PREDICTORS OF CHILD AND ADOLESCENT DEPRESSION IN URBAN AND RURAL REGIONS BELOW THE HUNGER LINE IN TÜRKİYE

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ABSTRACT

PREDICTORS OF CHILD AND ADOLESCENT DEPRESSION IN URBAN AND RURAL REGIONS BELOW THE HUNGER LINE IN TÜRKİYE

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Depression is one of the internalization problems that can reduce the level of functionality and subsequently cause cognitive, emotional, behavioral, or academic problems in children and adolescents. There are community and familial-level contextual factors that predict depression in children and adolescents. Poverty is a risk factor for depression, and rural and urban poverty may have different effects. The present study examined the predictors of depression, the differences in rural and urban regions in terms of contextual factors, and the moderating role of living in urban versus rural on the relationship between contextual factors and child and adolescent depression. Participants were 2441 mothers who have children aged 9-17 and living below the hunger line. Independent sample t-test results indicated that urban and rural regions differed in terms of poverty indicators of families (income-need ratio, maternal education, material hardship), neighborhood characteristics (physical resources and stress), mother-perceived social support, and maternal depression. Moreover, results of hierarchical regression analysis stated that living in rural regions, maternal education, mother-perceived social support, and maternal depression were associated with depression in children and adolescents, and living in urban-rural regions interacted with

maternal depression predicting child and adolescent depression. The findings of the present study will serve as a source for future research and interventions to be developed in terms of indicating the differences between rural and urban regions below the hunger line in Türkiye.

Keywords: Depression, Poverty, Hunger line, Urban-rural, Contextual factors

ÖZ

TÜRKİYE ÖRNEKLEMİNDE AÇLIK SINIRININ ALTINDAKİ KENTSEL VE KIRSAL BÖLGELERDE ÇOCUK VE ERGEN DEPRESYONUNUN YORDAYICILARI

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İçe yönelim problemlerinden biri olan depresyon çocuk ve ergenlerde işlevselliği azaltır ve bilişsel, duygusal, davranışsal ve akademik sorunlara neden olabilir. Çocuk ve ergenlerde depresyonu yordayan toplum ve aile düzeyinde çeşitli bağlamsal faktörler vardır. Yoksulluk depresyon için bir risk faktörüdür ve kırsal ve kentsel yoksulluğun farklı etkileri olabilir. Mevcut çalışmada çocuk ve ergenlerde depresyonun yordayıcıları olan bağlamsal faktörler, bağlamsal faktörlerin kırsal ve kentsel yoksulluktaki farklılıkları ve bağlamsal faktörler ile çocuk ve ergen depresyonu arasındaki ilişkide kentsel ve kırsal bölgelerde yaşamanın düzenleyici rolü incelenmiştir. Katılımcılar, 9-17 yaş arası çocuğu olan ve açlık sınırının altında yaşayan 2441 anneden oluşmaktadır. Bağımsız örneklem t test sonuçları kentsel ve kırsal yoksulluğun ailelerin yoksulluk göstergeleri (gelir-ihtiyaç oranı, anne eğitimi, maddi sıkıntı), mahalle özellikleri (mahalle fiziksel kaynakları ve stres), annelerin algıladığı sosyal destek ve anne depresyonu açısından farklılaştığını ortaya koymuştur. Ayrıca hiyerarşik regresyon analizi sonuçlarına göre kırsal bölgelerde yaşamanın, anne eğitiminin, annenin

algıladığı sosyal desteğin ve anne depresyonunun çocuk ve ergenlerde depresyonu yordadığı ve kentsel veya kırsal bölgede yaşamanın anne depresyonuyla etkileşiminin de çocuk ve ergen depresyonunu yordadığı bulunmuştur. Bulguların Türkiye örnekleminde açlık sınırının altındaki kırsal ve kentsel bölgeler arasındaki farklılıkları göstermek ve çocuk ve ergen depresyonunu değerlendirmek açısından gelecekteki çalışmalara ve geliştirilecek müdahale programlarına yön vermesi beklenmektedir.

Anahtar Kelimeler: Depresyon, Yoksulluk, Açlık sınırı, Kent-Kır, Bağlamsal faktörler

To my family

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TABLE OF CONTENTS

ABSTRACT iv

ÖZ vi

ACKNOWLEDGMENTS ix

TABLE OF CONTENTS x

LIST OF TABLES xiv

LIST OF FIGURES xv

LIST OF ABBREVIATIONS xvi

CHAPTERS

1 INTRODUCTION 1

1.1. Overview 1

1.2. Child and Adolescent Depression 1

1.3. Definition of Poverty 3

1.3.1. Poverty and Risk Factors 6

1.4. Urban & Rural Regions 7

1.5. Neighborhood Characteristics 10

1.5.1. Neighborhood Characteristics and Child Outcomes 10

1.6. Social Support 11

1.6.1. Social Support and Child Outcomes 11

1.7. Interparental Conflict (IPC) 12
1.7.1. Interparental Conflict and Child Outcomes 12
1.8. Maternal Depression 14
1.8.1. Maternal Depression and Child Outcomes 14
1.9. The Present Study 15
2 METHOD 18
2.1. Participants 18
2.2. Measures 20
2.2.1. Demographic Information Form 20
2.2.2. Child Behavior Checklist 20
2.2.3. Poverty 20
2.2.3.1. The Income-to-needs ratio based on the hunger line . . 20
2.2.3.2. Mother Education 21
2.2.3.3. Material Hardship 21
2.2.3.4. Food Insecurity 21
2.2.4. Urban vs Rural Regions 22
2.2.5. The Neighborhood Ecologies Survey 22
2.2.6. Multidimensional Scale of Perceived Social Support 23
2.2.7. Marital Conflict Scale 23
2.2.8. Depression, Anxiety, and Stress Scale (DASS) 24
2.3. Procedure 24
3 RESULTS 25
3.1. Overview 25

3.2. Descriptive Statistics 25

3.3. Independent Sample T-Test 26

3.4. Correlations 27

3.5. Hierarchical Regressions 28

4 DISCUSSION 33

4.1. Discussion of the Findings of the First Aim of the Study 33

4.2. Discussion of the Findings of the Second Aim of the Study 35

4.2.1. The Associations Between Community-level Factors and Child and Adolescent Depression 35

4.2.2. The Associations Between Familial Factors and Child and Adolescent Depression 37

4.3. Discussion of the Findings of the Third Aim of the Study 38

4.3.1. Two-Way Interactions with Urban versus Rural Regions 38

4.4. Strengths and Contributions of the Study 39

4.5. Limitations of the Study 39

4.6. Implications and Future Suggestions 40

4.7. Conclusion 40

REFERENCES 42

APPENDICES

A. APPROVAL OF THE METU HUMAN SUBJECTS ETHICS COMMITTEE 56

B. MOTHERS' AND FATHERS' EDUCATION LEVEL STATISTICS . . . 57

C. TURKISH SUMMARY / TÜRKÇE ÖZET 58

D. THESIS PERMISSION FORM / TEZ İZİN FORMU 71

LIST OF TABLES

TABLES

Table 2.1 Education Levels of Mothers and Fathers 19

Table 2.2 Demographic Information about Children 19

Table 3.1 Descriptive statistics of study variables 26

Table 3.2 Independent Sample T-Test Results Comparing Urban and Rural Regions 27

Table 3.3 Correlations among variables which were used in the analyses . . . 29

Table 3.4 Results of Hierarchical Regression Analyses for Predicting Child Depression 30

LIST OF FIGURES

FIGURES

Figure 3.1 Two-Way Interaction Between Maternal Depression and Residence (Living Urban – Rural) on Child Depression 32

LIST OF ABBREVIATIONS

CBCL	Child Behavior Checklist
EF	Executive Function
IPC	Interparental Conflict
MPI	Multidimensional Poverty Index

CHAPTER 1

INTRODUCTION

1.1. Overview

The present study focused on children and adolescents' depression and its predictors in urban and rural regions living below the hunger line in Türkiye. For this purpose, firstly, urban and rural regions were compared in terms of environmental and familial level contextual factors such as family poverty indicators, neighborhood characteristics, mothers perceived social support, interparental conflict and maternal depression. Secondly, the predictive roles of living in urban or rural regions and environmental and familial level contextual factors on child and adolescent depression were investigated. Lastly, the moderator role of living in urban-rural regions in the relationship between contextual factors and child and adolescent depression was explored. Therefore, in the introduction chapter, firstly, what depression is and its effects on children and adolescents are discussed. Moreover, since the study was conducted in the context of poverty, poverty was reviewed and then the comparisons of rural-urban regions were examined. Additionally, contextual factors that are associated with depression in children and adolescents are reviewed.

1.2. Child and Adolescent Depression

Internalizing problems are characterized by mood problems such as depression, anxiety, and social withdrawal (Liu et al., 2011) and they are inwardly driven and reflect a child's psychological and emotional state (Zahn–Waxler et al., 2000). Since children's internalizing problems are inward-directed and there is no such thing as

harming the outside, it is difficult for their parents to notice them (Muhtadie et al., 2013).

In the scope of internalizing problems, depression indicates reduction in functioning levels, and it involves sadness, reduced mood, lack of interest, and decreased energy levels (Cieza et al., 2004). Children and adolescents experiencing depression are recognized by their diminished moods (Lau & Eley, 2010), decreased enthusiasm (Forbes & Dahl, 2005), and often withdrawing socially from both their family and peers (Witvliet et al., 2010). Depression among children and adolescents is also linked to various harmful behaviors such as substance abuse, smoking, risky sexual activities, physical health issues, and suicide (Thapar et al., 2012). Moreover, children and adolescents with depressive symptoms may experience difficulties in their academic abilities, which may manifest as difficulties with memory, coordination, language development, and executive function (EF) skills (Jacobs et al., 2008). Additionally, children with depression tend to experience reduced self-esteem (Orth et al., 2012) and higher social anxiety (Wright et al., 2010). Considering these effects of depression on children and adolescents, it is important to understand factors related to depression to combat it in children and adolescents effectively. Therefore, depression, one of the sub-dimensions of internalizing problems, is examined in the present study.

Ecological Systems Theory of Bronfenbrenner (1979) specifies various interrelated environmental layers contributing to the child and adolescents' development. The microsystem is the first layer that encompasses the important role of the children's interaction with their immediate environment, such as family, school, or neighborhood on the children's development. At this point, it is important to understand the immediate environmental factors associated with children's internalizing problems, especially depression. The literature consistently highlights various individual, familial, and community-level contextual factors associated with child developmental outcomes (Pachter et al., 2006). In terms of community-level factors, neighborhood characteristics (Ford & Rechel, 2012), poverty (Yoshikawa et al., 2012), socioeconomic status (SES) (Yilmaz et al., 2021), peer influences (Spilt et al., 2014), social support (Owen et al., 2008), and school (Eamon, 2002) are found to be linked to child and adolescent depression. Moreover, examples of familial factors associated

with child and adolescent depression include mental health (e.g., parental depression) (Weissman et al., 2006), parenting beliefs and practices (Smokowski et al., 2014) and interparental conflict (Obradović et al., 2011).

Based on Ecological Systems Theory of Bronfenbrenner (1979), the present study aimed to investigate the role of contextual factors, namely poverty specifically urban-rural comparison, poverty indicators of families (income to needs ratio, mother education, material hardship and food insecurity), neighborhood characteristics (physical resources and neighborhood stress), mother-perceived social support, interparental conflict, and maternal depression on the child and adolescent depression within the context of urban and rural poverty. Therefore, in the following sections literature about these contextual factors is considered.

All the contextual factors mentioned in the present study and their relationship with depression in children and adolescents were examined in the context of poverty. Therefore, in the following section, poverty and its relationship with the contextual factors and the impact of poverty on children are discussed.

1.3. Definition of Poverty

The definition of poverty can vary based on different perspectives and approaches (Engle & Black, 2008). Wagle (2002) stated different aspects of poverty which are economic well-being, capabilities, and social exclusion. According to the economic well-being aspect, there are three types of poverty: absolute poverty, relative poverty, and subjective poverty (Wagle, 2002). While absolute poverty refers to having the income below the minimum income required to meet basic needs, relative poverty is about having below the average income compared to society and depends on the social context in which one lives (Wagle, 2002). Moreover, subjective poverty is the perception that individuals do not have enough resources to meet their needs (Hagenaars, 2017). The second aspect, lack of capabilities, is the situation where individuals living in poverty because they do not have access to services such as health and education, and the third aspect, the social exclusion, is the situation where individuals live in poverty because they are isolated from society even if they have adequate

resources (Wagle, 2002).

It is suggested that since poverty is a multidimensional phenomenon, taking only the low income as an indicator of poverty it is not appropriate (Bourguignon & Chakravarty, 2003). People living in poverty context experience more than one deprivation, so poverty needs to be evaluated from different dimensions (Alkire & Foster, 2011). For example, Akindola (2009) stated that beyond income, individuals struggle with various forms of deprivation related to meet fundamental needs and participation in services such as education and health. Moreover, Alkire and Santos (2014) developed the Multidimensional Poverty Index (MPI), encompassing three dimensions and ten poverty indicators: education (years of schooling, and school attendance), health (mortality and nutrition), and living standards (electricity, sanitation, water, floor, cooking fuel, and assets).

Although income is not taken as the only indicator of poverty, many studies consider income as an indicator of poverty by calculating the income-to-needs ratio (Dearing et al., 2001). Governments explain a national income as the poverty line and TUIK also explains this for Türkiye (www.tuik.gov.tr). Income to needs ratio is calculated according to this explained poverty line (Gennetian et al., 2010). In addition, governments announce the hunger line along with the poverty line. Hunger is more severe than poverty (Barrett, 2010), so in the present study, the income-to-needs ratio was calculated based on the hunger line. As a result, in the present study, the income-to-needs ratio calculated with the hunger line is considered as one of the poverty indicators.

The Turkish Statistical Institute (TUIK) reported that 32.6% of individuals in 2022 and 31% in 2023 in Türkiye were living below the poverty line (www.tuik.gov.tr). In addition, according to the Organization for Economic Co-operation and Development (OECD) data published for the year 2022, 22.7% of children living in Türkiye live in poverty, which is the highest rate among OECD countries (www.oecd.org). Therefore, determining the impact of poverty on children and risk factors is important to conducting intervention programs to protect children from poverty.

Besides the income-to-needs ratio, other indicators show poverty conditions. Firstly, in addition to income, parental education also provides information about the family's

economic situation (Hauser, 1994). Individuals living in poverty have a lower education level, so income level and education level are two related poverty indicators (Brown & Park, 2002). When the relationship between parental education level and depression in children and adolescents was examined, it was found that lower maternal education levels predicted depression in early adulthood between the ages of 12-24 (Park et al., 2013). Therefore, in the present study, the mother's education level was considered one of the indicators of poverty, and its association with depression in children and adolescents was examined.

In addition to maternal education, another indicator of poverty is material hardship, which indicates insufficient access to basic needs such as shelter, clothing, and health (Beverly, 2001). Material hardship negatively affects the academic, emotional, and behavioral development of children and adolescents (Schenck-Fontaine et al., 2020). For example, Schenck-Fontaine and Ryan (2022) conducted a study with 3–17-year-old children and adolescents by differentiating the effects of material hardship types on children and they found that insufficient medical care and basic material hardships were associated with children's internalizing problems. Therefore, the present study examined the effects of basic material hardships including shelter, clothing, and health on the depression of children and adolescents.

Another poverty indicator is food insecurity which is also a type of material hardship (Rodems & Shaefer, 2020). Food insecurity refers to the situation where households do not have consistent access to sufficient food due to limited income or other limited resources (Gundersen & Ziliak, 2015). Food insecurity as an indicator of severe poverty represents a significant aspect of economic hardship that cannot be ignored (Nagpaul et al., 2022). Therefore, after considering the effect of poverty on mental health, the literature was examined specifically on the effects of food insecurity on mental health. Many studies have found that food insecurity has detrimental effects on mental health (Maynard et al., 2018; Tarasuk et al., 2013). More specifically, Arenas et al. (2019) stated that food insecurity, like poverty, is associated with a high risk of depression. Therefore, the association between food insecurity and children and adolescent depression was examined in the present study.

1.3.1. Poverty and Risk Factors

Several studies investigated the risk factors affecting the negative developmental outcomes of poverty on children's development. For instance, Evans (2004) revealed that children from economically disadvantaged families face high environmental stressors such as air and water pollution, unsafe and unhealthy neighborhoods, and limited access to resources. Moreover, Eamon (2001) stated that individuals experiencing poverty tend to have fewer social connections and receive reduced levels of social support. As a result, these problems may contribute to the emergence of mental health and conduct issues, leading children to experience depression (Evans et al., 2005; Supplee et al., 2007).

Beyond environmental problems, it was examined whether the child's family is affected by poverty. Evans (2004) stated that children in poverty face a multitude of familial challenges, including exposure to violence, unstable and disorderly living conditions, and poor-quality parenting. Additionally, stress and conflict are observed in economically disadvantaged families, and this stress affects the parents' parenting practices, these problems cause low levels of adjustment and high levels of internalizing problems in children (Conger et al., 2002). Moreover, Russell et al. (2008) stated that mothers struggling with the stress caused by poverty become depressed and hopeless and that the situation negatively affects their parenting quality and abilities. Mothers living in poverty conditions are suffering from depression (Pike et al., 2006), and maternal depression is associated with detrimental effects on children, especially in poverty conditions (Petterson & Albers, 2001). Moreover, poverty is linked to compromised relationships between parents and is found to be associated with conflict between parents (Paat, 2011). For example, Miller (2014) reported that the combination of economic pressure and other life stressors in poor families results in heightened psychological distress and inter-parental conflict which also affects parenting practices. As a result, parental conflicts due to poverty also negatively affect child outcomes (Stock et al., 2017).

To give an example after all these comparisons: There is a study that examines poverty, childhood depression, poorly characterized neighborhoods, maternal depression, and family conflict. According to the results of this study, it has been observed

that adolescents living in economically disadvantaged regions live in poor environmental conditions, that these conditions associate depressive symptoms in children, and that poor environmental conditions indirectly affect depression in young people by contributing to an increase in depressive symptoms in mothers. Moreover, interparental conflict has also been found to put young adolescents at risk of exhibiting depressive symptoms (Eamon, 2002).

As mentioned above, poverty is linked to numerous risk factors affecting children's development, and in the following section, it is examined whether there are differences between rural and urban regions.

1.4. Urban & Rural Regions

The distinction between urban and rural regions relies on factors related to economic activities and population density, as noted by Alemdar et al. (2012); therefore, they have different characteristics. Individuals residing in rural regions typically work in agricultural and primary industry sectors, while those in urban regions are involved in manufacturing, administration, and service-related occupations (Matz et al., 2015). Moreover, referring to Dohrenwend and Dohrenwend (1974), Crowell et al. (1986) emphasized the definition of urban regions as change and innovation, weakening of interpersonal ties, increased sense of anonymity, and conflict of interpersonal values. In contrast, rural regions are characterized by social stability, strong interpersonal ties, and moral and social consensus.

Families living in urban and rural regions may differ in terms of their poverty indicators. Urban regions are more disadvantaged compared to rural regions in terms of food insecurity because they are dependent on markets and net consumers (Szabo, 2016). However, rural regions are more disadvantaged than urban regions in terms of education levels (Champion & Hugo, 2017) and income (Lampard et al., 2000).

The characteristics of the environment in which families live may differ in urban and rural regions. Limited-service availability and lack of access to resources are also problems experienced in rural regions (Judd et al., 2006). Moreover, Alemdar et al. (2012) stated that while lack of resources, lack of information, and infrastructure are

more common in rural regions, neighborhood stress such as costs (transportation, rent, health), poor environmental conditions, and inequality are more common in urban regions. Furthermore, there is a suggestion that social networks might offer more support in rural regions compared to urban regions (Okur, 2020). For example, Korte (1980) stated that residents in small towns tend to have increased interaction with their neighbors and receive more help from them compared to individuals in larger cities. Additionally, Aly Sayied et al. (2019) stated that children in rural regions perceive higher interparental conflict between their parents than in urban regions. However, higher rates of crime, psychological disorders, divorce, and other social problems are more common in urban regions (Amato & Zuo, 1992). Moreover, in terms of mental health, the rate of depressive symptoms in adults is higher in urban regions due to decreased community relationships and social isolation in urban regions (Dohrenwend & Dohrenwend, 1974; Mueller, 1981; Wirth, 1938).

In sum, poverty is linked to numerous risk factors, and these seem to differ between urban and rural regions.

Moreover, studies also pointed out that urban-rural regions' differences are observed not only in terms of environment and social context but also in terms of child outcomes. However, studies are not consistent in terms of the comparison of children and adolescent depression in urban and rural regions. Firstly, some studies indicate that there is no difference between child and adolescent depression in urban and rural regions (Mishra et al., 2018). For example, in a study conducted between the ages of 12 and 17, the prevalence of depression in children and adolescents did not differ between urban and rural regions in the United States (Breslau et al., 2014). However, according to some studies, urban settings are more risky for child and adolescent depression (Anjum et al., 2021), for example, adolescents' depression is higher in urban regions than in rural regions in India (Prabha et al., 2017). On the other hand, in a recent longitudinal study conducted with adolescents between the ages of 10-15 in China, it was found that the depression levels of those living in rural regions were higher than in urban regions (Zeng & Xu, 2024). Moreover, considering the studies in Türkiye, as a result of studies conducted with 5th to 8th-grade students in a rural region of Sivas (Cetinkaya et al., 2008) and with 12- to 17-year-olds children and adolescents in a rural region of Çorum, it was found that children and adoles-

cents in rural regions are prone to depression (Yilmazel & Gunay, 2012). In addition, Ayçiçeği Dınn and Caldwell-harrıs (2016) conducted a study with university students in Türkiye, and they reported that young people growing up in Van and surrounding rural areas reported more depressive symptoms than young people growing up in Istanbul, a large city.

In all these studies, the difference between urban and rural regions was examined without considering poverty, and when the literature on the difference between depression in urban and rural poverty was examined, it was observed that there were few studies. For example, Amato and Zuo (1992) compared the urban and rural poverty regions in terms of health, well-being, depression, and happiness, they found that individuals in urban poverty reported higher levels of health and well-being than rural poverty, but they did not differ in terms of their depression and happiness. In addition, there is no study investigating the difference in depression in children and adolescents in urban and rural poverty in Türkiye, but studies comparing rural and urban poverty in terms of different child development outcomes were examined. For example, Okur (2020) investigated the EF skills differences between children living in rural and urban poverty in Türkiye, but she found that children living in rural and urban poverty were similar to each other in terms of EF skills. However, it is especially important to investigate whether there are differences in children's development in urban and rural poverty because rural and urban regions are different in terms of living conditions and advantages/disadvantages, and these differences should also be investigated in poverty conditions. The results of such research are important in terms of understanding the etiology of depression and planning mental health services in urban and rural poverty.

Therefore, children and adolescents' depression living in poverty in urban and rural regions, especially those living below the hunger line were investigated in the present study.

The present study was conducted on the contextual factors associated with child and adolescent depression, starting from the community-level factors to familial factors. For this reason, firstly, the roles of neighborhood characteristics on children and adolescents' depression were discussed in the following part.

1.5. Neighborhood Characteristics

Neighborhood conditions refer to physical and social characteristics that can potentially affect people's lives (Diez Roux & Mair, 2010). The physical characteristics of neighborhoods include elements such as transportation systems, street layouts, public spaces, and the availability of resources such as recreational facilities (Diez Roux & Mair, 2010). Moreover, the physical features of neighborhoods also include the presence or absence of buildings, hospitals, stores, and public transportation (Cutrona et al., 2006). In addition to resources, neighborhood stressors include situations such as garbage, crime, poorly kept residences, noise, overcrowding, and unhealthy living conditions (Ford & Rechel, 2012; Kotchick et al., 2005).

1.5.1. Neighborhood Characteristics and Child Outcomes

Neighborhoods are crucial contexts for children and adolescents because of the presence or absence of certain resources or stressors in neighborhoods associated with their development (Anderson et al., 2014). Recent research points to a potential relationship between mental health problems and the characteristics of the neighborhoods in which children and adolescents live (Cutrona et al., 2006). Neighborhood physical resources such as parks, community centers, and libraries are associated with healthy child outcomes (Leventhal & Brooks-Gunn, 2000). For example, Butler et al. (2012) investigated the association between the parent-reported neighborhoods physical resources and the depression of children between the ages of 6-17, and they found that insufficient neighborhood amenities were associated with higher levels of depression. Additionally, parents perceived physical stressors in the neighborhood such as garbage on the streets, substandard living conditions, and vandalism were associated with depression in children and adolescents (Butler et al., 2012; Ford & Rechel, 2012).

Given the insights from these studies, the present study aimed to evaluate the impact of neighborhood characteristics, such as physical resources and neighborhood stress, on children and adolescent depression. In the following section, the roles of mothers-perceived social support on children and adolescent depression are discussed

as another contextual factor.

1.6. Social Support

Social support refers to individuals' perceptions of overall support or helpful actions from their social network, which enhances their well-being and protects them from adverse outcomes (Demaray & Malecki, 2002).

1.6.1. Social Support and Child Outcomes

Social support plays a crucial role in development of children and adolescents, being linked to academic success, well-being, adjustment, and positive social behaviors (Jackson & Warren, 2000; Rueger et al., 2010). For example, Demaray and Malecki (2002) found that children with low perceived social support were more likely to display problematic behaviors such as internalizing problems (including depression) (Auerbach et al., 2011; Colarossi & Eccles, 2003). Two models explain the association between social support and the functioning of children and adolescents. First, the stress-buffering model suggests that the positive benefits of social support act as a buffer when children are at risk or stressed (Cohen & Wills, 1985). However, the main-effect model suggests that social support is always beneficial for children and adolescents (Cohen & Wills, 1985) and that access to social support improves their general psychological state and decreases psychological problems (Cohen et al., 2001).

In addition to the social support perceived by children, the social support perceived by mothers also plays an important mediating role between maternal variables, such as maternal depression and maternal rejection, and children's behavioral problems, thus social support perceived by mothers indirectly affects children's outcome (Min et al., 2013). For instance, Schiff et al. (2021) indicated that lower levels of mother perceived social support are linked to higher levels of maternal depression and child behavioral problems. Moreover, Herwig et al. (2004) stated that social support indirectly predicts children's internalizing problems through factors such as parenting and partnership. Mothers perceived social support as important for mothers' parenting be-

cause social support may reduce mothers' parenting stress, which may enable them to approach their children more sensitively and take better care of them (Ghazarian & Roche, 2010). For the partnership, Owen et al. (2008) stated that social support perceived by mothers and children is associated with reduced adjustment problems in children whose mothers perceive interparental conflict.

For these reasons, in the present study, as wider social context the social support perceived by mothers was examined to investigate the association between social support perceived by mothers and their children's depression. In addition, mother-perceived interparental conflict is evaluated as another contextual factor in children and adolescent depression in the section below.

1.7. Interparental Conflict (IPC)

Interparental conflict refers to parental disagreements, set apart from everyday discord by differences in their frequency, intensity, subject matter, resolution, and how they are expressed (Buehler et al., 1994). But not all types of conflict between parents have the same impact on children (Warmuth et al., 2020). Constructive interparental conflicts reflect problem-solving, cooperation, and other respectful behaviors between parents, and are associated with positive outcomes for children, including lower internalizing problems (Bergman et al., 2016; Davies et al., 2012), However, destructive interparental conflicts reflect behaviors such as verbal or physical aggression that will foster hostility between parents and have been linked to negative outcomes for children, including their internalizing problems (Cummings & Davies, 2011). This study focused on issues such as anger and irritability between parents, that is, on the destructive side of the conflicts between parents. Therefore, the associations between destructive conflicts between parents and children and adolescent depression were examined.

1.7.1. Interparental Conflict and Child Outcomes

Children residing in households where destructive parental conflict is frequent and inadequately resolved have consistently shown higher levels of negative outcomes

(Przybyła-Basista, 2016). For example, children who witness interparental conflict may experience impaired academic success (Ghazarian & Buehler, 2010) and difficulties in cognitive functions (Hinnant et al., 2013). They may also encounter challenges in social situations; they tend to be more withdrawn (Grych & Fincham, 1990) and may struggle with social competence (Paley et al., 2000). Moreover, children exposed to interparental conflict tend to have internalizing problems like depressive symptoms (Grych & Fincham, 1990). For instance, in a study with children aged 5-19 years, Rhoades (2008) found that children's exposure to interparental conflict caused them to show internalizing problems and stated that this was due to children ruminating and worrying during their parents' conflicts.

There are some explanations for how interparental conflict affects children's internalizing problems. Firstly, the Cognitive-Contextual model proposed by Grych and Fincham (1990) focuses on how children evaluate the meaning of interparental conflict plays an important role in the impact of conflict exposure on children. In the context of this model, Grych et al. (2000) found that children between the ages of 10 and 14 perceived conflict between their parents as threatening and blamed themselves and this mediated the relationship between interparental conflict and child internalizing problems. Moreover, according to the Emotional Security Hypothesis (Davies & Cummings, 1994), conflict between parents may threaten the emotional security of children, and children may show high emotional reactions due to their feelings of insecurity. These reactions help to understand how children develop depressive symptoms (Davies & Cummings, 1998). In the context of the Emotional Security Hypothesis, Harold et al. (2004), in their study with children aged 11-12, found that interparental conflict threatens children's emotional security, which in turn predicts internalizing problems.

Considering these reasons and the relationship between interparental conflict and child depression, the present study investigated whether interparental conflict is another contextual factor that might be related to child and adolescent depression. In the following section, the roles of maternal depression on child and adolescent depression are examined as another contextual factor.

1.8. Maternal Depression

Maternal depression poses a higher risk of negative outcomes in children compared to paternal depression (Connell & Goodman, 2002) and it is a risk factor for impaired child development, including internalizing problems, in middle childhood and adolescence (Ahun et al., 2018). Therefore, the relationship between maternal depression and child outcomes and the underlying reason for this relationship is reviewed below.

1.8.1. Maternal Depression and Child Outcomes

Growing up with a mother experiencing depression has substantial impacts on children and heightens the risk of developmental and adjustment problems (Downey & Coyne, 1990). Children with depressed mothers have a higher prevalence of mood disorders and internalizing (including depression) problems (Goodman et al., 2011). Mother-child interactions, parenting practices, and family dynamics underlie the negative outcomes of maternal depression on children (Goodman et al., 2011). In terms of mother-child interaction, depressed mothers tend to be less sensitive, and unresponsive to their children's emotional states and they are more sad, angry, and critical towards their children (Silk et al., 2009). Moreover, depressed mothers display more negative emotions and diminish positive emotions which could increase their children's vulnerability to develop depression (Klein et al., 2009). A mothers' experience of depressive symptoms is also connected to negative thoughts that can impact their parenting quality, and these include their feelings of competence in motherhood, their satisfaction with their parental role, and perceptions of their children (Downey & Coyne, 1990). Moreover, considering the family dynamics, adult depression may be associated with destructive arguments between parents, and this may predict internalizing problems in children (Shelton & Harold, 2008). In other words, interparental conflict may enhance the impact of maternal depression symptoms on children's internalizing problems (Goodman & Gotlib, 1999).

In the context of these reasons and associations between maternal depression and child and adolescent depression, the present study investigated whether maternal depression would predict children and adolescent depression.

1.9. The Present Study

As stated in the literature review above, poverty is multidimensional and has different indicators, and all poverty indicators as well as related contextual factors are associated with child and adolescent depression. In addition, poverty conditions are not equal in urban and rural regions so associations with child and adolescent depression are likely to differ. Although there are studies examining the differences in children's depression in urban-rural regions (Breslau et al., 2014; Prabha et al., 2017; Zeng & Xu, 2024), comparison of depression in urban-rural poverty were made many years ago (Amato & Zuo, 1992). Furthermore, in a Turkish sample university students' depression was compared in urban and rural regions in Türkiye, but poverty was not addressed, and comments were made that the differences may be due to poverty (Ayçiçeği Dınn & Caldwell-harrıs, 2016).

In sum, there is no comprehensive study examining child and adolescent depression and associated contextual factors in urban and rural poverty, especially among children and adolescents living below the hunger line in a Nationwide study where each statistical region is equally represented. In this respect, the present study will make unique contributions to the literature.

For this purpose, the first aim of the present study was to compare urban and rural poverty in terms of poverty indicators of families (income-to-needs ratio, material hardship, mothers' education level, and food insecurity), neighborhood characteristics (neighborhood physical resources and neighborhood stress), mother perceived social support, interparental conflict, and maternal depression.

Based on the literature,

(a) Income-to-needs ratio, maternal education levels, and food insecurity were expected to be higher in urban areas.

(b) It was expected that both the neighborhood physical resources and the neighborhood stress would be higher in urban regions.

(c) It was expected that the mother's perceived social support would be higher in rural regions than in urban regions.

(d) It was expected that the maternal depression would be higher in urban regions than in rural regions.

Since the findings in the literature are not consistent,

(e) It was explored whether interparental conflict and material hardship would differ in urban and rural regions.

The second aim of the present study was to examine the association between the contextual factors which are living in urban-rural regions, neighborhood characteristics (physical characteristics and neighborhood stress), poverty indicators of families (material hardship, mothers' education level, and food insecurity), mother-perceived social support, interparental conflict, maternal depression, and child and adolescent depression.

Based on the literature,

(a) It was expected that higher levels of neighborhood stress and low levels of physical resources would positively predict child and adolescent depression.

(b) It was expected that material hardship and food insecurity would positively, and mother education would negatively predict child and adolescent depression.

(c) It was expected that mother-perceived social support would negatively predict child and adolescent depression.

(d) It was expected that interparental conflict would positively predict child and adolescent depression.

(e) It was expected that maternal depression would positively predict child and adolescent depression.

Since their findings in the literature are not consistent,

(f) It was explored whether living in urban or rural regions (under poverty conditions) predicts child and adolescent depression.

The final aim of the present study was to examine whether the relationship between contextual factors and child and adolescent depression differs in urban and rural poverty.

Since there is no specific study in the literature,

Whether the relationships between the contextual factors and child and adolescents' depression differ in urban and rural contexts was tested exploratory.

CHAPTER 2

METHOD

2.1. Participants

The present study was carried out as a component of a nationwide project, named "The Effects of Parenting Attitudes and Parent-Child Interaction on Child and Adolescent Developmental Outcomes (TAÇEP)" funded by the Scientific and Technological Research Council of Türkiye (TÜBİTAK). The Turkish Statistical Institute (TUIK) determined the project's sample, and data were collected from 5994 mothers and 6211 children from various Turkish provinces in January to July 2022. The project's objective was to examine the cognitive, social, self-identity, emotional, and academic growth of children and adolescents within the context of Turkish culture and explore the significance of family and environmental factors.

Within the scope of this thesis study, mothers (N = 2441, M_{age} = 38,38 SD = 5,67) who had children between the 3rd and 11th grades and were below the hunger line were included. Since 73% of the families participating in the large-sample project were below the poverty line and to examine the severe case of poverty, the present study was conducted with this sub-sample that were living below the hunger line. 64.2% of the mothers (N = 1567) were living in urban regions and 35.8% of the mothers (N = 874) were living in rural regions regions (How families living below the hunger line and urban-rural regions are determined is explained in the method chapter.).

Detailed information on demographic characteristics of children and adolescent and parents such as parents' educational status and children's and adolescents' gender and grade levels are presented in Table 2.1 and Table 2.2.

Table 2.1.

Education Levels of Mothers and Fathers

	Mother		**Father**	
	N	**Percentage (%)**	***N***	**Percentage (%)**
Illiterate	124	5.1	34	1.4
Literate without education	148	6.1	57	2.3
Primary School	999	40.9	831	34
Secondary School	507	20.8	532	21.8
High School	547	22.4	817	33.5
University Degree	116	4.8	170	7

Table 2.2.

Demographic Information about Children

		N	**Percentage (%)**
Gender	Female	1359	55.7
	Male	1082	44.3
Grade	3rd	275	11.3
	4th	265	10.9
	5th	316	12.9
	6th	289	11.8
	7th	305	12.5
	8th	265	10.9
	9th	256	10.5
	10th	251	10.3
	11th	219	9

2.2. Measures

2.2.1. Demographic Information Form

Child gender and grade, the age of the parents, the marital status of the mother, the educational and working status of the mother and father, city the family lives, and the monthly income of the family were asked to the mothers in the demographic information form.

2.2.2. Child Behavior Checklist

Child and adolescents' depression was measured through the depression/ withdrawal sub-dimension of the Child Behavior Checklist which was filled out by mothers. Achenbach (1991) developed the scale, and Achenback and Rescorla (2001) revised it. It was translated into Turkish by (Dumenci et al., 2004). The scale consists of 8 items (e.g., "Sad, unhappy, and depressed.") that were requested to be assessed from 1 (*not true*) to 3 (*very true or often true*) on a 3-point Likert-type scale. In the present study, the internal consistency of the depression subscale of the Child Behavior Checklist was calculated as .76.

2.2.3. Poverty

Families below the hunger line were determined by calculating the income-to-needs ratio. Moreover, mother education, food insecurity, and material hardship were used as indicators of poverty.

2.2.3.1. The Income-to-needs ratio based on the hunger line

The income-to-needs ratio was calculated by dividing the family's monthly income by the country's official hunger line. This ratio is calculated according to family size. In Türkiye, a hunger line is provided each month for a family of four. For January to July 2022, the given hunger line was divided by four to determine the

per-person hunger line in families for the present study. This per-person line was then multiplied by the number of family members to calculate the hunger line for families of different sizes. Subsequently, the income-to-needs ratio was calculated by dividing the family's monthly income for the month in which the data was collected by the calculated hunger line for specific family size. If a family's income-to-needs ratio is less than or equal to 1, the family is determined to be living below the hunger line. In the current study, all families had an income-to-need ratio of 1 or less. Lower scores indicated lower levels of income and higher levels of poverty.

2.2.3.2. Mother Education

The education level of the mothers was coded sequentially (1- illiterate, 2- literate without education, 3- primary school education, 4- secondary school education, 5- high school education, and 6- university degree). The average of the mothers' education levels was taken.

2.2.3.3. Material Hardship

The economic hardship subscale of the Economic Difficulties Index (Ergul & Gure, 2012; Güre et al., 2014) was used to measure the material hardship perceived by mothers. Scale consists of 5 items (e.g., "We have enough money to buy the clothes we need.") that were requested to be assessed from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*) on a 5-point Likert-type scale. The reverse of these items was used in the analysis, that is, as the score from 1 (*Strongly Agree*) to 5 (*Strongly Disagree*) increases, the economic hardship also increases. Moreover, for the present study, the item "We do not have enough money to buy the food we need." was removed from this scale to assess food insecurity. With the removal of this item, the reliability score for the economic hardship scale was .84.

2.2.3.4. Food Insecurity

Food insecurity was investigated by computing the item " I am worried that I will not

be able to cover our family's food expenses." from the economic anxiety subscale and the item "We do not have enough money to buy the food we need." from economic hardship subscale of the Economic Difficulties Index (Ergul & Gure, 2012; Güre et al., 2014). These items were requested to be assessed from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*) on a 5-point Likert-type scale.

2.2.4. Urban vs Rural Regions

Firstly, since the sample was determined by TUIK, the substitution status of the settlements shared by TUIK was considered and the substitutions specified as villages were taken as rural regions. Moreover, from TUIK data, the settlements with a population of less than 100.000 were also taken as rural regions. Additionally, the professions of the mothers and fathers were considered. For example, families whose professions include farmers, shepherds, and agricultural workers are considered to live in rural regions, and families working in the service sector are considered to live in urban regions. In addition, the research assistants who went to collect data were asked to report which of the schools they went to were in rural regions and all of these schools were checked on Google Maps to see if they were rural or not, and settlements far from the city center were accepted as rural.

2.2.5. The Neighborhood Ecologies Survey

The neighborhood physical characteristics subscale of the Neighborhood Ecologies Survey was used to measure the physical resources of the neighborhood where the participants lived. The Study of Early Childhood Developmental Ecologies in Türkiye (ECDET) research team developed the scale (Baydar et al., 2007). The form originally contained 10 items, but the "police station/station" item was removed, and 9 items (e.g., "Health center/Clinic/Hospital.") were asked to the mothers. Mothers reported these items as item 0 = $None$, 1 = $Yesbutinsufficient$, or 2 = Yes. In the present study, the reliability score for the neighborhood physical characteristics subscale was .84.

This scale was expanded to include five more items (e.g., "Unhygienic/unclean living

conditions.") recognized as neighborhood stressors, as proposed by Kotchick et al. (2005). The neighborhood stressors scale was translated into Turkish by Koç (2017), and Cronbach's alpha value was found to be .69. Stressors involved inquiries about the presence of certain stress-inducing elements in their neighborhood, such as physical altercations and overcrowding. Mothers were reported 5 items as 0 = $Absent$ or 1 = $Present$. The internal consistency of the neighborhood stress scale was calculated as .66 in the present study.

2.2.6. Multidimensional Scale of Perceived Social Support

A multidimensional Scale of Perceived Social Support scale was used to measure the mother's perceived social support. The scale was developed by Zimet et al. (1988) and translated into Turkish by Eker et al. (2001). Cronbach alpha coefficient was found between .80 and .95. The scale consists of 3 factors: family (e.g., "I get the emotional help and support I need from my family."), friends (e.g., "My friends really try to help me.") and spouse (e.g., "There is a special person (spouse/boyfriend) with whom I can share my joys and sorrows."). Moreover, the scale consists of 12 items that were requested to be assessed from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*) on a 5-point Likert-type scale. In the present study, the internal consistency of the scale was calculated as .91.

2.2.7. Marital Conflict Scale

Interparental conflict values of mothers were measured with the Marital Conflict Scale. The scale was developed by Braiker and Kelley (1979) and Frankel et al. (2015) found the Cronbach alpha coefficient to be between .76 and .88 for mothers. This scale was translated into Turkish for the present study using the translation-back translation technique. The scale consists of 4 items (e.g., "We argue with my husband.") that were requested to be assessed from 1 (*Strongly Disagree*) to 3 (*Strongly Agree*) on a 5-point Likert-type scale. In the present study, the internal consistency of the scale was calculated as .69.

2.2.8. Depression, Anxiety, and Stress Scale (DASS)

Maternal depression was measured with the depression sub-dimension of the Depression, Anxiety, and Stress Scale (DASS). This scale was developed by Lovibond and Lovibond (1995) and adapted to Turkish by Yılmaz et al. (2017). Cronbach's alpha value for the depression subscale was found to be .81. The depression subscale consists of 7 items (e.g., "I felt that I had nothing to look forward to.") that were requested to be assessed from 0 (*Never*) to 3 (*Always*) on a 4-point Likert- type scale. Internal consistency for maternal depression was .84 in the present study.

2.3. Procedure

The Ethical approval for the project was secured from the Human Subjects Ethics Committee at the Middle East Technical University (METU), and essential permissions were acquired from the Ministry of Education before commencing data collection. The selection of schools was conducted based on determinations made by TUIK. After the permissions were obtained and the schools were selected, the project assistants contacted the school management, randomly selected a class from each grade level, and sent informed consent forms to the mothers in these classes through the classroom teachers for their participation in the project. The links to the questionnaires prepared on the Qualtrics platform were sent online to the mothers who agreed to participate in the project. After the mothers filled out the questionnaires, the project assistants went to the schools and children answered the questionnaires on the Qualtrics platform via tablets during school hours approved by the head teacher. In this project, data were collected from both mothers and their children, but only the data collected from mothers were used within the scope of this thesis.

CHAPTER 3

RESULTS

3.1. Overview

Analyses were run using the statistical software package SPSS version 28.0. Firstly, missing data were handled, and then the frequencies and descriptive statistics of all variables used in the study were controlled. The data of 111 mothers who did not report their monthly income were deleted and not included in the analyses. For the first hypothesis, an independent sample t-test was conducted to compare the differences in families' poverty indicators (income-to-needs ratio, mother education, material hardship, and food insecurity), neighborhood characteristics (neighborhood physical resources and neighborhood stress), interparental conflict, mother perceived social support, and maternal depression in rural and urban regions. Moreover, the correlation values of all variables used in the study were examined. For the second hypothesis, hierarchical regression analysis was conducted to investigate the associations between the variables specified in the first hypothesis and child and adolescent depression, and for the third hypothesis, the interactions of variables with urban and rural regions were added in the last step of this analysis. Prior to analyses, data were screened for multivariate and univariate outliers and checked for normality. Moreover, to prevent the multicollinearity problem caused by the use of interaction terms in regression analysis, the variables used in the analysis were mean-centered.

3.2. Descriptive Statistics

Descriptive statistics (mean, standard deviation, minimum, and maximum values) were presented in Table 3.1.

Table 3.1.

Descriptive statistics of study variables

	M	***SD***	***Min.***	***Max.***
Income-to-needs ratio	0.6	0.3	0	1
Mother Education	3.6	1.2	1	6
Material Hardship	3.7	0.9	1	5
Food Insecurity	3	1	1	5
Neighborhood Physical Resources	0.9	0.5	0	2
Neighborhood Stress	0.3	0.3	0	1
Social Support	3.9	0.8	1	5
Interparental Conflict	3	0.8	1	5
Maternal Depression	0.7	0.6	0	3
Child Depression	0.5	0.4	0	2

3.3. Independent Sample T-Test

An independent sample t-test was conducted to compare urban and rural poverty differences in terms of the poverty indicators of families, neighborhood characteristics, mother-perceived social support, interparental conflict, and maternal depression. Firstly, the results of the poverty indicators of the families indicated that the income-to-needs ratio (t (1528,53) = -13.40, $p < .001$), mother's education level (t (2439) = -8.65, $p < .001$) and material hardship (t (2411) = -2.22, p = .027) were significantly higher in urban regions compared to rural regions, but food insecurity did not differ in urban and rural regions. Additionally, neighborhood physical resources (t (2397) = -18.59, $p < .001$), and neighborhood stress (t (1905,48) = -3.97, $p < .001$) were significantly higher in urban regions compared to rural regions. However, the mother's perceived social support (t (1750,11) = 3.09, p = .002) was significantly higher in rural regions than in urban regions. Moreover, interparental conflict was marginally higher in urban regions than in rural regions but the difference was not significant (t (1503,95) = -1.85, p =.064). Lastly, maternal depression (t (2257) = -2.52, p = .012)

was significantly higher in urban regions compared to rural regions. These results are presented in Table 3.2.

Table 3.2.

Independent Sample T-Test Results Comparing Urban and Rural Regions

	Urban	**Rural**		
	M	***M***	***t***	***p***
Income-to-needs ratio	0.68	0.53	-13.4	<.001***
Mother Education	3.79	3.36	-8.65	<.001***
Material Hardship	3.75	3.67	-2.22	.027*
Food Insecurity	3.01	2.98	-0.88	0.381
Neighborhood Physical Resources	1.04	0.65	-18.6	<.001***
Neighborhood stress	0.28	0.24	-3.97	<.001***
Social Support	3.87	3.97	3.09	.002**
Interparental Conflict	2.98	2.92	-1.85	.064[a]
Maternal Depression	0.69	0.63	-2.52	.012*

*$p < .05$,** $p < .01$,*** $p < .001$, [a] marginally significant

3.4. Correlations

Before regression analysis, Pearson's bivariate correlation analyses were performed to examine the relationships between the study variables. The results showed that the income-to-needs ratio was positively correlated with maternal education (r = .32, $p < .001$), but negatively correlated with material hardship (r = -.13, $p < .001$) and food insecurity (r = -.18, $p < .001$). Moreover, children's depression was positively correlated with material hardship (r = .05, $p < .05$) and food insecurity (r = .10, $p <$ .001), but negatively correlated with mother education (r = -.10, $p < .001$). These correlations were in the expected direction.

Additionally, results also indicated that children's depression was positively associated with maternal depression (r = .31, $p < .001$), interparental conflict (r = .14, $p <$

.001), and neighborhood stress (r = .10, $p < .001$), but negatively associated with mother-perceived social support (r = -.20, $p < .001$) and neighborhood physical resources (r = -.10, $p < .001$). These correlations were also in the expected direction. Detailed information about correlations between study variables is presented in Table 3.3.

3.5. Hierarchical Regressions

Five-step Hierarchical regression analyses were conducted to test the predictive role of poverty indicators of families (mother education, food insecurity, and economic hardship), neighborhood characteristics, mother-perceived social support, interparental conflict, and maternal depression, and these predicters' interactions with living in urban-rural regions on child and adolescent depression. Child and adolescent depression were used as the dependent variable and child gender and child grade entered in the first model as control variables, neighborhood characteristics (physical resources and stress), economic situations of families (mother education, economic hardship, and food security), interparental conflict, social support, maternal depression, and these predicters' interactions with living in urban-rural regions were added to the steps respectively. All 5 models of the hierarchical regression analysis are presented in Table 3.4.

The first model including child gender and grade as predictors was significant (F (2, 2043) = 48.01, $p < .001$). The second model, where living in urban-rural regions and neighborhood characteristics (physical resources and stress) were added, significantly contributed to the explained variance on child and adolescent depression (R^2 = .07 (R^2adj = .06), ΔR^2 = .020, ΔF (3, 2040) = 14.63, $p < .001$). In the third model, the poverty indicators of the family (mother's education, economic hardship, and food insecurity) were added, and the third step also contributed significantly to the explained variance on child and adolescent depression (R^2 = .07 (R^2adj = .07), ΔR^2 = .010, ΔF (3, 2037) = 6.67, $p < .001$). The fourth model, in which mother-perceived social support, interparental conflict, and maternal depression were added, also contributed significantly to the explained variance on child and adolescent depression (R^2 = .16 (R^2adj = .15), ΔR^2 = .084, ΔF (3, 2034) = 67.35, $p < .001$).

Table 3.3.

Correlations among variables which were used in the analyses

	1	2	3	4	5	6	7	8	9	10	11
1- Urban-Rural	1	.28**	.05*	.17**	0.02	.36**	.08**	0.04	-.06**	.05*	-0.03
2- Income-to-needs ratio		1	.13**	.32**	-.18**	.30**	-.11**	0.02	.11**	-.10**	-.05*
3- Economic Hardship			1	-0.01	.60**	-.14**	.19**	.09**	-.18**	.18**	.05*
4- Mother Education				1	-.06**	.21**	-.08**	.06**	-0.01	-0.02	-.10**
5- Food Insecurity					1	-.18**	.21**	.12**	-.20**	.25**	.10**
6- Neighborhood Physical Resources						1	-.16**	0.02	.05*	-.08**	-.10**
7- Neighborhood stress							1	.16**	-.14**	.19**	.10**
8- Interparental Conflict								1	-.19**	.34**	.14**
9- Social Support									1	-.39**	-.20**
10- Maternal Depression										1	.31**
11- Child Depression											1

Note: Urban=1, Tural=0, $^{*}p < .05$,$^{**}p < .01$

Finally, in the fifth model, the interactions with the predictors and with living in urban-rural regions were added, they contributed significantly to the explained variance on child and adolescent depression (R^2 = .17 (R^2adj = .16), ΔR^2 = .007, ΔF (8, 2026) = 2.11, p = .028). In the final model when all the variables were in the equation, child grade (β = .21, $p < .001$), child gender (β = -.06, p = .005), living in urban-rural regions (β = -.05, p = .025), mother education (β = -.09, p = .010), mother perceived social support (β = -.13, $p < .001$) and maternal depression (β = .34, $p < .001$) were significant; that means living in rural regions, lower levels of mother education and social support, and higher levels of maternal depression significantly predicted higher levels of child and adolescent depression. Additionally, two-way interactions between living in urban-rural regions and maternal depression (β = -.10, p = .014) significantly predicted child and adolescent depression. The plot of this interaction was presented in Figure 3.1.

Table 3.4.

Results of Hierarchical Regression Analyses for Predicting Child Depression

		R^2	R^2adj	F	ΔF	$B(SE)$	t	β
		0.05	0.04	48.01***	-			
1st model	Child Grade					.03(.00)	9.23	.20***
	Child Gender					-.04(.02)	-2.55	-.05*
		0.07	0.06	28.37***	14.63***			
	Child Grade					.03(.00)	9.7	.21***
2nd model	Child Gender					-.04(.02)	-2.42	-.05*
	Urban- Rural					-.02(.02)	-0.99	-0.02
	Neighborhood Stress					.13(.03)	4.2	.10***
	Neighborhood Physical Resources					-.07(.02)	-3.75	-.09***
		0.07	0.07	20.37***	6.67***			
	Child Grade					.03(.00)	9.57	.21***
3rd model	Child Gender					-.04(.02)	-2.55	-.06*
	Urban-Rural					-02(.02)	-0.85	-0.02
	Neighborhood Stress					.10(.03)	3.39	.08***
	Neighborhood Physical Resources					-.05(.02)	-2.7	-.07*

Table 3.4 (Continued)

		R^2	R^2adj	F	ΔF	$B(SE)$	t	β
	Mother Education					-.02(.01)	-2.62	-.06*
	Food Insecurity					.03(.01)	3	0.09
	Economic Hardship					-.00(.01)	-0.22	-0.01
		0.16	0.15	34.64***	67.35***			
4th model	Child Grade					.03(.00)	9.8	.20***
	Child Gender					-.04(.02)	-2.7	-.06*
	Urban-Rural					-.03(.02)	-1.8	-.04[a]
	Neighborhood Stress					.04(.03)	1.18	0.03
	Neighborhood Physical Resources					-.04(.02)	-2.33	-.05*
	Mother Education					-.02(.01)	-2.9	-.06*
	Food Insecurity					.01(.01)	0.6	-0.02
	Economic Hardship					-.01(.01)	-0.68	0.02
	Social Support					-.04(.01)	-3.56	-.08***
	Interparental Conflict					.02(.01)	1.51	0.03
	Maternal Depression					.18(.02)	10.7	.25***
		0.17	0.16	21.03***	2.11*			
	Child Grade					.03(.00)	9.85	.21***
5th model	Child Gender					-.05(.02)	-2.8	-.06*
	Urban-Rural					-.04(.02)	-2.25	-.05*
	Neighborhood Stress					-.02(.05)	-0.43	-0.02
	Neighborhood Physical Resources					-.01(.03)	-0.16	-0.01
	Mother Education					-.03(.01)	-2.59	-.09*
	Food Insecurity					-.01(.02)	-0.79	-0.03
	Economic Hardship					-.01(.02)	-0.73	-0.03
	Social Support					-.07(.02)	-3.44	-.13***
	Interparental Conflict					.01(.02)	0.77	0.03
	Maternal Depression					.24(.03)	8.45	.34***
	Urban-rural*Neighborhood Stress					.08(.06)	1.28	0.05
	Urban-rural*Neighborhood Physical Resources					-.05(.04)	-1.43	-0.05
	Urban-rural*Mother Education					.01(.02)	0.82	0.03
	Urban-rural* Food Insecurity					.03(.02)	1.36	0.06
	Urban-rural* Economic Hardship					.01(.02)	0.39	0.02

Table 3.4 (Continued)

	R^2	R^2adj	F	ΔF	$B(SE)$	t	β
Urban-rural* Social Support					.04(.03)	1.54	0.06
Urban-rural* Interparental Conflict					.01(.02)	0.24	0.01
Urban-rural*Maternal Depression					-.09(.04)	-2.46	-.10*

$^{*}p < .05, ^{**}p < .01, ^{***}p < .001$, ^{a} marginally significant

In the fifth model of the hierarchical regression analyses, significant two-way interaction was examined with Process Macro models in SPSS (Hayes, 2018). According to the interaction result of maternal depression and living in urban and rural poverty, the slope for living in both urban regions (t = 7.24 p = .000) and rural regions (t = 8.44, p = .000) was significant. This means that as maternal depression increases both in urban and rural poverty, child and adolescent depression also increases significantly but this relationship is stronger for rural regions (See Figure 3.1.).

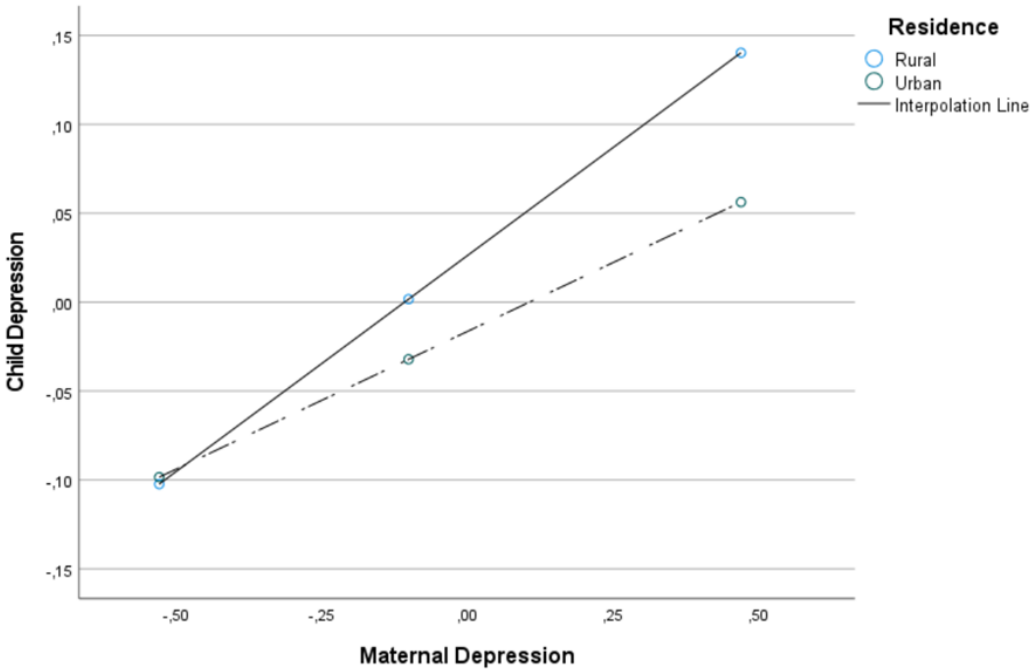


Figure 3.1. Two-Way Interaction Between Maternal Depression and Residence (Living Urban – Rural) on Child Depression

CHAPTER 4

DISCUSSION

The present study focused on children and adolescents' depression and its indicators living in urban versus rural regions below the hunger line in Türkiye. Firstly, the poverty indicators of families (income-to-needs ratio, mother education, material hardship, and food insecurity), neighborhood characteristics (neighborhood physical resources and stress), mother-perceived social support, interparental conflict, and maternal depression were compared for urban and rural poverty. Secondly, it was investigated whether living in urban versus rural regions, poverty indicators of families, neighborhood characteristics, mother-perceived social support, interparental conflict, and maternal depression predict child and adolescent depression. Third, it was investigated whether the interactions of living in urban and rural regions and poverty indicators of families, neighborhood characteristics, mother's perceived social support, interparental conflict, and maternal depression predict child and adolescent depression. For these aims, the present study tested several hypotheses, and the findings, limitations, and contributions to the literature of the present study are discussed in the following sections.

4.1. Discussion of the Findings of the First Aim of the Study

Firstly, the present study aimed to compare the urban and rural regions in terms of the poverty indicators of the families, neighborhood characteristics, mother-perceived social support, interparental conflict, maternal depression, and child depression. Firstly, poverty indicators of families were expected to be different in urban versus rural regions. Specifically, it was expected that income-to-needs ratio, mother education, and food insecurity would be higher in urban regions, and material hardship would be exploratory. The results indicated that the income-to-needs ratio, mother education level, and material hardship were higher in urban regions than in rural regions. Higher levels of income and mother education level in urban regions compared to rural regions supported the hypothesis of the present study and were consistent with the previous studies findings (Champion & Hugo, 2017; Lampard et al., 2000). Additionally, although a previous study did not find any difference between urban and rural regions in terms of material hardship in Türkiye (Okur, 2020), material hardship was higher in urban regions than in rural regions in the present study. In the present study, mothers were asked

whether they had enough money to buy materials such as clothes, shelter, or a car. Families living in urban regions may be more disadvantaged in accessing these materials than people living in rural regions for some reasons. Firstly, while individuals in rural regions can buy their clothes at cheaper prices from a local store, these products may be more expensive in urban. In addition, families in rural regions may build their own houses or may not live in houses that cost as much as houses in the urban. Likewise, while those living in rural regions may buy lower-model cars at a more affordable price, cars may be more expensive in urban. For these reasons, while families living in the urban may have difficulties in purchasing these materials, families living in rural regions might meet their needs from local markets.

Unexpectedly, food insecurity was similar in urban and rural regions. Families living in rural regions can grow their products through agriculture (Zezza & Tasciotti, 2010); therefore, food insecurity was expected to be lower in rural regions compared to urban regions. This result did not support both the hypothesis of the present study and the findings of previous studies (Szabo, 2016). One of the reasons for this result may be that all participants in the present study from urban or rural regions were below the hunger line. Moreover, families living in urban regions can receive food support from their relatives living in rural regions in Türkiye. However, how many of the families living in urban regions have relatives living in rural regions and how much of their food needs they get from them were not known in the present study. Therefore, food insecurity should be investigated in future studies by considering this situation.

In terms of neighborhood characteristics, both neighborhood physical resources and neighborhood stress were expected to be higher in urban regions. As expected, the results indicated that neighborhood physical resources and neighborhood stress were higher in urban regions than in rural regions. Therefore, the results of the present study were in line with the studies indicating that rural regions are disadvantaged in terms of resources (Judd et al., 2006), but urban regions are also disadvantaged in terms of neighborhood stressors such as garbage, noise, and crime (Alemdar et al., 2012). Moreover, mothers perceived social support was expected to be higher in rural regions. As expected, mothers perceived social support was higher in rural regions. This result is consistent with the previous studies indicating that social support is higher in rural regions because both neighbor relations and social networks are higher in rural regions (Korte, 1980; Okur, 2020).

For the familial factors, firstly, it was explored whether interparental conflict differs in urban and rural regions because some studies found that interparental conflict is more common in rural regions, while other studies found that it is higher in urban regions (Aly Sayied et al., 2019; Amato & Zuo, 1992). Results indicated that interparental conflict did not differ in rural and urban regions. Poverty also predicts interparental conflict (Stock et al., 2017) which might be the reason why there is no difference between urban and rural poverty since all are below the hunger line. Secondly, maternal depression

was expected to be higher in urban regions. As expected, results indicated that maternal depression was higher in urban regions than in rural regions. This result is consistent with the previous studies stating that maternal depression predicts children's internalizing problems (Judd et al., 2002). Why maternal depression is more common in urban regions may be that the mother's perceived social supports were lower in urban regions and neighborhood stress factors were higher in urban regions in the present study.

4.2. Discussion of the Findings of the Second Aim of the Study

4.2.1. The Associations Between Community-level Factors and Child and Adolescent Depression

As reviewed in the introduction section, there is no consistency in the literature on the comparison of children and adolescents' depression in urban and rural regions without considering poverty. While some studies found no difference (Breslau et al., 2014), some studies indicated that children and adolescents living in urban regions have higher rates of depression (Prabha et al., 2017), but other studies indicated that children and adolescents living in rural regions have higher depression rates (Zeng & Xu, 2024). Moreover, studies conducted in Türkiye indicated that children and adolescents living in rural regions are more prone to depression (Ayçiçeği Dınn & Caldwell-harrıs, 2016; Cetinkaya et al., 2008; Yilmazel & Gunay, 2012). Additionally, a study comparing depression in rural poverty and urban poverty found no difference (Amato & Zuo, 1992). Therefore, it was explored whether living in rural poverty or urban poverty predicts children and adolescents' depression in the present study.

According to the results, living in rural poverty predicted higher levels of depression in children and adolescents. This finding is parallel with the results of a study that did not compare poverty but found that university students growing up in rural regions reported more depressive symptoms than in urban regions (Ayçiçeği Dınn & Caldwell-harrıs, 2016). There may be some reasons for this result. Firstly, even if the child and adolescent depression comparison was made in urban and rural poverty in the present study, according to income and mother education levels, the poverty values of rural poverty were more severe than urban poverty. Therefore, as Ayçiçeği Dınn and Caldwell-harrıs (2016) stated in their study, living in more poverty conditions in rural regions may predict child and adolescent depression. For example, as found in the present study, mothers have a lower level of education in rural regions, thus they may not be able to provide adequate support to their children, and this may predict their children's depression (Fang & Cao, 2022). In addition, it was not examined as a research question in the present study, but in the large-scale project where the present data were taken, mothers in rural regions were found to have more traditional parenting approaches than in urban regions. In traditional parenting approaches, children and adolescents may feel under pressure or their emotional

needs may not be adequately met, which may be associated with the prediction of their depression in rural regions.

Moreover, it was hypothesized that neighborhood characteristics would predict children and adolescents' depression. Specifically, it was expected that high levels of neighborhood stress and living in an insufficient physical condition would be predictive of higher levels of child and adolescent depression. Unexpectedly, according to the results, both neighborhood stress and neighborhood physical resources did not predict depression in children and adolescents. This result did not support both the hypotheses of the present study and the findings of previous studies indicating that parents perceived physical stressors in the neighborhood and insufficient neighborhood amenities predict child and adolescents' mental health disorders (anxiety, depression, ADHD, and disruptive behavior) (Butler et al., 2012; Ford & Rechel, 2012).

These unexpected results regarding the main effects of neighborhood characteristics on child and adolescent depression may have different reasons. Firstly, neighborhood physical characteristics and stressors measured in the present study are not factors that may predict depression in children and adolescents. In other words, there may be different neighborhood characteristics that predict depression that were not examined in the present study. For example, unlike the physical resources examined in the present study, Butler et al. (2012) found that lack of physical resources was associated with higher levels of depression in their study where they investigated whether the presence or absence of neighborhood resources such as walking paths, recreation centers and libraries. Moreover, children and adolescents living in poverty conditions may get used to these neighborhood conditions and may not affected negatively by these conditions. Additionally, these neighborhood characteristics did not predict depression in children and adolescents in the present study but may predict other mental health disorders such as anxiety or conduct problems.

Moreover, it was hypothesized that poverty indicators of families would predict depression in children and adolescents. Specifically, it was expected that while higher levels of material hardship and food insecurity would be predictive of higher levels of child and adolescent depression, lower levels of mother education levels would be predictive of higher levels of child and adolescent depression. As hypothesized, lower levels of mother education predicted higher levels of depression in children and adolescents. This result is consistent with the findings of a previous study showing that mothers' low education level predicted depression in children and adolescents aged 9-15 years (Fang & Cao, 2022). As mentioned in Fang and Cao (2022) study, mothers with lower education levels may have more neglecting attitudes towards their children's education and mental health, may not be able to master positive parenting practices, and may not be able to create a safe environment for their children due to economic difficulties. Therefore, these results may be associated with child and adolescent depression.

On the other hand, the results revealed that food insecurity and material hardship did not predict the

children and adolescents' depression. Considering these results, both the hypotheses of the present study and the findings of previous studies indicating that food insecurity and material hardship are associated with children's depression were not supported (Arenas et al., 2019; Schenck-Fontaine & Ryan, 2022). These unexpected results regarding the main effects of food insecurity and material hardship on child and adolescent depression may have several reasons. Firstly, families experiencing food insecurity and material hardship may develop some strategies to deal with these conditions, and these strategies may have protective role on their children. For example, families living in these conditions may provide social support to their children, and this may have a protective effect on their children. The last reason may be that in the present study, food insecurity or material hardship was measured with detailed questionnaires but with fewer questions.

Lastly, it was hypothesized that the mother's perceived social support would negatively predict child and adolescent depression. Specifically, it was expected that higher levels of mother-perceived social support would be predictive of lower levels of child and adolescent depression. According to the results, as hypothesized, higher levels of mother-perceived social support predicted lower levels of depression. This result is parallel with the findings of previous studies indicating that lower levels of mother-perceived social support are predictors of children's internalizing problems (Herwig et al., 2004). Mothers perceived social support may have a protective role on children and adolescents' depression by reducing the parenting stress of mothers (Ghazarian & Buehler, 2010) or by reducing maternal depression (Schiff et al., 2021).

4.2.2. The Associations Between Familial Factors and Child and Adolescent Depression

It was hypothesized that interparental conflict and maternal depression would positively predict child and adolescent depression. Specifically, it was expected that higher levels of interparental conflict and maternal depression would predict higher levels of child and adolescent depression. Firstly, interparental conflict did not predict children and adolescents' depression. This result did not support both the hypothesis of the present study and the previous studies findings indicating that interparental conflict predicts child depression (Rhoades, 2008).

This unexpected result regarding the main effect of interparental conflict on child and adolescent depression may be due to the mother-reported measurement of interparental conflict. When looking at the literature, it was found that conflict between parents predicts children and adolescents' depression based on the children's perceptions of various aspects such as the frequency and intensity of conflict between their parents (Gonzales et al., 2000). However, the present study investigated whether the mother's perceived interparental conflict predicts children and adolescents' depression. Therefore, in-

vestigating how children perceive the conflict between their parents and how this predicts children's mental health may be investigated in future studies.

Moreover, results revealed a significant relationship between maternal depression and child and adolescent depression. As hypothesized, higher levels of maternal depression predicted high levels of depression in children and adolescents. This result is in line with the findings of previous studies stating that maternal depression predicted child depression (Goodman et al., 2011). Depressed mothers tend to be more insensitive or dismissive to their children's emotions and critical towards their children, so this neglecting parenting may be associated with depression in children and adolescents because it may prevent the children's and adolescents' emotion regulation (Silk et al., 2009). In addition, transmissions of genes may affect the prediction of maternal depression on their children's depression (Goodman & Gotlib, 1999). However, the present study looked at general context variables, so future studies may focus on these processes as well.

4.3. Discussion of the Findings of the Third Aim of the Study

4.3.1. Two-Way Interactions with Urban versus Rural Regions

The third aim of the present study was to examine whether the associations between contextual factors and child and adolescent depression differ in urban and rural regions. There are no studies in the literature on the moderating role of living in urban and rural regions below the hunger line in the relationship between contextual factors and child and adolescent depression. Therefore, the role of living in urban versus rural regions was examined exploratory without forming a specific hypothesis. Results indicated that there was one interaction term that interaction between urban/rural regions and maternal depression predicting child and adolescent depression. That is, higher levels of maternal depression were associated with higher levels of child and adolescent depression both in urban and rural regions. However, this relationship was stronger in rural regions. Therefore, at this point, it was thought that some situations different from the mothers' depression in rural or urban regions may affect this relationship to be stronger in rural regions. Firstly. it was not examined as a research question in the present study, but in this data, children and adolescents in urban regions are more likely to participate in extracurricular activities such as arts and sports compared to rural regions. For this reason, participation in these activities in urban regions may have a protective role in terms of depression, as stated in the literature (Li et al., 2019). Moreover, there may be also different support mechanisms for children and adolescents in urban regions. For example, as far as observed, schools in urban were more crowded than in rural, so children and adolescents in urban regions may have more friends at school and receive more support from their peers. Therefore, future studies can investigate possible relational differences between urban and rural regions for children and adolescents.

4.4. Strengths and Contributions of the Study

The first strength of the present study is being a part of a nationwide study that equally representing 12 statistical regions of Türkiye, and within the scope of the present study, a sample of families living in poverty, especially those below the hunger line, was studied. From this perspective, the present study will make unique contributions to the literature in terms of conducting with such a large sample below the hunger line as part of a large sample project carried out nationwide in Türkiye. Furthermore, when parental education data of the present study is compared with the TUIK's data, it is seen that the present study was conducted with a representative sample of poverty in Türkiye, so the findings have high generalizability power (see Appendix B). Moreover, in the literature, there are studies examining whether poverty is associated with child and adolescent depression (Comeau & Boyle, 2018; Yilmaz et al., 2021)). However, the roles of urban and rural poverty may be different, and few studies are comparing urban and rural poverty in terms of depression (Amato & Zuo, 1992). In Türkiye, to our knowledge, there is no study comparing child and adolescent depression in urban and rural poverty, especially below the hunger line. From this perspective, the present study made significant contributions to the Turkish literature. In addition, the moderator role of urban-rural poverty on the association between contextual factors and child and adolescent depression has been tested in the present study. To our knowledge, this is the first study that tested urban-rural poverty as a moderator in predicting child and adolescent depression.

4.5. Limitations of the Study

Besides the strengths and contributions, the present study should be evaluated considering several limitations. First, the present study examined the associations between variables cross-sectionally, which remains limited to making interpretations about the direction of the relationship between contextual factors and child and adolescent depression. However, large sample project actually had a follow-up, but due to the earthquake that occurred on February 6, 2023, there was a significant decrease in the sample at time 2 and the representation of Türkiye was lost. For this reason, the present study was conducted cross-sectionally in order to present a generalizable findings for Türkiye. Secondly, mothers reported their children's depression, but mothers may not report their children's depression accurately for various reasons. First, mothers may fill out the questions incorrectly about whether their children have depressive symptoms in order not to look bad, even if their children showed depressive symptoms due to social desirability bias. Moreover, because depression is an internalizing problem and inward-directed, mothers may not be able to recognize their children's depressive symptoms. In addition, since all the mothers included in the present study were below the hunger line, their priorities may be economic concerns and they may not be able to notice or observe their children's psychological states,

therefore their reporting of their children's depression may have been biased. Therefore, self-reporting may help to determine depression symptoms accurately. Finally, school location was used instead of home location in determining urban-rural regions in the present study. In this case, there may be some students who live in rural regions and go to school in urban regions. Therefore, the information that some children live in rural or urban regions may vary. It is necessary to pay attention to this situation in future studies.

4.6. Implications and Future Suggestions

Despite some limitations of the present study, based on the results, it has implications for social policy and intervention programs as well as suggestions for future research. Firstly, the findings revealed that lower mother education predicted child depression in poverty conditions and mother education level was lower in rural regions. In this regard, social policy makers should consider the findings of the present study to increase mother education levels in poverty, especially in the rural regions. Moreover, higher maternal depression predicted higher levels of children and adolescents' depression in poverty, and this relationship is stronger in rural regions. In addition, it is seen that as the mother perceived social support increases, children and adolescents' depression decreases. When these two results are considered, mothers struggling with poverty may be more vulnerable to depression or other problems, and this may be associated with the well-being of their children, but they can also improve when they perceive support. At this point, these findings are important to suggest implications because intervention programs can be developed to increase the resilience of mothers and indirectly improve the mental health of children by providing support mechanisms to mothers. In addition, findings of the present study show important roles of mothers, but future studies should also investigate fathers' role, such as parenting approaches or marital satisfaction, on children's depression or other developments. Moreover, psychosocial intervention programs can be developed for parents to help parents recognize depression or other psychological developments of their children below the hunger line, and to strengthen their children's well-being accordingly. Lastly, the findings of the present study can be used as a source for future research because it contains information about what differs between urban and rural poverty and what may be the predictors of depression in children and adolescents below the hunger line in Türkiye.

4.7. Conclusion

The present study investigated the predictors of children and adolescents' depression in urban and rural regions below the hunger line in Türkiye. The results of the comparisons of urban and rural regions in terms of contextual factors; income-need ratio, mother education, material hardship, neighborhood

characteristics (neighborhood physical resources and neighborhood stress) and maternal depression were higher in urban regions, while mother-perceived social support was higher in rural regions. In addition, when the predictors of depression in children and adolescents were examined, it was concluded that living in rural regions, lower levels of mother education and mother-perceived social support, and higher levels of maternal depression were associated with higher levels of depression in children and adolescents. Finally, when the moderating effect of living in urban or rural regions was examined, the interactions of urban-rural poverty and maternal depression predicted child and adolescent depression. In conclusion, the present study explored the predictors of children and adolescents' depression in urban and rural poverty and described the differences between urban and rural regions in a Turkish sample below the hunger line.

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APPENDICES

A. APPROVAL OF THE METU HUMAN SUBJECTS ETHICS COMMITTEE

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER

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02 OCAK 2018

Konu: Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi: İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Prof.Dr. Sibel KAZAK BERUMENT ve Yrd.Doç.Dr. Başak ŞAHİN ACAR;

"Ebeveynlik Tutumlarının ve Ebeveyn-Çocuk İletişim Özelliklerinin Çocuk ve Ergen Gelişimine Etkisi" başlıklı araştırmanız İnsan Araştırmaları Etik Kurulu tarafından uygun görülerek gerekli onay **2017-SOS-213** protokol numarası ile **01.09.2018-01.10.2021** tarihleri arasında geçerli olmak üzere verilmiştir.

Bilgilerinize saygılarımla sunarım.

Prof. Dr. Ş. Halil TURAN
Başkan V

Prof. Dr. Ayhan SOL
Üye

Prof. Dr. Ayhan Gürbüz DEMİR
Üye

Doç. Dr. Yaşar KONDAKÇI
Üye

Doç. Dr. Zana ÇITAK
Üye

Yrd. Doç. Dr. Pınar KAYGAN
Üye

Yrd. Doç. Dr. Emre SELÇUK
Üye

B. MOTHERS' AND FATHERS' EDUCATION LEVEL STATISTICS

For Mothers:

- According to TUIK, the average education level of women aged 25 and over is 8,5 years in 2022 (www.tuik.gov.tr).
- The average mother's years of education in the entire sample of the project is 9,22.
- In the project sample, the average years of maternal education of the sample below the poverty line is 8,42.
- The average years of maternal education in the sample below the hunger line included in the present study is 6,89.

For Fathers:

- According to TUIK, the average education period of men aged 25 and over is 10 years in 2022 (www.tuik.gov.tr).
- The average father's years of education in the entire sample of the project is 10,06.
- In the project sample, the average years of father education of the poor sample is 9,36.
- The average years of father education in the sample below the hunger line included in the present study is 8,19.

C. TURKISH SUMMARY / TÜRKÇE ÖZET

1. GİRİŞ

1.1. Çocuk ve Ergen Depresyonu

İç yönelim problemlerinden biri olan depresyon işlevsellik düzeyinde bozulmayı, duygudurumunun azalmasını, ilgisizliği ve enerji azalmasını ifade eder (Cieza vd., 2004). Ayrıca depresyon çocuk ve ergenlerde bazı bilişsel, duygusal, sosyal, davranışsal ya da akademik sorunlara yol açmaktadır (Forbes ve Dahl, 2005; Lau ve Eley, 2010; Witvliet vd., 2010; Thapar vd., 2012). Depresyonun çocuk ve ergenler üzerindeki etkileri göz önüne alındığında, depresyonla etkili bir şekilde mücadele edebilmek için depresyonla ilişkili olası faktörlerin anlaşılması önemlidir.

Bronfenbrenner'ın Ekolojik Sistemler Teorisi (1979) çocuğun gelişimine katkıda bulunan, birbiriyle ilişkili çeşitli çevresel katmanları belirtir bu yüzden de çocuklarda depresyonla ilişkili yakın çevresel faktörlerin anlaşılması önemlidir. Çocukların gelişimsel çıktıları ile ilişkili çeşitli toplum ve aile düzeyinde bağlamsal faktörler vurgulanmaktadır (Pachter vd., 2006). Toplum düzeyinde: mahalle özellikleri (Ford ve Rechel, 2012), yoksulluk (Yoshikawa vd., 2012), SES (Yılmaz vd., 2021), sosyal destek (Owen vd., 2008), akran etkileri (Spilt vd., 2014) ve okul (Eamon, 2002) gibi çocuk ve ergenlerin depresyonu ile ilişkili bağlamsal faktörler vardır. Ayrıca, çocuk ve ergenlerin depresyonuyla ilişkili ailevi faktörler arasında da mental sağlık (ör., ebeveyn depresyonu) (Weissman vd., 2006), ebeveynlik inançları ve uygulamaları (Smokowski vd., 2014) ve ebeveynler arası çatışma (Obradović vd., 2011) gibi bağlamsal faktörler yer almaktadır.

Ekolojik Sistemler Teorisi'ne dayanarak, mevcut çalışma kentsel kırsal yoksulluğun karşılaştırmasını, yoksulluk göstergelerini (gelir-ihtiyaç oranı, anne eğitimi, maddi zorluk ve gıda güvensizliği), mahalle özellikleri (fiziksel kaynaklar ve stres), anneler tarafından algılanan sosyal destek, ebeveynler arası çatışma ve anne depresyonu gibi bağlamsal faktörlerin rolünü kırsal ve kentsel yoksulluk bağlamında araştırmayı amaçlamıştır.

Mevcut çalışma yoksulluk bağlamında ele alındığı için öncelikle yoksulluk değerlendirip ardından kırsal ve kentsel bölgelerinin farklılıkları ele alınmıştır. Devamında da bağlamsal faktörler, çevresel faktörlerden ailesel faktörlere doğru ele alınmıştır.

1.2. Yoksulluğun Tanımı

Yoksulluğun tanımı farklı bakış açılarına ve yaklaşımlara göre farklılık gösterebilmektedir (Engle ve Black, 2008). Yoksulluğun, temel ihtiyaçları karşılamak için gereken asgari gelirin altında olmak veya bunun algılanması, topluma göre ortalamanın altında gelire sahip olmak (Wagle, 2002; Hagenaars & de Vos, 1988), sağlık ve eğitim gibi hizmetlere yeterince erişememek veya toplumdan izole olmak gibi farklı tanımları bulunmaktadır (Wagle, 2002). Bu yüzden, yoksulluk çok boyutlu bir olgu olduğu için yoksulluğu değerlendirirken sadece geliri göz önünde bulundurmak doğru olmaz (Alkire ve Foster, 2011).

Devletler yoksulluk sınırı açıklarlar ve TÜİK de bunu Türkiye için ay ay açıklıyor (www.tuik.gov.tr). Gelir ihtiyaç oranı, açıklanan bu yoksulluk sınırına göre hesaplanmaktadır (Gennetian vd., 2010). Bunun yanı sıra açlık sınırı da açıklanmaktadır. Açlık sınırı yoksulluğun şiddetli bir durumu (Barrett, 2010) olduğu için bu çalışmada gelir-ihtiyaç oranı TÜİK'in açıkladığı açlık sınırına göre hesaplanmıştır. Sonuç olarak bu çalışmada açlık sınırı ile hesaplanan gelir-ihtiyaç oranı yoksulluk göstergelerinden biri olarak ele alınmıştır. Gelirin yanı sıra anne eğitimi (Brown ve Park, 2002), maddi zorluklar (Beverly, 2001) ve gıda güvensizliği (Gundersen ve Ziliak, 2015) de ele alınan diğer yoksulluk göstergeleridir ve bu yoksulluk göstergeleri depresyon ile ilişkilidir (Park vd., 2013; Schenck-Fontaine ve Ryan, 2022; Arenas vd., 2019). Bu yüzden de bu çalışmada anne eğitimi, maddi zorluklar ve gıda güvensizliği çocuk depresyonunun yordayıcısı olarak ele alınmıştır.

1.2.1. Yoksulluk ve Risk Faktörleri

Yoksulluğun çocuk ve ergenler üzerindeki olumsuz gelişimsel sonuçlarını etkileyen farklı risk faktörleri vardır. Yoksul koşullarda yaşayan bireyler güvensizlik, hava ve su kirliliği gibi mahalle stresi ve sınırlı kaynaklar gibi çevresel sorunlar ile karşı karşıyadır (Evans, 2004). Dahası yoksullukta yaşayan bireylerin sosyal bağlantıları azdır bu yüzden de sosyal destekleri sınırlıdır (Eamon, 2001). Bu sorunlar çocuklarda depresyon ile ilişkilidir (Evans vd., 2005; Supplee vd., 2007). Dahası, yoksul ailelerde stres ve çatışma görülmekle birlikte bu stres ebeveynlerin ebeveynlik uygulamalarını kötü etkilemekte ve bu sorunlar çocuklarda içe yönelim problemleri ile ilişkilendirilmektedir (Conger vd., 2002). Ayrıca yoksulluğun yarattığı stres anneleri depresif ve umutsuz hale getirdiği için bu durum ebeveynlik kaliteleri ve yeteneklerini olumsuz etkilemektedir (Russel vd., 2008). Yani yoksulluk annelerde depresyon ile ilişkili olup (Pike vd., 2006) bu durum çocuklar için zararlıdır (Petterson ve Albers, 2001). Dahası, yoksulluktan kaynaklı olarak ebeveynler arası çatışma yaşanabilmektedir ve bu durum da çocukları olumsuz etkilemektedir (Stock vd., 2017).

1.3. Kentsel ve Kırsal Bölgeler

Kentsel ve kırsal bölgeler ekonomik faaliyetler ve nüfus yoğunluğu açısından farklılaşmaktadır (Alemdar vd., 2012). Kentsel bölgeler gıda güvensizliği açısından kırsal bölgelere göre daha dezavantajlıdır (Szabo, 2016). Ancak kırsal bölgeler de eğitim düzeyi (Champion ve Hugo, 2017) ve gelir düzeyi (Lampard vd., 2000) açısından daha dezavantajlıdır. Çevresel faktörler açısından bakıldığında, kırsal bölgeler hizmet ve kaynak eksikliği gibi fiziksel kaynaklar açısından sorunludur (Judd vd., 2006) ancak kentsel bölgelerde de kötü çevre koşulları ve pahalılık gibi mahalle stresleri yaygındır (Alemdar vd., 2002). Bunun yanı sıra, kırsal bölgeler sosyal ağlar konusunda daha avantajlıdır (Korte, 1980; Okur, 2020).

Bunlara ek olarak, Aly Sayied vd. (2019) kırsal bölgelerdeki çocukların ebeveynleri arasındaki çatışmayı kentsel bölgelere göre daha yüksek algıladıklarını belirtmiştir. Ancak kentsel bölgelerde daha yüksek suç oranları, psikolojik bozukluklar, boşanma ve diğer sosyal sorunlar daha yaygındır (Amato ve Zuo, 1992). Ayrıca kentsel bölgelerde toplumsal ilişkilerinin azalması ve sosyal izolasyonun artması nedeniyle yetişkinlerde depresif belirtilerin görülme oranı kentsel bölgelerde daha yüksektir (Wirth, 1938; Dohrenwend ve Dohrenwend 1974; Mueller, 1981).

Ayrıca araştırmalar, çocuk sonuçları açısından da kentsel kırsal bölgelerin farklılaştığını ortaya koymaktadır. Ancak çalışmalar çocuk ve ergen depresyonunun karşılaştırılması açısından tutarlı değildir. Bazı çalışmalar çocuk ve ergen depresyonunun kentsel ve kırsal bölgelerde farklılık göstermediği belirtirken (Breslau vd., 2017), çalışmaların bir kısmına göre kentsel bölgelerde daha fazladır (Prabha, 2017) fakat bazı çalışmalara göre ise kırsal bölgelerde daha fazladır (Zeng ve Xu, 2024).

Türkiye'de yapılan çalışmalara göre kırsal kesimde yaşayan çocukların depresyona daha yatkın olduğu görülmektedir (Çetinkaya vd., 2008; Yilmazel vd., 2012). Örneğin, Ayçiçeği Dinn ve Caldwell-Harris (2016) Türkiye'deki üniversite öğrencileriyle yaptıkları araştırmada Van ve çevre kırsal kesimde büyüyen gençlerin, büyük bir şehir olan İstanbul'da büyüyen gençlere göre daha fazla depresif belirtiler bildirdiklerini belirtmişlerdir

Tüm bu çalışmalarda kentsel ve kırsal bölgeler arasındaki fark yoksulluk dikkate alınmadan incelenmiş olup, kentsel ve kırsal yoksullukta depresyon arasındaki farka ilişkin literatür incelendiğinde az sayıda çalışma vardır. Örneğin, Amato ve Zuo (1992) kentsel ve kırsal yoksullukta depresyon karşılaştırması yapmışlardır ve bir fark belirtmemişlerdir. Ayrıca Türkiye'de kentsel ve kırsal yoksullukta çocuk ve ergen depresyonunu araştıran bir çalışma bulunmamaktadır. Kırsal ve kentsel bölgelerin yaşam koşulları ve avantaj/dezavantajları açısından farklı olması nedeniyle kentsel ve kırsal yoksullukta çocuk depresyonunda farklılıklar olup olmadığının araştırılması ruh sağlığı hizmetlerinin planlanması ve depresyonun etiyolojisinin anlaşılması açısından önemlidir.

1.4. Mahalle Özellikleri

Mahalle fiziksel kaynakları ulaşım sistemleri, sokak düzenleri, dinlenme tesisleri, binalar, hastaneler ve mağazalar gibi unsurları ifade eder (Diez Roux ve Mair, 2010; (Cutrona vd., 2006). Ayrıca bu kaynaklara ek olarak, gürültü, kalabalık, sağlıksız ortamlar, çöp ve suç gibi unsurlar da mahalle stresini ifade eder (Kotchick vd., 2005, Ford ve Recher, 2012). Literatüre bakıldığında mahalle fiziksel kaynaklarının eksikliği ve mahalle stresi çocuk ve ergenlerin depresyonu ile ilişkilidir (Butler vd., 2012; Ford ve Recher, 2012). Bu yüzden, bu çalışma mahalle fiziksel kaynaklar ve mahalle stresi gibi mahalle özelliklerinin çocuk ve ergen depresyonu ile ilişkisini değerlendirmeyi amaçlamıştır.

1.5. Sosyal Destek

Sosyal destek, insanların sosyal çevreleriyle ilgili destekleyici davranışlara ilişkin algılarıdır ve insanların işleyişini geliştirir ve olumsuz sonuçlardan korur (Demaray ve Malecki, 2002). Bu yüzden de sosyal destek çocuk ve ergenler için bir koruyucu faktördür (Rueger vd., 2010) ve literatürdeki çalışmalar sosyal destek açısından eksik olan çocukların içe yönelim problemleri açısından daha fazla risk altında olduğunu belirtmektedir (Auerbach vd., 2011; Colarossi ve Eccles, 2003). Çocukların algıladığı sosyal desteğin yanı sıra, annelerin algıladığı sosyal destek de annenin depresyonu ve annenin reddi gibi anneye ait değişkenler ile çocukların davranış sorunları arasında önemli bir aracı rol oynamaktadır, dolayısıyla annelerin algıladığı sosyal destek çocukları dolaylı olarak etkilemektedir (Min vd., 2013; Schiff vd., 2021; Ghazarian ve Roche, 2010; Owen vd., 2008). Bu nedenle, bu çalışmada daha geniş bir sosyal bağlam olarak annelerin algıladığı sosyal destek ile çocuklarının depresyonu arasındaki ilişki incelenmiştir.

1.6. Ebeveynler Arası Çatışma

Ebeveynler arası çatışma, sıklığı, yoğunluğu, süresi, konusu, çözümü ve nasıl ifade edildiği konusundaki farklılıklar nedeniyle günlük anlaşmazlıklardan ayrılan ebeveynler arası anlaşmazlıkları ifade eder (Buehler vs., 1994). Ebeveynler arası çatışma türlerinin hepsi çocuklar üzerinde aynı etkiye sahip değildir (Warmuth vd., 2020). Yapıcı ebeveynler arası çatışmalar, ebeveynler arasındaki problemleri çözmeyi ve iş birliğini yansıtır ve daha düşük içe yönelim problemleri de dahil olmak üzere çocuklar için olumlu sonuçlarla ilişkilidir (Bergman vd., 2016; Davies vd., 2012). Ancak yıkıcı ebeveynler arası çatışmalar, ebeveynler arasında sözlü veya fiziksel saldırganlık gibi davranışlardır ve içe yönelim problemleri de dahil olmak üzere çocuklar için olumsuz sonuçlarla ilişkilidir (Cummings ve Davies, 2010). Bu çalışmada ebeveynler arasındaki çatışmaların yıkıcı yönüne odaklanılmıştır. Bu nedenle ebeveynler arasındaki yıkıcı çatışmalar ile çocuk ve ergen depresyonu arasındaki ilişki incelenmiştir.

1.7. Anne Depresyonu

Anne depresyonu, baba depresyonuna kıyasla çocuklarda daha yüksek risk oluşturur (Connell ve Goodman, 2002) ve çocuk ve ergenlik döneminde içe yönelim sorunları da dahil olmak üzere çocuk gelişimi için bir risk faktörüdür (Ahun vd., 2018). Anne ve çocuk etkileşimleri, ebeveynlik uygulamaları ve aile içi dinamikler anne depresyonunun çocuklar üzerindeki olumsuz sonuçlarının temelini oluşturmaktadır (Goodman vd., 2011). Bu nedenle anne depresyonu ile çocuk ve ergen depresyonu arasındaki ilişkiler bu çalışmada incelenmiştir.

1.8. Mevcut Çalışma

Her istatistiksel bölgenin eşit şekilde temsil edildiği ülke çapında yapılan bir çalışmada ve özellikle açlık sınırının altında yaşayan çocuk ve ergen depresyonunu ve buna bağlı bağlamsal faktörleri inceleyen kapsamlı bir çalışma bulunmamaktadır. Bu açıdan mevcut çalışma literatüre eşsiz katkılar sağlayacaktır.

Bu doğrultuda, bu çalışmanın ilk amacı kentsel ve kırsal yoksulluğu ailelerin yoksulluk göstergeleri, mahalle özellikleri, annenin algıladığı sosyal destek, ebeveynler arası çatışma ve anne depresyonu açısından karşılaştırmaktır.

Literatüre dayanarak,

a) Gelir-ihtiyaç oranı, anne eğitim düzeyi, gıda güvensizliği, mahalledeki fiziksel kaynaklar, mahalle stresi ve anne depresyonunun kentsel bölgelerde daha yüksek olması beklenmektedir.

b) Annelerin algıladıkları sosyal desteğin kırsal bölgelerde daha yüksek olması beklenmektedir.

Literatürdeki bulgular tutarlı olmadığından,

c) Ebeveynler arası çatışma ve maddi sıkıntının kentsel ve kırsal bölgelerde farklılaşıp farklılaşmadığı araştırılmıştır.

Bu çalışmanın ikinci amacı ise kentsel veya kırsal bölgelerde yaşamak, mahalle özellikleri, ailelerin yoksulluk göstergeleri, annenin algıladığı sosyal destek, ebeveynler arası çatışma ve anne depresyonu gibi bağlamsal faktörlerle çocuk ve ergen depresyonu arasındaki ilişkiyi incelemektir.

Literatüre dayanarak,

a) Yüksek düzeyde mahalle stresi, düşük düzeyde fiziksel koşullar, maddi zorluk, gıda güvensizliği, ebeveynler arası çatışma ve anne depresyonunun çocuk ve ergenlerin depresyonunu

pozitif yönde yordaması beklenmektedir.

b) Anne eğitimi ve annelerin algıladığı sosyal desteğin çocuk ve ergenlerin depresyonunu negatif yönde yordaması beklenmektedir.

Literatürdeki bulgular tutarlı olmadığından,

c) Kentsel veya kırsal bölgelerde yaşamanın (yoksulluk koşulları altında) çocuk ve ergenlerde depresyonu yordayıp yordamadığı araştırılmıştır.

Bu çalışmanın son amacı, bağlamsal faktörler ile çocuk ve ergen depresyonu arasındaki ilişkinin kentsel ve kırsal yoksullukta farklılaşıp farklılaşmadığını incelemektir.

2. YÖNTEM

2.1. Katılımcılar

Bu çalışma, TÜBİTAK tarafından desteklenen "Ebeveynlik Tutumlarının ve Ebeveyn-Çocuk İletişim Özelliklerinin Çocuk ve Ergen Gelişimine Etkisi" adlı ülke çapında gerçekleştirilen projenin parçasıdır. Projenin örneklemi TÜİK tarafından belirlenmiştir ve 2022 yılında 5994 anne ve 6211 çocuktan veri toplanmıştır. Bu tez çalışması kapsamında açlık sınırının altında kalan ve 3. ve 11. sınıf arasında çocuğu olan 2441 anne (Ort_{ya}= 38.38, SS = 5.67) çalışmaya dahil edilmiştir. Bu annelerin %64,2'si (N = 1567) kentsel bölgede, %35,8'i (N = 874) ise kırsal bölgede yaşıyordu.

2.2. Ölçekler

2.2.1. Demografik Bilgi Formu

Çocukların cinsiyeti ve sınıfı, anne-babaların yaşı, eğitim seviyesi ve çalışma durumları, ailenin hangi şehirde yaşadığı ve aylık geliri sorulmuştur.

2.2.2. Çocuk Davranış Kontrol Listesi

Çocuk ve ergenlerin depresyonu, anneler tarafından doldurulan Çocuk Davranış Kontrol Listesinin depresyon/geri çekilme alt boyutuyla ölçülmüştür. Ölçeği Achenbach (1991) geliştirmiş, Achenbach ve Rescorla (2001) yenilemiş ve Dümenci vd. (2004) Türkçeye çevirmiştir. Depresyon alt boyutu 3'lü Likert tipinde 8 maddeden oluşmaktadır. Ölçeğinin iç tutarlılık puanı .76 olarak bulunmuştur.

2.2.3. Yoksulluk

2.2.3.1. Gelir-ihtiyaç Oranı

Türkiye'de her ay 4 kişilik bir aile için açlık sınırı yayınlanıyor. Bu çalışmadaki ailelerde kişi başına düşen açlık sınırını belirlemek amacıyla 2022 Ocak-Temmuz ayları için yayınlanan açlık sınırı dörde bölündü. Kişi başına düşen bu açlık sınırı daha sonra farklı büyüklükteki aileler için açlık sınırını hesaplamak amacıyla aile üyesi sayısıyla çarpıldı. Daha sonra ailenin verinin toplandığı aydaki aylık gelirinin belirli aile büyüklüğüne göre hesaplanan açlık sınırına bölünmesiyle gelir-ihtiyaç oranı hesaplandı. Düşük puanlar düşük geliri ve yüksek yoksulluğu gösterir.

2.2.3.2. Anne Eğitimi

Annelerin eğitim düzeyleri sırasıyla (1-okuma yazma bilmeyen, 2-okula gitmemiş ama okuma yazma bilen, 3-ilkokul mezunu, 4-ortaokul mezunu, 5-lise mezunu, 6-üniversite mezunu) kodlanmıştır ve ortalaması alınmıştır.

2.2.3.3. Maddi Zorluk

Annelerin algıladıkları maddi zorluğu ölçmek için Ekonomik Zorluklar Endeksi'nin (Ergül ve Güre, 2012; Güre vd., 2014) ekonomik güçlükler alt ölçeği kullanıldı. Ayrıca bu çalışma için "İhtiyaç duyduğumuz yiyecekleri almaya yetecek paramız yok." maddesi gıda güvensizliğini değerlendirmek amacıyla bu ölçekten çıkarıldı. Ölçeğinin güvenirlik puanı .84 olarak hesaplanmıştır.

2.2.3.4. Gıda Güvensizliği

Ekonomik Zorluklar Endeksi'nin (Ergül ve Güre, 2012; Güre vd., 2014) ekonomik kaygı alt ölçeğinden "Ailemizin yiyecek masraflarını karşılayamayacağımdan endişeleniyorum." ve ekonomik güçlükler alt ölçeğinden "İhtiyaç duyduğumuz yiyecekleri almaya yetecek paramız yok." maddelerinin bir araya getirilmesi ile incelenmiştir. Bu maddeler 5li Likert tipindedir.

2.3. Kentsel ve Kırsal Bölgeler

Kentsel-kırsal bölgelerin belirlenmesinde öncelikle TÜİK'in paylaştığı nüfus yoğunluğu dikkate alındı. Ayrıca anne ve baba meslekleri (örn., çiftçi), yaşanılan yerin şehir merkezine uzaklığı ve veri toplamaya giden araştırma görevlilerinin gözlemleri dikkate alınmıştır.

2.3.1. Mahalle Ekolojileri Anketi

Katılımcıların yaşadıkları mahallenin fiziksel kaynaklarını ölçmek amacıyla Mahalle Ekolojileri Anketi'nin mahalle fiziksel karakteristikleri alt boyutu kullanılmıştır. Ölçek, Türkiye'de Erken Çocukluk Gelişim Ekolojileri Araştırması (TEÇGE) araştırma ekibi tarafından geliştirilmiştir (Baydar vd., 2007). 9 maddeden oluşan ölçek 0 = Yok, 1 = Evet ama yetersiz veya 2 = Evet şeklinde bildirilmiştir ve iç tutarlılık puanı .84 olarak hesaplanmıştır.

Bu ölçek 5 maddeden oluşan Mahalle Stres Etkenleri Ölçeği eklenerek genişletilmiştir (Kotchick vd., 2005). Ölçek, Koç (2017) tarafından Türkçeye çevrilmiştir. 5 madde, 0 = Yok veya 1 = Var şeklinde bildirilmiştir. Ölçeğinin iç tutarlılığı .66 olarak hesaplanmıştır.

2.4. Çok Boyutlu Algılanan Sosyal Destek Ölçeği

Annelerin algıladığı sosyal desteği ölçmek için Çok Boyutlu Algılanan Sosyal Destek Ölçeği kullanılmıştır. Zimet vd. (1988) tarafından geliştirilmiştir ve Eker vd. (2001) tarafından Türkçeye çevrilmiş. Ölçek, aile, arkadaşlar ve eş olmak üzere 3 faktörden ve 5'li Likert tipinde 12 maddeden oluşmaktadır. Ölçeğin iç tutarlılığı .91 olarak hesaplanmıştır.

2.4.1. Evlilik Çatışmaları Ölçeği

Ebeveynler arası çatışma değerlerini Evlilik Çatışmaları Ölçeği ile ölçülmüştür. Braiker ve Kelly (1979) ile Frankel vd. (2015) tarafından geliştirilmiştir ve mevcut çalışma için Türkçeye çevrilmiştir. 3'lü Likert tipinde 4 maddeden oluşmaktadır. Ölçeğin iç tutarlılığı .69 olarak hesaplanmıştır.

2.4.2. Depresyon, Kaygı ve Stres Ölçeği (DASS)

Anne depresyonu Depresyon, Anksiyete ve Stres Ölçeği'nin (DASS) depresyon alt boyutuyla ölçülmüştür. Bu ölçek Lovibond ve Lovibond (1995) tarafından geliştirilmiş ve Yılmaz vd.(2017) tarafından Türkçeye uyarlanmıştır. 4'lü Likert tipinde 7 maddeden oluşmaktadır. Bu çalışmada ölçeğin iç tutarlılığı .84 olarak hesaplanmıştır.

2.5. İşlem

Öncelikle ODTÜ İnsan Araştırmaları Etik Kurulu'ndan etik izin ve Milli Eğitim Bakanlığı'ndan resmi izinler alınmıştır. Okulları TÜİK belirledikten sonra proje asistanları okul yönetimiyle iletişime geçerek

her sınıf düzeyinden rastgele bir sınıf seçtiler ve seçilen sınıflardan projeye katılmayı kabul eden annelere anketlerin bağlantıları online olarak gönderildi. Anneler anketleri doldurduktan sonra proje asistanları ve saha görevlileri çocukların okullarına giderek tabletler aracılığıyla çocuklardan da veri topladılar. Proje kapsamında hem annelerden hem de çocuklardan veri toplanmıştır ancak mevcut çalışması kapsamında sadece annelerden toplanan veriler kullanılmıştır.

3. BULGULAR

3.1. Bağımsız Örneklem T-Testi

Ailelerin yoksulluk göstergeleri, mahalle özellikleri, annenin algıladığı sosyal destek, ebeveynler arası çatışma ve anne depresyonunun kentsel ve kırsal yoksullukta karşılaştırmak için bağımsız örneklem t-testi yapıldı. Öncelikle, gelir-ihtiyaç oranı, anne eğitim düzeyi ve maddi sıkıntı kentsel bölgelerde kırsal bölgelere göre daha yüksektir ancak gıda güvensizliği kentsel ve kırsal bölgelerde farklılık göstermemektedir. Dahası, mahalle fiziksel kaynakları ve mahalle stresi kentsel bölgelerde kırsal bölgelere kıyasla yüksektir ancak annenin algıladığı sosyal destek kırsal bölgelerde yüksektir. Ayrıca, ebeveynler arası çatışma kentsel-kırsal bölgelerde farklılık göstermemektedir ve anne depresyonu kentsel bölgelerde daha yüksektir.

3.2. Hiyerarşik Regresyonlar

Çalışmanın ikinci ve üçüncü amaçları için beş aşamalı hiyerarşik regresyon analizleri yapıldı. Çocuk ve ergenlerin cinsiyeti ve sınıfını kontrol olarak ele alındığı ilk model anlamlıdır. Kentsel-kırsal bölgelerde yaşamak ve mahalle özelliklerinin eklendiği ikinci model açıklanan varyansa anlamlı katkı sağlamıştır. Üçüncü modelde ailenin yoksulluk göstergeleri (anne eğitimi, ekonomik sıkıntı ve gıda güvensizliği) eklenmiş ve açıklanan varyansa anlamlı katkıda bulunmuştur. Annenin algıladığı sosyal destek, ebeveynler arası çatışma ve anne depresyonunun eeklendiği dördüncü model de açıklanan varyansa anlamlı katkı sağlamıştır.

Son olarak, beşinci modele bağlamsal faktörler ile kentsel-kırsal bölgelerde yaşamanın etkileşimleri eklendiğinde çocuk ve ergen depresyonunun açıklanan varyansına anlamlı katkı sağlamıştır. Tüm değişkenlerin denklemde yer aldığı son aşamada kırsal bölgelerde yaşamak, anne eğitimi ve sosyal desteğinin düşük olması ve anne depresyonunun yüksek olması çocuk ve ergen depresyonunu anlamlı düzeyde yordamaktadır. Ayrıca kentsel-kırsal bölgelerde yaşamak ile anne depresyonu arasındaki çift yönlü etkileşimler de çocuk ve ergen depresyonunu anlamlı düzeyde yordamaktadır.

Hiyerarşik regresyon analizlerinin beşinci modelinde anlamlı çıkan iki yönlü etkileşim SPSS'deki Pro-

cess Macro modeli ile incelenmiştir (Hayes, 2018). Buna göre hem kentsel hem de kırsal yoksullukta anne depresyonu arttıkça çocuk ve ergen depresyonu da artmaktadır ancak bu ilişki kırsal bölgelerde daha güçlüdür.

4. TARTIŞMA

4.1. Araştırmanın Birinci Amacına İlişkin Bulguların Tartışılması

Sonuçlara göre gelir-ihtiyaç oranı, anne eğitim düzeyi ve maddi sıkıntı kentsel bölgelerde daha yüksek bulunmuştur. Gelir ihtiyaç oranı ve anne eğitiminin kentte daha yüksek çıkması bu çalışmanın hipoteziyle ve önceki çalışmaların bulgularıyla tutarlıdır (Lampard vd., 2000; Champion ve Hugo, 2017). Dahası, önceki çalışmada maddi sıkıntı kır ve kentte farklılaşmazken (Okur, 2020) bu çalışmada maddi sıkıntı kentte daha fazladır. Bu sonucun bu şekilde çıkmasının nedeni kırsal bölgelerdeki aileler gerekli maddi ihtiyaçlarını kırsal bölgelerdeki yerel marketlerden sağlayabiliyor olmasından kaynaklı olabilir. Bunların yanı sıra, gıda güvensizliğinin kentte daha fazla olması (Szabo, 2016) beklenirken herhangi bir fark bulunmamıştır. Çalışmaya katılan kentsel ve kırsal kesimdeki tüm katılımcılar açlık sınırının altında olduğu için gıda güvencesizliği açısından farklılık göstermemiş olabilir. Ayrıca Türkiye'de kentsel kesimde yaşayan aileler genellikle kırsal kesimde yaşayan akrabalarından gıda desteği alabilmektedir. Mevcut çalışmada kentsel kesimde yaşayan ailelerin kaçının bu durumda olduğu bilinmemektedir.

Çevresel faktörler ele alındığında, beklendiği gibi hem mahalle fiziksel kaynaklarının varlığı hem de mahalle stresi kentsel bölgelerde daha yüksek bulunmuştur. Bu sonuçlar kırsal bölgelerin mahalle fiziksel kaynakları açısından daha dezavantajlı olduğunu (Judd et vd., 2006) ama kentsel bölgelerin de mahalle stresi açısından daha dezavantajlı olduğunu (Alemdar vd., 2002) belirten çalışmalar ile aynı doğrultudadır. Bunların yanı sıra, annelerin algıladığı sosyal desteğin kırsal bölgelerde daha yüksek olması bekleniyordu ve beklendiği şekilde kırsal bölgelerde annelerin algıladığı sosyal destek daha fazla bulunmuştur. Bu sonuç kırsal bölgelerde komşuluk ilişkileri ve sosyal network daha fazla olduğu için sosyal desteğin de kırsalda daha fazla olduğunu belirten çalışmalarlar tutarlıdır (Korte, 1980; Okur, 2020).

Ailevi faktörler için ilk olarak, literatürde ebeveynler arası çatışmanın kırsalda mı yoksa kentte mi daha fazla olduğuyla ilgili bir netlik olmadığından (Amato ve Zuo, 1992; Aly Sayied vd., 2019) spesifik bir hipotez kurmadan kentsel ve kırsal bölgelerde ebeveynler arası çatışmanın farklılaşıp farklılaşmadığı bu çalışmada araştırılmıştır. Sonuç olarak, ebeveynler arası çatışmanın kırsal ve kentsel bölgelerde farklılaşmadığı bulunmuştur. Yoksulluk ebeveynler arası çatışmayı öngörmektedir (Stock vd., 2017) ve bu çalışmada da bütün katılımcıların açlık sınırının altında olması kentsel ve kırsal yoksullukta fark

olmamasının nedeni olabilir diye düşünüldü. İkinci olarak, beklendiği gibi anne depresyonun kentsel bölgelerde daha yüksek olduğunu bulunmuştur. Bu sonuç daha önce yapılan çalışmaların sonuçları ile tutarlıdır (Judd vd., 2002). Bu sonucun nedeni, bu çalışmada kentsel bölgelerde annelerin algıladığı sosyal desteğin daha düşük ama mahalle stresinin daha yüksek olması olabilir.

4.2. Çalışmanın İkinci Amacının Bulgularının Tartışılması

4.2.1. Toplum Düzeyindeki Faktörler ile Çocuk ve Ergen Depresyonu Arasındaki İlişkiler

Çalışmanın sonuçlarına göre kırsal yoksullukta yaşamak çocuk ve ergen depresyonunu yordamaktadır. Bu sonucun bazı nedenleri olabilir. Öncelikle, çalışmadaki çocuk ve ergenler açlık sınırının altında yaşasalar bile kırsal bölgelerin yoksulluk değerleri kentsel bölgelere göre daha şiddetlidir. Ayrıca, bu çalışmada bir araştırma sorusu olarak incelenmemiştir ancak mevcut verilere göre kırsal bölgelerdeki annelerin daha geleneksel ebeveynlik yaklaşımlarına sahiptir. Geleneksel ebeveynlik yaklaşımlarında çocuklar kendilerini baskı altında hissedebilir veya duygusal ihtiyaçları yeterince karşılanamayabilir, bu da kırsal bölgelerdeki çocuk ve ergenlerin depresyonunun öngörülmesiyle ilişkili olabilir.

Beklenmedik şekilde, mahalle stresi hem de mahallenin fiziksel kaynakları çocuklarda ve ergenlerde depresyonu öngörmemiştir. Bu sonuç önceki çalışmaların sonuçları ile tutarlı değildir (Ford ve Recher 2012; Butler vd., 2012). Bu beklenmedik sonucun farklı nedenleri olabilir. İlk olarak, mevcut çalışmada ölçülen mahalle özellikleri çocuk ve ergenlerde depresyonu öngören faktörler olmayabilir. Örneğin, Butler vd.(2012), mevcut çalışmada incelenen fiziksel kaynakların farklı olarak, yürüyüş yolları, eğlence merkezleri ve kütüphaneler gibi kaynakların eksikliğinin daha yüksek depresyon düzeyleriyle ilişkili olduğunu bulmuşlardır. Ayrıca, yoksullukta yaşayan çocuklar olumsuz mahalle özelliklerine alışmış olabilir ve bu durumlardan etkilenmiyor olabilirler. Son olarak, mevcut çalışmada ele alınan mahalle özellikleri anksiyete veya davranış sorunları gibi diğer ruh sağlığı sorunları ile ilişkili olabilir.

Bunlara ek olarak, beklendiği gibi daha düşük anne eğitim seviyeleri çocuk ve ergenlerde daha yüksek depresyon düzeylerini öngörmüştür. Düşük eğitim düzeyinde olan anneler çocuklarının ruh sağlığına veya eğitimine karşı daha ihmalkar olabilirler, ebeveynlik uygulamalarına hakim olmayabilirler ve ekonomik zorluklar nedeniyle çocuklarına güvenli bir ortam hazırlayamayabilirler (Fang ve Cao, 2022), bu yüzden düşük anne eğitimi depresyonu yorduyor olabilir. Öte yandan, hipotez edilenin ve önceki çalışmaların aksine (Arenas vd., 2019; Schenck-Fontaine ve Ryan, 2022) gıda güvensizliği ve maddi sıkıntının çocuk ve ergen depresyonunu yordamamaktadır. Yoksullukta yaşayan aileler bu durumlarla baş etme stratejileri geliştirmiş olabilirler ve bu stratejiler çocuk depresyonunda koruyucu bir role sahip olabilir.

Ayrıca, beklendiği gibi annelerin algıladığı yüksek seviyede sosyal destek ile düşük seviyede çocuk ve ergen depresyonu ilişkilendirilmiştir. Sosyal destek annenlerin ebeveynlik stresini azaltarak (Ghazarian ve Roche, 2010) veya annelerde depresyonu azaltarak (Schiff vd., 2021) çocuklarının depresyonunda koruyucu bir role sahip olabilir.

4.2.2. Ailevi Faktörler ile Çocuk ve Ergen Depresyonu Arasındaki İlişkiler

Öncelikle, beklenmedik şekilde, mevcut çalışmanın sonuçlarına göre, ebeveynler arası çatışma çocuk ve ergenlerde depresyonu öngörmemiştir. Bu sonuç literatür ile tutarlı değildir (Rhoades, 2008). Bu sonucun nedeni ebeveynler arası çatışmanın anneler tarafından bildirilmiş olmasından kaynaklanmış olabilir. Literatür incelendiğinde, ebeveynler arası çatışmanın, çocukların ebeveynleri arasındaki çatışmaya ilişkin algılarına dayanarak çocuklarda depresyonu öngördüğü bulunmuştur (Gonzales vd., 2000). İlerideki çalışmalar bu durumu göz önünde bulundurmalıdır.

Öte yandan, beklendiği gibi anne depresyonu çocuk ve ergen depresyonu öngörmüştür. Bu sonuç önceki çalışmalar ile tutarlıdır (Goodman vd., 2011). Depresif anneler çocuklarının duygularına karşı daha duyarsız veya ilgisiz olma eğilimindedir ve çocuklarına karşı eleştireldir, bu nedenle bu ihmalkar ebeveynlikler çocuk ve ergenlerde depresyonla ilişkili olabilir çünkü bu durum çocuk ve ergenlerin duygu düzenleme becerilerini engelleyebilir (Silk vd., 2009). Ek olarak, gen aktarımları anne depresyonunun çocuklarının depresyonu üzerindeki tahmininde etkili olabilir (Goodman ve Gotlib, 1999). Gelecekteki çalışmalar bu süreçlere de odaklanabilir.

4.3. Çalışmanın Üçüncü Amacının Bulgularının Tartışılması

4.3.1. Kentsel ve Kırsal Bölgelerle İki Yönlü Etkileşimler

Yüksek düzeyde anne depresyonu hem kentsel hem de kırsal bölgelerde daha yüksek çocuk ve ergen depresyonuyla ilişkilendirilmiştir ancak bu ilişki kırsal bölgelerde daha güçlüdür. Bu noktada kırsal veya kentsel bölgelerdeki annelerin depresyonundan farklı bazı durumların bu ilişkinin kırsal bölgelerde daha güçlü olmasına neden olabileceği düşünülmüştür. Mevcut çalışmada araştırma sorusu olarak incelenmemiştir ancak bu verilere göre kentsel bölgelerdeki çocuk ve ergenlerin ders dışı etkinliklere katılma olasılıkları daha yüksektir. Literatürde belirtildiği gibi çocuk ve ergenlerin kentsel bölgelerdeki etkinliklere katılımı depresyon açısından koruyucu bir role sahip olabilir (Li vd., 2019). Ayrıca kentsel alanlardaki çocuk ve ergenler için farklı destek mekanizmaları da olabilir.

4.4. Çalışmanın Güçlü Yönleri ve Alanyazına Katkıları

Öncelikle, Türkiye'nin 12 istatistiki bölgesini eşit şekilde temsil eden ülke çapında bir çalışmanın parçası olması ve mevcut çalışma kapsamında, yoksulluk içinde yaşayan ailelerin, özellikle açlık sınırının altında olanların bir örnekleminin çalışılmış olmasıdır. Ayrıca, mevcut çalışmanın ebeveyn eğitimi verileri TÜİK verileriyle karşılaştırıldığında, mevcut çalışmanın Türkiye'deki yoksulluğun temsili bir örneğiyle yürütüldüğü görülmektedir (bkz. Ek B). Türkiye'de, bildiğimiz kadarıyla, kentsel ve kırsal yoksullukta, özellikle de açlık sınırının altında, çocuk ve ergen depresyonunu karşılaştıran bir çalışma bulunmamaktadır. Ek olarak, kentsel-kırsal yoksulluğun bağlamsal faktörler ile çocuk ve ergen depresyonu arasındaki ilişki üzerindeki düzenleyici rolü bu çalışmada test edilmiştir. Bilgilerimize göre, bu çalışma kentsel-kırsal yoksulluğu çocuk ve ergen depresyonunu öngörülmesinde düzenleyici olarak test eden ilk çalışmadır.

4.5. Çalışmanın Sınırlılıkları

Mevcut çalışma çeşitli sınırlılıklar da göz önünde bulundurularak değerlendirilmelidir. İlk olarak, mevcut çalışmada değişkenler arasındaki ilişkileri kesitsel olarak incelenmiştir. İkinci olarak, çocuklarının depresyonunu anneler raporlamıştır ancak anneler çeşitli nedenlerle çocuklarının depresyonunu doğru bir şekilde bildirmemiş olabilirler. Son olarak, bu çalışmada kentsel-kırsal bölgeleri belirlemede ev konumu yerine okul konumu kullanılmıştır. Bu durumda, kırsal bölgelerde yaşayıp kentsel bölgelerde okula giden öğrenciler olabilir. Gelecekteki çalışmalarda bu duruma dikkat edilmelidir.

4.6. Gelecek Araştırmalar için Öneriler

Mevcut çalışmanın gelecekteki araştırmalar için bazı çıkarımları ve bu çıkarımlara dayalı bazı önerileri vardır. Öncelikle, yoksulluk koşullarında özellikle de kırsal bölgelerde anne eğitim seviyesini artırmak için çeşitli sosyal politika çalışmaları yapılabilir. Dahası, yoksul koşullarda yaşayan annelerin ruh sağlığı sorunları ile başa çıkmak için müdahale programları geliştirmek hem anneler hem de çocukları için son derece önemlidir. Bunlara ek olarak, kırsal bölgelerde çocuk ve ergenler için destekleyici programlar oluşturulabilir. Ayrıca, ebeveynlere yönelik psikososyal müdahale programları geliştirilerek çocuklarının depresyonunu veya diğer psikolojik gelişimlerini tanımalarına yardımcı olunabilir. Son olarak, mevcut araştırmanın bulguları Türkiye'de açlık sınırının altındaki kentsel ve kırsal bölgelerin farklılıklara ilişkin bilgiler içermesi nedeniyle gelecekteki araştırmalar için bir kaynak olarak kullanılabilir.

D. THESIS PERMISSION FORM / TEZ İZİN FORMU

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