Behaviour Problems and Social Support
Which Children Perceived from the Different Sources

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*A*bstract: This research is a descriptive research aimed to examine whether the social support perceived from the different sources is the significant predictor of behaviour problems in children. Participants of the research are composed of 360 students (174 females and 186 males) attending the 5th grades of elementary schools. In the study, Social Support Assessment Scale for Children and Adolescents, and Youth Self Report/YSR 11-18 were used. Data analysis of the study was carried out via descriptive statistics, Mann Whitney U Test and stepwise regression analysis. It was seen in this study that in children, the social support perceived from the family, peer and teachers significantly predicts the behaviour problems. While differentiation in accordance with gender is meaningful in the children's behaviour problems, it was observed that perceived social support from the different sources of children did not significantly show difference in terms of gender. Consequently, it will be useful for the families and teachers as well as the children in the elementary school period to be made to acquire awareness as regards behaviour problems. Also, the prevention and intervention programs intended for different developmental periods to be developed, for the social support sources to be activated and for healthy coping strategies with behaviour problems to be developed.

Keywords: behavior problems, childhood, externalizing problems, internalizing problems, social support sources,

1. Introduction

1.1 Introduce the Problem

Bronfenbrenner's ecological systems theory (Berk, 2005) ,which is based on the principle that organism is greatly affected by the environmental conditions in the course of the development process, discusses the multi-systems in which the child is present, environments, contexts and the interactions and links among them. The social environment mainly defined with the relationship of mother-infant in the early period of life, as the the child grow, gradually expands with family members, friends, peers and other adults' coming into the social network of the him/her. The social network growing with age (Bost *et al.*, 2004),) also undergoes a number of functional changes. For example, peer relations take the most important place in adolescence, while in middle childhood, the relations with the extended family gain by stages importance. Their being in close relationship with various support figures, thus there being multiple relations that play different and various roles in their lives is a situation which develops the children and adolescents. (Levitt, 2005). In childhood

and in early adolescence, the social network is established by parents, the relationship with them dominates this period, besides, this network is restructured (Helsen *et al.*, 2000).

1.2 Social Support

The concept of social support, as it affects health and well-being, has been the focus of interest since 1970s. Social support is defined as a set of perceived general or specific supportive behaviors that contribute to a person's physical and mental well-being generally and/or as a buffer for someone under stress (Malecki & Demaray, 2002); and perception of social support is mostly related to health outcomes, the positive buffering effect of social support (Holt & Espelage 2005). The belief that others will provide necessary resources may promote one's perceived ability to cope with demands, enhance positive emotional and physiological responses, thus changing the appraisal of the situation and lowering its perceived stress; alter maladaptive behavioral responses (Cohen, 2004).

Callaghan and Morrisey (1993) remark that social support affects the health in a different ways, and list these effects as follows; (a) designing thoughts, emotions and behavior in a way that will improve health; (b) helping the child or adolescent generate a meaning related to life; (c) facilitating the behavior that contributes to health.

1.3 The Sources of Social Support

Social support is defined as the perception of supportive behaviours from their social networks (family, teachers, classmates, friends, and school), that enhances functioning and/or may buffer them from adverse outcomes and consisting of multiple types, which may serve to improve a student's adjustment and outcomes (Malecki & Demaray 2002).

Parental support is the basic element of the emotional atmosphere in the fucntion of whole family system (Barber, 2008). Parental support consists a variety of related constructs including responsiveness, warmth, acceptance, support, and nurturance. Regarding the relationship between parenting and children and adolescent behavior problems, it is indicated that there are two key dimensions of parenting relevant; one is support such as involvement, attachment, warmth; the other is control such as monitoring, supervision, discipline (Reitz *et al.*, 2006); conversely low levels of family social support, lack of adult supervision, low parental monitoring, and low positive parental involvement are the risk factors that predict greater levels of conduct problems and delinquency in youth (Loeber & Farrington, 2001). Supportive parents relationships have been linked to such adjustment correlates and outcomes as interpersonal competence and self-worth (Rubin *et al.*, 2006). Social support to sustain prosocial commitment, parental interest in and support of school activities are considered as protective factors (Jessor, 1991). Parent psychopathology (high levels psychotic and neurotic symptoms with mothers and fathers) and lower family functions (roles, communication, necessary become concerned and behavior control) are vital risk factors (Savi, 2008).

With increasing age, children's social worlds expand beyond the family context to include peer relationships. In particular, peer relationships and friendships become increasingly salient and play a significant role in adaptive development during middle and late childhood (Rubin *et al.*, 2006). During middle childhood and preadolescence, parent-child relationships remain as the primary source of support, but provisions for closeness and interdependence begin to shift from parents to friends (Laursen *et al.*, 2006). Thus, peer relations become an important resource for social support. Peer group is expected to have influence on children's emotional competence because of their similarity through the same socio-cognitive and moral level, same transitions and concomitant needs and problems, share same role in the eyes of teachers and create peer cultures with their norms and values (Denham, 2007). Peer acceptance (Kupersmidt *et al.*, 1990) and having friends

with positive behavior (Padilla-Walker & Bean, 2009) has been found to facilitate a more positive development for children.

Teachers are important resources for the child to get aware of himself/herself, to gather gender role identity and to develop competencies especially in preschool and early school years because they are the other caregivers and models for the child supplementing his/her mother or father. However the protective and developmentally supportive power of close and trusting teacher/ child relations seems much less documented (O'Connor & McCartney, 2006), externalizing and internalizing problem behaviors examined much and behavior problems have been associated with conflictual, overly dependent and non-close relationships with teachers, concurrently and prospectively (Henricsson & Rydell, 2004). Evidence indicates that the effect of teacher support on school satisfaction was found to be consistent with self-determination theory, emphasizes that support the needs of relatedness, competence and autonomy are associated with psychological well-being (Danielsen *et al.*, 2009).

1.4 Behavior Problems

There are wide range of behavior problems of adolescents from depressed affect and aggression to withdrawn behavior and delinquency (Williams *et al.*, 2009). A majority of problem behavior researchers agree on a classification of behavior problems that distinguishes between internalizing and externalizing manifestations of dysfunction (Achenbach, 1990; Garnefski *et al.*, 2005). Internalizing behavior problems are signified by intropunitive emotions and moods like sorrow, guilt, and worries, and by loneliness and somatic complaints (Zahn-Waxler *et al.*, 2000) withdrawal (Williams *et al.*, 2009; Guttmannova, 2007) are defined as an over control of emotions including demand for attention, feelings of worthlessness or inferiority, and dependency (Guttmannova, 2007); being shyness (Williams *et al.*, 2009). Externalizing behavior problems are characterized by behaviours that are harmful to others or disruptive, such as impulsivity, hostile defiance, destructive behaviour, temper tantrums, and over-activity (Achenbach, 1990). Generally, these factors are described under the headings as aggression and delinquency (Patterson, 2002). Moreover, internalizing and externalizing problems generally tend to exhibit relatively strong concurrent associations. Both types of dysfunction have behavioral and affective components, as well as characteristic cognitive features. Investigation of comorbid conditions and also their links to externalizing problems will be central to advances in understanding the origins and development of different types of internalizing problems (Zahn-Waxler *et al.*, 2000).

1.5 Social Support and Behavior Problems

The problem-behavior theory described by Jessor (1991) organizes the main constructs from the theory into protective factors and risk factors. The theoretical role of protective factors is to decrease the likelihood of engaging in problem behavior; by contrast, risk factors is to increase the likelihood of engaging in problem behavior. The protection/risk conceptual framework encompasses a range of variables by including both measures of individual differences such as attitudes, values, and beliefs and measures of multiple social contexts that are salient in adolescent life such as family, peers, school and neighborhood (Jessor, 1991). In problem-behavior theory, Jessor (1991) identified the perceived-environment system, including the roles of social controls, social models, and social support. Parental support is more remote in the causal chain, and therefore requires theoretical linkage to behavior. He argues that problem behavior proneness in the perceived environment system includes low parental disapproval of problem behavior, high peer approval of problem behavior, high peer models for problem behavior, low parental controls and support, low peer controls, low compatibility between parent and peer expectations, and low parent influence.

Numerous reviews have indicated that perceived social support positively impacts mental health (Cohen *et al.*, 2000), morale, and coping, higher levels of mental health and adopted a more positive

coping style (Hui-ming, 2003); Conversely, low levels of social support have been linked to poor physical and mental health outcomes (Cohen *et al.*, 2000). Perceived social support (levels of family and peer support) has been found to be negatively related to problem behaviors (Demaray *et al.*, 2005); internalizing behaviors, such as anxiety and depression (Rockhill *et al.*, 2008); withdrawn behavior, hopelessness, emotional problems; externalizing behaviors, such as drug or alcohol use and delinquent behavior (Demaray *et al.*, 2005), and conduct problems (Rockhill *et al*, 2008); lower academic performance, lower global functioning (Rockhill *et al*, 2008); lower mental health levels and more negative coping styles (Hui-ming, 2003). Insufficient social support, substance abuse and crime-oriented behavior are an important predictor of anxiety and negative affect (Holt & Espelage, 2005).

1.6 Explore Importance of the Problem

It has been pointed out in the recently-carried out studies that there is an increase in the behaviour problems the children and adolescents experience (Yıldırım, 2006), percentage of the students exhibiting mental dissonance at the elementary level changes between 25% -47% (Doğan *et al.*, 2008), number of the children between 7-11, who commit crime, increases and the crimes they committed have changed towards more serious ones (Rutter *et al.*, 2006). Furthermore, it is stressed that there are the relationships between childhood behaviour problems and maladjustment in later life (Guttmannova *et al.*, 2008), and that behaviour problems inhibit the children from the acquisition of developmental tasks, from presenting the expected social roles, from feelings of competence and success and from a successful transition to late period (Jessor, 1991). Many societies consider behaviour problems in children lead them to reach limited educational opportunities, also associated with academic failure and school dropout. Moreover, these problems may result in new ones the other development period and an increase in the development of serious problems (Webster-Stratton & Taylor, 2001). Developmental Psychopathology is centrally concerned with the examining human development and adaptation through basic studies and through empirically grounded interventions designed to promote positive development and prevent behavioral and emotional problems (Masten, 2007).

Barrera *et al*. (2004) state that social support serves as a protective agent decreasing the possibility of the emergence of maladaptive behavior; Jackson & Warren (2000) point out that the individuals whose level of social support is high easily adapt to stress; Lara, et al., (1998) remark that those individuals can cope with the psychological problems in a shorter time. Barrera *et al.* (2004) also state that the symptoms of anxiety and depression and behavioral problems which the children and adolescents whose level of social support are high exhibit in view of the sytressful life events are less. According to Buffer Theory, which is one of the main theories to govern the researches in the field of social support, social support functions as a buffer which protects people from the sources of stress in life. The individuals who have strong social support systems can well cope with the stressful life events than those having weak social support systems (Callaghan & Morrisey, 1993).

The elementary education age is also a significant period in terms of the development of their social skills along with the rapid changes in social, mental, emotional and academic field and their acquiring positive sense of self. In order for children to make best use of educational activities in this period, for them to be able to improve themselves in all respects and for them to fulfil the basic developmental tasks of this period in a successful way, suitable school environment and the supports of family, friends and teacher are of great importance

The purpose of this study is to examine the relationship between the social support perceived from the different sources in the children attending elementary school 5th grade and the behaviour problems. Besides, within the scope of the study, the social support perceived from the family, friends and teacher and behaviour problems are compared in terms of sex.

2.Materials and Methods

In this study, survey method is used in order to determine the existence and/or the degree of covariance between two or more variables.

2.1 Participants Characteristics

Participants consist of randomly-chosen 360 students who are 5. grade of primary school, in 2012 (about 11 years). The number of girls was determined to be 174 (48.3%) and that of boys to be 181 (51,7%). They were selected by randomized sampling procedure from different primary schools in Izmir in Turkey.

2.2 Procedures

Data were collected through a self-report questionnaire administered to students in classrooms by the researcher. The questionnaire took approximately 40 min to administer. The researcher followed a standardized protocol in giving instructions to students. Students were instructed not to write their names on the survey and were assured that all their answers were strictly confidential and would not be shown to their parents or teachers. The parent could elect to have a child excluded, if he or she wished, by notifying the investigator or calling the school. Participants were similarly informed about the research at the time of questionnaire administration and were told that they could refuse or discontinue participation.

2.3 Measures

The data of the study was collected by using Social Support Appraisals Scale For Children and Adolescents and Youth Self Report/YSR 11–18.

Social Support Appraisals Scale For Children and Adolescents was developed by Dubow and Ullman (1989) to assess the perceptions of children about the social support they receive from their family, peers and teachers and standardized to Turkish population by Gökler (2007). This scale consists of 41 items on a scale in which the items are rated through 1–5 from never to always. The internal consistency was analyzed by Cronbach Alpha value .93. According to test-retest reliability studies, it was found .49 (p< 0.01); split-half (Guttman) was found .82. Cronbach Alpha value of the scale was determined to be .87 within the scope of this study.

Youth Self Report/YSR 11–18 is developed by Achenbach and Edelbrock (1983) to assess the competence areas and problem behaviours of 11–18 aged children and adolescent. The behaviour problem scores can be divided into three broad-band dimensions, internalizing, externalizing, and a mixed category. The internalizing scale consists of three subscales such as withdrawn, somatic complaints, and anxious/depressed syndromes. The externalizing scale consists of delinquent and aggression, and the total problem behaviour includes thought problems, social, and attention problems besides the internalizing problems, externalizing problems.

YSR have 118 items for problem behaviours. Problem behaviours are rated as 0 (not true), 1 (somewhat or sometimes true) or 2 (very true or often true). Problem behaviour items are grouped from the eight empirically based syndrome scales. High scores on the scales indicate clinical deviance. The validity and reliability studies of the Turkish sample indicated .84 test-retest reliability; Internal consistency coefficient was .88 for the total problems score (Erol & Şimşek, 2000). Cronbach Alpha value of the scale was determined to be .84 within the scope of this study.

2.4 Statistical Analysis

Behaviour problems and perceived social support of children were compared in terms of gender by Mann Whitney U Test, and it was regression analysis to determine whether their different social support sources significantly predict their behaviour problems using stepwise regression analysis.

3.Results

The present study was designed to examine the relationships between the behaviour problems and perceived social support from the different sources of children. Firstly, the results of this study are presented the descriptive statistics for the variables.

3.1 Preliminary Analyses (table 1)

Table 1. Means and standard deviations for the variables

	N	Mean	Std. Deviation	Observed Minimum	Observed Maximum
Somatic Complaints	360	4,7417	2,84266	,00	13,00
Anxiety-Depression	360	9,9139	4,96403	,00	26,00
Social Problems	360	17,4806	3,85961	6,00	30,00
Tought Problems	360	4,0194	2,09713	,00	11,00
Attention Problems	360	6,7167	3,01856	,00	15,00
Delinquency	360	3,6639	2,42912	,00	18,00
Aggression	360	11,6861	6,00360	,00	32,00
Withdrawn	360	9,9333	3,07311	2,00	21,00
Internalizing Proble	360	24,5889	8,88979	4,00	57,00
Externalizing problem	360	15,3500	7,70412	2,00	46,00
Peer Support	360	60,9306	8,67283	30,00	90,00
Family Support	360	41,1750	6,68886	12,00	60,00
Teacher Support	360	29,7861	5,52244	10,00	50,00

3.2 Kolmogorov-Smirnov Z Test Results

Kolmogorov-Smirnov Z test results (see table 2) in order to determine whether the data of the research exhibit normal distribution.

Table 2. Kolmogorov-Smirnov Z results

		Kolmogorov-Smirnov Z	**p**
Behaviour Problems	Anxiety-Depression	1,739	0,005
	Withdrawn	2,629	0,000
	Somatic Complaints	2,849	0,000
	Social Problems	1,754	0,004
	Tought Problems	3,232	0,000
	Attention Problems	1,883	0,002
	Aggression	3,097	0,000
	Delinquency	2,497	0,000
	Internalizing Problems	1,722	0,005
	Externalizing problems	2,577	0,000
Social Spport Sources	Peer Support	3,602	0,000
	Family Support	4,098	0,000
	Teacher Support	3,765	0,000

*** *p=.01*

3.3 The Comparison in terms of Gender

The results are given to determine whether there is a difference among groups related to gender, and the findings obtained were presented in Table 3. Sub-dimensions where there is no differentiation as regards gender in behaviour problems were not given in the above Table, they were only mentioned in part of explanation.

Table 3. Behaviour problems Mann Whitney U Test results

	Gender	N	Average of Sequence	Sum of Sequence	U	Sig.
Thought Problems	Female	174	148,88	25905,50	10680,500	0,000**
	Male	186	210,08	39074,50		
Aggressiveness	Female	174	144,88	25209,00	9984,000	0,000**
	Male	186	213,82	39771,00		
Destructing Behaviours	Female	174	162,35	28248,50	13023,500	0,001**
	Male	186	197,48	36731,50		
Externalizing Behaviours	Female	174	154,95	26962,00	11737,000	0,000**
	Male	186	204,40	38018,00		

** *p=.01*

3.4 The results of Regression Analysis

In the study, whether the social support the students received from their families, peers and teachers is a significant predictor of behaviour problems was examined through Stepwise Regression Analysis, and the findings obtained were given in Table 4.

Table 4. The result of stepwise regresssion analysis

	Behaviour Problems	Anxiety-depression	Withdravn	Somatic complaints	Social problems	Think problems	Attention problems	Agression	Delinquency	İnternalizing problems	Ezternalizng problems
		Standardized Beta Coefficients									
Social Support	R^2	0,015	0,012	0,054	0,036	0,040	0,053	0,035	0,076	0,031	0,075
	Peer Support				0,230		0,199	0,133	0,236		0,226
	Family upport	-0,121		-0,233	-0,153	-0,201	-0,290	-0,235	-0,349	-0,176	-0,346
	Teacher Support				-0,152						

* p=.05

In Table 4, the social support the children received from their families, peers and teacher predicts the behaviour problems at significant level. Accordingly, anxiety-depression (R= 0,121, R^2= 0,015,

$F_{(1-358)}$= 5,276, p=.05) somatic complaints (R= 0,233, R^2= 0,054, $F_{(1-358)}$= 20,476, p=.05) and thought problems (R= 0,201, R^2= 0,040, $F_{(1-358)}$= 15,073, p=.05) are predicted negatively by the family support. Accordingly, 10% of the behaviour problems in total is explained by the family support.

While the social problems and attention problems in children are predicted significantly in a positive way by the peer support (R= 0,189, R^2= 0,036, $F_{(3-356)}$= 4,412, p=.05); family support and teacher support are, on the other hand, predicted significantly in a negative way in children (R= 0,230, R^2= 0,053, $F_{(2-357)}$= 9,981, p=.05). Accordingly, 3,6% of the children's social problems are explained by peer, family and teacher support. 5,3% of the children's attention problems is, on the other hand, explained by peer and family support.

It was observed that the aggressiveness in children is significantly predicted in a positive way by the peer support and significantly predicted in a negative way by the family support (R= 0,186, R^2= 0,035, $F_{(2-357)}$= 6,405, p=.05). Accordingly, 3,5% of the aggressiveness is explained by the peer and family support. It was observed that destructive behaviours of the children are significantly predicted in a positive way by the peer support and in a negative way by the family support (R= 0,276, R^2= 0,076, $F_{(2-357)}$= 14,736, p=.05). 7,6% of the destructive behaviours are explained by peer, family and teacher support.

It was observed that the family support predicts the internalized behaviour problems in a negative way (R= 0,176, R^2= 0,031, $F_{(1-358)}$= 11,381, p=.05). 3,1% of the internalized problems is explained by the family support. It was observed that the peer support significantly predicts the externalized behaviour problems in apositive way and the family support predicts them in a negative way (R= 0,273, R^2= 0,075, $F_{(2-357)}$= 14,423, p=.05). 7,5% of the externalized behaviour problems is explained by the peer and family support.

4. Discussion

In this study, the relationship between the behaviour problems and perceived social support from different sources of children was analyzed, and the findings were discussed according to the aim of the study in view of literature. The result of this research was that behaviour problems of the children show difference according to sex, and it was established that thought problems, aggressiveness, destructive behaviours and externalized behaviour problems of boys were higher than those of girls. In the studies where similar findings exist, it was seen that boys experience much more externalized behaviour problems than girls (Erol & Şimşek, 2000; Keiley, et al., 2000), more aggressive and anti-social behaviours are observed (Bongers, et al., 2003; Stormount, 2002) and that family and teachers perceive boys more troubled when compared to girls (Erol & Şimşek, 2000). In his study, Kazdin (1987) stated that the fact that behaviour problems have become different according to sex at the school age is strikingly observed and this differentiation are explicitly manifested especially in the boys' aggressive behaviours. Ellis and Zarbatany (2007) stated that boys tend to engage in more deviant behaviours than girls, but girls in more relational aggression and prosocial behaviours than boys in late childhood and early adolescence.

While one of the strongest reasons for externalized behaviours' becoming different according to sex is the effect of testosterone in boys (Hill, 2002). Keenan and Shaw (1997) discuss that the behaviour problems become different in terms of sex in two different aspects. The first of these can be accounted for by the effect of family's different social implementations. Accordingly, while families mostly employ physical punishment for boys, they generally prefer convincing approach for girls. According to the second explanation, in the period of early childhood, families are able to control girls much more easily due to the fact that girls' development of basic skills to be effective on aggression take place faster, and that their skills of speaking and perception and their language

development are better. Therefore, family-child relationship can be experienced more positively and behaviour problems are less often seen.

Research on childhood disorders has focused on externalizing problems known to be more prevalent in males throughout the life-span, and beginning in early childhood. Because, the nature of problems more common to girls are less disruptive to others and surface (Zahn-Waxler, 2000). Parental warmth and peer support can be differentially associated with the psychological well-being of adolescence depending on gender. Although it has been asserted that boys tend to engage in more deviant behavior than do girls, and girls tend to engage in more relational aggression and prosocial behavior than do boys in late childhood and early adolescence (Ellis & Zarbatany, 2007), it is foreseen that females might be more at risk than males for externalizing behaviours considering problems at home (Gore & Crosnoe, 2006).

The other result of this research, the perceived social support from different sources of children perceived, did not show significant difference in terms of sex. When this finding compared with some results in the literature, it is seen that the results of this research consistency with the results of some researches. For example, in a study by Way and Robinson (2003), there was no association between sex and family support, friendship support, and psychological adjustment (self-esteem or depressive symptoms). However, it is seen that the result of this study is inconsistent with some results in the literature; for example, females typically report receiving higher levels of perceived social support from multiple sources (Demaray & Malecki, 2002). However, Kolbo (1996) refers that there have been mixed findings about whether the buffering effects of familial support vary by gender. These contradictory results approximately over the past twenty years may be explained by the differentiating family structure and relations. By mothers' engagement to work life to gain money, they may be obliged to spend less time with their children because they get stuck between the responsibilities of home and work. Besides values are chancing, moral values may be considered to give way to material values that parents try to buy whatever children wants, to make them happier, more successful and healthier instead of encouraging intrinsic motivation and efforts, instead of showing love and care. These are overlapping with the technologic, social, economic and scientific changes. All changes bring both positive and negative outcomes concominantly. Ever after, previous sharp distinctions may not be seen between genders today.

In the study, when the relationship between the behaviour problems in children and the perceived social support from different sources is examined and carried out that the social support the students received from family, peer and teacher significantly predict the behaviour problems. In this way, as the family support increases the anxiety-depression, somatic complaints, thought problems, social problems, attention problems, aggressiveness, destructive behaviours internalized problems and externalized problems in children decrease. According to the previous researches supporting this result, perceived family support has been found to be negatively related to behaviour problems, internalizing behaviour, externalizing behaviours (Demaray et al., 2005) and conduct problems; lower global functioning (Rockhill et al., 2008). Ikiz and Savi Çakar (2012) found that the perceived social support is negatively related to behaviour problems in adolescents and the perceived social support from family makes a major contribution to the adolescents' perceived social support levels and accepted is moderately to strongly related to many personal, health, and social indicators for school-aged children and adolescents (Uchino et al., 2004). The quality of family relationships is an important factor influencing children's social and emotional wellbeing (Rees et al., 2010). Higher levels of parental support (sometimes measured by support from families in general) have consistently been associated with lower depression (Colarossi & Eccles 2003); general psychological distress and emotional problems (Demaray et al., 2005).

Peer relations, the other finding, become an important resource for social support. As the peer support increases, social problems and attention problems, aggression, destructive behavior and externalized behavior problems in children increase. Peer support has also been shown to promote

psychological well-being despite adversity (McCreary *et al.*, 1996). Supportive friends relationships have been linked to such adjustment correlates and outcomes as interpersonal competence and self-worth (Rubin *et al.*, 2006).

According to Barry and Wentzel (2006), peers can have both positive and negative influences. For example, the association with deviant peers and friends is related to the development of delinquent behaviour (Farrington, 2002); substance use (Scholte *et al.*, 2001). Previous studies stated that the role of peer support is complex and may involve several pathways. On the other hand, it is suggested in the social network studies that family and peer relationships have different outcomes and interaction (Wills *et al.*, 2004). Emotional/instrumental support from parents and other adults has consistently been found to be a protective factor (Barrera *et al.*, 1993); but effects for peer support are not consistent with a protective status (Wills & Vaughan, 1989). The association with deviant friends is related to the development of delinquent behavior (Farrington, 1991).

Helsen *et al.* (2000) pointed an alternative view in the literature, Conflict or compensation hypothesis or mode; here family and peer support are negatively correlated, and peer attachment could compensate for the emotional problems of insufficent relationships with their parents. Accordingly, when the result of this study is examined, it can be thought that while behavior problems of the children experiencing behavior problems due to the low social support perceived from the family are increasing, they can tend towards receiving more support from their peers, which is called compensation. This situation can be assessed in two dimensions such as the fact that social support the children experiencing behavior problems need is provided by their peers, or as the fact that families do not provide the sufficient support due to behavior problems, and in this case peer support is perceived more. However, it should be emphasized that more comprehensive studies based on cause-effect relationshipare are needed in order for the effect of this relationship to be explained.

When the findings of in this study, regarding the teacher support are examined, there is a significant relationship in a negative way between the teacher support and social problems and attention problems. The research findings in which similar results exist is seen these associations of problem behaviour and positive relationships with teachers found (Herrero *et al.*, 2006). According to Henricsson and Rydell, (2004) both externalizing and internalizing problem behaviours of children have been associated with negative teacher–child interactions in classroom, conflict overly dependent and non-close relationships with teachers; negative effects on school adjustment (Pianta *et al.*, 1995). Teacher–child interactions are predictive of motivation in the classroom, as well as academic and behavioural adjustment (Roeser & Eccles, 2000). In general, teachers foster warm relationships; encourage participation and cooperation; develop student autonomy; design lessons to build on student strengths; provide clarity about boundaries, rules and positive expectations; and act as role models for respectful and pro-social behaviour (Jennings & Greenberg, 2009). Considering the amount of time children spend in school, teachers should be important for the forming of self-perceptions and teachers' positive evaluations of children's competence and behavior seems important for positive self-perceptions (Henricsson & Rydell, 2004). The fact that elementary school students spend the first five-period intensely with a classroom teacher in the Turkish National Education System affects the support level the children perceive from the teacher, thus their mental development.

Consequently, while children exhibit different characteristics in every period of development process, they are in need of a healthy social environment, sufficient psychological and social support. In the course of this process, the perceived social support and the quality of the relationship they established with their family in particular and with other adults, peers and teachers play a key role in both their successfully being able to fulfil the developmental tasks of the period in which they are and their being able to reach the next period in a healthy way. In the same direction, in the

studies regarding the prevention of behaviour problems, it is emphasized that the preventive approaches are mostly effective in children and therefore the school-based practices are important.

These findings highlight, social support is vital for children healthy development especially in this day and time where technology progress fastly, values are discussed, schools and teachers are more demanding, acquiring a profession gets harder, violence too often seen, access to weapons increased, early exposure to sexually explicit or trangressive messages increased, adult supervision reduced due to unmarriages or divorce and the increased proportion of working parents, children and adolescents become alone vulnerable to threats. It is required that the arrangement of prevention and interference programs to be developed starting from the elementary school period. In addition, it will be helpful to determine the children at risk as well as the children experiencing behaviour problems thanks to the efficient psychological counselling and guidance programs of the school and especially to provide the children whose social support is insufficient,

This research has some limitations: the first is the one experienced in terms of the generalization of results outside of normal sample groups, and the second can be dealt with in terms of the discoveries', which were obtained in the research, being based on the relationship between the social support and behaviour problems. Accordingly, cause and effect relationship between the social support the children perceived and behaviour problems can longitudinally be examined with larger sample groups at different age and class levels.

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