The Association between Perceived Social Support and Self-Efficacy of Turkish Elementary School Children

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Abstract

Positive power is very important for adolescents' physical and mental health. The sample for the study was composed of a total of 760 students in the 6th, 7th and 8th grades from 7 elementary schools. The sociodemographic data form, the "Child-Adolescent Social Support Scale" (CASSS) for measuring the social support perceived and the "Middle School Self-efficacy Scale" for measuring self-efficacy were used. This study was conducted to examine the relationship between the social support perceived and elementary school students' self-efficacy and the variables that influence perceived social support and self-efficacy. A positive relationship was determined between the CASSS and point averages on the sub-scales, the Middle School Self-efficacy Scale and the sub-scales of the students (p<0.001). It was established that the perceived social support in adolescents has affected their self-efficacy skills. It is recommended that professionals dealing with adolescent health should guide the adolescents by using social support and health self-efficacy on gaining skills for health protection, promotion and to take over the responsibility of their own health.

Key words: *adolescents; health promotion; primary schools; self-efficacy; social support; sports participant.*

Introduction

Self-efficacy is one of Bandura's basic concepts that is considered to have an effect on behavior and is one of the basic components of the social learning theory (Bandura,

1982). Pender developed the "Health Promotion Model" (HPM) by taking Bandura's social learning theory as the basis. It is emphasized in the Health Promotion Model that the perception of self-efficacy of an individual is an important determinant in the initiation and continuation of health promotion behaviors (Galloway, 2003). The self-efficacy perceived on events that affect the lives of people are beliefs about the capabilities of being able to set forth an effective performance (Bray, Nash, & Froman, 2002). Health psychologists have stated that self-efficacy is also an important component in many other health behavior theories other than in the Health Promotion Model. The adoption of a self-efficacy perception behavior of the individual plays a very important role in the initiation and continuation of change in behavior and it is stated that it is a major determinant (Gözüm & Aksayan, 1999). The relationship between the perception of self-efficacy and academic performance and variables, such as anxiety (Anyadubalu, 2010), self-respect (Lane et al., 2004), work approaches (Prat-Sala, & Redford, 2010), computer-based learning (Liu et al., 2006), learning based on problems (Cerezo, 2004), physical activities (Ryan & Dzewaltowski, 2002) and computer use (Bayırtepe & Tüzün, 2007) have been examined in different studies. Anyadubalu's study (2010), that examined the relationship between the performance and anxiety levels of middle school students attending an English language program and self-efficacies, determined that there was a negative relationship between anxiety and self-efficacy. In the study made by Lane et al. (2004), there was a relationship between self-efficacy and self-respect and they stated that self-efficacy was influential on the academic performance of students. Prat-Sala and Redford's study (2010), determined that self-efficacy had a significant role on motivation and learning approaches. The study carried out by Liu et al. (2006) established that learning based on computer problems increased self-efficacy. In the study made by Cerezo (2004) it was stated that there is a strong relationship between self-efficacy and learning based on problems. The study implemented on 6th and 7th grade students by Ryan and Dzewaltowski (2002) examined the effects of different types of physical activities on beliefs of self-efficacy and stated that physical activities increased the students' confidence in themselves, that they could overcome the barriers of acquiring a circle of friends and that the students were enterprising. Furthermore, adolescents whose perception of self-efficacy was high were more eager to participate in activities related to computers and it is stated that their expectations from these types of activities were higher (Bayırtepe & Tüzün, 2007).

It is stated that there is a direct negative relationship between beliefs of self-efficacy and aggressive behaviors. Beliefs in self-efficacy are important mental variables in adolescents in the decrease in risk behaviors and in the development of social skills (Balkıs et al., 2005). It is thought that a person's coping with the difficult aspects of life and in showing resistance to the negative effects of stress play an important role in their social relationships with others. Social support is accepted as help provided to individuals under stress or in a difficult situation by the people in their surroundings

(spouse, family, friend, etc.). However, the perception of social support is individual's own judgment on the subject of whether or not the social support functions are sufficient (Malecki & Demaray, 2002).

The study conducted by Geckova et al. (2003) established that social support is related to health. Akın and Ceyhan (2005) stated that the quality of the relationships adolescents established with their families, teachers and friends who accept them and the social support they obtain from them is also effective.

The adolescent period is evaluated as the most difficult period in the life cycle and it is thought that social support is much more important in this period. Adolescents who perceive that they have received sufficient social support feel themselves valued and their identity developments are accelerated (Wight, Botticello, & Aneshensel, 2006). Adolescents whose level of social support is high suffer less anxiety, depression and behavior problems compared to those whose level of social support is low in response to stressful life events (Gökler, 2007). In Yardımcı and Başbakkal's study (2009a), it was found that there was a positive, weak relationship between the social support perceived and self-efficacy.

The initiation and continuation of positive health behaviors will provide for the individual to benefit from positive role models in his/her social circle in the determination of the relationship between social support perceived in adolescents and self-efficacy. In high risk situations that prevent the initiation and continuation of behaviors and knowing the measures that can be taken in response to these, will be a guide for adolescents on the subject of being a positive strength on their own physical and mental health.

Methods
Research Design and Sampling

The objective of this study is to examine the relationship between the social support perceived and self-efficacy of elementary school students and the variables that influence social support perceived and self-efficacy. The research is a "descriptive relationship" study. The sampling of the study was composed of a total of 760 students at different socioeconomic levels in the 6th, 7th and 8th grades between the ages of 11-15 attending 7 elementary schools in Aydin and Izmir provinces.

Study Procedures

The sociodemographic data form, the "Child-Adolescent Social Support Scale" measuring the social support perceived and the "Middle School Self-Efficacy Scale" measuring self-efficacy were administered to the participants in the study.

Sociodemographic Data Form: It included questions containing introductory information developed by the researchers in accordance with the literature. It was composed of questions related to the student's grade, age, gender, status of engagement in sports, height and weight measurements.

Child-Adolescent Social Support Scale (CASSS): It was developed by Malecki and Demaray (2002) with the objective of measuring the social support perceived in children and adolescents. It was proven that it could be used in the measurement of the social supports perceived by children and adolescents. The scale was composed from a total of 60 items in 5 sub-groups (family, teachers, classmates, close friends and people at school). The scale is given points at the two stages of frequency and importance. The points for frequency are in the form of a 6-point Likert type with 1 (Never), 2 (Rarely), 3 (Sometimes), 4 (Generally), 5 (Almost Always) and 6 (Always). The points for importance are in the form of 1 (Not important), 2 (Important) and 3 (Very Important). The Chronbach's Alpha reliability coefficient of the scale for the 2nd version was reported to be .95. It was between .89 and .94 for the sub-groups. The structure validity was between .71 and .78. The scale was renewed in 2000 and applied between the third and twelfth grades. Every sub-scale was composed of 12 items and for the frequency section of each sub-scale the lowest points obtained were 12 and the highest points were 72. The lowest points obtained from each sub-scale (12 items) of the importance section were 12 and the highest points were 36. The lowest points obtained on the frequency section of the scale were 60 and the highest points were 360. The lowest points obtained from the importance section of the scale were 60 and the highest points were 180. As the total points obtained from the frequency section of the scale increase, the level of perceived social support also increases. As the total points obtained from the importance section of the scale increase, the level of placing importance on perceived social support also increases (Malecki & Demaray, 2002). The validity and reliability studies of the Child-Adolescent Social Support Scale (CASSS) in Turkey were made by Yardımcı and Başbakkal (2009b). At the stage of adapting the scale to the Turkish society, views and permissions were obtained from the authors on the subject of organizing the sub-dimensions of the scale including mother, father, teachers, classmates and close friends.

Middle School Self-efficacy Scale: The Middle School Self-efficacy Scale was developed by Bray, Nash and Froman (2002). It is a Likert-type scale composed of 37 items. Each item requires a point from 1 to 5 in response to the question, "In reality, how suitable is it to do each of the following items?" Giving points is in the form of 1 (Not at all suitable), 3 (Somewhat suitable) and 5 (Very suitable). The Chronbach's Alpha reliability coefficient of the scale was reported to be between .73 and .89. High total point results show high self-efficacy. The Middle School Self-efficacy Scale was composed of the 4 sub-dimensions of Preventive Health, Personal Relationships, Potential for Substance Dependency and Academic Achievement. The Preventive Health sub-scale was composed of 10 items (items 1, 4, 5, 6, 7, 8, 9, 10, 23 and 25). The lowest score obtained from the sub-scale was 10 and the highest score was 50. The personal relationships sub-scale was composed of 14 items (items 11, 12, 13, 13, 1, 16, 17, 18, 19, 20, 21, 22, 24 and 26). The lowest score obtained from the sub-scale was 14 and the highest score was 70. The potential for substance dependency sub-scale

was composed of 2 items (items 2 and 3). The lowest score obtained from the sub-scale was 2 and the highest score was 10. The academic achievement sub-scale was composed of 11 items (items 27, 28, 29, 30, 31, 32, 33, 34, 35, 36 and 37). The lowest score obtained from the sub-scale was 11 and the highest score was 55. The lowest score obtained from the scale was 60 and the highest score was 185. As the total score obtained from the scale increases, the level of self-efficacy also increases. The validity and reliability studies of the Middle School Self-efficacy Scale were made in Turkey by Yardımcı and Başbakkal (2010).

Body Mass Index Measures: All of the anthropometric measurements of the children were carried out in classes conducted by the physical education teachers. The measurements were made with standard measurement tools by the same teacher in order to decrease the measurement errors. The children's height was measured without shoes, while body weight was measured on a digital scale while participants wore school uniforms. The average clothing weight determined for children at each age was subtracted from this measurement and recorded as net weight. The weight of the children was measured with a Digital Scale (max 200 kg, 450 lbs, 32 stones, d= 0.1 kg/0.2 lbs), whereas, the height was measured with a Wooden Measure in Millimeters. Every child's body mass index (BMI) was calculated in percentiles. The BMI formed with the data obtained from the study group were defined as overweight between the 85-95 percentiles and as obese in the 95 and above percentile according to the percentile curve.

Statistical Analysis

The Statistical Package for the Social Sciences (SPSS) for Windows 16.0 statistical program was used for the evaluation of the study data. The Kruskal-Wallis Test (KW), the Mann-Whitney U test (MU) and the Bonferroni correction were used in advanced analyses to determine whether or not the independent variables (grade, gender, BMI percentile values) could influence the point averages of the Child-Adolescent Social Support Scale and the Middle School Self-efficacy Scale. The Spearman rank correlation was used with the objective of studying the relationships among the "Child-Adolescent Social Support Scale", the "Middle School Self-efficacy Scale" and the sub-scales. The statistically significant status of the data was evaluated at the level of $p<0.05$.

Written permission was obtained prior to the study from the institution carrying out the study and from the Ethics Committee of the Ege University Nursing School. The objective of the study was explained to the children and volunteers who were included in the study. The identity information of the individuals involved in the study was kept confidential.

Results

The findings were obtained from the 760 students who participated in the study and were evaluated according to:

1. Findings related to the sociodemographic and identifying characteristics of the students,
2. Findings related to the students' child-adolescent social support scale points,
3. Findings related to the students' middle school self-efficacy scale points,
4. Findings related to a comparison of the point averages of the child-adolescent social support sub-scales with the middle school self-efficacy sub-scales.

Findings Related to the Sociodemographic and Identifying Characteristics of the Students

Of the students participating in the study, 55.9% were males, 36.4% were in 6th grade and 55.9% were attending public schools. The height averages of the students were 159.2±10.1 cm (min.: 126, max.: 189), weight averages were 50.3±11.9 kg (min.: 26, max.: 100) and the BMI percentile averages were 58.0±31.3 (min.: 0.0, max.: 99.9). It was determined that 5.8% of the students were underweight, 66.1% were normal, 13.1% were overweight and 15% were obese. It was determined that 47.6% of the students were registered athletes. Of the students, 44.5% perceived their family income status as good (Table 1).

Table 1

Distribution of the Students Participating in the Study According to Sociodemographic Characteristics

Grade	6th grade	277	36.4
	7th grade	219	28.8
	8th grade	264	34.7
Type of School	Public school	425	55.9
	Private school	335	44.1
Gender	Female	335	44.1
	Male	425	55.9
Overweight and Obesity	Underweight	44	5.8
	Normal	502	66.1
	Overweight	100	13.1
	Obese	114	15.0
Sports Participation Days 3.1±1.7 (min.: 1, max.: 7)	Yes	362	47.6
	No	398	52.4
Hours 3.2±2.0 (min.: 1, max.: 12)	Fair	394	51.8
	Poor	28	3.7

Findings Related to the Students' Child-Adolescent Social Support Scale Points

Upon examination of the point averages obtained from the CASSS sub-scales, it was established that students received 56.95±11.99 points from the mother sub-scale frequency section and 31.88±4.68 points from the importance section; 57.07±12.11 points from the father sub-scale frequency section and 32.15±4.92 points from the importance section; 56.46±12.75 points from the teacher sub-scale frequency section and 32.18±5.08 points from the importance section; 51.28±13.50 points from the

close friends sub-scale frequency section and 30.36±6.17 points from the importance section; and 58.61±12.32 points from the classmates sub-scale frequency section and 32.64±5.10 points from the importance section. Students received a total of 280.39±49.24 points from the frequency section scale and 159.24±20.98 points from the importance section scale (Table 2).

Table 2

Distribution of the Students According to the Child-Adolescent Social Support Scale Point Averages

Mother	Frequency	12	12-72	56.95±11.99
	Importance	12	12-36	31.88±4.68
Father	Frequency	12	12-72	57.07±12.11
	Importance	12	12-36	32.15±4.91
Teacher	Frequency	12	12-72	56.46±12.75
	Importance	12	12-36	32.18±5.08
Close Friend	Frequency	12	12-72	51.28±13.50
	Importance	12	12-36	30.36±6.17
Classmate	Frequency	12	12-72	58.61±12.32
	Importance	12	12-36	32.64±5.10
Total	Frequency	60	60-360	280.39±49.24
	Importance	60	60-180	159.24±20.98

As the grade of the student became lower, there was a statistically significant difference found between the social support frequency and importance point averages received from the mother (frequency: KW=22.76, p=.000; importance: KW=11.30, p=.004), the father (frequency: KW=17.64, p=.000; importance: KW=11.91, p=.003), the teacher (frequency: KW=31.16, p=.000; importance: KW=26.64, p=.000), close friends (frequency: KW=4.006, p=.135, importance: KW=15.57, p=.000), the classmates (frequency: KW=8.076, p=.018; importance: KW=9.608, p=.008) and total social support (frequency: KW=21.56, p=.000; importance: KW=24.35, p=.000). The Bonferroni correction analysis determined that this difference stemmed from the 8th grade students (p<0.016).

Upon examining point averages according to students' gender a statistical difference between the point averages of the females compared to the male students for the social support from the teacher (frequency: MU=62970.5, p=.006; importance: MU=59980.0, p=.000), close friends (frequency: MU=55491.0, p=.006; importance: MU=57029.0, p=.000) and total social support (frequency: MU=61734.0, p=.002; importance: MU=61004.0, p=.001) were established. No difference was found between the frequency and importance of social support point averages from mothers, fathers and classmates according to gender (p>0.05).

A statistically significant difference was observed between the social support point averages from the teachers of the students at private schools and the point averages of the students at public schools (frequency: MU=60902.0, p=.001; importance: MU=65407.0, p=.042), while no difference was found for the other dimensions (p>0.05).

A statistically significant difference was established between the social support point averages from the father (frequency: MU=62906.0, p=.002; importance:

MU=67432.50, p=.112) and from classmates (frequency: MU=66017.50, p=.046; importance: MU=70167.50, p=.526) of students engaged in sports compared to the point averages of the students not engaged in sports. A difference was not found for the other dimensions (p>0.05).

Findings Related to the Students' Middle School Self-efficacy Scale Points

When the item points received from the Middle School Self-efficacy Scale sub-scales are examined, the preventive health sub-scale point average was 58.90±9.45, the personal relationships sub-scale point average was 42.26±5.76, the potential for substance dependency sub-scale was 9.41±1.70, the academic achievement sub-scale point average was 49.49±5.69 and the total scale point average was 160.08±18.83 (Table 3).

Table 3

Distribution of the Students According to the Middle School Self-efficacy Scale Point Averages

Preventive Health	10	14-70	58.90±9.45
Personal Relationships	14	16-70	42.26±5.76
Potential for Substance Dependency	2	2-10	9.41±1.70
Academic Achievement	11	11-55	49.49±5.69
Total Scale	37	37-185	160.08±18.83

It was determined that the point averages increased statistically as the grade of the student became lower for the preventive health (KW=24.86, p=0.000), for the personal relationships (KW=39.42, p=.000), for the potential substance dependency (KW=19.85, p=.000), for the academic achievement sub-dimension (KW=63.75, p=.000) and for the total scale (KW=52.19, p=.000). In the Bonferroni correction analysis, it was determined that this difference stemmed from 8th grade students (p<0.016).

There is a statistical difference between the female students' personal relationships (MU=58804.0, p=.000), academic achievement sub-dimension (MU=59668.5, p=.000) and total scale point average (MU=61406.5, p=.001) and the point averages of the male students. However, there was no difference for the preventive health and potential for substance dependency sub-dimension according to gender (p>0.05).

Furthermore, in an advanced analysis, there was no relationship between the overweight-obese condition and total scale point averages (p>0.05).

A statistically significant difference was established between the preventive health (MU=62179.0, p=.001), academic achievement sub-dimension (MU=60703.5, p=.000) and total scale point averages (MU=64640.0, p=.014) of students engaged in sports compared to those not engaged in sports. Nevertheless, difference was not found for the personal relationships and potential for substance dependency sub-dimension (p>0.05).

A Comparison of the Child-Adolescent Social Support Sub-Scales and the Middle School Self-efficacy Sub-Scales Point Averages

A positive strong relationship was observed between the CASSS and sub-scales point averages and the students' Middle School Self-efficacy Scale and sub-scales (p<0.001) (Table 4).

Table 4

Examination of the Relationship between the Social Support Scale and the Sub-Scales and the Self-efficacy Scale and the Sub-dimensions

	Mother frequency	Mother importance	Father frequency	Father importance	Teacher frequency	Teacher importance	Classmate frequency	Classmate importance	Close friend frequency	Close friend importance	CASSS frequency	CASSS importance	Preventive Health	Personal Relationships	Potential for Substance Dependency	Academic Achievement	Self-efficacy Total Scale
Mother frequency																	
Mother importance	.45*																
Father frequency	.73**	.33**															
Father importance	.35**	.72**	.41**														
Teacher frequency	.53**	.25**	.52**	.24**													
Teacher importance	.31**	.58**	.25**	.55**	.41**												
Classmate frequency	.50**	.29**	.53**	.30**	.50**	.27**											
Classmate importance	.28**	.58**	.25**	.56**	.26**	.57**	.43**										
Close friend frequency	.52**	.26**	.55**	.27**	.49**	.26**	.60**	.29**									
Close friend importance	.28**	.53**	.28**	.54**	.27**	.50**	.28**	.58**	.45**								
CASSS Total Frequency	.80**	.37**	.81**	.38**	.75**	.36**	.79**	.37**	.77**	.37**							
CASSS Total Importance	.41**	.80**	.37**	.79**	.36**	.78**	.42**	.84**	.38**	.73**	.47**						
Preventive Health	.38**	.35**	.28**	.27**	.33**	.33**	.27**	.31**	.25**	.25**	.38**	.40**					
Personal Relationships	.33**	.32**	.28**	.28**	.20**	.27**	.25**	.30**	.20**	.22**	.32**	.37**	.68**				
Potential for Substance Dependency	.16**	.04	.13**	.05	.16**	.12**	.11**	.06	.13**	.09**	.18**	.11**	.29**	.19**			
Academic Achievement	.38**	.35**	.33**	.29**	.36**	.37**	.35**	.35**	.27**	.26*	.43**	.43**	.66**	.58**	.25**		
Self-efficacy Scale	.42**	.38**	.34**	.31**	.35**	.36**	.33**	.35**	.29**	.27**	.44**	.44**	.93**	.84**	.353**	.81**	

Discussion
Evaluation of the Characteristics of the Students' Child-Adolescent Social Support Scale Points

The highest points obtained by the students on the frequency section of the CASSS are from the classmates' sub-scale frequency section and the lowest points are from the close friends' sub-scale frequency section. The students had the highest points in the importance section for the classmates' sub-scale and the lowest points in the importance section for the close friends' sub-scale (Table 2). In the study by Yardımcı (2009a) it was stated that the students received the highest points on the CASSS from the close friends' sub-scale and the lowest points from the classmates' sub-scale. The relationship with one's peers is one of the most important subjects in the adolescent period. A peer has many meanings for an adolescent. First of all, it has the meaning of a group of close friends from the same age group. In the adolescent period, for individuals to feel that they belong to a group of friends or to establish close relationships provides sufficient support through these friendships (Roseth et al., 2008; Rubin, 2010; Bayhan & Işıtan, 2010). Our study also found that adolescents perceive friendship relations during the adolescent period as more important than family relationships, which supports the importance of the need to feel friendships.

As the grade of the student decreases, the frequency and importance point averages of the social support from mothers, fathers, teachers, classmates and close friends increases. This result can be related to the fact that the adolescent matures as the grade increases and the most evident attribute is an increase in the desire to be independent thus placing less importance on social support. The efforts of students to prove that they have grown up can be oriented towards a decrease in the expectations on the subject of social support from mothers, fathers and teachers. At the same time, as the grade decreases, the importance placed on social support from close friends and classmates increases. This result supports the importance placed on friendship relations by adolescents.

When the social support point averages perceived according to gender of the students who participated in the study are examined, it can be determined that the total social support frequency and importance point averages of female students from teachers and close friends was statistically higher compared to male students. On the other hand, there was no difference in the social support frequency and importance point averages from mothers and fathers. In the study by Yardımcı (2009a) no difference was found in the social support from mothers according to gender, but it was stated that male students received more support from fathers. This is an expected result in the Turkish society in which having a male child is more valued by the parents. Different studies have also shown that females receive more social support compared to males (Malecki & Demaray, 2002; Bokhorst et al., 2009; Geckova et al., 2003; Kendler et al., 2005; Rueger et al., 2008).

The comparison made according to type of schools established that the point average of the social support from teachers by students at private schools was statistically higher than the students at public schools. The fact that the number of students in classes is lower and that there is more social interaction makes it easier for teachers to take a closer interest in the students at private schools and to follow their academic and social developments individually. This situation makes it possible to increase the levels of social support perceived from teachers by forming environments in which the students are able to make themselves known and by providing opportunities for them to be able to spend more effective and positive time with their teachers. It was determined that the total social support point averages obtained by students engaged in sports from their fathers and classmates were statistically higher compared to those who did not engage in sports.

When examining literature relating to studies on physical activities, it is evident that physical activities pave the way for a decrease in the level of depression, increase self-respect and social support. It is emphasized that the social support from families and friends is important in orienting towards an activity and it is stated that it is necessary to make use of this situation in order to acquire the habit of engaging in sports. The results of the study are similar to those in the literature (Saunders et al., 2004; Voorhees et al., 2005; Beets et al., 2006).

An Evaluation of the Characteristics of Students Related to the Middle School Self-Efficacy Scale Points

The study determined that as the grade of the student decreased, the preventive health, personal relationships and academic achievement sub-dimensions and the total scale point averages increased statistically. In the study by Yardımcı (2009a), a significant difference was not determined between the preventive health sub-scale point averages according to grades, while it was stated that there was a statistical difference determined between the point averages of personal relationships and the academic achievement sub-dimension. In the study by Telef and Karaca (2011), significant differences were observed according to age in the academic, social, emotional and general self-efficacies of adolescents.

When the point averages of self-efficacy were examined according to gender, the point averages of female students were found to be higher. There are studies that stated self-efficacy to be higher in female students as well as studies that state there is no difference between females and males (Kumar & Lal., 2006; Jenkins et al., 2002; Momanyi et al., 2010). Spence et al. (2010) reported that males had higher self-efficacy on the subject of physical activity.

A relationship was not established after advanced analysis of the results between overweight and obesity of the students and the preventive health sub-dimension. However, the fact that the preventive health sub-dimension points were found to be higher in underweight students makes one think that there was an opinion among

students about overweight and obesity related to health. In a sense, this result is satisfactory. It makes one think that self-efficacy could be made use of in the struggle against overweight and obesity in adolescents.There are study results in the literature related to the relationship between physical exercise and self-efficacy. In a majority of these studies, it is emphasized that the adolescents who continue in a regular exercise program increase their self-efficacy levels, that their self-respect developed positively and that they are more successful in fulfilling duties that take and give responsibility (Rutkowski & Connelly, 2012). In the systematic study made by Park and Kim (2008), it was determined that physical activity is related to age, gender, educational level of the parents, socioeconomic level, self-efficacy, support provided by the parents, parental model, depressive symptoms, cigarette and alcohol consumption and environmental factors. In our study, the fact that the personal relationships, academic achievement sub-dimension and total scale point averages of the students engaged in sports was statistically higher compared to those who did not engage in sports, displays a similarity to the studies in the literature.

An Examination of the Point Averages of the Child-Adolescent Social Support Sub-Scales and the Middle School Self-efficacy Sub-Scales

A positive strong relationship was observed between the CASSS of the students and the sub-scale point averages and the Middle School Self-efficacy Scale and sub-scales (p<0.001). In the study by Yardımcı (2007), a positive, weak relationship was observed between the social support perceived in elementary school students and self-efficacy (Yardımcı, 2009a). In the study carried out among university students by Sulistyawati (2010) it was stated that there was a positive significant relationship between social support and self-efficacy. Albal and Kutlu (2010) established that there is a positive relationship between the self-efficacy levels in coping with depression and the social support levels perceived. Tangeman and Hall (2011) reported a positive relationship between the social support from peers and families in convicted adolescents and their beliefs of self-efficacy. James (2008) reported a significant relationship between social support perceived and parenting self-efficacy. Meekers and Klein (2002) reported that the support received from families, the perception of personal risk and self-efficacy were influential factors in the use of condoms.

Studies support our research. Perceived social support from families, teachers and friends should be utilized in order to improve health, academic success, physical activity and self-efficiency among children and adolescents.

Conclusion

It is reported that the self-efficacy and the social support perceived by the students is effective in their physical and psychological developments as well as in their behaviors and achievements. When all of that is taken into account, importance should be placed

on the fact that adolescents oriented towards social and physical activities and sports fields will provide a very significant contribution for the increase in the levels of self-efficacy and the social support perceived by the students.

We believe that the results of this study on adolescents will provide contributions for preparing programs that target the raising of healthy individuals with high self-confidence in the future.

Limitations

This study was carried out in two provinces (Izmir and Aydin) located in Western Turkey. The sociodemographic characteristics can show differences in Turkey according to geographical regions. Consequently, the fact that the sampling group only represents one region is a limitation of the study.

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Povezanost percepcije društvene podrške i samoučinkovitosti kod učenika osnovnih škola u Turskoj

Sažetak

Vrlo je važno da adolescenti imaju pozitivan utjecaj na vlastito fizičko i mentalno zdravlje. Uzorak u istraživanju činilo je 760 učenika u šestom, sedmom i osmom razredu iz sedam osnovnih škola. U istraživanju su upotrijebljeni društveno-demografski podaci iz obrasca Skale CASS (Child-Adolscent Social Support Scale) za mjerenje percepcije društvene podrške i Skale za mjerenje samoučinkovitosti za više razrede osnovne škole (Middle School Self-efficacy Scale). Istraživanje je provedeno kako bi se istražila povezanost percepcije društvene podrške i samoučinkovitosti učenika u osnovnoj školi i varijabla koje utječu na percepciju društvene podrške i samoučinkovitost. Pozitivan odnos uočen je između Skale CASS i prosječnih bodova podskala, kao i Skale za mjerenje samoučinkovitosti u višim razredima i podskala za učenike (p<0.001). Zaključeno je da je percepcija društvene podrške kod adolescenata utjecala na njihove vještine samoučinkovitosti. Preporuča se da stručnjaci koji se bave zdravljem adolescenata vode svoje adolescente koristeći se društvenom podrškom i zdravom samoučinkovitošću kako bi stekli vještine zaštite zdravlja, promidžbe zdravoga života i odgovornosti za vlastito zdravlje.

Ključne riječi: *adolescenti; društvena podrška; osnovne škole; promidžba zdravog življenja; samoučinkovitost; sudionik u sportu*

Uvod

Samoučinkovitost je jedan od osnovnih pojmova za koje Bandura smatra da imaju učinak na ponašanje te je jedan od osnovnih pojmova vezanih uz teoriju socijalnog učenja (Bandura, 1982). Pender je razvio Model promocije zdravog življenja (HPM) primjenjujući Bandurinu teoriju socijalnog učenja kao osnovu. Model promocije zdravog življenja naglašava da je percepcija samoučinkovitosti kod pojedinca vrlo važna odrednica za početnu i kontinuiranu promociju zdravog ponašanja (Galloway, 2003). Percepcija samoučinkovitosti na događaje koji su utjecali na živote ljudi jesu vjerovanja u sposobnosti za pokazivanjem učinkovitog djelovanja (Bray, Nash, i Froman, 2002). Zdravstveni psiholozi istaknuli su da je samoučinkovitost također

važna komponenta kod mnogih drugih teorija mentalnog zdravlja uz Model promocije zdravoga življenja. Prihvaćenje percepcije samoučinkovitog ponašanja pojedinca ima vrlo važnu ulogu u početnim i daljnjim promjenama u ponašanju i smatra se bitnom odrednicom (Gözüm i Aksayan, 1999). Odnos između percepcije samoučinkovitosti i akademskog uspjeha, varijabli poput anksioznosti (Anyadubalu, 2010), samopoštovanja (Lane i sur., 2004), pristupa radu (Prat-Sala &Redford, 2010), računalno-potpomognutog učenja (Liu i sur., 2006), problema usmjerenog učenja (Cerezo, 2004), fizičke aktivnosti (Ryan i Dzewaltowski, 2002) i upotrebe računala (Bayırtepe i Tüzün, 2007) istražene su u različitim studijama. Anyadubaluova studija (2010) istražila je odnos između djelovanja i razine anksioznosti kod učenika viših razreda u programu koji se izvodio na engleskome jeziku i samoučinkovitosti. Došao je do rezultata koji govore o tome da postoji negativan odnos između anksioznosti i samoučinkovitosti. U istraživanju koje su proveli Lane i sur. (2004), utvrđena je povezanost između samoučinkovitosti i samopoštovanja te su naglasili da samoučinkovitost utječe i na akademsko postignuće učenika. Prat-Sala i Redfordova studija (2010) utvrdila je da samoučinkovitost ima značajnu ulogu kod motivacije i pristupa učenju. Istraživanje koje su proveli Liu i sur. (2006) utvrdilo je da je učenje utemeljeno na računalnim problemima povećalo samoučinkovitost. U istraživanju koje je proveo Cerezo (2004) utvrđeno je da postoji jaka povezanost između samoučinkovitosti i učenja usmjerenog na problem. U istraživanju provedenom na učenicima šestih i sedmih razreda, koje su proveli Ryan i Dzewaltowski (2002), proučen je učinak različitih vrsta fizičkih aktivnosti na vjerovanje o samoučinkovitosti i utvrđeno da fizičke aktivnosti pospješuju samopouzdanje učenika na način da mogu premostiti prepreke u pronalaženju kruga prijatelja i da su neki učenici postali poduzetni. Nadalje, adolescenti čija je percepcija samoučinkovitosti bila visoka, bili su spremniji sudjelovati u aktivnostima vezanim uz računala, a i njihova očekivanja od tih aktivnosti bila su veća (Bayırtepe i Tüzün, 2007).

Tvrdi se da postoji izravan negativan odnos između vjerovanja o samoučinkovitosti i agresivnog ponašanja. Vjerovanja u samoučinkovitost važne su mentalne varijable kod adolescenata u smanjenju rizičnih ponašanja i u razvoju društvenih vještina (Balkıs i sur., 2005). Vjeruje se da kada se osoba nosi s teškim aspektima života i kada pokazuje otpor prema negativnim učincima stresa, da u tome važnu ulogu imaju njezini društveni odnosi. Društvena podrška prihvaća se kao pomoć koja se daje pojedincima pod stresom ili u teškoj situaciji od ljudi u njihovom okruženju (supružnik, obitelj, prijatelj i sl.). Međutim, percepcija društvene podrške je vlastita procjena pojedinca o tome jesu li uloge društvene podrške dovoljne (Malecki i Demaray, 2002).

U istraživanju koje su proveli Geckova i sur. (2003) zaključeno je da postoji poveznica između društvene podrške i zdravlja. U istraživanju Akina i Ceyhana (2005) utvrđeno je da je kvaliteta odnosa koji adolescenti ostvare s članovima obitelji, nastavnicima, prijateljima koji ih prihvaćaju i društvene podrške koju od njih dobiju također vrlo učinkovita.

Razdoblje adolescencije procijenjeno je kao najteže razdoblje životnoga ciklusa i smatra se da je društvena podrška u tome razdoblju vrlo važna. Adolescenti koji smatraju da su imali dovoljno društvene podrške, osjećaju se vrijednima, a njihov razvoj identiteta je ubrzan (Wight, Botticello i Aneshensel, 2006). Adolescenti čija je razina društvene podrške visoka, manje pate od anksioznosti, depresije i problema u ponašanju od onih čija je razina društvene podrške bila niska u nekim stresnim životnim trenucima (Gökler, 2007). U istraživanju koje su proveli Yardımcı i Başbakkal (2009a) ustanovljeno je da postoji pozitivna, ali slaba povezanost između društvene podrške i samoučinkovitosti.

Početak i nastavak pozitivnih, zdravih ponašanja pojedincu je korisno zbog pozitivnih uzora iz vlastitog društvenog kruga i u određivanju odnosa između percepcije društvene podrške kod adolescenata i samoučinkovitosti. U visokorizičnim situacijama koje onemogućuju inicijaciju i nastavak ponašanja, poznavanje mjera koje se mogu primijeniti kao odgovor bit će vodič za adolescente na temu pozitivne snage nad vlastitim fizičkim i mentalnim zdravljem.

Metode
Istraživanje i uzorak

Cilj ovoga istraživanja bio je istražiti odnos između percepcije društvene podrške i samoučinkovitosti kod učenika u osnovnoj školi, kao i varijable koje utječu na percepciju društvene podrške i samoučinkovitost. Istraživanje je deskriptivne prirode. Uzorak se sastojao od ukupno 760 učenika različitih društveno-ekonomskih slojeva iz šestih, sedmih i osmih razreda (u dobi između 11 i 15 godina) koji pohađaju sedam osnovnih škola u provincijama Aydin i Izmir.

Postupak istraživanja

Obrazac Skala CASS društveno-demografskih podataka korišten je za mjerenje percepcije društvene podrške, a Skala samoučinkovitosti za više razrede osnovne škole korištena je za mjerenje samoučinkovitosti.

Obrazac društveno-demografskih podataka: Sadrži pitanja vezana uz uvodne informacije koja su razvili istraživači u skladu s literaturom. Pitanja su se odnosila na razred, dob, spol, status uključenost u sport, visinu i težinu učenika.

Skala CASS (Child-Adolescent Social Support Scale): Razvili su ju Malecki i Demaray s (2010) ciljem mjerenja percepcije društvene podrške kod djece i adolescenata. Dokazano je da bi se skala mogla koristiti kod mjerenja percepcije društvene podrške kod djece i adolescenata. Skalu čini ukupno 60 čestica u 5 podgrupa (obitelj, nastavnici, vršnjaci iz razreda, bliski prijatelji, ljudi iz škole). Skali su pridruženi i bodovi na razini učestalosti i važnosti. Bodovi za učestalost sadržani su u Likertovoj skali od 6 stupnjeva na kojoj je 1 (nikada), 2 (rijetko), 3 (ponekad), 4 (uglavnom), 5 (gotovo uvijek) i 6 (uvijek). Bodovi za važnost su 1 (nevažno), 2(važno), 3 (vrlo važno). Chronbachov Alpha koeficijent pouzdanosti za skalu u drugoj inačici bio je 0,95. Za

podgrupe je on bio između 0,89 i 0,94. Valjanost je bila između 0,71 i 0,78. Skala je obnovljena 2000. godine i primijenjena na učenike od trećeg do dvanaestog razreda. Svaka podskala sastojala se od 12 čestica, a za učestalost svake podskale najmanji mogući broj postignutih bodova bio je 12, a najveći 72. Najmanji mogući broj bodova važnosti za svaku podskalu (12 čestica) bio je 12, a najveći 36. Najmanji mogući broj bodova učestalosti bio je 60, a najveći 360. Najmanji broj bodova na skali važnosti bio je 60, a najveći 180. S porastom ukupnog broja bodova na skali učestalosti, razina percepcije društvene podrške također raste. Razina važnosti percepcije društvene podrške raste (Malecki i Demaray, 2002) i s porastom broja bodova na skali važnosti. Studije pouzdanosti i valjanosti CASS skale u Turskoj proveli su Yardımcı i Başbakkal (2009b). Za prilagodbu skale turskim društvenim okolnostima dobivene su dozvole autora, posebno za organiziranje poddimenzija skale: majka, otac, vršnjaci iz razreda i bliski prijatelji.

Skala samoučinkovitosti za više razrede osnovne škole: Skalu samoučinkovitosti za više razrede osnovne škole razvili su Bray, Nash, i Froman (2002). Ta skala Likertova tipa sastoji se od 37 čestica. Svaka čestica zahtijeva od 1 do 5 bodova za odgovor na pitanje: „U stvarnosti, koliko je primjereno učiniti sljedeće?", a odgovori se boduju od 1 (potpuno neprimjereno), 3 (donekle primjereno) i 5 (primjereno). Chronbachov Alpha koeficijent pouzdanosti bio je između 0,73 i 0,89. Visok broj ukupnih bodova ukazuju na visoku samoučinkovitost. Skala samoučinkovitosti za više razrede osnovne škole sastoji se od 4 poddimenzije: zdrav život, osobne veze, potencijal za ovisnost o tvarima, akademsko postignuće. Podskala zdrav život sastojala se od 10 čestica (čestice 1, 4, 5, 6, 7, 8, 9, 10, 23 i 25). Najmanji broj ostvarenih bodova iz podskale bio je 10, a najveći 50. Podskala osobne veze imala je 14 čestica (čestice 11, 12, 13, 13, 1, 16, 17, 18, 19, 20, 21, 22, 24 i 26). Najmanji broj ostvarenih bodova za tu podskalu bio je 14, a najveći 70. Podskala potencijal za ovisnost o tvarima sastojala se od 2 čestice (čestice 2 i 3). Najmanji broj ostvarenih bodova za podskalu bio je 2, a najveći 10. Podskala akademsko postignuće sadržavala je 11 čestica (čestice 27, 28, 29, 30, 31, 32, 33, 34, 35, 36 i 37). Najmanji broj bodova ostvarenih za tu podskalu bio je 11, a najveći 55. Najniži broj bodova ostvarenih iz skale bio je 60, a najveći 185. S porastom broja bodova iz skale razina samoučinkovitosti također raste. Studije valjanosti i pouzdanosti Skale samoučinkovitosti za više razrede osnovne škole izradili su u Turskoj Yardımcı i Başbakkal (2010).

Mjere indeksa tjelesne mase (BMI): Sva antropometrijska mjerenja djece proveli su nastavnici tjelesnog odgoja. Mjerenja su proveli standardnim mjernim instrumentima isti nastavnici kako bi se umanjile pogreške u mjerenjima. Visina je mjerena bez obuće, a tjelesna težina digitalno uz nošenje školske uniforme. Prosječna težina odjeće za djecu svakog uzrasta izuzeta je iz ovog mjerenja te je prikazana kao neto težina. Težina učenika mjerena je digitalnom vagom (maks. 200 kg, 450 lbs[1], 32 stones[2], d= 0,1 kg/0,2

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[1] *lbs (pound)* je oznaka za težinu i iznosi 0.454
[2] *Stone* je oznaka za težinu i iznosi 6.35 kg.kg.

lbs), a visina drvenim metrom u milimetrima. Indeks tjelesne težine (BMI) svakog djeteta prikazan je u postotcima. BMI s podacima dobivenim iz skupine ispitanika definiran je kao prekomjerna težina između 85-95 postotka, i pretili iznad 95 prema krivulji postotka.

Statistička analiza

Za obradu podataka iz istraživanja korišten je statistički paket za društvena istraživanja (SPSS) for Window 16.0. Kruskal-Wallis Test (KW), Mann-Whitney U test (MU) i Bonferroni korekcija korišteni su u naprednim analizama kako bi se ustanovilo jesu li primijenjene nezavisne varijable (razred, spol, BMI postotak) mogle utjecati na prosječan broj bodova na CASS skali ili Skali samoučinkovitosti za više razrede osnovne škole. Spearmanov rang korelacije korišten je s ciljem proučavanja odnosa između CASS skale i Skale samoučinkovitosti za više razrede osnovne škole i podskale. Statistički značajan status podataka procijenjen je kod razine p<0,05.

Pismene suglasnosti dobivene su prije provođenja istraživanja od institucije koja je provela istraživanje i od etičkog povjerenstva Sveučilišta Ege – škole za medicinske sestre. Cilj istraživanja objašnjen je učenicima i volonterima koji su bili uključeni u istraživanje. Identitet i informacije o pojedincima koji su sudjelovali u istraživanju ostao je povjerljiv.

Rezultati

Rezultati su dobiveni od 760 učenika koji su sudjelovali u istraživanju koji su kategorizirani kao:

1. Rezultati vezani uz društveno-demografske podatke i karakteristike učenika,
2. Rezultati vezani uz broj bodova na skali društvene podrške za djecu – adolescente,
3. Rezultati vezani uz broj bodova na skali samoučinkovitosti za više razrede osnovne škole,
4. Rezultati vezani uz usporedbu prosjeka bodova na CASS podskalama i podskalama samoučinkovitosti za više razrede osnovne škole.

Rezultati vezani uz društveno-demografske podatke i karakteristike učenika

Od ukupnog broja učenika koji su sudjelovali u istraživanju 55,9% su bili muškog spola, 36,4% su bili u 6. razredu, a 55,9% ih je pohađalo državnu školu. Prosječna visina učenika bila je 159,2±10,1 cm (min.: 126, maks.: 189), prosječna težina 50,3±11,9 kg (min.: 26, maks.: 100), a prosječni BMI u postotku 58,0±31,3 (min.: 0,0, maks.: 99,9). Utvrđeno je da je 5,8% učenika pothranjeno, 66,1% normalne težine, 13,1% prekomjerne težine, a 15% pretilo. Također je utvrđeno da 47,6% učenika ima status sportaša. Od ukupnog broja učenika 44,5% smatraju da je status obiteljskih primanja dobar (tablica 1).

Tablica 1.

Rezultati vezani uz bodove učenika iz Skale CASS

Nakon provjere prosjeka bodova dobivenih u CASSS podskalama, utvrđeno je da su učenici ostvarili 56,95±11,99 bodova na podskali učestalosti od majke i 31,88±4,68 bodova za važnost; ostvarili su 57,07±12,11 bodova na podskali učestalosti od oca i 32,15±4,92 bodova za važnost; 56,46±12,75 bodova na podskali učestalosti od nastavnika i 32,18±5,08 bodova za važnost; 51,28±13,50 bodova na podskali učestalosti od bliskih prijatelja i 30,36±6,17 bodova za važnost; 58,61±12,32 bodova na podskali učestalosti od vršnjaka iz razreda i 32,64±5,10 bodova za važnost. Utvrđeno je da su učenici ostvarili ukupno 280,39±49,24 bodova na skali učestalosti, a 159,24±20,98 bodova na skali važnosti (Tablica 2).

Tablica 2.

Kod nižih je razreda utvrđena statistički značajna razlika između učestalosti društvene podrške i važnosti njezina dobivanja od majke (učestalost: KW=22,76, p=0,000; važnost: KW=11,30, p=0,004), od oca (učestalost: KW=17,64, p=0,000; važnost: KW=11,91, p=0,003), od nastavnika (učestalost: KW=31,16, p=0,000; važnost: KW=26,64, p=0,000), od bliskih prijatelja (učestalost: KW=4,006, p=0,135, važnost: KW=15,57, p=0,000), od vršnjaka iz razreda (učestalost: KW=8,076, p=0,018; važnost: KW=9,608, p=0,008) i ukupne društvene podrške (učestalost: KW=21.56, p=.000; važnost: KW=24.35, p=.000). Bonferronijevom analizom korekcije uočeno je da ta razlika dolazi od učenika osmih razreda (p<0,016).

Nakon analize bodovnih prosjeka u odnosu na spol ispitanika, određena je statistička razlika između prosjeka ispitanika ženskog spola u usporedbi s pripadnicima muškoga spola s obzirom na društvenu podršku od nastavnika (učestalost: MU=62970,5, p=,006; važnost: MU=59980,0, p=,000), bliskih prijatelja (učestalost: MU=55491,0, p=,006; važnost: MU=57029,0, p=,000) i ukupnu društvenu podršku (učestalost: MU=61734,0, p=,002; važnost: MU=61004,0, p=,001). Nije uočena razlika između učestalosti i važnosti kod bodovnih prosjeka za podršku od majke, oca i vršnjaka iz razreda s obzirom na spol (p>0,05).

Statistički značajna razlika utvrđena je kod prosjeka bodova za društvenu podršku od nastavnika kod učenika u privatnim školama i kod prosjeka bodova kod učenika u državnim školama (učestalost: MU=60902,0, p=,001; važnost: MU=65407,0, p=0,042), a razlika s obzirom na ostale dimenzije nije utvrđena (p>0,05).

Statistički značajna razlika utvrđena je između prosjeka bodova za društvenu podršku od oca (učestalost: MU=62906,0, p=0,002; važnost: MU=67432,50, p=0,112), od vršnjaka u razredu (učestalost: MU=66017,50, p=0,046; važnost: MU=70167,50, p=0,526) kod učenika koji su uključeni u sport za razliku od onih koji nisu. Razlike za ostale dimenzije nisu utvrđene (p>0,05).

Rezultati vezani uz bodove iz Skale samoučinkovitosti za više razrede osnovne škole

Nakon analize bodova dobivenih iz podskala Skale samoučinkovitosti za više razrede osnovne škole, prosjek bodova podskale zdravi život bio je 58,90±9,45, za

osobne veze 42,26±5,76, prosjek bodova za potencijal za ovisnost o supstancama bio je 9,41±1,70, prosjek bodova podskale akademsko postignuće bio je 49,49±5,69 a ukupni prosjek bodova bio je 160,08±18,83 (Tablica 3).

Tablica 3.

Utvrđeno je da se prosjek bodova povećava prema nižim razredima za podskalu zdravi život (KW=24,86, p=0,000), za osobne veze (KW=39,42, p=0,000), za potencijal za ovisnost o supstancama (KW=19,85, p=0,000), za podskalu akademsko postignuće (KW=63,75, p=0,000) i za ukupnu skalu (KW=52,19, p=0,000). Prema Bonferronijevoj korekcijskoj analizi utvrđeno je da razlika nastaje kod učenika osmih razreda (p<0,016).

Postoji statistički značajna razlika između osobnih veza (MU=58804,0, p= 0,000), akademskog postignuća (MU=59668,5, p= 0,000) i ukupnog prosjeka bodova (MU=61406,5, p= 0,001) za učenice i prosjeka bodova za učenike. Za poddimenzije zdrav život i potencijal za ovisnost o supstancama nije bilo razlike s obzirom na spol (p>0,05).

U detaljnijim analizama nije utvrđena povezanost između stanja prekomjerne težine ili pretilosti i prosjeka ukupnog broja bodova na skali (p>0,05).

Statistički značajna razlika utvrđena je kod zdravog života (MU=62179,0, p=,001), poddimenzije akademsko postignuće (MU=60703,5, p=,000) i ukupnog prosjeka bodova (MU=64640,0, p=,014), među učenicima uključenima u sport za razliku od onih koji nisu uključeni u sport. Nadalje, razlika nije utvrđena za osobne veze i potencijal za ovisnost o supstancama (p>0,05).

Usporedba prosjeka bodova između Skale CASS skale i podskala Skale samoučinkovitosti za više razrede osnovne škole

Jak pozitivan odnos utvrđen je između prosjeka bodova CASS skale i podskala Skale samoučinkovitosti za više razrede osnovne škole (p<0,001) (tablica 4).

Tablica 4.

Rasprava
Analiza karakteristika bodova Skale CASS

Najveći broj bodova koje su učenici ostvarili s obzirom na učestalost u Skali CASS dolazi iz podskale vršnjaci iz razreda, a najmanje je ostvareni broj bodova u podskali bliski prijatelji. Kod procjene važnosti najveći broj bodova učenici su imali za područje vršnjaci iz razreda, a najmanji broj bodova za važnost ostvarili su u podskali bliski prijatelji (tablica 2). U istraživanju koje je proveo Yardımcı (2009a) utvrđeno je da su učenici dobili najveći broj bodova na CASS skali za podskalu bliski prijatelj,a najniži broj bodova za podskalu vršnjaci iz razreda. Odnos s vršnjacima jedan je od najvažnijih u adolescentskoj dobi. Vršnjak ima mnoga značenja za adolescenta. Prije svega, ima značenje skupine bliskih prijatelja iste životne dobi. U adolescentskom

razdoblju osjećaj pripadnosti skupini prijatelja ili ostvarivanje bliskog prijateljstva daje dovoljno podrške (Roseth i sur., 2008; Rubin, 2010; Bayhan i Işıtan, 2010). Naše je istraživanje također utvrdilo da adolescenti doživljavaju prijateljske odnose važnijima od obiteljskih odnosa, što potvrđuje važnost potrebe za prijateljstvom.

Prema nižim razredima prosjek bodova kod učestalosti i važnosti za društvenu podršku od majki, očeva, nastavnika, vršnjaka iz razreda i bliskih prijatelja raste. Taj se rezultat može povezati s činjenicom da adolescenti sazrijevaju kako prelaze u više razrede, a jedan od očitih atributa je povećanje želje za neovisnošću, odnosno davanje manje važnosti društvenoj podršci. Nastojanja učenika da dokažu kako su odrasli, mogu se povezati sa smanjenjem očekivanja društvene podrške od majki, očeva i nastavnika. Istodobno, prema nižim razredima, važnost podrške od bliskih prijatelja i vršnjaka raste. Taj rezultat podržava važnost koju adolescenti pridaju prijateljskim odnosima.

Kada pogledamo prosjek bodova za percepciju društvene podrške s obzirom na spol učenika koji su sudjelovali u istraživanju, možemo utvrditi da je ukupna učestalost važnosti društvene podrške od nastavnika i bliskih prijatelja za učenice bila statistički značajno veća nego za učenike. Međutim, značajna razlika kod prosjeka podrške za društvenu podršku s obzirom na majke i očeve nije ustanovljena. U istraživanju koje je proveo Yardımcı (2009a) nije ustanovljena razlika između društvene podrške od majke s obzirom na spol, međutim, utvrđeno je da su učenici muškoga spola dobili više podrške od očeva. To je očekivani rezultat koji je odraz turskoga društva u kojem je muško dijete za roditelje vrednije (Malecki i Demaray, 2002; Bokhorst i sur., 2009; Geckova i sur., 2003; Kendler i sur., 2005; Rueger i sur., 2008).

U usporedbi s obzirom na vrstu škole ustanovljeno je da je prosjek bodova za društvenu podršku od nastavnika kod učenika u privatnim školama statistički viši od učenika u državnim školama. Činjenica da je u privatnim školama broj učenika u razredima niži i ima više društvene interakcije, nastavnicima olakšava pokazivanje interesa za učenike i oni akše prate njihov akademski i društveni razvoj na individualnoj osnovi. Takva situacija omogućuje povećanje razine društvene podrške dobivene od nastavnika, upravo stvaranjem okruženja u kojemu učenici mogu predstaviti sebe i pružanjem prilika da provedu s nastavnicima učinkovito i pozitivno vrijeme.

Utvrđeno je da je ukupni prosjek bodova učenika uključenih u sport za društvenu podršku od očeva i vršnjaka iz razreda statistički viši u usporedbi s onima koji nisu uključeni u sport.

Kada usporedimo slična istraživanja vezana uz fizičke aktivnosti, razvidno je da fizičke aktivnosti utiru put smanjenoj razini depresije, povećanju samopoštovanja i društvenoj podršci. Naglašava se da je društvena podrška od obitelji i prijatelja vrlo važna u usmjerenju na aktivnost pa se tvrdi da je potrebno iskoristiti tu situaciju kako bi se razvila navika sudjelovanja u sportu. Rezultati ovoga istraživanja slični su onima opisanima u literaturi (Saunders i sur., 2004; Voorhees i sur., 2005; Beets i sur., 2006).

Analiza karakteristika učenika vezanih uz bodove iz Skale samoučinkovitosti za više razrede osnovne škole

Istraživanjem je utvrđeno da što je razred niži, to su statistički viši prosjeci bodova za preventivno zdravlje, osobne veze i akademsko postignuće. U istraživanju koje je proveo Yardımcı (2009a) značajna razlika nije uočena između prosjeka bodova za preventivno zdravlje s obzirom na razred, a utvrđena je statistička razlika u prosjeku bodova za poddimenzije osobne veze i akademsko postignuće. U istraživanju koje su proveli Telef i Karaca (2011) značajne razlike određene su prema dobi za akademske, društvene, emocionalne i općenite samoučinkovitosti adolescenata.

Kod usporedbe prosjeka bodova za samoučinkovitost s obzirom na spol, prosjek kod učenica bio je veći. Postoje istraživanja koja su ukazala na to da je samoučinkovitost kod osoba ženskog spola veća, kao i istraživanja koja su ukazala na to da ne postoji razlika između muškaraca i žena (Kumar i Lal, 2006; Jenkins i sur., 2002; Momanyi i sur., 2010). Spence i sur. (2010) utvrdili su da muškarci imaju veću samoučinkovitost kada je riječ o fizičkoj aktivnosti.

Naprednom analizom rezultata nije utvrđen odnos između prekomjerne težine, pretilosti učenika i poddimenzije zdravi život. Međutim, činjenica da su bodovi za poddimenziju zdravi život veći kod neuhranjenih učenika, upućuje na to da postoji mišljenje o učenicima koji su prekomjerne težine ili pretili, a vezano uz zdravlje. Donekle je taj rezultat i zadovoljavajuć. Možemo pomisliti da samoučinkovitost može biti korisna u borbi protiv prekomjerne težine i pretilosti adolescenata. Postoje istraživanja u literaturi koja su se bavila odnosom fizičke aktivnosti i samoučinkovitosti. U većini tih istraživanja naglašava se da adolescenti koji su kontinuirano uključeni u program vježbanja povećavaju razinu vlastite samoučinkovitosti, pozitivno razvijaju samopoštovanje i uspješnije ispunjavaju svoje obveze i odgovorni su (Rutkowski i Connelly, 2012). U sustavnom istraživanju koje su proveli Park i Kim (2008) uočeno je da je fizička aktivnost povezana s dobi, spolom, stupnjem obrazovanja roditelja, društveno-ekonomskim statusom, samoučinkovitošću, podrškom roditelja, roditeljskim uzorom, depresivnim simptomima, konzumacijama cigareta i alkohola, kao i s prirodnim čimbenicima. U našem istraživanju činjenica da su osobne veze i akademska postignuća kao poddimenzije u ukupnom prosjeku bodova učenika uključenih u sport statistički veće u usporedbi s učenicima koji nisu uključeni u sport, ukazuje na sličnost s istraživanjima iz literature.

Rezultati prosjeka bodova Skale CASS i podskala Skale samoučinkovitosti za više razrede osnovne škole

Utvrđena je jaka pozitivna povezanost između bodova iz Skale CASS i prosjeka bodova iz podskala Skale samoučinkovitosti za više razrede osnovne škole (p<0,001). U istraživanju koje je proveo Yardımcı (2007), pozitivna, ali slaba povezanost, uočena je između percepcije društvene podrške kod učenika osnovne škole i

samoučinkovitosti (Yardımcı, 2009a). U istraživanju provedenom na sveučilišnim studentima, Sulistyawati (2010) utvrđuje da postoji značajna povezanost između društvene podrške i samoučinkovitosti. Albal i Kutlu (2010) su ustanovili da postoji pozitivna povezanost između razina samoučinkovitosti u suočavanju s depresijom i percepcije razina društvene podrške. Tangeman i Hall (2011) izvješćuju o pozitivnom odnosu između društvene podrške od vršnjaka i obitelji kod osuđenih adolescenata te njihovih vjerovanja o samoučinkovitosti. James (2008) izvještava o značajnom odnosu između percepcije društvene podrške i roditeljske samoučinkovitosti. Meekers i Klein (2002) su utvrdili da su podrška dobivena od obitelji, percepcija osobnog rizika i samoučinkovitost utjecajni čimbenici kod korištenja kondoma.

Ta istraživanja potvrđuju i naše istraživanje. Percepcija društvene podrške od obitelji, nastavnika i prijatelja trebala bi se koristiti kako bi se poboljšalo zdravlje, akademsko postignuće, fizičke aktivnosti i samoučinkovitost kod djece i adolescenata.

Zaključak

Istraživanje ukazuje na to da samoučinkovitost i percepcija društvene podrške učenika utječu na njihov fizički i psihički razvoj, kao i na njihova ponašanja i uspjehe. Uzimajući sve navedeno u obzir, važnost treba pridati činjenici da adolescenti koji su orijentirani na društvene i fizičke aktivnosti, zatim na sport daju velik doprinos povećanju razine samoučinkovitosti i percepcije društvene podrške učenika.

Smatramo da će rezultati ovoga istraživanja na adolescentima doprinijeti razvoju programa koji ciljaju na budući odgoj zdravih pojedinaca s visokim samopouzdanjem.

Ograničenja

Ovo istraživanje provedeno je u dva okruga (Izmir i Aydin) u zapadnoj Turskoj. Društveno-demografske karakteristike mogu ukazati na različitosti u Turskoj prema geografskim regijama. Ovo istraživanje ograničava činjenica da uzorak predstavlja samo jednu regiju.