come out of the pancreas in sufficient quantity to act, or the body cells act and do not recognise the incoming insulin. is that the pancreas cannot react adequately to insulin, resists and the insulin produced cannot fully fulfil its task. As a result, insulin cannot transport sugar into the cell (Diagnostics, 2022).

In short; either it lacks a substance that binds and transports sugar or it has a malfunction. Therefore, sugar cannot pass from the blood to the cells because it cannot find a substance to carry it. Normally, insulin combines with the sugar that passes into the blood, allowing sugar to enter the cell and be used as fuel. Insulin opens the cells like a spanner, allowing sugar to enter the cell. Without insulin, these cell entrances

cannot be opened and sugar cannot enter the cell (Topçu, 2016).

Symptoms of Insulin Resistance

"I watch what I eat, but I can't lose even a little weight"

"I always crave sweets when I'm full"

"I feel weak after eating. I feel sleepy"

"I definitely get dark lines on some parts of my body (e.g. my neck) that I can't understand"

"Even though I pay attention to my skin care and nutrition, I cannot get rid of my acne problem"

"No matter what I do, I can't get rid of my stomach problems"

Insulin Resistance and related chronic diseases have been increasing rapidly in the last 20-25 years. Insomnia, stress, negative biological clocks and inactivity are the main factors of insulin resistance. Thanks to insulin, the adaptation of the pancreas to send sugar to the cells is shaken. After a while, insulin resistance occurs in the organs and the pancreas starts to close its receptors. As a result, blood sugar starts to rise, liver, muscle and fat cells cannot reach sugar and cannot protect themselves. This is because the cells see unhealthy artificial sugar as a different substance. Since the pancreas does not recognise real sugar from our genetic code, it cannot secrete insulin against artificial sugar.

The genetic structure of a cell can be changed. For example, a nerve cell can be turned into a blood cell. Although such studies are possible, cells are different. Because although they share the same genetic code, living conditions and environmental factors affect cells and make them differentiate. In fact, what we eat is in a sense an input to the external environment. The conditions we are in and environmental factors cause positive or negative changes in our cells.

In fact, the most important factor is to turn to natural sugars. If the brown sugar and white sugar described above are used, the codes will not cause any harm. The sugar contained in vegetables and fruits, which should be kept as artificial as possible, gives us enough sugar for blood.

It is a little difficult to make our children healthier when there are so many negative effects of the foods we eat, especially sugar. an individual Especially eating habits have been adversely affected by the rapid development of technology. Obesity is inevitable in children who are less active, spend most of their time in front of the computer, at home and are fed too much sugary foods.

No. The health policies implemented will increase research on healthy nutrition in schools and the dissemination of measures and practices against obesity. Obesity is actually a non-contagious disease. Our government is realising healthy people and healthy society projects and trying to fight against obesity. The physical activity of students is measured and their body mass indexes are calculated, so that overweight and obese people are directed to health services. Food groups sold and prepared in cafes and canteens, which warn of adequate and balanced nutrition, aim for a healthy diet that does not contain excessive sugar. Physical activity and sports activities reduce overweight and obesity.

While preparing the "Childhood Obesity Action Plan 2019-2023", research on obesity has directly affected many areas such as health, education, marketing, food and sports. The action plans of the World Health Organization and the European Union and scientific literature were taken into consideration in the preparation of action plans within the framework of Turkey's Healthy Nutrition and Active Life Programme (Ministry of Health, 2019).

Factors Causing Overweight and Obesity

- It is known that one of the factors to be considered in the formation of obesity is the diet in the first years of life, since the increase in childhood obesity is too high to be explained only by changes in genetic structure. Other risks are listed as follows

- Excessive and wrong eating habits

- Inadequate physical activity

- Age, gender, education level, socio-cultural factors, income status

- Hormonal and metabolic factors

- Genetic, psychological factors

- Frequent very low-energy diets

- Smoking and alcohol consumption habits

- Some medicines used (antidepressants, etc.)

- Number of births and frequent birth intervals

- Inadequate breastfeeding (Memorial, 2022).

CONCLUSIONS

Consumption of sugar and sugary foods; This is one of the main causes of obesity, one of the biggest health problems of our age. The protection of our body against many diseases and obesity depends on the consumption of sugar and sugar-rich products in sufficient amounts for the body's needs and all nutrients. It is also possible that the future will not be sick. Although sugar can be consumed in moderation, it is important to pay attention to the amount of sugar you consume in your diet. Limiting sugar intake, eating a balanced diet and regular physical activity can help prevent obesity and other health problems.

Many studies have shown that overweight, high body mass index and obesity can increase the risk of pancreatic damage and cancer. Therefore, a healthy lifestyle is the most effective way to prevent many diseases. Eating mostly fruits and vegetables, avoiding sugar, eating whole grain foods, nuts and counting calories are important ways to protect our pancreas. Otherwise, our pancreas forgets its function over time and becomes an unused organ like a vestigial appendix.

LIMITATIONS

The research was not restricted by the review of scientific articles and access to national-international resources. The research is limited to literature review.

EVALUATION

Evaluation: Evaluated by internal and external consultants.

Conflict of Interest: The authors have no vested interest in this article.

No conflicts were reported.

Financial Support: The authors have received no financial support for this article.

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ETHICAL STATEMENT

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Down Syndrome and Health Effects

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Abstract

Down syndrome is a genetic disorder first discovered in England (1866) by Dr Langdon Down. Although it is found in one in every 800 births, about one hundred thousand people worldwide suffer from Down's syndrome. Down syndrome can be detected by measuring the thickness of the nuchal translucency in the first (11-14) weeks of pregnancy.

INTRODUCTION
Down Syndrome

At birth, a person has 23 chromosomes from their parents, i.e. a total of 6 chromosomes. In some cases, however, an extra copy of one chromosome of the 21st chromosome pair is produced. As a result of this condition, some people have 7 chromosomes instead of 6 and this is called Down syndrome. It is named after Dr John Langdon Down, who described and classified the condition. Down syndrome is a genetic condition, not a disease (George, Capone , 2021).

Types of Down Syndrome

Trisomy 21: The most common type of Down syndrome, 1% of cases. This type has an extra chromosome on chromosome 21.

Translocation: Translocation is responsible for 1% of all cases of Down syndrome. In a translocation, part of chromosome 21 breaks off during cell division and joins another chromosome (usually chromosome 1). The total number of chromosomes in cells is still

6, but an extra 21st chromosome causes Down syndrome.

Mosaic Down syndrome: This type, which occurs in only 1 per cent of cases, is a condition in which one chromosome from the 21st chromosome pair (trisomy 21) is present in some body cells but not in others. The higher the proportion, the more pronounced the symptoms of Down syndrome (Rogers, 1998).

OBJECTIVE

The aim of this study was to determine the causes, types and health consequences of Down Syndrome and its current development in terms of academic and health aspects.

METHODS

It was originally written as a compilation of inclusive information about Down Syndrome according to the qualitative research method by examining international and national academic articles.

RESULT

Down syndrome (mongolism) is a genetic disorder characterised by an extra copy of chromosome 21. It is the most common chromosomal disorder. It is also the most common cause of slow learning and developmental disorders in children. It is also called Trisomy 21 because of the additional 21st

chromosome. Chromosomes can be defined as small gene packages that carry hereditary information in the body. Chromosomes are the genetic material that determines the shape and function of the body during pregnancy and after birth (Medline Plus,2019).

Normally, humans have 6 chromosomes. Children born with this syndrome may experience physical and mental retardation. The disability caused by developmental delay lasts a lifetime and can shorten life. Recently, however, people with Down syndrome have been given many opportunities to lead healthy lives through medical, social and cultural support (Medikalpark Hospital, 2022).

Physical Characteristics of Down Syndrome

➢ Nape short and thick.
➢ Head flat and small.
➢ The hands are wide and large.
➢ Fingers are large.
➢ Eyes slanted and distant
➢ A distinct line runs along the palm of the hand.
➢ Positive characteristics of individuals with Down Syndrome
➢ They are moderate, they act in accordance with the rules.
➢ They have a special love for nature.
➢ They are friendly, cheerful, cute, they like to imitate.
➢ They are disinterested and helpful.
➢ They have a predisposition towards fine arts.
➢ They do not exhibit selfish behaviour.
➢ They are completely honest. They cannot lie (Medline Plus, 2020).

The main cause of Down syndrome is the excess of 21 chromosomes. In other words, 1 chromosome is too many. A normal baby with a total of 46 chromosomes from 23 mothers and 23 fathers will be born with 47 chromosomes if (1) more chromosome is added. This baby is born with Down syndrome. In the births of expectant mothers aged 35 and over, the likelihood of the child having Down syndrome is directly proportional to their age.

Genetic factors have a great influence on the birth of a child with Down syndrome. Amniocentesis followed by an alphafetoprotein maternal blood-serum test is performed to detect Down syndrome. Individuals with Down syndrome have variable mood (Deldal, 2020).

Diseases that people with Down Syndrome struggle with

➢ Mental retardation.

➢ Low muscle tone.

➢ Congenital heart defects.

➢ Heart spasm.

➢ Epilepsy.

➢ Cataracts.

➢ Leukaemia.

➢ Intestinal problems include

➢ Comparison of Individuals with Down Syndrome and Non-Disabled Individuals:

➢ Individuals with Down syndrome have low levels of mental performance.

➢ People with Down syndrome are unsuccessful in theory of mind skills.

➢ It was observed that individuals with Down syndrome were not successful in various tasks (Rapin, 1997).

Language Development of Individuals with Down Syndrome

➢ Infancy-Childhood Period (0-4 Years)

➢ Mumbling delays.

➢ Delayed speech sounds.

➢ Increased non-verbal requests.

- Low comprehensible vocabulary.

- Problems with intelligibility.

- Good facial expressions during social interaction.

- They want to communicate with mimics and gestures.

- Saying the first words at the same time as their normal peers (Kent, Evans, Paul, 1999).

Childhood Period (4-12 Years)

- Language delay according to the age of intelligence.

- Difficulties in word use and grammatical structure.

- Shorter auditory memory.

- Use of simple sentences.

- Difficulty with intelligible speech.

- Adolescence and Adulthood (13+ years)

- Auditory memory is short and inadequate.

- Delay and difficulty in expressive language.

- Late perception and understanding of words and sentences.

- Understanding abilities increase with age and education (Penny Medicine, 2020).

CONCLUSION

The discomfort caused by a type of chromosome excess seen in the countries of the world is medically expressed as a disease worldwide. In our country, it is expressed as a kind of discomfort due to the excess of 1 chromisome.

The most striking results found in the research on Down Syndrome are shown below.

- ➢ Down Syndrome is a Chromosome disorder (+1)

- ➢ Down Syndrome is a genetic disease.

- ➢ People with Down Syndrome have been shown to have many health problems

- ➢ Physical characteristics are noticeable compared to normal peers

- ➢ They are honest, friendly and lovely

- ➢ Language development lags behind.

- ➢ Late onset of puberty

- ➢ Decline and delay in speech

- ➢ Very high risk of heart diseases

- ➢ Increased risk of Down's syndrome in older pregnancies Pregnancy after 35 years of age.

- ➢ Attention deficits are very high

- ➢ On average, one baby with Down Syndrome is born every 800 births.

- ➢ The average life expectancy of individuals with Down syndrome varies between 25 and 50 years.

- ➢ Leukaemia is frequently seen in individuals with Down syndrome.

LIMITATIONS

There are no limitations in the study.

DISCLOSURE

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ETHICAL STATEMENT

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Investigation of Communication Problems between Patients/Patient Relatives and Health Personnel

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Keywords:

*Communication,
Health, Hospital,
Public Relations,
Social, Psychological,
Individual*

Abstract

It is seen that the staff working in public and private sector hospitals have communication problems with patients and patient relatives due to many factors and the reasons for these problems are based on many factors. Behavioural problems that lead to conflict between the patient / patient relatives who have communication problems and health personnel can cause unrest in the health field. There are some reasons for communication problems between healthcare professionals and patients. The research is important in terms of being two-way. Firstly, the causes and consequences of communication problems of patients and their relatives. The second aspect can be expressed as the causes and consequences of communication problems of health personnel.

The main causes of communication problems are as follows: Internal and External reasons, Economic reasons, Social / emotional reasons, Lack of Education, Behavioural Reasons, Psychological factors.

INTRODUCTION

As in every institution, communication is very important in health. Since the subject is human health, it is the most natural human right to get information about your health or the health of your loved ones. However, sometimes problems may arise due to inadequate or malicious behaviours of both health professionals and patients and their families. Since these problems are caused by the patient/patient relatives or health professionals, if the problems are not solved, they may lead to insults or violence that may lead to further problems.

Healthy communication is very important for patients and healthcare professionals. Patients' low morale and high stress levels related to their illnesses, health personnel's inability to empathise, communication breakdown, careless attitudes may cause misunderstanding and judicial problems that may lead to brute force.

Health Personnel: Communication breakdown, stress and psychological problems, inadequate communication training, anxiety and violence training of health workers such as Medical Doctor, Nurse, Health Officer, Internal health office staff, Patient carer, Security personnel, internal and external negative factors, workload, insomnia and time / space working fatigue of psychological factors, mental fatigue of multiple factors, as a result of the health worker's upsetting and hurtful words and practices against the patient and his/her relatives, the development of negative communication can cause many problems that will lead to violence and judicial judgement. Patients and relatives; It consists of the sick individual and the family and relatives of the sick individual. It includes the negative behaviours of patients and their relatives with health personnel due to communication breakdown (Erciyes University, 2018).

The high stress level of patients and their relatives, psychological problems and communication problems due to communication problems, shouting against the health personnel, communication problems caused by the use of violence and the negative consequences that will occur after the patient and his/her relatives' use of violence against the health personnel. The inability of the patient to achieve the desired level of health, mood disorders, beliefs and wrong attitudes of the patient's relatives, difficulties in communicating with health personnel cause various problems (Gökçe et al, 2021).

OBJECTIVES

It was aimed to learn the causes of communication problems between healthcare professionals and patients and their relatives.

METHOD

After analysing international academic articles, writing the article as an original article in the form of a review according to the qualitative research method.

RESULT

The main reason for many health problems in our country and in the countries of the world is that the communication channels are not adequate and open, the message carried in the channel is not clear enough in terms of audience and perception, the messages given do not reach the target audience sufficiently or are transferred incorrectly, and as a result, due to miscommunication and blockage of communication channels, there have been fights, problems, conflicts and miscommunication between domestic and foreign patients and patients' relatives and health personnel.

In the researches conducted, the communication problems between the patient and the health personnel, the patient's relatives and the health personnel were found as follows (Doğan et al, 2017).

Lack of sufficient capacity and trained public relations expert staff in the hospital.

➢ Inadequate communication training in hospitals

➢ The trainings given in hospital orientations are not full or insufficient, and the applications are outdated.

➢ Employing personnel from different graduation fields from outside instead of professional and experienced personnel graduated from public relations (such as subcontractors).

➢ Unhealthy communication channels

➢ Unconscious statements

➢ Incomplete explanations of events that are covered up after misdiagnosis and treatment, or even failure to convince relatives. Communication problems as a result of unjustified perceptual inaccuracies.

➢ Poorly trained health personnel

➢ Speech and address errors of health personnel

➢ Behavioural disorders of health personnel (internal and psychological traumas)

➢ Unconsciously rude remarks

➢ Patients' constant objections to certain issues

➢ Attempts to put health workers in difficulty with false and unrealistic information obtained by patients through other channels and the closure of communication channels.

➢ Problems between health personnel and patients after the attitudes of overly traditional traditions closing the communication channels.

- Different beliefs of the patient's relatives and conflicts with health personnel.
- Mistakes and their relatives want to analyse with brute force without any reason.
- Patients and relatives block communication channels by considering themselves completely justified in the face of problems
- Psychological problems of patients and their relatives block communication channels.
- The fact that the relatives of the patients are uneducated and have a structure that will believe everything and be guided
- Closure of communication channels by loosening the rules applied in the hospital by the health personnel
- Failure of the hospital staff to have a solution-oriented approach. Incomplete and inadequate training.
- Inadequate knowledge and equipment of hospital staff when explaining to patient relatives (Baysal, 2014).

CONCLUSION

Communication problems seen in our country and in the world are not only seen in the health sector but also in many service sectors. Inadequate trained public relations personnel may cause communication problems to grow and result in judicial cases.

The most important results of the research are summarised under two headings

HEN IT COMES TO COMMUNICATION PROBLEMS

A) INTERNAL FACTORS: Mental, psychological and hardware problems of health personnel and patient relatives and the attitude-behaviour within the institution without seeing the wrong factors. Socio/cultural effects and negative effects of beliefs and traditions on health personnel. Inadequate training, keeping the message channels closed or blocking them, not being able to see the results of receiving messages and giving feedback.

B)EXTERNAL FACTORS: As an external factor, miscommunication and grave consequences of miscommunication caused by the lack of expertise and communication problems of the health personnel and the written and visual influence of the patient's relatives from the external environment, inability to distinguish between right and wrong, open to external stimuli and adopting that every stimulus is correct. Inadequate training and courses received from outside the institution, the point of view of health personnel

who have a different understanding from the outside and a different understanding from the inside in order not to shake the image. External factors, visual and written media, electronic devices affecting patients and their relatives. The error relatives, health personnel and the patient open their channels to the messages received from the external environment and give feedback by believing the messages received without questioning (Karaboğa & Kardeş, 2022).

RESTRICTION

Limited and scarce national and international resources have been a limiting obstacle.

NOTICE

Evaluation: Evaluated by internal and external consultants.

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Healthy and Balanced Nutrition in Developing Children

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Abstract

It has been investigated how healthy and balanced nutrition of developing children, also known as pre-school children between the ages of 4-6 should be, the problems of developing children not being able to eat healthy and what the causes and consequences of the reasons may be in the society. In Turkey, families living in many socio-economic strata and their children have healthy nutrition problems according to many multiple factors. It is known that the balanced nutrition of the child is the most important factor for his/her health and good mental capacity. A balanced diet will lead to a complete well-being of the child in terms of physical, cognitive and social-health.

INTRODUCTION

As a result of unbalanced, inadequate or excessive nutrition of school children; growth and development slows down. In addition, infectious diseases are common and serious, iron deficiency anaemia is common especially in girls due to menstruation, inadequate calcium intake during adolescence causes the risk of osteoporosis in the following years. As a result of excessive and unbalanced nutrition, obesity is reflected in later life and paves the way for chronic diseases such as hypertension, increased blood fat levels, cardiovascular diseases and diabetes.

Studies have shown that malnourished and unbalanced students have shorter attention spans, cognition, learning and behavioural difficulties, longer absenteeism and lower school performance. Families should be very interested not only in their children's school achievements but also in monitoring their growth and development and developing healthy eating habits and should set an example with their own eating habits.

School-age children often have to eat lunch outside the home if there is no school catering service. Friends can influence eating behaviour at school. Children who prefer to stay full in the canteen if there is no food at school develop poor eating habits. Many studies have found that junk food consumption is increasing in all age groups, especially among children and young people. Although some of children's energy intake comes from junk food, this type of food is mostly eaten at lunchtime. Fizzy drinks, soft drinks, crisps, crisps, sweets and ice cream are the most common junk foods consumed by children.

It is important to prepare a lunchbox to take to school and to choose foods from the four food groups to ensure adequate and balanced nutrition. The most suitable option is dry food that can be easily carried in the lunchbox with a drink. An adequate and balanced sandwich should consist of boiled eggs, cheese, grilled meatballs, foods selected from the cooked meat-chicken group and seasonal, well-washed fresh vegetables and fruits. In addition, nuts or walnuts in the lunch box can also support the child's diet in terms of energy, protein and minerals. A healthy drink is buttermilk or milk from the school canteen.

Eating is an acquired behaviour, a process that starts in the womb and the first habits are shaped according to the family's eating pattern. Instead of separating your child, give up your bad eating habits and adopt healthy eating habits together. The earlier nutrition education starts, the stronger the child's development, intelligence and immune system (Kobak, 2017).

After parents, children take their teachers as role models the most. Teachers have important responsibilities in providing students with basic information about nutrition, transforming the information learned into behaviour, intervening in time when wrong eating habits occur and being a role model in nutrition behaviour.

They should organise various activities (quiz, class magazine, food corner, etc.) on adequate and balanced nutrition with the students and prepare the ground for discussion among the students. Breakfast habit should be instilled in children. Foods from the four main food groups (milk and milk products, meat and meat products, fruits and vegetables, cereals) should be eaten at every meal. Drinking at least 2 glasses of milk every day should become a habit (Rodrigo and Aranceta, 2001).

OBJECTIVES

How healthy and balanced nutrition of developing children 4-6 years of age, what are the effects of family and school. The effects of wrong and faulty nutrition and its consequences on developing children were investigated.

METHOD

This research has been originally created by scanning and recompiling national and international articles in accordance with the qualitative research method by citing references.

RESULT

After their parents, teachers are the people that children look up to the most. Teachers have important responsibilities in providing basic nutrition information to students, transforming the information learned into behaviour, intervening in the wrong eating habits in a timely manner and being a role model in nutrition behaviour.

Nutrition at School and the Effect of the Teacher

Organise various activities (quiz, class magazine, food corner, etc.) on adequate and balanced nutrition with the students and prepare the ground for discussion among the students. Students should be asked if they have breakfast and should be warned not to eat junk food frequently. Children should check the contents of their lunch boxes frequently. At mealtimes, children should be warned to prefer foods such as cheese, eggs, fresh fruit and vegetables, milk, bacon, freshly squeezed fruit juice, cheese, eggs, fresh fruit and vegetables, milk, bacon, freshly squeezed fruit juice instead of fried potatoes, chocolate, fizzy drinks and other ready-to-

drink drinks and should cooperate with parents.

They should observe and evaluate the height and weight development of the students. They should show exemplary behaviour about adequate and balanced nutrition and reward students who show exemplary behaviour (Fitch and Bock, 2009).

What Children Should Do for Healthy and Balanced Nutrition

- Children should be given the habit of eating breakfast regularly.
- The four main food groups such as milk, meat, vegetables, fruit and vegetables should be provided for children at every meal.
- You should make it a habit to drink at least 2 glasses of milk every day. Vegetables and fruits should be eaten every day. Freshly squeezed fruit juices, milk or buttermilk should be preferred instead of tea and fizzy drinks.
- Children should be told not to eat unhealthy foods with low nutritional value that are openly sold at school.
- Children should not be stubborn about food and should eat adequate and balanced meals when they are hungry.
- Children who do not have food at school should bring a lunch box from home and the lunch boxes should be hygienised every day.
- Children's height and weight should be observed and monitored.
- At least 3 litres of liquid should be consumed daily.
- Clean and bacteria-free foods should be eaten, raw vegetables and fruits should not be eaten without washing with plenty of water, and food should be sold outside.
- Children should be taught to wash their hands before and after eating.
- Regular exercise should be done (Ünal, 2017).

CONCLUSIONS

The results found for healthy and balanced nutrition of pre-school children developing in Turkey and in the world can be analysed in two main sections.

1-ENVIRONMENTAL FACTORS

- Improper nutrition in the external environment junk food / fatty foods.
- Poor nutrition at school/ poorly prepared lunch box
- External environmental stimuli ready-to-eat foods/advertisements and children asking their parents for unhealthy ready-to-eat foods.
- Uniform nutrition for school, eating the same thing every day.
- Drinking less water and excessive consumption of acidic drinks
- Children's desire to consume sugary foods seen in advertisements even though they know that they have negative effects on children's health.
- The motive to imitate their peers who consume malnutrition and unhealthy foods in the external environment and at school.
- Inadequacies in pre-school education and failure to take precautions
- Not repeating unhealthy nutrition too often through education in pre-school education
- Children's developing brain and perceptions are filled with unhealthy nutrition products instead of correct and healthy nutrition products.
- Too many external stimuli related to nutrition, unhealthy **nutrition advertisements on television, telephone, billboards, interactive internet channels**

2-FACTORS OF FAMILY

- Nutritional problems within the family for early developing children.
- Family beliefs and culture
- The effect of economic status of the family on nutrition
- Family nutrition culture
- The effect of low educational status in the family on nutrition
- Negative effects of children's social and emotional psychological problems on nutrition
- Effects of family disturbances on nutrition of children
- The family living in a closed caste system and children's inability to adapt to the school culture and socialisation environment and irregularity and reluctance in eating and drinking.

SUGGESTIONS
FAMILY RECOMMENDATIONS FOR HEALTHY NUTRITION

- The earlier nutrition education starts, the stronger the child's development, intelligence and immune system.

- Eliminate your child's bad eating habits.

- As a family; together you adopt healthy eating habits.

- Prepare your meals together and show your child how to eat healthy.

- Get your child used to having breakfast, make him/her understand the importance of breakfast.

- Test your kitchen with fruits, vegetables, whole grains and other healthy options.

- Keep junk food out of your home.

- Prepare meals at home instead of watching takeaways and portions

- Monitor your child's height and weight development.

- Encourage your child to participate in daily physical activity. This enables him/her to communicate and develop the ability to interact with his/her environment.

- Limit the time allocated to Tablet, Phone, TV, computer, etc. Limit the time allocated to work. Ensure that they consume fresh vegetables and fruit daily.

- Reduce dessert group foods

- Make sure to include home-cooked meals and nuts in the school diet.

- Reduce confectionery (Şahin & Çoban, 2018).

LIMITATIONS

No limitations were reported in the study.

DISCLOSURE

Evaluation: Evaluated by internal and external consultants.

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Investigation of the Negative Effects of Covid 19 Virus on Social, Psychological and Academic Success of Special Education Students from the Teachers' Perspective

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Abstract

The rapid spread of Covid 19 virus in children receiving education / training has been observed to affect special students receiving education in special sub-classes in schools. This virus, which affects all areas of life with the virus, negatively threatens our health and causes severe diseases that cause loss of life, affects special education students and contributes negatively to their social development. It has been observed that it will cause permanent damage to their psychological and emotional worlds, cause cognitive retardation and blunting in terms of education, and that special education classes using distance education methods are not given to the student.

It is a reality that in this isolated environment where children are pushed into a closed environment and cannot socialise, special education children will experience psychological traumas and will have a bad effect on their disabilities in a socially inadequate environment. It is seen that special education students who are uneducated in an isolated environment and who have academic difficulties in cognitive sense are the student group most affected by the covid 19 virus.

Keywords:

*Virus, Education
Health,
Development,
Psychological,
Depression,
Disability*

INTRODUCTION

Special education students have been negatively affected socially, emotionally, cognitively and psychologically academically during the Covid 19 pandemic. This situation has affected the development of special education students both in our country and around the world, affecting their progress and causing various concerns in parents.

During the pandemic process, it is seen that special education teachers have difficulty in communicating with their students with special needs, the educational needs of students cannot be met, the technical infrastructure is incomplete, and families do not show the necessary interest in students. It has been observed that this group, which expects special attention and importance in learning the education of children with special needs, is not satisfied with distance education and needs an educational environment and educational programmes that require face-to-face communication. Among the results obtained, it is seen that teachers have difficulties in preparing materials and IEP programmes suitable for the education of students. It is also seen that the pandemic negatively affected the professional development of special educators (Kurt & Kurtoğlu Erden, 2022).

Social observations show that students and teachers who are infected with covid 19 virus are seriously affected by this situation. It is seen that the sense of detachment from society and the fear of isolation caused by the inability to socialise in special education classrooms, where the fear of getting sick is gradually increasing, and the fear of being isolated negatively affects academic success in the classroom environment and online courses are not very efficient (Lovelace, 2020).

In special education classes, the reflection of the traumatic mood problems caused by the covid-19 virus on children from the family to the educational environment is a suppressive factor on the psychology and sense of self-realisation of special students, many things are prohibited, family pressure, isolation at school, inability to mingle, inability to play with peers, inability to be close, cognitive intelligence breaks have started to occur after communication breakdown. The same situation was observed in mentally disabled individuals with autism. Despite all the efforts of teachers, it was observed that they could not reach the level of knowledge they targeted in their plans and programmes (Parenteau, Bent et al., 2020).

OBJECTIVES

The aim of the study was to examine the negative effects of Covid 19. virus on the social, psychological and academic success of special education students from the teachers' perspective.

METHOD

One hundred and twenty special education teachers working in special sub-classes in the European side of Istanbul province were asked five multiple-choice closed-ended questions of Triple Likert Type and SPSS 22 Descriptive Analysis Percentage Frequency Method was used. The percentages and ratios found were transferred to the research as it is and scientific data were obtained. Suggestions and comments were made.

RESULT

The data obtained in the scientific research were transferred to the research as it is. The data were tabulated.

Multiple Choice Closed-ended Questions. Reliability of Questions Teachers who had problems in education due to Covid 19 virus were selected. For this, an online discriminative test question was made and the teachers to be surveyed were selected.	Frekans: xf.100	I agree	Disagree	Undecided
S1:One hundred and twenty Special education teachers working in special subclasses were asked, "Are your special education students thought to have deterioration in their psychological mood levels and behaviours due to covid 19 virus?	fx(%100) 120- Teacher	79n(person) %68.83	11n(person) %9.16	30n (person) %25
S2: Special Education teachers were asked that the special education students you observe in your class are more cold and indifferent to their peers than before due to covid 19 virus and that there is a great loss in their socialisation.	fx(%100) 120- Teacher	101n(person) %84.16	7n (person) %5.84	12n (person) %10
S3: Special Education teachers were told that the Covid 19 virus caused a complete destruction of knowledge, inability to improve themselves and falling behind in all their courses in academic terms on special education students.	fx(%100) 120- Teacher	105n(person) %87.5	15n(person) %12,5	0n(person) %0
S4: Another finding of social interest was found as follows: One hundred and twenty special education teachers working in special subclasses were asked that the effect of the Covid19 virus disrupts the social cohesion between students with intellectual disabilities and other students and causes special education students to have difficulty in expressing themselves.	fx(%100) 120- Teacher	101n(person) %84.16	19n(person) %15,83	0n(person) %0
S5: One of the most important findings that the virus affects the disorganisation of perceptions of special education students was found as follows. One hundred and twenty special education teachers working in special subclasses were asked that the Covid 19 virus has a negative effect on language development, and it is seen that students with disabilities cause more disorganisation in perception because they feel themselves in an isolated environment.	fx(%100) 120- Teacher	86n(person) %71.66	27n(person) %22.5	7n(person) %5.83

CONCLUSIONS:

➤ One hundred and twenty special education teachers working in special subclassrooms were asked that it is thought that there are deteriorations in the psychological mood levels and behaviours of your special education students due to covid 19 virus. The results are as follows; 79 of the one hundred and twenty special education teachers agreed (68.83%), 11 disagreed (9.16%) and 10 teachers were undecided (8.33%).

➤ Special Education teachers were asked that the special education students you observe in your class are more cold and indifferent to their peers than before due to covid 19 virus and that there are great losses in their socialisation. The results are as follows; 101 of the one hundred and twenty special education teachers agreed (84.16%), 7 teachers disagreed (5.84%) and 12 teachers were undecided (10%).

➤ Another interesting finding is as follows, Special Education teachers were told that the Covid 19 virus caused a complete destruction of knowledge, inability to improve themselves and falling behind in all their courses. The results are as follows; 105 of the one hundred and twenty special education teachers agreed (87.5%), 15 teachers disagreed (12.5%) and 0 teachers were undecided (0%).

➤ Another socially interesting finding was found as follows: One hundred and twenty special education teachers working in special subclasses were asked that the effect of Covid19 virus disrupts the social harmony between students with intellectual disabilities and other students, and causes special education students to have difficulty in expressing themselves. The results are as follows; 101 of the one hundred and twenty special education teachers agreed (84.16%), 19 teachers disagreed (15.84%), and 0 teachers were undecided (0%).

➤ One of the most important findings that the virus affects the distribution of perceptions of special education students was found as follows. One hundred and twenty special education teachers working in special subclasses were asked that the Covid 19 virus has a negative effect on language development, and it is seen that students with disabilities cause more disorganisation in perception because they feel themselves in an isolated environment. The results are as follows; 86 of the one hundred and twenty special education teachers agreed (71.66%), 27 teachers disagreed (22.5%), and 7 teachers were undecided (5.83%).

RECOMMENDATIONS

➢ It should be ensured that special education students are not taught in an isolated environment due to covid 19 virus or that outdoor lessons can be given.

➢ In the social adaptation process of special education students, the support of guidance counsellors should be ensured and they can be integrated with other peers who do not have tested problems.

➢ By ensuring that special education students comply with mask and hygiene rules, it can be ensured that they participate in social activities in order to prevent psychological mood disorders.

➢ Special education students should be provided with more face-to-face academic education.

➢ It can be recommended to increase the language development of special education students and to ensure that peer communication with their peers around mask distance rules is much more.

➢ It should be ensured that special education students have the help of a specialist doctor to eliminate social adaptation disorder and mood disorder due to the effect of covid virus.

LIMITATIONS

This research is limited to special education teachers teaching in public schools within the borders of the European side of Istanbul in the 2020-2021 academic year. The low number of teacher participants in the study is one of the limitations of the research.

EVALUATION

Evaluation: Evaluated by internal and external consultants.

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Publication Ethics of Istanbul Medisosyal Education and Research Journal of Health Sciences; It is a nationally based scientific journal that aims to ensure that scientific research and publications are carried out in accordance with the basic principles such as honesty, openness, objectivity, respect for the findings and creations of others, and works to achieve this. Helsinki Declaration criteria have been taken into consideration.

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Investigation of Interior and Exterior Designs of Modern/Historical Hospitals in Turkey and Germany in terms of Social/Cultural and Structure

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Abstract

Keywords:

Design, Architecture, Hospital, Building, Culture, Social, Psychological, Art

The development of the state of Germany, which has developed industry and culture, especially in hospital services, constitutes the most serious policy of the German state in the field of Health, which the state maintains as elite quality in health services with historical hospitals and modern hospital structures without compromising. It is seen that the exterior design of the historical hospitals and the design and cultural structure of the inner atmosphere reflect the German history, so in the social and cultural sense, the health sector in Germany is intertwined with history and design wonder hospitals. In our country, Turkey, it is an indisputable fact that the old Ottoman hospitals reflect the social culture of the time in the interior and exterior structures of the old hospitals. How are the modern hospitals in Germany and Turkey? A comparative research has been carried out on the design of the interior and exterior structures with the artistic aspect of the interior design, and 6 German citizens have been asked multiple choice open-ended questions on the subject and scientific findings have been obtained by comparing with Turkey.

INTRODUCTION

Looking at the history of civilisation, it is seen that the health system and structures are as old as human history. The advancement of medical science has led to the increase in inpatient treatment services since ancient times and the construction of permanent hospitals. In the prehistoric ancient civilisations, Phrygians, Uraltu, Indian and Chinese Dynasties, Health Structures of Asian Countries, German and Egyptian Civilisation, Ottoman and European Byzantine Hellenistic Greek civilisations, many hospital structures and healing were distributed to the sick people in today's world.

In addition to the historical hospitals in Turkey, there are modern hospitals. These hospitals continue their activities in many parts of the country, both by public enterprises and private sector business hospitals. With the developing technology, the external and internal structure of Turkish modern hospitals show differences. The external structure features of German hospitals, which attract attention with their modernised and wide structures and the use of light colour tones and soft materials in the hospital, tonloma and light beams add a different atmosphere and harmony to the hospital. In the interior structures, it is seen that the wide and narrow corridors and more white bright colour tones are remarkable. It is seen that the cultures of Turkish and German hospitals are reflected in the buildings.

OBJECTIVE

The aim of this study is to analyse the interior and exterior designs of modern-historical hospitals in Germany and Turkey in terms of social/cultural and structural aspects.

METHOD

Literature research was conducted in Turkey and Germany using qualitative research method and frequency percentages were found and analysed from descriptive research methods with quantitative SPSS.22.

RESULT

Germany can be divided into two as Old Germany and New Germany. In Old Germany, the hospitals built during the German empire period have a fine and rough architecture, the exterior appearance is characterised by carved and suspended ceilings with traces of Hellenistic Byzantine symbols, various reliefs and god symbols are seen. In the exterior, the hospital entrances are as wide as possible and the multi-door hall altar resembles a large garden. The interior design is characterised by carved stones, reliefs and health symbols in the work of German artisans and the complete harmony of sound harmony and air systems. In the old German hospitals, the interior structure of the old German hospitals is as simple as possible, with simple coloured stones that do not strain the eyes with simple wicker and symbols, and these are used in single

colours.In hospitals with less glass ratio, natural carved ventilation, chimney and building system are formalised as art design.

The historic Holy Spirit Hospital in Lubeck, Germany. One of the oldest hospitals in the world. Heiligen-Geist-Hospital.

Source Image: Heiligen-Geist-Hospital, https://www.tripadvisor.es/Attraction_Review-g187413-d3747795-Reviews-Heiligen_Geist_Hospital-Lubeck_Schleswig_Holstein.html

At the beginning of the 20th century, the hospitals of the German Empire finally ceased to be asylums for the poor. The development of medical science, the gradual awakening of health consciousness and the increasing social benefits from the gradual introduction of social security enabled the working population to receive hospital treatment in a more targeted and socially acceptable manner. Due to the ever-growing population, the Berlin city administration had to respond to this trend by constructing functional city buildings of appropriate size and equipment.

The Bernhard Meyer Eine Gartenstadt für Kranke was founded in 1906. The building was constructed as a hospital using the best materials of the time. The semi-conical roof, the large number of windows, the carved carved exterior and the double colouring are striking. The historical building is still standing and is currently operating as a hospital in Germany. The interior design is quite simple and the high interior rooms and wide stairs have added spaciousness to the interior structure. In terms of colour, the compatibility of simple tones is seen. (Nora, 2020)

Source:https://berlingeschichte.de/bms/bmstxt00/0004gesb.htm
Bernhard Meyer Eine Gartenstadt für Kranke. 1906 wurde das Virchow-Krankenhaus eröffnet

Turkish Hospital Architecture

Historic Istanbul Haydarpasa Numune Hospital

The foundations were laid by Abdülhamid II in 1800.

The architect of the Numune Hospital is Raimondo D'aranco. It became known as Mektep-i Tıbbiye-i Şahane. In 1909, civilian and military medical students took joint courses. Istanbul Numune hospital was put into service.

Today, it continues its existence as a full-fledged hospital.

Examination of the structure of the hospital: the rooms are large and the doors are in historical wooden structure, the interior reflects the modelled historical atmosphere, the operating equipment is in full operation, the electrical lines and systems have been renewed. The interior has a spacious atmosphere with simple and modenb lines. There is a ventilation and a homogenous structure that allows people to relax. The historical hospital, which has a slightly modified air, carries us an atmosphere between old and new and traces of Ottoman patterns and architecture with its interior stone structure.

It is the rare historic hospital in operation today. The windows are large and the relief carvings are eye-catching. The 223-year-old hospital continues to serve in Istanbul. It was built on a more solid and hard ground structure than today's architecture in terms of robustness and structure. It has a wide door for the disabled (Bilici, 2007).

Istanbul Historic Haydarpaşa Numune Hospital reflects the early history with its carved structure on the front and back

History and Structure of Haseki Hospital,

It is a hospital built by Hürrem Sultan, the wife of Suleiman the Magnificent. In 1843, Haseki Hospital was allocated to women and in 1998 it was transformed into Haseki Training and Research Hospital. Haseki Hospital and Complex, which Hürrem Sultan had Mimar Sinan build for both public and palace women, is the world's first women's hospital.

Historical Hospital With its cast reinforced concrete structure, it has preserved its robustness better than today's structures due to its age of 500 years. The hospital, whose domes are in a structure resembling a mosque, has a very large courtyard and windows. The interior acoustics of the hospital, which has a flat tumbled structure and colour, is one of the rare works of Mimar Sinan showing his mastery and masterpiece. The concentration of solidity and matt colours has an exterior with a magical charm that makes one look a thousand times more. Inside, wide staircases and wooden doors dominated by classical Ottoman architecture, carvings and a modernised structure are seen (Bilici, 2007).

MODERN HOSPITALS IN GERMANY /BERLIN

In modern German hospitals, there are many large and small pines and a silky exterior coating with a flat soft appearance. It is seen that the interior design of the hospitals is modernised with its simple and easily accessible interior design of the hospitals, with the interior design of the hospitals being simple and easily accessible, with the room sizes, the lighting system being very well focused and the colours in the interior being light and bright. All kinds of technological facilities are used in German hospitals (Krankenhausplan, 2023).

Source:https://www.kleusberg.de/de/modulares-bauen/einsatz-

nutzung/gesundheit/kliniken?gclid=Cj0KCQjwk7ugBhDIARIsAGuvgPZSbg_apgcf7icYiT5DEbe5l-

71CSQpYo316q63oQ_J1sPuv9C3kUcaAlDhEALw_wcB

MODERN HOSPITALS IN TURKEY / ISTANBUL

Examination of the external and internal structure of hospitals in Turkey,

Turkish hospitals are building their hospitals with developing technology and architectural horizontal building system.

The external structure of the hospitals is built in a very large structural way with the use of multiple spiral unbreakable glass. In addition to the new modern small hospitals in the centre of the city, public hospitals attract attention with their large, modern spacious structure. All technological equipment is newly modernised. The rooms are partially designed with smaller capacity and useful.

Although the green area or garden is given a little space in the outer part of the hospitals, the car park and open exit doors are very high. The use of simple and colour tone materials that do not strain the eyes, modern hospitals with elevators and entrance doors for the disabled have been increasing in Turkey in recent years. The pioneer of these hospitals are public hospitals. The use of tones that do not strain the eyes in lighting hospitals expresses peaceful calmness in terms of internal and external use. The fact that the corridors are wide and long can cause people and doctors to get tired due to the hamtal structure caused by the hospital (Aksoy, 2022).

As seen in the image below, the internal and external structure of Bolu İzzet Baysal public hospital is seen.

Source: Bolu Izzet Baysal State Hospital http://www.sisoft.com.tr/haber/page?SYF=Detay&hb=1609

TURKEY/ISTANBUL

Made for modern day hospitals.

25 patients were asked 6 open-ended questions and the answers were reflected in the research as it was.

QUESTIONS/SPSS.22/ Interpretation of percentage frequencies of descriptive statistics.	FREKANS: f *n/YÜZDE%100	YES GOOD n/f:%:100	NO BAD n/f:%:100	COMMENT n/f:%:100
Question1: How do you find the interior design of the hospitals where you utilise health services?		n19/f25: %76	n1/f25: %4	n5/f25: %20
Question 2: How do you think the walls of the hospital where you receive health care are in terms of shape and colour? How does this situation affect you, the patients?	ANSWER: Twenty-five patients answered this question. 14 patients' answers were abbreviated and added to the data.	Positive Comments n12/25:%48 There is colour harmony, it is advantageous to have an elevator, the structural width and the number of rooms are good, the walls are simple and plain and do not strain the eyes, the entrance door is wide and the hospital has a garden. The presence of green vines and fish in the hospital gave us peace of mind.	Negative Comments n2/25:%8 The lighting of the hospital was inadequate, it made me feel dark, the colours of the upper floors were different, our eyes got tired, the exterior of the hospital was colourful and very confusing. The large size of the hospital had a negative effect on transportation, we walked a lot and lost time.	No comment Number of People: n11/25:%44
Question 3: Do you think the access to the entrance and upper floors of the hospital where you receive health services is sufficient?		YES **n21/f25: %84**	NO **n4/f25: %16**	PARTLY **n0/f25: %0**
Question 4: In your opinion, is the exterior and interior design of the hospital where you receive health services appropriate?		EVET **n15/f25: %60**	HAYIR **n8/f25: %32**	PARTLY **n2/f25: %8**
Question 5: Is the landscaping of the hospital where you receive health services adequate?		EVET **n22/f25: %88**	HAYIR **n3/f25: %12**	PARTLY **n0/f25: %0**
Question 6: Does the hospital where you receive health care have an artistic side? If so, explain?	ANSWER: Twenty-five patients answered this question. 25 patients' answers were abbreviated and added to the data.	Positive Comments n17/25:%68 The exterior of the hospital where I receive health service is completely glass crystal and the blue lighting of the colours at night looks very beautiful. The hospital has carvings with white roses, and the white column patterned and embossed arches, reminiscent of the Roman period, attracts with its illuminated state. The interior of the hospital is a pleasant pale blue and there are pictures in different shapes, which attracted my attention, and the modern diamond-like pines and stalactites on the outside of the hospital are very interesting in terms of art design. While the exterior of the hospital has a large door, the interior courtyard is decorated with carvings throughout the ceiling, as if taking us back to ancient times. I really liked the wooden wood-like figures and shaped lamps used in the interior of the hospital. The exterior staircase of the hospital is very wide and the marble columns are placed on top of the marble columns and each floor is paved with pure granite marbles, which gives the hospital a different atmosphere.	**Negative Comments n3/25:%12** **Although the hospital where I receive health care is large, the interior is not aesthetic at all, plain and box-like rooms, small seating areas and sloppy painted walls caught my eye, Tumbled paint and inadequate lighting, which do not look very pleasant on the outside of the hospital, do not give the hospital much confidence.** **The lifts of the hospital where I receive health care are almost falling apart, the stairs are made sloppy and the interior lighting does not look very pleasant. The inner rooms of the hospital are very narrow and cramped, no artistic side is seen, it is made in a flat conical shape.**	PARTLY **n5/25:%20** **Although I do not see much artistic side in hospitals, I have seen historical figures sometimes as ornaments or decorations, In some hospital corridors, I can think of embroidered ivy patterns as artistic. The ceiling arch in the rooms is white and the embroidered flowers give the room a different atmosphere. The inner pines of the hospital are small and spherical, which makes me think that it is an interesting design.**

DEUTSCHLAND/BERLİN

25 Patienten wurden 6 offene Fragen gestellt, und die Antworten wurden in der Studie so wiedergegeben, wie sie waren.

FRAGEN/SPSS.22/ Interpretation der prozentualen Häufigkeiten der deskriptiven Statistik.	FREKANS: f *n/YÜZDE%100	JA GUT n/f:%:100	NO BAD n/f:%:100	KOMMENTAR n/f:%:100
Frage.1: Wie finden Sie die Innenarchitektur der privaten Krankenhäuser, in denen sie von Gesundheitsdiensten profitieren?		n23/f25: %92	n2/f25: %8	n0/f25: %0
Frage 2: Was denken Sie, wie die Wände des Krankenhauses, in dem Sie medizinisch versorgt werden, in Bezug auf Form und Farbe aussehen? Wie wirkt sich diese Situation auf Sie, die Patienten, aus?	**ANTWORT:** Fünfundzwanzig Patienten haben diese Frage beantwortet. Die Antworten von 25 Patienten wurden gekürzt und den Daten hinzugefügt.	Positive Kommentare n25/f25: %100 Generell ist die Hygiene in unseren Krankenhäusern sehr wichtig. Die deutsche Architektur ist die beste und stärkste Architektur der Welt. Sie kombiniert die besten Stahlbetonstrukturen in Form von Gussblöcken mit Technologie. Das äußere Erscheinungsbild unserer Krankenhäuser ist heute einzigartig für die Krankenhäuser, die zu viel Kiefer haben und zu viel Licht in die Räume bekommen. In unseren Krankenhäusern mit viel Fensterkiefer werden manchmal weiß geschnitzter und säulenförmiger Marmor für die Innenstruktur verwendet. Die Aufzüge in deutschen Krankenhäusern sind stark und zuverlässig. Die Verwendung von Farben, die das Auge nicht ermüden, im Innenausbau deutscher Krankenhäuser gibt dem Patienten Sicherheit. In den Räumen unserer Krankenhäuser werden matte Farbtöne verwendet, die Beleuchtung ist ausreichend. Die Außentüren und Eingänge sind aus rutschfestem Marmor, einige unserer Krankenhäuser haben geschnitzte Fugen der deutschen Klassik. In einigen unserer Krankenhäuser werden deutsche Stiche und historische Figuren verwendet. Während die Patienten in ihren Zimmern auf ihre Gesundheit warten, sind die Farbtöne an den Wänden sanft und entspannend, so dass sie sich psychologisch gut fühlen.	Negative Kommentare n0/f25: %0	Kein Kommentar n0/f25: %0
Frage 3: Sind Sie der Meinung, dass der Zugang zum Eingang und zu den oberen Stockwerken des Krankenhauses, in dem Sie medizinische Leistungen erhalten, ausreichend ist?		**Ja** n25/f25: %100	**Nein** n0/f25: %0	**Teilweise** n0/f25: %0
Frage 4: Ist Ihrer Meinung nach die äußere und innere Gestaltung des Krankenhauses, in dem Sie medizinische Leistungen erhalten, angemessen?		**Ja** n18/f25: %72	**Nein** N7/f25: %28	**Teilweise** n0/f25: %0
Frage5: Ist die Umgebung des Krankenhauses, in dem Sie medizinische Leistungen erhalten, angemessen?		**Ja** n19/f25: %76	**Nein** n0/f25: %0	**Teilweise** n6/f25: %24

Frage 6: Hat das Krankenhaus, in dem Sie medizinisch versorgt werden, eine künstlerische Seite? Wenn ja, warum?	ANTWORT: Fünfundzwanzig Patienten haben diese Frage beantwortet. Die Antworten von 25 Patienten wurden gekürzt und den Daten hinzugefügt.	Positive Kommentare n25/f25: %100 Wenn ich an das Krankenhaus denke, in dem ich medizinisch versorgt werde, dann gefällt mir die Tatsache, dass im Krankenhaus schöne und seelenberuhigende Melodien gespielt werden, dass die Inneneinrichtung des Krankenhauses und die kleinen Skulpturen von Medizinern das Gewicht von Kunst haben. Ich finde die Wandreliefs im Krankenhaus sehr kunstvoll.	Negative Kommentare n0/f25: %0	Kein Kommentar n0/f25: %0
		Ich kann sagen, dass die Verwendung von geschnitzten Reliefs auf der Treppe des Krankenhauses, in dem ich medizinisch versorgt werde, künstlerisch großartig ist. In einigen deutschen Krankenhäusern werden weiße Reliefs und Gravuren auf der Außenfläche verwendet, und es gibt Statuen von Göttern und Medizinern im Außengarten.		
		Was die Kunst betrifft, so erwärmen mich die verschiedenen Farbtöne der Beleuchtung im Krankenhaus und lassen mich entspannen. Für mich sind deutsche Krankenhäuser sehr nützlich, und einige von ihnen haben in ihren kleinen Sitzecken ein paar künstlerische Ornamente. Es ist sehr schön, dass in einigen Krankenhäusern Geigenklänge zu hören sind.		

CONCLUSIONS

In the study, Turkish and German hospitals were analysed under six headings. The results are not personalised and the findings are presented as they are in the research.

CONCLUSIONS FOR TURKEY

I. Investigation of the Interior and Exterior Designs of Old Turkish Hospitals in terms of Art-Design-Social/Cultural and Structure.

Conclusıons Found

- Old Turkish hospital architecture has been selected solid ground and the materials have been used hereditary.
- Old Turkish hospital architecture was completely drawn according to the mathematical method.
- The masonry rocks and rocks used in the Old Turkish hospital architecture were shaped by chipping and bonded with special mixed mortar.
- Old Turkish hospitals have large courtyards and stair steps.
- In the old Turkish hospitals, giant-sized wooden carved artwork doors and carved small and large glasses were used on the outer surface. Special pine was used to reflect the light inside.
- The entrance door of the old hospitals is wide and the stairs are made of pure marble and importance is given to internal ventilation.

- In the old hospitals, soft white and cream colours and light pastel colours are used. Grey colour is predominant.
- The rooms of the old hospitals are also very large.
- It has been observed that the old hospitals were built with 3-storey wooden carved hospitals as they came to the most 2-storey or single-storey modern years (1800-1900).
- The exterior of the old Turkish hospitals is filled with figures reflecting their traditional culture.
- Large carved columns were seen in old Turkish hospitals. In all of the hospitals, carving, gin, craftsmanship, special painting techniques, acoustics are used with the historical structure of the art prisoner and reflect the historical features of the day.
- The old hospitals were used not only as healing centres but also as madrasahs and places of worship and are open to public service. No fee is charged.
- In the old Turkish hospitals, the administrators of the period also served as a madrasah in the social sense in these hospitals, and an important public service was provided in terms of culture.
- In the interior structure of the old Turkish hospitals, carved mosaics, open relaxing patterns, paintings, paintings and figures with calligraphy and carving process were placed in the interior structure of the hospitals.

II. Analysing the Interior and Exterior Designs of Modern Turkish Hospitals in terms of Art-Design-Social/Cultural and Structure.

- Some of the modern Turkish hospitals consist of high-rise buildings.
- In Modern Turkish Hospitals, the outer surface is mostly covered with magnetic pines and the outer
- surface coating has been turned into a separate art design.
- In modern Turkish hospitals, multiple pines are used and the pines are very large.
- The gigantic structure of modern Turkish hospitals gives some cumbersomeness.
- The light and interior design of modern Turkish hospitals have been harmonised in a way that does not tire the eyes by designing the interior design.
- In some of the modern Turkish hospitals, mosaic, marble columns were used as interior space and art design was used in lighting.
- Modern hospitals built in recent years have a horizontal architectural structure in the form of a dome and the exterior design has a disc round appearance and is seen as a work of art in terms of design and architecture.

- While some of the stairs of modern hospitals are narrow and long, the stairs of hospitals of gigantic size are quite large and tiring, and it is seen that there is no middle between the two in terms of structure.
- In large public hospitals, the interior is seen as simple and the exterior is a work of art.
- The exterior of the foundation university hospitals are multi-glass and the rooms are large.
- Although there is not much of a work of art in education and research hospitals, it is in a plain simple structure and can be easily reached to every floor and place.
- Small city hospitals located in the city have remarkable aspects with their interior and exterior designs in moden structure. These small hospitals mostly use blue and white colours in terms of lighting design.
- In all modern hospitals, there are mechanical devices and the design of Asansör intermediate hidden stairway was made for the staff (Ergenoğlu and Aytuğ, 2007).

TABLE OF STUDY CONCLUSIONS/TURKISH PATIENTS

III. Turkish patients were asked 6 multiple-choice questions in terms of interior/exterior design and multiple-choice Art-Design-Culture structure of Modern Turkish Hospitals. The accuracy of the questions was ensured by the data obtained as a result of the literature research and the accuracy criterion was ensured by ensuring that the people who will answer the questions consist of patients.

Patients benefiting from Turkish hospitals were asked how do you find the interior design of the hospitals where you benefit from health services. In the answers received, it was seen that 19:76% of the patients gave a good positive opinion. The number of people who found it negative was 1, and the number of people who did not want to comment or did not answer was 5. In this case, it is seen that the general interior design of Turkish hospitals is good. How do you find the walls of the hospital where you receive health services in terms of shape and colour? When the patients were asked how this situation affects you, the patients

Opinions of those who responded positively: There is colour harmony, it is advantageous to have an elevator, the structural width and the number of rooms are good, the walls are simple and plain and do not tire the eyes, the entrance door is wide and the hospital has a garden. Having green vines and fish in the hospital gave us peace of mind. 12 patients: 48 of them expressed positive opinions.

Opinions of those who made negative comments: The lighting of the hospital was insufficient, the colours of the upper floors were different, our eyes got tired, the exterior of the hospital was colourful and very confusing. The large size of the hospital had a negative effect on transportation, we walked a lot and lost time. The number of patients with negative opinions was 2 and 8%,

Number of patients who did not comment: The number of patients who did not comment or did not respond was 11 patients: 44 per cent

Twenty-five Turkish patients were asked whether access to the entrance and upper floors of the hospital where you receive health care is sufficient for you. 21 Turkish patients answered "yes, it is sufficient" 84%. 4 Turkish patients answered insufficient 16% There are no German patients who answered "not sufficient".

25 Turkish patients were asked whether the exterior and interior design of the hospital where you receive health care is suitable for you. 15 Turkish patients answered "adequate" with a rate of 60%, 8 Turkish patients answered "inadequate" with a rate of 32%, 2 Turkish patients answered "partially adequate" with a rate of 8%.

25 Turkish patients were asked whether the landscaping of the hospital where you receive health service is adequate and the answers were found as follows: 22 Turkish patients gave 88% favourable opinion as adequate, 3 Turkish patients gave 1% unfavourable response as inadequate.

a) Positive Opinions: n17 Patients: 68
The exterior of the hospital where I receive health service is completely glass crystal and the blue lighting of the colours at night looks very beautiful. The hospital has carvings with white roses, and the white column patterned and embossed arches, reminiscent of the Roman period, attracts with its illuminated state. The interior structure of the hospital is a pleasant pale blue and the presence of paintings in different shapes has attracted my attention, and the modern diamond-like pines and stalactites on the outside of the hospital create a very interesting appearance in terms of art design.

The fact that there is a large door on the outside of the hospital is refreshing, while the ceiling in the inner courtyard is decorated with carvings throughout the ceiling, as if it takes us back to ancient times. I liked the wooden wood-like figures used in the interior of the hospital and the shaped lamps. The exterior staircase of the hospital is very wide and the marble columns are placed on top of the marble columns, and the fact that each floor is paved with pure granite marbles adds a different atmosphere to the hospital.

b) Negative Opinions: n3, Patient: 12

Although the hospital where I receive health services is large, the interior is not aesthetic at all, plain and box-like rooms, small seating areas and sloppy painted walls catch my eye. Tumbled paint and inadequate lighting, which do not look nice on the outside of the hospital, do not give the hospital much confidence. The lifts of the hospital, where I receive health care, are almost falling apart, and the sloppy stairs and interior lighting do not look very pleasant. The interior rooms of the hospital are very narrow and cramped, there is no artistic side, they are made in a flat conical shape.

c) Partially Agree: n5 Patient: 20

Although I do not see much artistic side in hospitals, sometimes I saw historical figures as ornaments or decorations, I can think of embroidered ivy patterns in some hospital corridors as artistic. In the rooms, the ceiling arch is white and the embroidered flowers add a different atmosphere to the room. The interior pines of the hospital are small and spherical, suggesting an interesting design.

STUDY RESULTS/GERMAN PATIENTS

I.Investigation of the Interior and Exterior Designs of the Old German Hospitals in terms of Art-Design-Social/Cultural and Structure.

- The exterior of the old German hospitals differ a lot in terms of structure. Catadrel style old German hospitals are seen in the old German hospitals.
- It is seen that the classical German architecture is used in German hospitals, which are designed with masonry stones and marbles in the outer part, and the embossed exterior structure is decorated with sculptures.
- White blocks carved stones were used in German hospitals.
- In German hospitals, corrugated stone and cremites decorated with patterns and coloured paints were used.
- There are engravings decorated with patterns and carvings in all old German hospitals.
- Almost all of the old Alan hospitals are works of art.
- Old German hospitals are known for their health in terms of structure and aesthetic classical design.
- In the old German hospitals, granite marble, classical marble types were used, especially white, red, black and green colours are dominated.

- In German hospitals, the roof landscape of the German hospitals, along with the triangular structure, different quadrangular, rectangular, round, conical artistic design is used, as well as structures similar to mosque domes, as a Christian tower in the old German hospitals (as an observation and communication tower) in the form of art design and the exterior appearance of the old German hospitals has been changed.

- The outer wall samples of the old German hospitals are dense and textured, creating a different atmosphere. Dark cremite and pale white dominate the colour. Sculptures in the gardens of German hospitals are a marvel of design.

- The interiors of German hospitals have large and large rooms.

- In their interiors, unplastered classical stone appearance and relief patterns inside the marble cavities stand out.

- In the old German hospitals, candle holders, light candlesticks, interior rooms decorated with patterns and door carvings attract attention.

- Although the front entrance of the hospital is very wide at the entrance, the door entrance stairs of the hospital are formed by the correction of hard stones and the internal stairs are palace stairs. The old hospitals are partly wooden but show various differences.

- The old historical German hospitals (200-500) years old carry the culture and formations of their time. In some places, round domes and gold-plated granite carved dessens on the domes reflect the period in terms of art history and design (Modenrn German Hospitals, 2023).

II. Analysing the Interior and Exterior Designs of Modern German Hospitals in terms of Art-Design-Social/Cultural and Structure.

- Modern German hospitals attract attention with their unadorned exterior.

- Modern German hospitals have a rectangular structure with plain and simple colours that do not strain the eyes and light stane tones are used in the interior colours.

- In modern German hospitals, the interior lighting is in white soft structure and the interior colours are absolutely not tiring to the eye with flat and simple paint layers.

- These hospitals have wide corridors and classical flat structure curves.

- In modern German hospitals, the main door is wide and authentic interior room doors are flat, narrow and classic. American carved doors and plastic doors are used.

- It is seen that the exterior windows are standard normal size in each room.

- The exterior of modern German hospitals certainly does not have much ornamentation or carving.

- Some of the modern Salman hospitals have miniature figurines with patterns and paintings with colourful patterns.
- In many modern German hospitals, classical and soft music is played.
- The heating system in modern German hospitals is centralised. The lifts are in steel cases and adequate precautions have been given priority in terms of security. There are security staircase exits (Pavyon and Taut, 2019).

RESEARCH TABLE RESULTS/GERMANY

II. German patients were asked 6 multiple-choice questions in terms of the interior/exterior design of Modern German Hospitals and multiple-choice Art-Design-Culture structure.

The accuracy of the questions was ensured by the data obtained as a result of the literature research and the accuracy criterion provided that the people who will answer the questions are composed of patients.

Research Results

Patients benefiting from German hospitals were asked how do you find the interior design of the hospitals where you benefit from health services. 23 patients gave a positive answer 92% and two patients gave a negative opinion 8%.

When German patients were asked how the walls of the hospital where you receive health services are in terms of shape and colour, how this situation affects you patients, the total of the answers received: n25 German patients all reported positive opinions and satisfaction: 100%.

a) The patient opinions in the table are as follows: In general, hygiene is very important in our hospitals. German architecture is the best and strongest architecture in the world. It combines the best reinforced concrete structures in the form of cast blocks with technology. Today, the exterior of our hospitals is typical of hospitals with a lot of pine and a lot of light into the rooms.

In hospitals with a lot of pine windows, white carved and columnar marble is sometimes used for the interior. The lifts in German hospitals are strong and reliable. The use of colours that do not strain the eyes in the interior design of German hospitals gives the patient a sense of confidence.

In the rooms of our hospitals, matt colour tones are used and lighting is sufficient. Exterior doors and entrances are made of non-slip marble, and some of our hospitals have carved joints of German classicism. In some of our hospitals, German engravings, coats of arms, figures, symbols and historical figures are used.

The colour tones on the walls are soft and relaxing, and patients have expressed that they feel psychologically well while waiting for their health in their rooms.

You were asked whether the access to the entrance and upper floors of the hospital where you receive health services is sufficient for you. 25 German patients gave a positive opinion 100%.

The answers received from 25 German patients who were asked whether the exterior and interior design of the hospital where you receive health services is appropriate in your opinion; 18 patients gave a positive yes answer 72% German 7 patients gave a negative no answer 28%.

25 German patients were asked whether the landscaping of the hospital where you receive health care is sufficient. The answers received were transferred to the survey as it is. 19 patients find it positive 76%, there are no German patients who find it negative. I find it partially positive (partially sufficient) 6 German patients who answered 24%.

25 German patients were asked if the hospital where you receive health care has an artistic aspect? If yes, please explain.

a) Positive comments: n25/ German Patient: 100

When I think about the hospital where I receive medical care, I like the fact that beautiful and soul-soothing melodies are played in the hospital, the interior design of the hospital and the small sculptures of health workers have an artistic weight. I find the wall reliefs in the hospital very artistic.

I can say that the use of carved reliefs on the stairs of the hospital where I receive medical care is great from an artistic point of view. In some German hospitals, white reliefs and engravings are used on the outside, and there are statues of gods and doctors in the garden.

As for the art, the different shades of light in the hospital make me feel warm and relaxed. For me German hospitals are very useful and some of them have artistic decorations in the small sitting areas.

It is very nice to hear the sound of violin in some hospitals.

There are no negative comments.

RESTRICTION

The research was limited to Turkey/Istanbul and Germany/Berlin. The study was narrowed down to 25 people from Turkey and 25 people from Germany.

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Academic Review on Social Cognition in Adolescence

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Abstract

Keywords:
Adolescence,
Psychological Changes
in Children, Childhood
and Psychosocial
Effects, Middle
Childhood

It is no coincidence that the period of a person's life called adolescence is fascinating for many different reasons, depending on various factors. It is necessary to consider the factors underlying the fact that at this stage one finds oneself completely confronted with the outside world: Having been equipped with the kind of social cognition that he or she acquired mainly in childhood at home, at school and through the media, the child now has to get acquainted with other aspects. He or she has to make new or initial references to friends and peers in the wild, to romantic or sexual partners, to teachers and employers, to society in general, and to many other factors as to what are "reasonable", "appropriate" or "expected" ways of thinking and feeling. This stage is one of the first reference stages in which the individual is involved. At the same time, these references are the stage at which the child comes to terms with himself and finally accepts himself and his situation.

INTRODUCTION

The social environment is not only the environment in which we spend a large part of our lives, but also the most important area in which individuals interact with each other. Even when we are on our own, we are surrounded by an environment consisting almost entirely of objects and products of society. This is the case even when we are alone (Clancey, 1997). It should come as no surprise that a considerable amount of work in the psychological sciences has been devoted to investigating the nature of human social cognition, as well as its evolution within the species and growth within the individual. This topic has been a major focus of interest over the last few decades. In terms of phylogeny, it has been hypothesised that the unique development of primate minds is largely due to the capacity for social cognition of the ape species. There are many different lines of evidence that this is a correct interpretation. This hypothesis is the so-called "Machiavellian intelligence", which suggests that social cognition is at the core of social cognition (e.g. the development of the minds of primates). In other words, social cognition was at the centre of the evolution of the minds of primates. The premise on which this theory is based is that primates have the capacity to manipulate and be manipulated by others. They are able to do all this because they are able to recognise that people's actions are guided by both their goals and their perceptions of their circumstances (Tomasello & Vaish, 2013).

When talking about "social cognition", it is important to keep in mind that what is meant is "the many psychological processes that enable people to benefit from being part of a social group" (Frith, 2008, p. 2033). Emphasising concepts such as cognition and phrases such as "rationalising" is essential because doing so enables one to appropriately hold social cognition as distinct from the mere influence of one person. An individual's behaviour may or may not have an impact on the behaviour of other individuals. It is therefore important to emphasise concepts such as cognition and phrases such as "making sense of". Therefore, a strong focus on ideas such as cognition as well as terms such as "making sense" is very necessary (Bara & Tirassa, 2010).

The ability of primates to understand other people's mental states, such as their goals, aspirations and beliefs, is a fundamental component of social cognition. This ability has historically been referred to under various titles such as theory of mind (ToM), mentalisation and folk psychology (Davies and Stone, 1995; Nichols and Stich, 2003; Goldman, 2006; Blakemore et al. 2007; Hutto et al. 2011).

In the field of psychology, there is currently a sizeable body of empirical writing covering the early stages of the development of social cognition as well as mindreading. This research is exceptional when viewed through the lens of ontogenesis, which refers to the study of the literature progression of development over time. This literature has not produced a definitive understanding of what a child's social cognition is or how it develops. Rather, it is a case of different subfields taking different theoretical or empirical approaches.

Furthermore, Hutto et al. (2011) argue that the majority of theories put forward the implicit proposition that fully developed mindreading is present in human adults. According to Gallagher (2006), theory of mind approaches to explaining how we understand others are very important.

Researchers point out that although there is an increase in interest in social cognition after childhood, there is an increase in interest in social cognition beyond childhood. Knowledge about the pathways and trajectories of social cognitive development after infancy is severely lacking. This gap in knowledge is critical. Despite this, there is a growing interest in social cognition that continues beyond infancy. When conducting research into this phenomenon, there are many perspectives that can be considered (Dumontheil et al., 2010). To begin with, activities used to assess a person's theory of mind during early developmental stages should not be used to analyse younger children and younger adolescents. This is because these activities are not age-appropriate.

The study of ToM during adolescence and early adulthood not only presents a methodological challenge as it requires the creation of new empirical tasks appropriate to capture age differences (Henry et al., 2013; Moran, 2013; Valle et al., 2015), but also requires a radical enrichment of the theoretical frameworks used to explain these findings.

Another concern is that ToM exercises often practised with young people tend to be highly prescriptive in terms of the requirements for the 'correct' response. It may be more difficult for young people to respond in the intended way as a result. If it is reasonable to assume that all children, or at least all children of Western origin, will mostly follow the same developmental trajectory, then it is possible that this judgement can be seen as within the bounds of the law. On the other hand, there is some evidence that this is also the case in adults, which is not as obvious as it might seem at first sight. There is no reason to believe that there must be a plateau as the final state of the ontogenesis of social cognition. There is even less reason to think that such a plateau must be the same for all people in all historical situations. None of this is necessary to assume.

According to our current knowledge, the ontogenesis of social cognition does not complete its development when a person reaches the first year of life. Rather, it continues throughout adolescence and various years of maturity, during which changes in biological, social, cultural, educational, autobiographical, reflective and retrospective domains accumulate and become even more interrelated and layered. These changes can be categorised into the following seven groups: This is in line with the results of at least some of the most recent publicised research (e.g., Apperly, 2012; Blakemore, 2012; Bosco et al., 2014b).

On the other hand, the psychological literature on adolescence paints a rather rich (and ever-increasing) but fragmented picture. The entire subject, previously complex enough on its own, is given an additional layer of complexity as a direct consequence of this inclusion. As a direct consequence of this, it can be difficult to achieve a more in-depth and coherent understanding (Moshman, 2005).

Understanding adolescence can be approached from three different perspectives. "Adolescence" as a transition from childhood to adulthood, as a distinct stage of human life that is preceded and followed but (relatively) independent, or as a distinct stage of human life that serves as a bridge between what precedes and what follows but is (relatively) independent of both, is important from the perspective that sees it as the beginning of adulthood. According to this perspective, adulthood is considered to begin with adolescence (in agreement with Moshman, 2005).

OBJECTIVES

The primary aim of this study was to investigate the psychosocial factors of social cognition in adolescence. We also wanted to determine whether there is a relationship between the elements analysed as these psychosocial factors. In addition, the aim of this study was to identify the elements of such factors that play a role in terms of development.

METHOD

In this study, by analysing the literature, appropriate considerations for dealing with psycho-social complexities related to children were assessed, focusing primarily on the core component known as theory of mind. The main components of these were found to be social and mental life during adolescence and adulthood. In addition, most of the data used to study it focuses on its core component, known as theory of mind.

This is because the primary component being investigated is theory of mind. One reason for this is that it is likely that the vast majority of analyses conducted on it have focused on its most basic element. If so, it would be a logical explanation. In this paper, we will argue that the development of social cognition should be thought of as a combination of biological and cultural elements, the majority of which are not yet fully known.

RESULT

When it comes to the study of social cognition, adolescence is a topic that presents many challenges and opportunities that are both intriguing and difficult to address. Adolescence is a topic that presents many challenges and opportunities. The first problem is that it is very difficult to develop study designs that are free from any influence from the environment in which they are conducted. The social, cultural, educational, economic and personal situations in which individuals find themselves, as well as the environments in which they interact, have a significant influence on how people understand and participate in social life. This influence extends to the environments in which they do so. This also applies to the environments in which they participate

Tablo: Verilere Dair Özet Sonuçlar

Phase	Age Important	Basic Conflict	Event	Summary
Oral-Sensory	From birth to 12 to 18 months	Trust and Distrust	Feeding	The baby must first establish a loving, trusting relationship with the carer or develop a sense of insecurity.
Muscle-Anal	18 month 3 year	Autonomy vs.	Toilet	
Locomotor	3 - 6 year	Shame/Suspicion	Education	The child's energies are directed towards the development of physical skills, including walking, grasping and rectal sphincter control. The child learns control, but may develop shame and suspicion if not well managed.
Delay	6 - 12 year	Initiative vs.	Independence	The child must cope with the demands of learning new skills or risk feelings of inferiority, failure and inadequacy.
Puberty	19 - 40 year	Criminal Industry vs. Vile Intimacy Isolation	School, Love relationships	The young adult must develop close relationships or endure feelings of isolation.

A second issue is that empirical methodologies need to be modified to account for the large differences in social states, cognitions and actions that exist across different contexts, different individuals and various domains and activities.

A third challenge is that the theories often used in the study of social cognition, such as theory of mind (ToM), are probably not in themselves sufficient to explain this. This is a problem as TF is one of the most frequently used theories. This is problematic for a number of different reasons, including the following: When viewed through a phenomenological lens, such as that chosen by Gallagher, for example, the concept of a ratiomorphic, purely inferential theory of mind seems too fundamental to explain. This is because theory of mind can take into account the diversity and depth of human experience in the social domain (2006).

Then, similar to the way theories in pure (or impure) physics kick in when there is a breakdown in our bodily experience, which is typically based on routines, a theory of mind would kick in when there is a breakdown. In other words, the theory of mind would kick in when there was a breakdown, similar to the way theories in naive (or non-naive) physics kick in when there is a breakdown.

According to Gallagher and Hutto (2008), when we do such a thing, our aim is not to gain access to the private or mental lives of individuals close to us. Instead, we are interested in their existence in the context of the wider world, and we feel that this is something that can be communicated most effectively using a narrative structure. It is often necessary to take the form of narratives that are played out in the world and in which we and other people, with a bit of luck, can play a part. The events in these narratives have a beginning, a development and sometimes an outcome (Goffman, 1959). In the light of this, one perspective on adolescence is that it is a period characterised by significant and rapid changes in narratives, ushering in a whole new universe of opportunities, promises and risks.

The adolescent is suddenly thrust into this other environment and is forced to find out how to act on his/her own while simultaneously trying to figure out how to react appropriately to the new situation. To achieve this goal, one's social life can simultaneously serve as an important obstacle and opportunity, as well as a resource. One of the most incredible things the human race has ever done is that most of us have managed to survive this storm and come to a place where the waves are much calmer than where we were before.

CONCLUSIONS

In the study of social cognition, adolescence is a topic that presents many challenges and opportunities that are both intriguing and difficult to address. The first problem is that it is very difficult to develop study designs that are free from any influence from the environment in which they are conducted. The social, cultural, educational, economic and personal situations in which individuals find themselves, as well as the environments in which they interact, have a significant influence on how people understand and participate in social life. This influence extends to the environments in which they do so. This also applies to the environments in which they participate. For the same reason, it can be difficult to design empirical approaches equivalent to those often used to investigate the functioning of the mind in infancy and childhood or other aspects of social life.

SOLUTIONS

The methods mentioned include the following: This is due to the lack of a significant amount of data to assist in the design of such methods. In light of this, one perspective on adolescence is that it is a period characterised by significant and rapid changes in narratives, ushering in a whole new universe of opportunities, promises and risks. The adolescent is suddenly thrust into this other environment and is forced to find out how to act on his/her own while simultaneously trying to figure out how to react appropriately to the new situation. The circumstances in which he/she wants and needs to discover who he/she is are very important at this stage. To achieve this goal, one's social life can simultaneously serve as an important obstacle and opportunity, as well as a resource. One of the most incredible things the human race has ever done is that most of us have managed to survive this storm and come to a place where the waves are much calmer than where we were before.

LIMITATIONS

The study was conducted in a small number of children and the proportion of boys and girls was underestimated in general literature reviews. This study should be followed by a longitudinal study to find the course and pattern of comparisons regarding improvements. Also, other socio-demographic entities should be investigated and compared to find a possible correlation

NOTICE

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Overview of Visually Impaired Students as a Health Problem in Turkey and the World

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Abstract

Keywords:

Health, Psychological Visually Impaired Problem, Student Education

It should not be forgotten that there are students in society who have congenital, genetic or accidental full blindness or half blindness, and that we should be more sensitive to these students. It is known that students with visual impairment, which is a health problem, struggle with many difficulties, hold on to life for work, education, life and experience social, psychological-based social problems.

INTRODUCTION

Low or no vision is a congenital or acquired disability. It is known that under the leadership of the principle of educational equality in schools affiliated with national education, the right to read is protected by the state and these students receive a healthy education in schools. Complete Blindness or Low vision is a condition in which a person's visual field cannot be improved with glasses, lenses, surgery or medical treatment and their vision level does not improve at all. The visually impaired are not poor, needy or mentally handicapped. These students are individuals who have remained in the background due to their visual disabilities, isolated from society, socially inadequate, partially deprived of material and spiritual opportunities, and seen as the bleeding wounds of our age.

Our state's financial and social assistance, education and rehabilitation of these people, by allocating various resources, the state uses all its means to improve their visual impairment, rehabilitate them and provide social and psychological support.

Visually impaired people need special education and support training because they have partially or completely lost their sight. According to the law, a person whose visual angle is 20/200 tenths or whose visual angle does not exceed 20 degrees is considered blind. It is important in terms of education for the visually impaired to learn and use the Braille alphabet and benefit from audio books.

Blindness or low vision is not associated with low intelligence, but it is a fact that people who fall behind in education lag behind their peers academically. Academically lagging people can make up for their deficiencies with a good education in special education. In this way, the visually impaired can reach the same trends as their peers, and even surpass their peers with much more dedication and work, and the increased success will make visually impaired students feel better both socially and psychologically.

Visually impaired individuals may experience conceptual confusion from time to time. Especially for abstract concepts, the success rate is quite low. This is because a sighted child catches up quickly, and a blind child has very limited learning opportunities.

OBJECTIVE

The health problems of visually impaired students in Turkey and in the world and all kinds of developments and the problems experienced by primary and middle level visually impaired students while studying at schools were investigated.

METHOD

Scanning the previously written scientific literature on the subject according to the qualitative research method and rewriting it as an original review article. In terms of source, domestic and foreign literature was searched.

RESULT

Generally Known Causes of Visual Impairment

- Febrile diseases during pregnancy (measles)
- Genetic factors
- Side effects of various drugs used during pregnancy
- Effects of magnetic or x-ray radiation
- Difficulty at birth
- Exposure of premature infants to hyperoxygen in the incubator.
- Illnesses of children, accidents, cases of poisoning after birth.
- Major Trances and Accidents in Human Adulthood.
- Age-related visual impairment, visual impairment
- Conditions that impair the functioning of bodily functions, eg. cancer
- Exposure to extreme heat and cold
- Exposure to toxic gases.
- Bad brain events such as concussion.
- Psychological causes (sudden and very severe unexpected shock, intimidation, temporary blindness or awareness of blindness)
- Some work accidents, eye surgeries, etc.

Major Problems of Visually Impaired Students

The social and cultural environment, education, family and business life of the visually impaired, and getting individual and institutional help that can alleviate all kinds of problems will positively affect their quality of life. It is not difficult to observe visually impaired people who cannot see interesting objects in front of them, do not look at a certain point for a long time, otherwise avert their eyes, rub or scratch their eyes at different intervals.

Flickering in the eyes and being disturbed by the light, not looking at the light, frequently falling and trying to lie on the ground for no reason, inability to distinguish colors, redness and tearing in the eyes, moderate blurring; Reflection from eyes when light is on.

When you approach visually impaired children, speak calmly without frightening them. A visually impaired person always has the ability to learn throughout his life. Remember that people are visually impaired, not mentally handicapped. As children get older, the visual element and its interaction with the external environment increase with age, and the importance of seeing increases, and they understand that many things are very difficult without seeing (Arslan, Y, & Şahin, H, 2014).

In our country, there is no pre-school education and I-II-III level state education system affiliated to the Ministry of National Education, especially for the visually impaired. Three types of education opportunities are offered to the visually impaired who have reached school age. These;

- Shelter for the Visually Impaired (Can be boarding)
- Special classes
- Blended education

Housing for the Visually Impaired; This is the type of school where the Ministry of Education has established a program and only students with a diagnosis of complete blindness are accepted. In these schools, the senses of touch and hearing are taught. The training programs were created according to these two points.

Special Classes; Visually impaired students continue their education in primary education classes, in special classes made up of visually impaired students, in regular and non-standard schools that provide formal and daytime education under the Ministry of National Education, with the desired study material. He learns to read and write mainly by hearing, from printed aids, audiobooks and Braille.

Blended Education; Since they do not have any mental retardation, these visually impaired or blind people receive education in the non-systematic inclusive student program with normal students in state education schools. In order for the visually impaired to sit comfortably in the front row of the classroom, the materials used by the classmates should always be easily accessible, the environments where the child may trip and fall are minimized, the classmates should not make movements such as running in the classroom, pushing, jumping and the teacher should make all kinds of sacrifices (Deldal, 2016).

General Characteristics of the Visually Impaired;

- This negatively affects the mental development of people with low or no vision.

- His sense of touch and hearing is more sensitive and developed than his peers.

- They have a sensitive personality

- They have psychological and social deficiencies

- They do not have problems with language development, they just use a lot of words while speaking.

- The intelligence level of a blind person is the same as normal intelligence if adequate education is given.

- Because they cannot see, they lag behind their peers in conceptual development.

- They have difficulty in understanding concepts such as area, shape, volume, width and size.

- Introverted, quiet, low self-confidence individuals.

- They think that they are excluded from society because they cannot see, and sometimes they can be very angry, grumpy and aggressive.

If these people are supported with special education and family education, they will achieve success in many areas. They can be sociable and sociable individuals when integrated into society. There are no health problems other than the visually impaired.

As an example, the Netherlands is one of the first countries that come to mind in this field, as an example of the services and educational opportunities offered abroad for the visually impaired. The first library for the visually impaired was opened in the Netherlands in 1887 and was renamed "De Vereniging De Nederlands Braillebibliotheek" in 1887.

Starting from the education period, it implements all kinds of life plans and studies within a certain program. To enable children and adults to enter business life through audio books, magazines and various publications and prominent printed books produced by Delicon Production. The Dutch government and they form the basis of these studies (Bakırcı, 2011).

Developments Regarding Visually Impaired People in Turkey

This number is increasing due to wars, diseases and poverty. In 2012, there are 100 million disabled people in the world. In 1889, a part of the visually impaired trade school was opened in Turkey. In 1921, a school for the deaf, dumb and blind was opened in İzmir, and in 1950 a school for the blind and an orphanage were opened in Ankara. Ministry of Education. In 1951.2009, all schools for the visually impaired were transferred to the Ministry of National Education. According to 2016 data, there are 16 primary schools for

the visually impaired opened by the state.

There is gender discrimination against the visually impaired in Turkey. Research has shown that male visually impaired people can go out on their own, while female visually impaired people are confined to their homes and are prohibited from going out.

Dutch State And (Dedicon And SIOB)

In cooperation with the Dutch government and Dedicon, an educational institution for the visually impaired, it provides services by creating special reading software, dyslexia software and reading and listening programs for the visually impaired to read newspapers, books and magazines. This education center has produced 60,000 books and 300 newspapers and magazines as audio programs and has so far provided these services to readers free of charge by the Dutch government and an education company. The Dutch government grants €1.5 million per year to its two partners Dedicon and SIOB (Institute for the Public Library Sector) to convert 1,300 books into audiobooks and publish 500 books, 3,700 newspapers and magazines in Braille.

In the Netherlands, if a person is born visually impaired or for any reason, he or she is evaluated after birth and training starts from the very first moments to improve self-confidence, adaptation to social life and hand-eye coordination. Vocational training has been given priority to these individuals and it has been ensured that they continue to be successful in the profession. Dedicon produces all kinds of tools and equipment for the visually impaired and sends these products to the state library by receiving a subsidy of three and a half million euros annually from the state. What approaches should be used in the education of the visually impaired?

This is how we should act to improve the education of the visually impaired.
- Since these people cannot learn by seeing, they recognize their environment by touching and hearing.
- The feature should be presented tactilely and verbally and creating an appropriate environment.
- The information written on the board should be spoken orally to the visually impaired.
- In speaker environments, you must say the speaker's name.
- It is necessary to say the names or appearances of things, rather than saying that.
- Before using various musical instruments, the person should be informed, his sensitivity and fear should be prevented.
- Vocabulary should be increased by hearing, smelling and touching.

- Detailed information about dangerous substances should be given and the consequences of negligence should be explained.
- Even if a visually impaired person protects his head from hitting his head, he can prevent further damage by extending his arms forward, so that the person is not afraid of walking or walking and gains self-confidence.
- To learn to recognize and distinguish sound, one must make a habit of listening.
- While teaching skills, the child's hand should be helped and the child's hand should be upright.
- A person should be allowed to touch embossed objects or figures. Therefore, the subject can be clarified by asking what you think about the pictures and visuals.

Be sure to participate in activities, play, to gain confidence.

If the development of the visually impaired can be seen in all areas, the family-state-teacher rewards the visually impaired student. The visually impaired student will want to develop and complete himself in a positive way.

With the Law, the Dutch state has taken these people under protection with various projects, laws and protective measures in order to provide social, health and psychological support to the visually impaired and their families and to meet their various needs.

CONCLUSION

Visual disability, which is a health problem, has many problems in the world and in Turkey. Although improvements have been made, some problems are known to persist.

Major Problems of Visually Impaired Students
- Health Problems-Social Problems
- Psychological Problems-Transportation Problems
- Educational Problems-School Problems
- Guidance Issues-Family Issues
- Assistance Issues-Accommodation Issues
- Teacher Problems-Economic Challenges
- Peer Issues-Violence Issues
- City-Environmental Problems
- Learning Problems

LIMITATION

The research is limited to the results of international and domestic scientific research.

Also, no restrictions were reported.

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Publication Ethics of Istanbul Medisocial Education and Research Health Sciences Journal; It is a national and international indexed scientific journal that aims to ensure that scientific research and publications are carried out in accordance with basic principles such as honesty, openness, objectivity, and respect for the findings and creations of others, and works to achieve this. The Helsinki Declaration criteria were taken into account

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