



Identify Risk Behaviors of Students High Schools

Lise Öğrencilerinin Riskli Davranışlarının Belirlenmesi

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ABSTRACT

Objectives: The aim of this descriptive and cross-sectional study is to identify the risk behaviors of adolescents attending high schools in Şanlıurfa. **Methods:** The population of this study was 44217 students in high schools in Şanlıurfa. The minimum sample size of the study according to the known population sampling formula was calculated as approximately 1000 participants. Within the scope of the stratified sampling method, the number of students going to high schools in each district was determined. A high school was chosen from each district using the simple random sampling method. The data of the study were obtained by using a "Socio-Demographic Characteristics Questionnaire" and the "Risky Behaviors Scale". Descriptive statistics, Mann Whitney U test, and Kruskal Wallis H test were used to analyze the data. **Results:** The finding that the students had a high mean score of 144±22.2 on the Risky Behaviors Scale revealed that the students in the study engaged in a variety of risky behaviors. The sub-behavior in the scale with the largest mean value was alcohol consumption with the mean score of 32.7±5.0. The students at higher grades tended to show fewer risky behaviors ($p<0.05$). Those who had more educated fathers showed fewer anti-social behaviors ($p<0.05$). In this study, female students, those under the age of 15, prep-school students, and 9th graders had a higher median score for the sub-behavior of smoking, ($p<0.05$). Male students had a higher risk of suicide than female students. ($p<0.05$). The median score for smoking was higher for those who did not work outside the school ($p<0.05$). The level of tendencies towards risky behaviors were higher for the students who enjoyed school and attended classes in comparison to those who did not like school and skipped classes ($p<0.05$). **Conclusion:** As a result, risky behaviors were found to be common among the students, and these behaviors were found to be affected by the students' socio-demographic characteristics. In this regard, establishing nurse-led school health initiatives is advocated.

Key words: High school students, risk behavior, adolescent, nursing

ÖZET

Amaç: Tanımlayıcı olarak yapılan bu araştırmanın amacı; Şanlıurfa'da liseye giden ergenlerin riskli davranışlarını belirlemektir. Bu araştırmanın evreni, Şanlıurfa Merkez'de liseye giden 44217 öğrenci oluşturmuştur. **Yöntem:** Araştırmanın evreni 44217 lise öğrencisidir. Evreni bilinen örneklem formülüne göre araştırmanın minimum örneklem büyüklüğü 1000 kişidir. İlin merkez ilçelerini kapsayacak şekilde her bir ilçeden basit rastgele örneklem yöntemine göre bir lise seçilmiştir. Her sınıftan öğrenci olması amacıyla liselerden öğrenci seçimi yapılmıştır. Araştırmanın verileri; "Sosyo-demografik Özellikler Anket Formu" ve "Riskli Davranışlar Ölçeği" kullanılarak elde edilmiştir. Verilerin analizinde; tanımlayıcı istatistikler, Mann Whitney U, Kruskal Wall H testi kullanılmıştır. **Bulgular:** Öğrencilerin riskli davranışları ölçekten aldıkları toplam puan ortalamasının 144±22,2 olduğu, bu puan ortalamasının yüksek olması, araştırmaya katılan ergenlerin riskli davranışların yoğunluğuna işaret etmektedir. Riskli davranışlar ölçeği alt boyutlarından en yüksek puan ortalamasına sahip 32.7±5,0 ile alkol kullanımı olarak belirlenmiştir. Öğrencilerin sınıf seviyesi ilerledikçe riskli davranışlarda bulunma azalmıştır ($p<0,05$). Baba eğitim düzeyi arttıkça anti-sosyal davranışın azaldığı tespit edilmiştir ($p<0,05$). Bu çalışmada sigara kullanımı alt boyut ortancası kızlarda, 15 yaş ve altı bireylerde, hazırlık ve 9.sınıf öğrencilerinde daha yüksek bulunmuştur ($p<0,05$). Erkek öğrencilerin, kız öğrencilerden daha fazla intihar eğilimi olduğu tespit edilmiştir ($p<$). Çalışmayan öğrencilerde sigara kullanma puan ortancasının, çalışanlarda daha yüksek bulunmuştur ($p<0,05$). Okulu seven ve okula devamsızlık yapmayanların riskli davranışlara eğilimi, okulu sevmeyen ve devamsızlık yapana oranla daha yüksek çıkmıştır ($p<0,05$). **Sonuç:** Sonuç olarak öğrencilerin riskli davranışlarının yaygın olduğu, bu davranışların öğrenci sosyo-demografik özelliklerinden etkilendiği bulunmuştur. Bu çerçevede hemşireler tarafından okul sağlığı programlarına başlanması önerilmektedir.

Anahtar kelimeler: Lise öğrencileri, riskli davranışlar, ergen, hemşirelik.

Received / Geliş tarihi: 17.05.2021, Accepted / Kabul tarihi: 06.09.2021

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Danış Z, Kahraman S. Identify Risk Behaviors of Students High Schools. TJFMPC, 2021;15(4):743-750.

DOI: 10.21763/tjfm.938266

INTRODUCTION

Adolescence is a time of psychosocial maturation brought on by physical and emotional processes, during which the individual achieves independence, a sense of self, and social production. This is the time in life when social factors have the most impact on the teenager, and it is also the most crucial phase of life due to biological, psychological, and social changes.^[1-4] Adolescence is a period of transition from childhood to adulthood. This period cannot be defined by calendar years since each individual goes through a different developmental phase specific to themselves. This is a period of opportunity, but it is also a period fraught with dangers and harmful influences. In comparison to other developmental stages, adolescence is the time when dangerous behaviors are most prevalent.^[1-8]

The chaotic time of adolescence, when the human body develops the fastest, is defined by psychological and social ups and downs. The most distinct aspects of this period are sudden growth in height, weight fluctuations, bodily changes, being embarrassed by one's physique, role conflicts, peer adjustment, and making oneself accepted. During the adjustment process with their environment, body and psychology, the adolescent may be inclined towards different behaviors. Owing to taking role models from the family and the media, adjusting to one's peers, incompetence in overcoming problems one faces, assuming new responsibilities and emotional changes, the incidence of risky behaviors increases.^[3,5,8,9] Every year, 2.6 million deaths in the 10-24 age range are reported. Ninety-seven percent of these deaths occur in nations with low or moderate income levels. Risky behaviors and habits established during adolescence are responsible for 70% of early adulthood deaths and one third of diseases.^[8,9] It is believed that risky behaviors tend to accumulate in individuals, and an adolescent who displays any risky behavior is prone to another risky behavior. The risky behaviors of the adolescent shaped as a result of the interaction between the adolescent's biological, genetic and personality behaviors and environmental factors may adversely affect their psycho-social development.^[6,8,9]

Risky Health Behaviors have been identified by the Centers for Disease Control and Prevention (CDC) as behaviors causing unintentional injuries, behaviors leading to intentional injuries and violence, consumption of alcohol and other substances, sexual behaviors, dietary habits and physical activity. Risky behaviors are generally defined as behaviors which endanger human health and are most likely to result in diseases, injuries, and death. Risky behaviors are described as behaviors that directly or indirectly affect adolescents' health, well-being and lives and may have potentially

negative outcomes. Substance use, violence and unsafe sexual intercourse are among risky behaviors that are frequently observed in the adolescence period and accepted as a public health issue. In recent years, mental health and obesity have begun to be seen as areas threatening adolescent health.^[10-12] Since this challenging transformation process experienced by adolescents, who are the future of society, affects the adolescent, their family, friends, school and even the whole society and the future, it has become a public health issue. Therefore, in the adolescence period as an important phase following the childhood period, it is important to protect and sustain adolescents' health, determine risks early and make the necessary interventions, and school health nurses in their capacity as public health nurses are expected to take on a role regarding this issue.^[13,14]

The school health nurse plays a vital role in the delivery of primary healthcare services. Because teenagers spend the majority of their time at school, the school health nurse should do comprehensive work in terms of risk identification and early intervention through school-based guidance activities. Furthermore, the school health nurse is in charge of ensuring that the student, the teacher, and the family all work together. According to reports, assigning well-trained school health nurses to schools as part of school health services can help to create healthier individuals and societies.^[13-14] Based on these facts, conducting this study in the province of Şanlıurfa, which is one of the provinces with the largest populations of children in Turkey, becomes even more important. In accordance with this study, primarily, determining risky behaviors and identifying the effective factors constitute one of the initial stages.

MATERIALS AND METHOD

Population and Sample: This descriptive study was conducted in the provincial center of Şanlıurfa. Şanlıurfa is composed of three central districts of Eyyubiye, Haliliye and Karaköprü. The population of the study consisted of 44,217 students studying in high schools in the city center according to the data obtained from the Şanlıurfa Provincial Directorate of National Education. The minimum sample size of the study was calculated according to a significance level of $\alpha=0.05$ and effect size of $d=0.05$ as 967 based on $p=0.5$ and $q=0.5$, and this number was rounded to 1,000 to obtain more reliable results. In line with the simple random sampling method, one high school from each central district was chosen. Students from high schools were chosen considering the objective of representing each grade. Official permission from the institution where the study would be conducted and ethics board approval from Harran University were obtained, as well as the

permission obtained from the author of the scale to be used via e-mail.

Data Collection Tools: The data of the research were collected using a “Socio-Demographic Characteristics Survey Form” developed by the researcher and the “Risky Behaviors Scale.” The information collected on the socio-demographic characteristics of the individuals included their gender, age, grade, number of siblings, employment status out of school, attitude towards school and absenteeism. The participants’ socio-demographic characteristics related to their family were also questioned through questions about family structure, unseparated parents, mother’s job and education level, and father’s job and education level.

Risky Behaviors Scale (RBS): The scale developed by Gençtanırım-Kuru (2011) (10) to determine risky behaviors in secondary school student is composed of six dimensions, which are antisocial behaviors, alcohol consumption, smoking, suicidal tendency, school drop-out, and dietary habits. Composed of 36 questions, RBS is a self-report 5-point Likert-type scale (5=definitely suitable, 4=suitable, 3=partially suitable, 2=unsuitable, 1=definitely unsuitable). Higher scores indicate the higher intensity of risky behaviors. As a result of the factor analysis performed, 6 factors with eigenvalues above 1 were identified. The rates of the total variance explained individually by these factors were 11.58%, 11.01%, 10.72%, 9.19%, 6.51%, and 6.41%, respectively. The common variance explained by these factors ranged between 25% and 55%. The total variance explained by the scale was 55.43%. The internal consistency coefficient (Cronbach’s α) was calculated as 0.79 for anti-social behaviors, 0.77 for alcohol consumption, 0.87 for smoking, 0.70 for suicidal tendency, 0.70 for dietary habits, and 0.83 for school drop-out. The internal consistency coefficient (Cronbach’s α) for the total RBS was determined as 0.91. The test-retest reliability coefficients obtained for the dimensions of RBS were found as 0.79 for anti-social behaviors, 0.77 for alcohol consumption, 0.90 for smoking, 0.63 for suicidal tendency, 0.56 for dietary habits, and 0.68 for school drop-out. This value was 0.85 for the total

scale score. The Cronbach’s α coefficient of the scale was calculated as 0.92 in this study.

Data Analysis: It was determined that the data were not compatible with normal distribution. In the analysis of the data, statistics (frequency, percentage, mean), Mann Whitney U test and Kruskal Wallis-H test were used. The dependent variables of the study were the Risky Behaviors Scale mean scores, while the independent variables were the socio-demographic characteristics of the student and their family.

FINDINGS

It was determined that the mean age of the students was 15.98 ± 1.19 , and there were 14 students in the youngest age group and 20 students in the oldest age group. Fifty-one-point eight percent of the students were over the age of 15. Among the students, 47.9% were female, 53.7% studied in the 10th, 11th and 12th grades, 56.8% had fewer than 4 siblings, and 10.3% stated that they worked and earned an income. While 61.8% of the participating students expressed that they skipped school in the last two months, 26.2% said they did not like the school. It was determined that the parents of 94.0% of the students lived together, and 74.9% of the students had a nuclear family. The mothers of 37.7% of the students were illiterate, while the fathers of 34.1% of the students had a high school or higher degree.

Table 1 shows the results of the analysis of the students’ total and dimension Risky Behaviors Scale mean scores. It was seen that the total mean score of the participants on the Risky Behaviors Scale was 144 ± 22.2 . The students had a mean score of 27.1 ± 6.0 in the dimension of anti-social behaviors and 32.71 ± 5.0 in the alcohol consumption dimension. While the students’ smoking dimension mean score was 25.16 ± 6.3 , their suicidal tendency dimension mean score was calculated as 13.61 ± 3.6 . Additionally, the participants’ dietary habits dimension mean score was 15.87 ± 5.2 , and their school drop-out dimension mean score was found as 30.31 ± 5.7 .

Risky Behaviors Scale	X \pm SD	Min-Max
Anti-Social Behaviors	27.1 \pm 6.0	7 – 35
Alcohol Consumption	32.7 \pm 5.0	7-36
Smoking	25.1 \pm 6.3	6-34
Suicidal Tendency	13.6 \pm 3.6	4-20
Dietary Habits	15.8 \pm 5.2	5-25
School Drop-Out	30.3 \pm 5.7	7-35
Total Mean	144\pm22.2	40-180

Table 2 presents the Risky Behaviors Scale total and dimension median scores of the participants in relation to their and their families' socio-demographic characteristics. In the alcohol consumption dimension, the median score of the female participants was 480.7, while that of the males was 518.7. The relationship between gender and alcohol consumption was found to be statistically significant ($p<0.05$). In the smoking dimension, it was observed that the female participants got a significantly higher median score in comparison to the males (524.4; 478.6 $p<0.05$).

When the scale's dietary habits dimension median scores were examined based on gender, it was found that the female students had a median score of 443.5, while the male students scored a median of 549.2, which was significantly different ($p<0.05$). As for the suicidal tendency dimension, the female students' median score was 457.1, while male students were determined to have a median score of 540.3, which was again significantly different ($p<0.05$).

When the RBS scores of the participants were evaluated by their age groups, it was determined that the median score of the individuals in the age group of 15 years and below obtained in the smoking dimension was 557.4, while it was 451.9 in the age group of 16 years and above. A significant relationship was found between the variables of age and smoking ($p<0.05$).

When the grade levels of the students and their RBS total scores were compared, the median total score of the prep-school and 9th grade students was found to be 523.5, while the median total score of the 10th, 11th and 12th grade students was determined as 466.0 ($p<0.05$). In terms of the participants' working status, it was found that the students who were working had a median score of 397.5 in the smoking dimension, while the non-working students' median score in this dimension was 512.3 ($p<0.05$). As for the students' statuses of liking the school, the median total scale score of the students responding as "yes" to the question of whether or not they liked the school was 544.3, while the students responding "no" scored 336.9, where there was a statistically significant difference ($p<0.05$).

Regarding other significant findings obtained in the study, it was determined that the students regularly attending the school scored a median value of 461.1 in the anti-social behaviors dimension, 496.2 in the alcohol consumption dimension, 496.8 in the smoking dimension, 475.9 in the suicidal tendency dimension, 477.9 in the dietary habits dimension, and 465.4 in the school drop-out dimension. It was identified that the RBS total and all dimension median scores of the students skipping

school were significantly higher ($p<0.05$). In the analysis, it was determined that as the students' parents' educational level increased, the students' RBS total scores decreased, and the relationship between the two variables was significant ($p<0.05$).

	Anti-Social Behaviors		Alcohol Consumption		Smoking		Suicidal Tendency		Dietary Habits		School Drop-Out		Total Mean	
	Median	P	Median	P	Median	P	Median	P	Median	P	Median	P	Median	P
Gender														
Female	507.6	0.451	480.7	0.007	524.4	0.009	457.1	0.000	443.5	0.000	496.0	0.868	475.8	0.71
Male	493.9		518.7		478.6		540.3		549.2		493.0		508.6	
Aged														
≤ 15 years	492.5	0.456	514.7	0.089	557.4	0.000	509.7	0.388	478.7	0.064	518.0	0.023	510.9	0.089
16 years	506.2		490.2		459.4		493.8		512.8		477.1		479.7	
Class														
Preparatory and 9th grade	508.1	0.433	518.8	0.16	556.8	0.000	518.0	0.073	494.0	0.651	519.1	0.009	523.5	0.002
10.grade≥	493.8		484.6		451.9		485.3		502.3		472.8		466.0	
School Liking Status														
Yes	537.3	0.000	518.2	0.000	529.3	0.000	537.2	0.000	519.9	0.000	539.9	0.000	544.3	0.000
No	391.6		448.0		415.2		391.9		434.5		357.4		336.9	
Absenteeism in the Last 2 Months														
Yes	461.1	0.000	496.2	0.443	469.8	0.000	475.9	0.001	477.9	0.004	465.4	0.000	453.0	0.000
No	564.1		507.4		550.1		540.2		531.7		541.0		556.5	
Mother's Education Status														
Illiterate	520.6	0.086	500.1	0.970	531.1	0.007	517.5	0.144	553.9	0.000	480.1	0.214	523.5	0.008
Primary-school ≥	488.3		500.7		481.9		490.1		464.8		503.1		474.1	
Father's Education Status														
Illiterate	544.6	0.001	503.0	0.197	516.3	0.005	545.3	0.142	578.5	0.000	491.8	0.489	556.2	0.001
Primary school-secondary school	520.9		510.5		522.0		505.3		515.4		486.2		509.7	
High School ≥	454.8		482.9		460.2		480.8		449.1		503.1		448.1	

DISCUSSION

Adolescent activities, both negative and beneficial, may have an impact on all facets of an individual's future life. The pupils' mean total scale score was computed as 144 ± 22.2 . In this study investigating the risky behaviors of adolescents in high school. The adolescents in the study had a high mean score, which indicated the severity of their risky behaviors. When reviewing other RBS research on adolescents, it was discovered that the mean total scale scores were not provided. [11,12,15] The result obtained in this study is a significant contribution to the literature. This result, which suggested that the adolescents could be highly prone to risky behaviors, is believed to be related to increasing levels of social problems. Therefore, an effort needs to be shown to make every situation related to the adolescent beneficial for the adolescent, who spends most of their time at school. It is necessary to ensure common attitudes and approaches and create safe and healthy environments that would contribute positively to the development of the adolescent. In this study conducted on adolescents in Şanlıurfa, the highest mean score was obtained in the alcohol consumption dimension of the scale as 32.7 ± 5.0 (Table 1). In the study conducted by Eneçcan et al. (2011) in Edirne, the alcohol consumption rate was found to be 52.1%, while it was found as 33.8% in another study conducted on male adolescents in Çorum in 2016. [8] In the 2013 study titled Turkey Adolescent Profile, it was reported that 8.9% of the adolescents who participated in the study consumed alcohol. [2] In a study conducted in Ankara in 2017, 52.5% of the participating students stated that they consumed alcohol. [17] When some international studies conducted on adolescents were examined, it was observed that the alcohol consumption rates reported by international studies were higher in comparison to those reported from Turkey. For example, it was found that 66.2% of adolescents in the USA consumed alcohol. [3] The alcohol consumption rate in Turkey has been increasing over the years. [18,19] In this study, the alcohol consumption rate was found to be higher in the male adolescents ($p < 0.05$, Table 2, Male: 518.7 Female: 480.7). Similar results have been obtained in the literature. [9,20] Although it is known that the difference between genders regarding alcohol consumption is decreasing, the higher rate in males compared to females may be explained by such factors as the effect of the social perception of gender, increase in family pressure and traditionally males having more opportunities compared to females to easily attend social and recreational environments such as cafés, bars and coffee houses where their risk of trying various substances is high. Alcohol consumption over a certain limit causes social and physical damages in the individual. The most important mental impact of alcohol consumption is addiction. [18,19] As known, it is

highly important to protect adolescents before they get addicted. A gradual increase in alcohol consumption suggests that access to these drinks have been facilitated. Hence, it is necessary to conduct awareness raising studies with the help of school health nurses in Turkey as soon as possible, particularly in cities like Şanlıurfa where these rates were found to be high.

A significant result obtained from this study contradicting findings reported in the literature was that the alcohol consumption dimension median score of the students who expressed their liking of the school was found to be higher than those who did not like the school (Table 2, $p < 0.05$). Henry and Slater (2007) reported that students' commitment to the school was high, the probability of consuming alcohol among those who liked the school was lower, they had lower levels of intentions to start drinking alcohol, and they stated a very small number of their peers consuming alcohol. [21] Nevertheless, this result suggested that it is necessary to reveal factors affecting alcohol consumption and that the school is a stressful environment.

In this study, school drop-out was determined to be a risky behavior with the second highest mean score in the adolescents. In previous studies, as the grade level increased, the display of risky behaviors proportionally increased regarding the school drop-out dimension. [9,17] Contrary to the results of these studies, it was found in this study that the rates of displaying risky behavior decreased among the participants as their grade levels increased (Table 2, $p < 0.05$). This result was promising and noteworthy for the literature. In this context, it may be inferred that, as the grade level of students increases, they like school more and understand its benefits, and their inquiry and awareness levels increase.

The anti-social behaviors dimension had the third highest mean score in this study (Table 1). Disobedience, aggression, tantrums, lying, theft, and violence are all examples of anti-social behaviour. [3,21,22] In a research conducted by Eneçcan (2007), it was shown that 4% of students had had a gun with them in the previous 6 months, 13% possessed a sharp object, and 26% had been in a fight. [16] In this study, similar to findings in the literature, [3,16,22] it was identified that, as the level of education of the fathers of the students increased, the students' anti-social behaviors decreased (Table 2, $p < 0.05$).

As a different result obtained in this study, the smoking dimension median score of the adolescents was found to be higher in the females, individuals at the age of 15 and below and 9th grade students (Table 2, $p < 0.05$). The high rate found in the female

adolescents suggested that access to cigarettes has become easier, female students are also encouraged by their environment, and the peer influence is high. The decrease in the addiction rate in the students included in this study in line with the increase in their age and grade level in contrast to the literature [8,9,16] may be attributed to an increase in their levels of awareness, but this finding also suggested that studies should be carried out for reducing possible risk factors that may develop in the pre-high school period.

In this study, the suicidal tendency dimension mean score of the students was 13.61 ± 3.6 (Table 1). The rate of suicides in developed and developing countries, especially among the youth, is continuously increasing. In addition to certain environmental and socio-cultural factors, concerns for the future and broken relationships are among factors that increase the rates of attempting suicide. Suicidal tendency is especially observed in females at higher rates in comparison to males. [23,24] In this study, on the other hand, the suicidal tendency rate among the male students was found to be higher than that in the female students (Table 2, $p < 0.05$). This finding indicated that the social pressures on males have increased, and the current conditions cause males to experience job concerns or concerns related to being placed in a university program, that is, regional concerns for the future are on a higher level in males.

One of the significant results of this study was that, as the educational levels of their mother and father, whom the adolescents had taken as role models since their childhood, increased, their rate of risky behaviors decreased. Research has demonstrated that, in situations where parents participate in the adolescent's activities, watch them even from a distance, try to be informed and have control over their activities, the adolescent's probability of getting involved in risky behaviors becomes lower. [3,4,8,9,11,16]

According to the 2013 Turkey Adolescent Profile, 5% of adolescents were both studying and working or looking for a job. [2] In the study conducted in Şanlıurfa, 10.3% of students reported that they were working at the same time. [25] When these rates are compared, it is seen that the number of working adolescents is quite higher than the average number in Turkey, even more than the average values reported in the world in general. This result showed that interventions to be made in terms of child labor should be started in cities with high rates of child labor like Şanlıurfa. A relationship was found only between the working status of the students in this study and their smoking rates, which was inconsistent with the literature. The smoking median score of the non-working students was

determined to be significantly higher than that of the working students (Table 2, $p < 0.05$). This finding suggested that pressure and stress factors were effective in school life for the non-working students. However, it should be considered that being away from the school and classes during working hours may affect achievement and commitment to the school and peers and make students prone to social isolation and risky behaviors.

Another result obtained from this study, which suggested that school life is stressful and pressurizing, was that the tendency of those who liked the school and regularly attended their classes towards risky behaviors was found to be higher than those who did not like the school and those who skipped school. In a study conducted outside Turkey which found a similar result to that in this study, it was determined that an increase in school commitment levels led to crimes of violence and aggressive beliefs. [26] The increase in the students' risky behaviors suggested that these students may be oriented towards such behaviors in the presence of peer adjustment problems, they may tend to display such behaviors in cases of low academic achievement at the school, and this situation may result from their efforts to come to the forefront through displaying risky behaviors in order to prove themselves.

CONCLUSION AND RECOMMENDATIONS

In conclusion, it was found that risky behaviors of students were common, and these behaviors were affected by male gender, liking school, parental education level, class level, smoking and alcohol use, working status, and introverted students. In this framework, it is recommended that nurses start school health programs, especially considering the above-mentioned risk factors.

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