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Attitudes toward Early Diagnosis of Cervical Cancer and Associated Factors in Turkish Women: A Cross-Sectional Study*

Türk Kadınlarında Rahim Ağzı Kanserinin Erken Tanısına Yönelik Tutumlar ve İlişkili Faktörler: Kesitsel Bir Çalışma*

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ABSTRACT

Introduction: The aim of this study was to determine attitudes toward early diagnosis of cervical cancer and associated factors in Turkish women.
Methods: This study is a cross-sectional type. The study conducted with women in Family Health Center in Manisa, the province of Türkiye, aged 30 – 65 who are still and/or were sexually active (n=339). Sociodemographic form and the cervical cancer early diagnosis attitude scale were used in the study. Statistical analyses were performed using SPSS, version 22.0. In the analysis, descriptive statistics and Student t tests were used.
Results: The mean age of the women in the study group was 38.7±6.52. The mean total score of the cervical cancer early diagnosis attitude scale was found to be 99.38±7.11 at a moderate level. It was seen that 64.3% of women had a pap-smear test. It was observed that having regular gynecological examinations and having persons with cervical cancer in their families affects the attitudes of women towards early diagnosis of cervical cancer.
Conclusion: The average score of the cervical cancer early diagnosis attitude scale of the women in the study group was found to be moderate. It has been determined that having regular gynecological examinations affects women's cervical cancer early diagnosis attitudes.

Keywords: Cervical cancer, Pap-smear, Attitude, Gynecological examination

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ÖZET

Giriş: Bu çalışma Türk kadınlarında serviks kanserinin erken tanısına yönelik tutumları ve ilişkili faktörleri belirlemek amacıyla yapılmıştır.
Yöntem: Bu çalışma kesitsel tipte bir çalışmadır. Araştırma, Manisa ili Aile Sağlığı Merkezi'nde 30-65 yaş arası halen veya eskiden cinsel yönden aktif olan kadınlar (n=339) ile yürütülmüştür. Araştırmada sosyodemografik form ve rahim ağzı kanseri erken tanı tutum ölçeği kullanıldı. İstatistiksel analizler SPSS 22.0 versiyonu kullanılarak yapıldı. Analizde tanımlayıcı istatistikler ve Students t testleri kullanıldı.
Bulgular: Çalışma grubundaki kadınların yaş ortalaması 38.7±6.52 idi. Rahim ağzı kanseri erken tanı tutum ölçeği toplam puan ortalaması 99.38±7.11 ile orta düzeyde bulundu. Kadınların %64.3'ünün pap-smear testi yaptırdığı görüldü. Düzenli jinekolojik muayene yaptırmanın ve ailesinde rahim ağzı kanseri olan kişilerin bulunmasının kadınların rahim ağzı kanserinin erken tanısına yönelik tutumlarını etkilediği görüldü.
Sonuç: Çalışma grubundaki kadınların serviks kanseri erken tanıya yönelik tutum ölçeğinden aldıkları puan ortalamasının orta düzeyde olduğu belirlendi. Düzenli jinekolojik muayene yaptırmanın kadınların rahim ağzı kanseri erken tanı tutumlarını etkilediği belirlendi.

Anahtar Kelimeler: Rahim ağzı kanseri, Smear, Tutum, Jinekolojik muayene

1. Introduction

The incidence and mortality of cancer have rapid growth in the world and cancer is the second most important cause of death worldwide (Akbaş et al., 2020). The fourth most common cancer type all over the world is cervical cancer in addition to the third most common cause of death all over the world (Sung et al., 2020). Cervical cancer is the ninth most common type of cancer in Turkish women (The Ministry of Health of Türkiye, 2020). Cervical cancer is continuously being a serious public health problem in developing countries (Risasi et al., 2014). Screening methods for cervical cancers are exceptional screening methods that are thought that decrease the incidence and mortality of invasive cancer therefore they are the methods that are proven for efficacy (Daşıkan and Sevil, 2014). It becomes possible for early diagnosis of cervical cancer by Papanicolau test (pap-smear) in a safe way. This test allows diagnosis of cervical cancer in the pre-metastasis or localized phase which means that cancer-related deaths could be prevented or decreased with this critical test (Akbaş et al., 2020; Castle and Fetterman, 2009). Though most women have some hesitations, pap-smear screening is a valuable, well-known, and functional means of early diagnosis of cervical cancer (Asgarlou et al., 2016).

In 2009, pursuant to the regulation of the Cancer Control Department of the Ministry of Health of Türkiye, the National Screening Program of Cervical Cancer was set in motion. It is recommended that women aged 30-65 years old be screened for the condition. The optimum period for screening of cervical cancer-related HPV or performing pap-smear tests for women has been determined as 5 years because of the infrastructure and possibilities of Türkiye. Family Health Centres and Community Health Centres are the places of early cancer diagnosis for cervical cancer screening based on national population (The Ministry of Health of Türkiye, 2018). All women in the world are expected to participate in cervical cancer screening programs. Unfortunately, pap-smear test percentage of women is not at an expected level despite the importance of early diagnosis of cervical cancer. While the percentage of women having pap-smear tests is over 60% in developed countries, the same is 20% in underdeveloped ones (Coronado et al., 2016; Ekechi et al., 2015; Richard et al., 2015). But then 61.2% of women older than 15 years old has never had a pap smear test in Türkiye (Health Statistic Yearbook of Türkiye, 2019). The Pap-smear screening method provides advantages in Türkiye, still many women do not prefer it as an effective and common method. It has been found by different studies that various socio-cultural and demographic factors have an effect on attitudes of women towards early diagnosis of cervical cancer (Gümüş and Çam, 2011). One of the most important predictive factors for health behaviors is the attitude which is also an effective factor in increasing of screening rate (Mosavel, 2011).

Pap-smear screening is a procedure that requires gynecological examination, and all of the above factors are affected by the gynecological examination experience of women. Having regular gynecological examinations and screening tests at appropriate intervals once a year allows early treatment of gynecological diseases and cancers. In this context, gynecological examination is an important initiative in terms of protecting women's health (Adams et al., 2020; Cappiello and Levi, 2016; Kızılırmak and Kocaöz, 2018). In studies conducted in our country, the rate of women undergoing regular gynecological examinations varies between 5.5% and 42.4% (Özcan et al., 2020). Studies have found that women's thoughts that affect their preference to go to gynecological examination are also effective in getting a pap-smear test (Taşkın, 2019). Such reasons as embarrassment, fear of having a gynecological examination, anxiety, fear of experiencing pain, fear of encountering the negative behaviors of health workers, privacy concerns and previous bad examination experiences prevent women from going to the examination (Aksu and Turgut, 2020; Özcan et al., 2020; Saleh et al., 2018). There is also an information gap on issues such as the influence of individual factors, insufficient awareness of pap-smears, lack of knowledge, previous pap-smears and health screening behaviors. For these reasons, the aim of the study is to determine attitudes toward early diagnosis of cervical cancer and associated factors in Turkish women.

2. Methods

This research is cross-sectional type. The study was carried out in the central district of Manisa, located in the Aegean Region in western Türkiye. The population of the study consisted of women registered to a Family Health Center (N=2918). The research was determined by using the purposive sampling method, one of the improbable sampling techniques. It was determined with the Openepi program that a sample size of at least 339 was needed to achieve a 95% confidence interval, a 50% unknown prevalence, and a 5% margin of error (Dean et al., 2013). Women aged 30 – 65 years old who agreed to participate in the study, still having or have had active sexuality, and giving birth at least 6 months ago were included to the study. In Türkiye, cervical cancer screening is carried out in sexually active women aged 30 and over. Therefore, women under the age of 30 were not included in the study. Women

who had hysterectomy (total or subtotal) were not included in the scope of the cervix cancer national screening program in Türkiye. Therefore, pregnant women and women who had undergone hysterectomy were excluded from the study.

2.1. Data Collecting

Data collection form and cervical cancer early diagnosis attitude scale form prepared by the researcher in line with the related literature were filled by the women who agreed to participate in the study. The data were collected from women who applied to the Family Health Center, by face-to-face interview method, in approximately 20 minutes.

2.2. Data Collection Tools

Sociodemographic form: A form with 40 questions prepared by the researchers, taking into account the relevant literature, was used as a data collection tool (Ashtarian et al., 2017; Bekar et al., 2013; Büyükkayacı et al., 2015,). The questions in the form aimed to evaluate the gynecological examination (13 question) and presence of pap-smear (8 question) of the women according to their socio-demographic (12 question) and obstetrical aspects (7 question).

Cervical Cancer Early Diagnosis Attitude Scale Form (CCEDAS): This scale validated in Turkish by Özmen and Özsoy (2004) aimed to evaluate the attitudes of women towards cervical cancer (Özmen and Özsoy, 2009). The scale consists of four subscales which are "sensitivity", "severity", "barriers" and "benefits" and a total of 30 questions. The highest score to be obtained from the scale is 150 and the lowest score is 30. High scores obtained from the scale show that the person has positive attitudes towards the early diagnosis of cervical cancer. For the entire scale and the subscales, the Cronbach's Alpha coefficient was calculated as 0.89 - 0.70. In this study, the Cronbach's Alpha coefficient was found as 0.71.

2.3. Statistical Analysis

Statistical analyses were performed using Statistical Package for Social Science (SPSS) version 22.0. Descriptive statistics were used to analyze the socio-demographics, gynecological examination and CCEDAS scores. Skewness (±1.96) and kurtosis (±1.96) values indicated that the CCEDAS scores were normally distributed. Student's t test was used to compare the CCEDAS score with sociodemographic and gynecological examination characteristics. Results were considered statistically significant if the p-value was less than 0.05.

2.4. Ethical Considerations

The study approval was obtained from Manisa Celal Bayar University Medical Faculty Ethics Committee (Date: 18.04.2018, REF: 20.478.486) and the informed consent form was obtained from the participants. The researcher explained the study's purpose and rationale to make sure that participants understood the nature of the study. All participants signed the consent form.

3. Results

The mean age of the women in the study was 38.7±6.52. It was determined that 45.1% of women who participated in the study were elementary school graduate, 23.6% were employed, 95.0% were married, 82.3% had 2 or more children and 57.2% had their last delivery by caesarean (Table 1).

Table 1. Descriptive Features of the Women Included to the Research Group

Features	n	%
Age	Mean±SD=38.7±6.52, min=30, max=64	
30-34	94	27.7
35-39	124	36.6
40-44	56	16.5
45-49	40	11.8
50 and above	25	7.4
Educational Status		
Primary school and less	153	45.2
Secondary school	50	14.7
High school	111	32.7
Graduated	25	7.4
Employment Status		
Employed	80	23.6
Unemployed	259	76.4
Marital Status		
Married	322	95.0
Single	17	5.0
Number of Living Delivery		
0	7	2.1
1	53	15.6
2 and more	279	82.3
Last Mode of Delivery (n=332)		
Caesarean	190	57.2
Normal	142	42.8
Total	**339**	**100**

It was found that only 16.8% of the women who participated in the research underwent a regular gynecological examination. 42.2% of women having regular gynecological examinations stated that they had gynecological examinations once a year. The women with no regular gynecological examination stated that the reason for not undergoing the test was because of the shape of examination table (59.2%), feeling uncomfortable during the examination (55.7%), and feeling embarrassed during the examination (54.3%). 39.2% of women stated that the gender of doctor is important and 95.5% stated that they preferred a female doctor for gynecological

examination. It was found that 18.9% of women have knowledge on cervical cancer and 26.8% have knowledge on pap-smear tests. Also, it was seen that 64.3% of women had a pap-smear test and 61.5% with a pap-smear test underwent the test for once. While 57.9 % without a pap-smear test experience attributed this to their hesitation for examination; 58.7 % to their unwillingness to lay on the examination table; 38% to the fear of getting a bad result; 33.9% to not to have any disease symptom; 26.4% to fear of feeling pain during the examination. Also, 8.9% of women had a cervical cancer story in their family history (Table 2).

Table 2. Some Gynecological Examination Features of the Women in the Pap-Smear and Cervical Cancer Research Group

Feature	n	%
Regular Gynecological Examination		
Undergoing	57	16.8
Not undergoing	282	83.2
Frequency of Regular Examination (n=57)		
Once every six months	19	33.3
Once every year	24	42.1
Every other year	14	24.6
Reason for not to Have Regular Examination (n=282)*		
Shape of the examination table	167	59.2
Not feeling comfortable on examination table	157	55.7
Embarrassment- shyness	153	54.3
Fear	90	32.3
Having no complaint / or need	91	31.9
Is it Matter the Gender of the Medical Examiner?		
Yes	133	39.2
No	206	60.8
Preference of the Gender of the Medic (n=133)		
Female	127	95.5
Male	6	4.5
Having Knowledge on Cervical Cancer		
Yes	64	18.9
No	275	81.1
Having Knowledge on Pap-Smear		
Yes	91	26.8
No	248	73.2
Having Pap-Smear Screening		
Yes	218	64.3
No	121	35.7
Number of Pap-Smear Having up to Present (n=218) **		
1	134	61.5
2	51	15.0
3	22	10.1
4 and more	11	5.1
Reason for not to Having Pap-Smear (n=121)*		
Not wanting to lay on the examination table	71	58.7
Embarrassed to have an examination	70	57.9
The fear of bad results	46	38.0
No symptoms for disease	41	33.9
The fear of feeling pain during the examination	32	26.4
Status for Cervical Cancer in Family History		
Yes	30	8.9
No	309	91.1
Total	**339**	**100**

*More than one option is marked. ** Answered by the ones who claimed to have had pap-smear test before.

The mean score for sensitivity perception was found to be 27.88±3.71; for severity perception, it was found to be 27.86±3.38; for barriers perception, it was found to be 21.00±2.46; for benefit perception, it was found to be 22.66±266 when the scores of women from CCEDAS were compared. The total score in scale was found as 99.38±7.11 meaning that women's attitudes towards the basic diagnosis of cervical cancer are medium level (Table 3).

Table 3. Attitude Scale for Early Diagnosis of Cervical Cancer Sub-Dimensions and Total Scores of the Women in the Research Group

ASEDCC Sub-Dimensions	Min-Max	Mean±SD
Sensitivity Perception (9 question)	9-45	27.88±3.71
Severity Perception (8 question)	8-40	27.86±3.38
Barriers Perception (7 question)	7-35	21.00±2.46
Benefit Perception (6 question)	6-30	22.66±2.66
Total Score	74-111	99.38±7.11

Table 4. Comparison of the mean scores of women's attitudes towards early cervical diagnosis with some features of women

Feature	Sensitivity Perception		Severity Perception		Barriers Perception		Benefit Perception		Total Score	
	Mean±SD	*t/p	Mean±SD	*t/p	Mean±SD	*t/p	Mean±SD	*t/p	Mean±SD	*t/p
Age										
38 and less (n=197)	27.48±3.50	-2.17	28.00±3.29	0.85	21.21±2.46	1.92	22.65±2.30	-0.08	99.36±7.31	-0.08
39 and over (n=142)	28.37±3.95	0.03	27.68±3.49	0.39	20.69±2.44	0.05	22.67±1.96	0.92	99.42±6.84	0.93
Educational Status										
Secondary school and less (n=203)	28.15±3.78	1.81	27.97±3.30	0.71	20.91±2.35	-0.76	22.54±2.08	-1.22	99.59±6.98	0.65
High school and more (n=136)	27.41±3.57	0.07	27.70±3.50	0.47	21.12±2.62	0.44	22.83±2.28	0.21	99.08±7.31	0.51
Marital Status										
Married (n=322)	27.86±3.71	0.24	27.89±3.39	0.56	20.95±2.45	-1.31	22.69±2.15	1.06	99.41±7.47	0.26
Single (n=17)	27.64±3.79	0.81	27.41±3.29	0.57	21.76±2.56	0.19	22.11±2.47	0.28	98.94±8.44	0.79
Employment Status										
Yes (n=80)	27.97±3.98	0.32	28.23±3.37	1.12	21.02±2.63	0.10	22.96±2.28	1.41	100.20±7.40	1.16
No (n=259)	27.82±3.63	0.74	27.75±3.38	0.26	20.99±2.41	0.91	22.57±2.12	0.15	99.13±7.01	0.24
Number of Deliveries										
Caesarean (n=197)	27.36±3.59	-2.67	27.79±3.48	-0.45	21.15±2.56	1.14	22.65±2.26	-0.04	98.97±7.16	-1,22
Normal (n=142)	28.47±3.86	0.00	27.96±3.28	0.65	20.84±2.32	0.25	22.66±2.05	0.96	98.95±7.12	0.22
Having Made Regular Gynecological Examination										
Yes (n=57)	29.15±3.78	2.92	28.05±3.69	0.45	20.68±1.83	-1.06	23.61±1.89	3.69	101.50±5.97	2.48
No (n=282)	27.59±3.65	0.04	27.82±3.32	0.65	21.06±2.57	0.29	22.47±2.17	0.00	98.96±7.25	0.01
Preference of the Gender of the Medic										
Yes (n=133)	27.90±3.65	0.20	28.11±3.19	1.07	20.36±2.57	-3.91	22.56±2.22	-0.68	98.94±6.90	-0.91
No (n=206)	27.82±3.76	0.83	27.70±3.49	0.28	21.41±2.30	0.00	22.72±2.13	0.49	99.67±7.24	0.35
Having Knowledge About Cervical Cancer										
Yes (n=64)	28.39±4.11	1.27	28.17±3.31	-3.48	21.23±2.79	0.84	22.93±2.38	1.12	99.12±7.00	-0.33
No (n=275)	27.73±3.61	0.20	26.56±3.39	0.00	20.94±2.38	0.39	22.60±2.11	0.26	99.45±7.14	0.74
Having Knowledge About Pap-Smear										
Yes (n=91)	28.24±4.10	1.15	28.12±3.30	-2.33	20.98±2.49	-0.05	22.84±2.45	0.93	99.24±7.36	-0.23
No (n=248)	27.71±3.56	0.25	27.16±3.50	0.02	21.00±2.45	0.96	22.59±2.05	0.34	99.44±7.02	0.81
Having Pap-Smear Test										
Yes (n=218)	28.14±3.73	1.92	27.98±3.35	0.86	20.67±2.37	-3.31	23.00±2.13	3.91	99.80±7.11	1.45
No (n=121)	27.33±3.63	0.05	27.65±3.43	0.38	21.58±2.51	0.01	22.05±2.09	0.00	99.23±7.07	0.15
Having Cervical Cancer in Their Family										
Yes (n=30)	30.33±4.33	3.89	28.06±2.91	0.33	21.30±3.08	0.69	22.83±2.30	0.44	102.53±7.1	2.55
No (n=309)	27.61±3.56	0.00	27.84±3.42	0.73	20.97±2.40	0.48	22.64±2.15	0.65	99.08±7.04	0.01

*Student t test

When some of the features of women compared with subfields and total scores of attitude scale on early diagnosis of cervical cancer; mean scores for sensitivity perception were found higher in women older than 39 years old and those who had a normal birth at the last delivery and those with regular gynecological examination. The mean scores for perceived barriers subfield were found to be significantly higher in women who stated that the gender of doctor was not important during examination. The perceived benefit subfield score and the total mean scores were found to be significantly higher in women with regular gynecological examination ($p<0.05$). According to this mean score, sensitivity perception subfield with a total score of scale was found significantly high in women with relatives with cervical cancer in their family ($p<0.05$). One of the mean scores for the other subfields of the scale, which is the perceived severity subfield, was found higher in women with a knowledge of cervical cancer and have been informed on pap-smear ($p<0.05$). The average score of perceived barriers subfield with women who have had pap-smear is found significantly high. The average score of the perceived benefit subfield is found significantly higher in women who have had pap-smear ($p<0.05$, Table 4).

4. Discussion

The study is to determine attitudes toward early diagnosis of cervical cancer and associated factors in Turkish women. Cervical cancer can be effectively controlled in the premalignant stage with screening modalities (Enerly et al., 2016; Papapetrou et al., 2016; Sönmez et al., 2012). To perform this screening at a desired level, women should have regular gynecological examinations. However, there are various obstacles for women to have a gynecological examination and pap-smear screening test such as religious beliefs, cultural reasons, embarrassment, previous bad experience, lack of knowledge about cervical cancer, and pap-smear screening (Dehdari et al., 2016; Öztürk and Gürsoy, 2020). For similar reasons, the number of women who have regular gynecological examinations is quite low in our country (Demiray et al., 2014; Önal and Yılmaz, 2020).

The finding of this study that only one to five women had a regular gynecological examination supports the presence of these obstacles. In this research, it was found that the knowledge of women on pap-smear is inadequate which complies with the literature (Aweke et al., 2017; Duran, 2011; Thapa et al., 2018). 64.3% percent of the women in the scope of this study were seen to have had a pap-smear test. It is thought that higher rates of pap-smear test of women have so far been achieved after the related cervical cancer scanning studies started in 2014 and actions taken by the Ministry of Health as well as the healthcare staffs in charge focused on this issue performing pap-smear sampling in family health centers. In other studies, performed in Türkiye, the results are similar: Gökgöz et al (2013) 51.6%, Deniz et al (2018) 61.0% (Deniz et al., 2018; Gökgöz et al., 2013). Implementation of pap-smear test in other countries is reported on such high levels as 85.0% in Mexico, 81.4% in America and Puerto Rico (Ashtarian et al., 2017). The study supports the findings that obstacles prevent the gynecological examination of women in addition to preventing them from undergoing a pap-smear test (Ashtarian et al., 2017; Dehdari et al., 2016; Sudenga et al., 2013). It was found that the reason for not to have pap-smear test was mostly embarrassment and shyness of the women within the scope of the study and the other reasons were found as fear and having no health complaint. However, it is possible to see that other studies have some similarities in terms of the rate of the reasons for not having a pap-smear test (Ashtarian et al., 2017; Büyükkayacı et al., 2015; Dehdari et al., 2016).

It was determined that attitudes toward early diagnosis of cervical cancer are on a medium level (Table 3), which is also backed by the outcomes obtained in other studies (Akbas et al., 2017; Cimke and Borekci, 2019; Önal and Yılmaz, 2020). Also, it is known that the participation of women in the programs for cervical cancer screening is affected by many personal, social, cultural, and institutional factors. When we compared some features of women with the score for attitudes towards early diagnosis of cervical cancer; the mean score of the women older than 39 years old, with a history of normal delivery in the last delivery, making regular gynecological examination, with a family member diagnosed with cervical cancer with the subfield of sensitivity perception, was significantly found to be higher (Table 4). It was seen that cervical cancer diagnosis attitude becomes higher and attitude towards undergoing pap-smear test increases with the advancing age (Bekar et al., 2013; Önal and Yılmaz, 2020; Thapa et al., 2018). Increasing the perceived sensitivity with the advancing age is an expected finding. Also, it was found that women who have normal delivery in their last delivery, having regular gynecological examinations, and having a family member with cervical cancer stories have significantly higher mean scores in terms of the perception of sensitivity subfield (Jia et al., 2013; Önal and Yılmaz, 2020). It is thought that women encountering cervical cancer in their families and circles tend to have an increased awareness of cervical cancer observing that cervical cancer is a serious disease with its serious medical, social, and economic consequences. The mean score of seriousness perception of the women having knowledge on cervical

cancer and the pap-smear test was found significantly higher which was an expecting result that as the awareness of the women towards the issue increases, perception of seriousness increases, too. The mean score of perceived obstacle subfield level was found to be higher among women who stated that the gender of the medical professional to perform the procedure does not matter; on the other hand, mean score for perceived benefit sublevel was higher in women with a regular gynecological examination and undergoing a pap-smear test. The data of the study confirmed the perception of obstacles and benefits. It was determined that the perception of an obstacle for a pap-smear is significantly low for women who had a regular gynecological examination in the study conducted by Kızılırmak (2018). Not feeling the need for examination, lack of awareness and also feelings of embarrassment are mentioned as obstacles for pap-smear in the study by Thapa et. al (2018), which was found higher with the total score of the scale for women with a regular gynecological examination and relatives with cervical cancer. Therefore, it was supposed that the interventions aiming at removing the obstacles related to the gynecological examination could overcome the obstacles for the implementation of the pap-smear test.

4.1. Limitations

The data of this study were collected from women who applied to a single Family Health Center in a city in western Türkiye. Therefore, it cannot be generalized to all women.

5. Conclusion

It was determined that the attitudes of women towards early detection of cervical cancer were moderate. It was observed that having regular gynecological examinations and having persons with cervical cancer in their families affects the attitudes of women towards early diagnosis of cervical cancer. It also clearly demonstrated that women's gynecological examination habits affect their attitudes toward early diagnosis of cervical cancer and their pop smear status. It is important to determine the variables that affect women's health behavior attitudes by using qualitative research methods in future studies.

Article Informations

Evaluation: Two External Reviewers / Double Blind

Ethical Consideration: The study approval was obtained from Manisa Celal Bayar University Medical Faculty Ethics Committee (Date: 18.04.2018, REF: 20.478.486) and the informed consent form was obtained from the participants. The researcher explained the study's purpose and rationale to make sure that participants understood the nature of the study. All participants signed the consent form.

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Similarity Screening: Done – iThenticate

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Research Design (CRediT 1):	HG (%30) - SCU (%70)
Data Collection (CRediT 2)	HG
Research - Data Analysis - Verification (CRediT 3-4-6-11)	HG (%50) - SCU (%50)
Writing the Article (CRediT 12-13)	HG (%30) - SCU (%70)
Development and Revision of the Text (CRediT 14)	HG (%30) - SCU (%70)

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