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HEALTH FROM THE PERSPECTIVE OF CHILDREN BETWEEN 3–6 YEARS

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Abstract

The first 6 years of life are important for the development of children. These years are both the period when development is the fastest in all areas and children acquire basic habits. For this reason, the introduction of individuals to the concept of health from early childhood is an important determinant of their attitudes and behavior regarding health in their future lives. In this context, our study evaluated the opinions of children between the ages of 3–6 on the concept of health. The study group of the study consisted of 24 children who attended and did not attend pre-school education in Amasya city center. In the study where the qualitative research method was used, the data were collected with semi-structured interview questions created by the researchers. The content analysis method was used in the analysis of the data. The data were organized and interpreted into categories. The results showed that children's views on the concept of health focused on nutrition at 36–60 months, while children aged 61 months and older were associated with not being sick. It has been observed that the responses of children about what needs to be healthy consist mostly of nutrition-related responses, while health behavior such as hygiene and exercise are less expressed. Children have been found to be frequently associate indicators of health and/or ill-health with symptoms of illness. Similarly, it

was found that participants in all age groups expressed the opinion that they would be sick when health was not taken care of. The results were discussed within the framework of the literature and suggestions for supporting children's health behavior were presented.

Key Words: 3-6 years old, children, Health concept

Özet

Yaşamın ilk 6 yılı çocukların gelişiminde önemlidir. Bu yıllar hem gelişimin tüm alanlarda en hızlı olduğu hem de çocukların temel alışkanlıkları kazandıkları dönemdir. Bu sebeple bireylerin erken çocukluk yıllarından itibaren sağlık kavramı ile tanışması, onların gelecek yaşamlarında sağlığa ilişkin tutum ve davranışlarının önemli bir belirleyicisidir. Bu bağlamda çalışmamız 3–6 yaş arasındaki çocukların sağlık kavramına ilişkin görüşlerinin değerlendirilmesini amaçlamıştır. Araştırmanın çalışma grubunu Amasya il merkezinde okul öncesi eğitim kurumuna devam eden ve etmeyen 24 çocuk oluşturmuştur. Nitel araştırma yönteminin kullanıldığı çalışmada, veriler, araştırmacılar tarafından oluşturulmuş olan yarı yapılandırılmış görüşme soruları ile toplanmıştır. Verilerin analizinde içerik analizi yöntemi kullanılmıştır. Veriler kategoriler halinde düzenlenmiş ve yorumlanmıştır. Sonuçlar, çocukların sağlık kavramına ilişkin görüşlerinin 36–60 ayda beslenme üzerinde yoğunlaştığını 61 ay ve üstündeki çocuklarda ise hasta olmamak ile ilişkili olduğunu göstermiştir. Sağlıklı olmak için yapılması gerekenler konusunda çocukların verdikleri yanıtların çoğunlukla beslenme ile ilgili yanıtlardan oluştuğu buna karşılık, hijyen, egzersiz gibi sağlık davranışlarının daha az ifade edildiği görülmüştür. Çocukların, sağlık ve/veya sağlıksızlığa ilişkin göstergeleri sıklıkla hastalık belirtileri ile ilişkilendirdiği tespit edilmiştir. Benzer şekilde tüm yaş gruplarındaki katılımcıların sağlığa dikkat edilmediğinde hasta olacaklarına dair görüş bildirdikleri saptanmıştır. Sonuçlar alanyazın çerçevesinde tartışılmış ve çocukların sağlık davranışlarının desteklenmesine yönelik öneriler sunulmuştur.

Anahtar Kelimeler: 3-6 Yaş, Çocuklar, Sağlık Kavramı

1. Introduction

The preschool period is the period that includes the ages of 0–6, is developmentally within the scope of childhood and many developmental experiences and skills are gained (Karoğlu & Ünüvar, 2017). Children begin to learn rapidly from the moment they are born. The preschool period is the period when learning is the fastest (Mutlu et al., 2012). Experiences at an early age determine the attitudes that the child will develop about his environment and his own skills and affect his/her whole life (MEB, 2012).

Zembat (2012) examines the needs of the preschool child; family needs, social and emotional needs (peer relationships, trust, self, health needs), academic needs (movement and play, development of creativity and aesthetic perception, elimination of curiosity) (Akşin & Tunçeli, 2015). For this reason, it is important for the future of society to take measures related to the healthy upbringing of children, their physical, mental, emotional, social and moral development and to ensure their safety (Aydos, 2013).

In the researches, it has been observed that a large part of the behavior and skills gained during childhood years shape the personality structure, attitudes, habits and value judgments of the individual in adulthood. In this respect, the preschool period is an important period that will affect the later lives of children (Oktay, 2003).

Research in developmental psychology emphasizes the importance of the preschool period for the healthy development of the individual. Developmental and child psychology theorists state that childhood is divided into different stages, although not with definite boundaries, and that the features that emerge in one stage are added to the features of the next stage and form the development of the child (Çukur, 2011). The experiences gained in the early years, the knowledge learned, the skills acquired and the habits that are transformed into behavior shape the entire life of the human being (Berk, 2012; Tuğrul, 2002).

The health level of a society is closely related to the health of the individuals who make up the society. Maintaining, maintaining health is easier than regaining health. Therefore, the importance of maintaining health should be emphasized for children starting from the first years of life. Basic habits related to a healthy life should be gained from early childhood. Thus, the qualified use of the resources allocated to health is ensured. The quality of health services increases and quality health care can be delivered to more individuals (Sönmez & Seyhan, 2016).

World Health Organization (2011) health; It defines it not only as the absence of physical weakness or diseases, but as a state of complete well-being physically, spiritually and socially. This definition states that health should be considered a multidimensional concept (Sönmez & Seyhan, 2016).

When we look at the definition of the World Health Organization (2007), health education convinces individuals to adopt, gain and apply the measures to be taken for a healthy life; to accustom them to the correct use of the health services provided to them; to improve their health status and environment, it is explained as making decisions individually or collectively (Aydos, 2013).

Health education; It directly affects the health of the individual and his quality of life. With this training, it is aimed to support the health of the individual and to learn to be protected from negative situations (Nutbeam, 2000).

One of the most important features of health education is that in addition to the education given by the family, health education given in schools is also included in its applications. Health education is a very different subject in terms of principles and methods, and this training is not in the form of a transfer of knowledge, but to gives the individual a new behavior and to accustoms him to use the knowledge he has gained (Ulusoy-Gökkoca, 2001).

One of the important achievements of education to be given to children in the preschool period is to ensure that children between the ages of 3–6 take precautions related to their health. For this purpose, the most important conditions of healthy life should be provided to children to express their thoughts/knowledge about adequate and balanced nutrition, adequate rest/sleep and necessary body movements. Necessary measures should be taken so that they can gain the right attitude. Informative activities should be carried out about common children's diseases, ways of protection from them and ways of treatment. These issues should also be addressed in family participation activities (MEB, 2013).

How an abstract concept such as health is perceived by individuals is affected by past experiences, culture, education, social environment and many similar variables (Erçin & Çetinkaya, 2019). How individuals define health and what behavior they associate with being healthy will impact on their lifestyle a healthy life. It is important and necessary to know the beliefs and behavior of the society toward health, to provide health services, to guide health education and policies (Araz et al., 2007).

Considering this information, the aim of the study was determined as the examination of the opinions of preschool children on the concept of "health." For this purpose, it has been attempted to examine the views of children on health, being healthy and protecting their health.

2. Materials and Methods

In this study, "phenomenological (phenomenology) design," which is appropriate to the research from qualitative research designs, was used. Phenomenology; It enables us to investigate situations such as events, perceptions, concepts, etc. that we are aware of, but cannot fully understand in detail (Yıldırım & Şimşek, 2018). In the phenomenology design, the researcher is interested in the participant's experiences, investigating the perceptions and meanings they attach to the events (Akturan & Esen, 2008). In this study, the health phenomenon was examined in line with the opinions of 3–6 years old children in the preschool period. In determining the study group of the study, "Convenience Sampling" management was used. Since this sampling method gives speed and practicality to the research, the researcher chooses the situation that is easy to access (Yıldırım & Şimşek, 2006).

In this study, due to time and labor limitations, the study group consists of 24 children aged 3–6, residing in the city center of Amasya, attending or not attending a pre-school education institution, without a known chronic illness.

In this study, a semi-structured interview form was used as a data collection tool. Research based on a semi-structured interview offers both fixed-option answers to the individual participating in the interview and facilitates in-depth access to the relevant field (Büyüköztürk et al., 2010). In the first part of the semi-structured interview form, variables such as age, gender, number of siblings, parental education status and profession, status, and duration of attending preschool education institution of the child interviewed were included, and in the second part, open-ended questions were included.

Attention was paid to the development of research questions in line with the developmental levels of children, to understand the questions easily and to address a single dimension. For the validity of the scope of the interview form prepared, the opinions of three preschool teachers working in the field and whose professional seniority varied between at least 15–20 years were consulted. In line with the opinions and suggestions from the teachers, the interview form was finalized, and a preliminary application was carried out with six children.

The questions included in the Child Interview Form are as follows:

1. What do you think health means?/What comes to mind when you say being healthy?
2. What do we need to do to be healthy? What do you do to be healthy?
3. How do you know if someone is healthy?
4. How do you know if someone is unhealthy?
5. What happens if we don't take care of our health?

Following the Ethics Committee Approval and obtaining the necessary permissions, the researchers went to the homes of the children of the parents who gave permission for the research and/or to the preschool education institutions and met the parents, school administrators and teachers of the children who will take part in the process. Before data collection, the researchers observed the children for about 1 hour on two separate days to warm up to them, and on the next day, they did at least 20–40 minutes of activity with the children. Thus, after being with the children on 3 different days, data collection was started, and in an interview area where the children felt safe and comfortable, in an interview area that was safe and comfortable, away from noise, safe, illuminated by daylight, and where distractions were minimized, the researchers asked the questions in the interview form. The interviews lasted about 5-10 minutes for each child.

The content analysis method was used to analyze the data. The opinions of the children in the study group were coded and conveyed without giving their names in accordance with the principle of confidentiality. Accordingly, the children were coded as "Ç" and each participant was given numbers in the form of "Ç1, Ç2, Ç3" next to their code. The responses of the children were analyzed by the researchers and categories were created; evaluation was requested from two field experts. The categories were determined in line with the opinions of the experts. While analyzing the data obtained in the study, the data obtained from the participants were numbered and transferred to the computer environment, respectively. The answers were examined and codified in terms of the meaning they carried, and the answers were associated with a certain theme.

To ensure the reliability of the research, expert opinion was sought to determine whether the responses given under the conceptual category represented a category in question. Taking into account the consensus between researchers and experts, the frequency of responses was calculated after the analysis of the data. Some examples of the children's responses were given by giving the participant number, "... " (Ç1) (Yıldırım & Şimşek, 2018).

3. Results and Discussion

In this study, 46% of the participants were girls and 54% were boys. When the age ranges of the participants were examined, 8 children aged 36–48 months, 8 children aged 49–60 months, and 8 children aged 61–72 months were included in the study. 58% of children attend pre-school education. 46% of children are two siblings. The rate of first-born children was 46%. 50% of children's parents were high school graduates (Table 1).

Table 1. The demographic characteristics of the participants

Demographics	Group	N	%
Gender	Girl	11	46.0
	Boy	13	54.0
Age Ranges	36-48 Months	8	33.3
	49-60 Months	8	33.3
	61-72 Months	8	33.3
Preschool Education Status	Yes	14	58.0
	No	10	42.0
Number of Siblings	Sole Child	6	25.0
	Two Siblings	11	46.0
	Three Siblings	6	25.0
	Four Siblings and Above	1	4.0
Order of Birth	The First Child	11	46.0
	Second Child	5	21.0
	Third Child	8	33.0
Mother's Education Status	Secondary school	3	12.5
	High school	12	50.0
	University	9	37.5
	Postgraduate	--	--
Father's Education Status	Secondary school	1	4.2
	High school	12	50.0
	University	10	41.6
	Postgraduate	1	4.2
Mother's Job	Health	2	8.3
	Education	4	16.6
	Engineering	1	4.2
	Self-employment	2	8.3
	Office Services	3	12.5
	Nonoperating	12	50.0

Father's Job	Health	2	8.3
	Education	--	--
	Engineering	1	4.2
	Self-employment	6	25.0
	Office Services	10	41.6
	Worker	4	16.6
	Nonoperating	1	4.2

Children's "What do you think health means?/What comes to mind when you say being healthy?" the answers given to the question were gathered under the categories of nutrition/eating, not being sick, positive emotions/feeling good, health services (such as doctor, hospital, nurse) and other (such as sleep, sports, cleaning). The most frequent answers to this question were related to nutrition/eating (N=9), positive emotions and feeling good (N=7) and not being sick (N=6), respectively (Table 2). The following statements can be given as examples of answers to this question:

Table 2. Categories of answers to the question "What do you think health means?"

Categories	Group	N
Nutrition	36-48 Months	4
	49-60 Months	4
	61-72 Months	1
Not to be sick	36-48 Months	2
	49-60 Months	1
	61-72 Months	3
Positive emotions	36-48 Months	3
	49-60 Months	3
	61-72 Months	1
Health service	36-48 Months	--
	49-60 Months	2
	61-72 Months	3
Other (sleep, sport, clean...)	36-48 Months	--
	49-60 Months	2
	61-72 Months	--

"Means protection from germs" (Ç1: Girl/36-48 Months).

"It is to feel good about ourselves" (Ç9: Girl/49-60 Months).

"Not to be sick" (Ç19: Boy/61-72 Months).

Ask children, “What do we need to do to be healthy? What do you do to be healthy?” question was posed. The answers were collected in the categories of adequate and balanced diet, mobility and exercise, hand, face, teeth, body cleaning, adequate and regular sleep and other (play a game, wearing seasonal clothing, not smoking...). Most answers received from the children belonged to the adequate and balanced nutrition category (N=18); observed (Table 3). The following statements can be given as examples of answers to this question:

Table 3. Categories of answers to the question “What do we need to do to be healthy?”

<i>Categories</i>	<i>Group</i>	<i>N</i>
Adequate and balanced nutrition	36-48 Months	5
	49-60 Months	6
	61-72 Months	7
Mobility and exercise	36-48 Months	2
	49-60 Months	2
	61-72 Months	2
Hand, face, teeth, body cleaning	36-48 Months	2
	49-60 Months	3
	61-72 Months	--
Adequate and regular sleep	36-48 Months	1
	49-60 Months	1
	61-72 Months	--
Other (play a game, wearing seasonal clothing, not smoking...)	36-48 Months	1
	49-60 Months	2
	61-72 Months	1

“We must drink soup, we must eat fruit” (Ç6: Boy/36–48 Months).

“We must eat fruit, we must wash our hands” (Ç10: Boy Child/49–60 Months).

“We must eat vegetables, we must eat salad” (Ç24: Girl/61–72 Months).

Children's “How do you know if someone is healthy?/unhealthy” the answers given to the question were gathered under the categories of adequate and balanced nutrition, symptoms of illness, positive emotions/feel good and other (if he/she doesn't sleep, if not moving...). It has been observed that children aged 36–60 months associate being healthy more with nutrition, while children

older than 61 months are associated with symptoms of illness or positive emotions. We observed that the majority of children in all age groups gave answers such as coughing and sneezing for the condition of being unhealthy (Table 4). The following statements can be given as examples of answers to the question "How do you know if someone is unhealthy?"

Table 4. Categories of answers to the question “How do you know if someone is healthy? /unhealthy?”

Categories	Group	N
Adequate and balanced nutrition	36-48 Months	4
	49-60 Months	5
	61-72 Months	3
Symptoms of illness	36-48 Months	5
	49-60 Months	9
	61-72 Months	7
Positive emotions/feel good	36-48 Months	3
	49-60 Months	1
	61-72 Months	7
Other (if he/she doesn't sleep, if not moving...)	36-48 Months	4
	49-60 Months	5
	61-72 Months	3

“His/her fever rises” (Ç3: Boy/36–48 Months).

“He/she always gets sick. He smokes” (Ç16: Boy/49–60 Months).

“He/she coughs, sneezes, gets sick (Ç2: Girl/61–72 Months).

Finally, the children were asked “What happens if we don't take care of our health?.” Responses were grouped under illness, treatment, and other categories. It was observed that children frequently gave answers regarding the illness (N=16) and treatment (N=12) categories (Table 5). It was observed that children gave answers to the same questions such as "we would be unhappy," "we cannot move" and "we would die." The following statements can be given as examples of answers to this question:

Table 5. Categories of answers to the question “What happens if we don't take care of our health?”

Categories	Group	N
Fall ill	36-48 Months	4
	49-60 Months	6
	61-72 Months	6
Treatment	36-48 Months	3
	49-60 Months	3
	61-72 Months	3
Other (death, unhappiness...)	36-48 Months	2
	49-60 Months	1
	61-72 Months	3

4. Conclusion

According to the results of this research, which was carried out to determine the opinions of preschool children on the concept of health; children often associate health with nutrition and eating. The behavior of people to protect health and what they do when they have health problems are generally expressed by the term "health behavior" (Araz et al., 2007). The health behavior of the individual; is the whole of the behavior that he believes and does to protect, develop, maintain and protect his health from diseases (WHO, 2021). Walker et al. (1987) examined health behavior in two groups: positive behavior, such as exercising, eating adequate and balanced nutrition, undergoing a health checkup, wearing a seat belt, and communicating positively with others, and negative behavior such as smoking. Walker et al. discussed health behavior in the subgroups of self-actualization, health responsibility, exercise and physical activity, nutrition, interpersonal support, and stress management on the healthy lifestyle behavior (HPLP) scale. In our research, it was seen that all responses of the children were in parallel with the health behavior in the literature. In particular, it was noted that responses to nutrition came to the forefront. Similarly, Tatlow-Golden et al. (2013) point out that children begin to understand the relationship between health and nutrients from the age of 4. Zarnowiecki et al. (2011) found that 5- to 6-year-olds correctly determine healthy foods. In our study, it was seen that responses to behaviors other than adequate and balanced nutrition (such as exercise, sleep, cleaning) were expressed less. In a study in which Aydoğan et. all (2015) examined children's views on the concept of sports, it was

concluded that only 21% of the participants between the ages of 3-6 associated sports with being healthy. This results are thought to be related to the frequent dictation of culturally nutrition to children by the environment, especially the family. In this context, it is recommended that parents and preschool teachers provide adequate and regular training for other health behavior such as sleep, cleaning and exercise to improve children's health behavior.

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Conflicts of interest

The authors declare that there are no potential conflicts of interest relevant to this article.

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