



RESEARCH ARTICLE / ARAŞTIRMA YAZISI

The Relationship of Forgiveness and Tolerance with Depression in Women

Kadınlarda Affetme ve Toleransın Depresyon ile İlişkisi

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Abstract:

Depression is more prevalent in women than in men. This situation cannot be explained with only biological differences, and more research is needed in this regard by emphasizing the status of women in society. In this descriptive and relational screening type study, the relationship of forgiveness and tolerance with depression in women was examined. The study was carried out online in June 2020 with the participation of 414 women. The data were collected through Identifying Information Form, Forgiveness Scale, Tolerance Scale, and DAS-21 Depression Subscale. In the study, it was determined that forgiveness scores of the participants who were 45 years old and above, whose duration of marriage was 12 years and above, who were employed, and whose economic status was moderate were high; tolerance scores of those who had postgraduate education level, who were single, whose economic status was good, and whose intra-family communication was at a moderate level were found to be high; and depression scores of those who were between 18-26 years old, who were high school graduates, who were single, whose economic status was poor, who had extended families, whose intra-family communication was poor, and who experienced a crisis were determined to be high ($p<.05$). While a weak and negative relationship between forgiveness and depression, and a weak and positive relationship between forgiveness and tolerance were found, no significant relationship between tolerance and depression was determined ($p<.001$). As a result of the study findings, it can be stated that forgiveness could be helpful for women to be relieved from the negative load that leads to depressive emotions.

Keywords: Woman, forgiveness, tolerance, depression

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Öz:

Kadınlarda depresyon prevalansı erkeklere göre daha yaygındır. Bu durum sadece biyolojik farklılıklar ile açıklanamamakta, kadının toplumdaki konumuna vurgu yapılarak daha fazla araştırmaya ihtiyaç duyulmaktadır. Tanımlayıcı ve ilişki arayıcı tipte olan bu araştırma ile kadınlarda affetme ve toleransın depresyon ile ilişkisi incelenmiştir. Araştırma online olarak Haziran 2020’de gerçekleştirilmiş ve 414 kadın katılmıştır. Veriler Tanıtıcı Bilgi Formu, Affedicilik Ölçeği, Tolerans Ölçeği ve DAS-21-Depresyon alt boyutu ile toplanmıştır. Araştırmada 45 ve üstü yaşta olanların, evlilik yılı 12 ve üstü olanların, çalışanların, ekonomik durumu orta olanların affetme; lisansüstü eğitimi olanların, bekarların, ekonomik durumu iyi olanların ve aile içi iletişimi orta olanların tolerans; 18-26 yaş grubunda, lise mezuniyeti olanların, bekar olanların, ekonomik durumu kötü olanların, geniş aileye sahip olanların, aile iletişimi kötü olanların ve bir kriz yaşayanların depresyon puanlarının yüksek olduğu belirlenmiştir ($p<.05$). Affetme ve depresyon arasında zayıf düzeyde negatif yönlü, affetme ve tolerans arasında ise zayıf düzeyde pozitif yönlü ilişki varken; tolerans ve depresyon arasında önemli bir ilişki saptanmamıştır ($p<.001$). Araştırma sonuçlarına göre kadınların depresif duygulara yol açan olumsuz yükten kurtulmalarında affetmenin yardımcı olacağı söylenebilir.

Anahtar Kelimeler: Kadın, affetme, tolerans, depresyon

Introduction

Epidemiological research shows that major depression, dysthymia, and anxiety disorders are two to three times more prevalent in women than in men starting from adolescence (Anber, Akar and Altun, 2021; Rotenstein et al., 2016; Ergol and Kuzu, 2016; Kilic, 1998). In the Turkey Mental Health Profile study, it was reported that mental disorders were seen at a rate of 17.1% in the society, and that all mental disorders except alcohol addiction was more prevalent in women (women 22.4%, men 10.9%) (Kilic, 1998). Although the prevalence of depression in women is associated with biological differences such as premenstrual, pregnancy, and postpartum periods, it is known that gender roles that determine the status of women in society are effective in this respect (Faravelli et al., 2013). In this regard, depression is explained with socio-economic problems stemming from education and opportunity inequality between sexes, the multitude of traumatic experiences, the weak status of women in society, their external orientation, low status, and vulnerability (Binbay et al., 2014), and the belief that negative events cannot be controlled, and the intensity of desperation and hopelessness are also emphasized (Anber, Akar and Altun, 2021).

The concept of forgiveness, which facilitates one to get rid of the pain and suffering caused by negative experiences and emotions, is defined as a component in overcoming depression, anxiety, relationship conflicts and crises in a healthy way (Worthington et al., 2016). Through forgiveness, individuals can get rid of their emotions such as anger, stress, sadness, and revenge, thus they positively treat the person who has hurt them with mercy, empathy, and compassion (Davis et al., 2015). It has been reported that forgiveness is affected by such variables as gender and age, and that women and young individuals show forgiveness at a lower level (Charzyńska, 2015; Derdaele et al., 2019). It is seen that forgiveness has a positive effect in terms of getting rid of mental distress and protecting and improving health, and that forgiveness therapies provide benefits in the treatment of disorders (Rasmussen et al., 2019). Although it has been reported that forgiveness has an important contribution to particularly reducing depressive symptoms, it has also been emphasized that it

may lead to the continuation of problematic relationships and partner violence (McNulty and Russell, 2016). There are many concepts associated with forgiveness.

There are many concepts related to forgiveness and one of these concepts is tolerance. Tolerance, forbearance, and patience have similar meanings. In its most general sense, tolerance means the ability to stand stress, load, pain and pressure without receiving any harm. Tolerance requires avoiding using the power one has, along with bearing and showing patience (Ersanli and Ozcan, 2017). Places where the quality of life is high, scientific and cultural creativity are deemed important, individuals can easily express themselves, there is cultural difference and diversity are defined as places where there is high tolerance (Moore and Ovadia, 2006). As individuals’ level of tolerance decreases, the perceived stressful situations, and the feeling of discomfort, negative emotions, and violence resulting from such situations are observed to increase (Duran, Karadas and Kadder, 2016). In studies conducted on tolerance, it has been determined that individuals with high level of tolerance experience negative emotions such as anger less (Duran, Karadas and Kadder, 2016; Akkoc, 2011).

The fact that depression leads to loss of ability and has negative results such as death requires dealing with depressed individuals with care (Ergol and Kuzu, 2016). Considering the critical role of women in shaping the future of the society, the presence of depression affects not only women individually, but it also decreases the quality of and satisfaction with the relationships established with especially children and adults for whom the woman primarily provides care (Binbay et al., 2014). Therefore, investigating the variables that have a role in the formation of depression is as important as early diagnosis of depression prevalent in women and its treatment. When the literature was reviewed, it was seen that studies that aimed to examine the factors affecting depressive complaints of women were conducted, but no study that analyzed the effect of forgiveness and tolerance levels on depression was encountered. Accordingly, in this study, it was aimed to examine women’s forgiveness, tolerance, and depression levels and the relationship of these variables with each other.

Methods

The study was conducted as a descriptive and relational screening research.

Population and Sample

The population of the study consisted of women who were 18 years old and above. Considering the significance level at 5% with 80% confidence interval and 0.12 effect size, the sample size indicated by the G-power program was found to be 398 women. Inclusion criteria were being a woman, being voluntary to participate in the study, being at the age of 18 and above, and being literate. As exclusion criteria were being a man, being under the age of 18, not wanting to participate in the study and being in quarantine due to COVID-19 infection. The study was conducted in June 2021 and random snowball sampling was performed; the questionnaires were administered through an online form, and the study was completed with 414 women.

Data Collection Tools

Identifying Information Form:

This form prepared by the researcher consisted of 11 questions seeking socio-demographic data. As individuals infected with COVID-19 or in quarantine could affect depression levels, which was one of the study variables, this condition of the participants was questioned with an item so as to exclude these individuals from the study.

Forgiveness Scale (FS):

The scale was developed by Berry et al. (2005), is made up of 10 items and one dimension, and it is a 5-Point Likert-type scale. The scale aims to determine the forgiveness level of an individual and is based on self-report. Participants evaluate their views on the scale item by choosing between "Strongly Disagree (1)" and "Completely Agree (5)". Items 1, 3, 6, 7, and 8 are reversely scored, and the total score to be obtained from the scale is between 10-50. High scores indicate high level of forgiveness. The Turkish validity and reliability studies of the scale was carried out by Saricam and Akin (2013), and the Cronbach's alpha internal consistency coefficient of the scale was found to be 0.67. In the present study, the Cronbach's alpha coefficient was determined as 0.70.

Tolerance Scale (TS):

The scale was developed by Ersanli (2014) in order to evaluate individuals' attitudes towards tolerance. The 5-point Likert-type scale consists of 11 items and one dimension. Each item is scored by choosing from "Strongly Disagree (1)" to "Strongly Agree (5)". All items on the scale except Item 3 are reversely scored, and the total score to be obtained from the scale ranges from 11 to 55. High scores to be obtained show high level of tolerance

in individuals. The Cronbach's alpha coefficient of the original scale was found as 0.84. The Cronbach's alpha coefficient of the scale was determined to be 0.77 in the present study.

Depression-Anxiety-Stress Scale Short Form (DAS-21):

The original scale included 42 items to measure depression, stress, and anxiety. Later, Henry and Crawford (2005) created a 21-item short form of the scale, it was adapted to Turkish by Saricam (2018) in normal and clinical samples, and test correlation coefficients in the normal population were measured as 0.68 for depression, 0.66 for anxiety, and 0.61 for anxiety. In the clinical sample, on the other hand, it was reported to have distinguishing characteristics between individuals who are diagnosed or not diagnosed with depression, anxiety, and stress. In the present study, items 3, 5, 10, 13, 16, 17, and 21 of the scale, which questioned the depression subscale of the scale, were used. The scale has a 4-point Likert-type rating: "Not at all suitable for me (0)" and "Totally suitable for me (3)". The total score to be obtained from DAS-21 Depression subscale is between 0-21 points. In the study, the Cronbach's alpha coefficient was determined as 0.87.

Data Analysis

The statistical analyses for the study were performed through SPSS 25.0 software. The compliance of the data with normal distribution was evaluated with Kolmogorov-Smirnov test, and it was seen that the data had normal distribution. In the presentation of the data, numbers, percentage, mean, and standard deviation were used. T-test in independent samples, One-Way Analysis of Variance, and Spearman correlation test were used in the analyses. $P < 0.05$ was accepted as significance level in statistical decisions.

Results

414 women between 18-65 years old participated in the study, which aimed to compare women's forgiveness, tolerance, and depression levels according to identifying characteristics and examine the relationship of these variables with each other. It was determined that the majority of the participants were in the 18-26 age group (35.01 ± 11.12), university graduates, and married, and that of the married women, 45.8% had a duration of marriage of 18 years and above (16.51 ± 9.13). It was found that most of the women were employed, had a moderate economic status, lived in the city center, and had a nuclear family. 63.5% of the women defined their intra-family communication as good, and 26.1% reported that they experienced a crisis (family conflict, learning the diagnosis of a disease, experiencing loss, etc.) (Table 1).

Table 1. Women’s forgiveness, tolerance, and depression scores according to their identifying characteristics

	n (%)	Forgiveness		Tolerance		Depression	
		X±SD	Test value P	X±SD	Test value P	X±SD	Test value P
Age							
18-26	125 (30.2)	29.36±6.42 ¹		21.04±6.13		10.69±4.97 ¹⁻³	
27-35	90 (21.7)	29.83±6.32 ²	F=6.824	18.85±4.76	F=2.316	7.47±5.41 ¹	F=12.297
36-44	103 (24.9)	31.17±6.80	.000	20.63±7.02	.075	7.29±5.05 ²	.000
45 and above	96 (23.2)	33.07±6.03 ^{1,2}		20.22±6.55		7.58±4.39 ³	
Education status							
Primary school	44 (10.6)	33.07±6.04		18.92±5.19		9.14±7.18	
High school	57 (13.8)	31.14±7.06	F=0.706	18.40±4.81 ¹	F=2.786	9.08±5.72 ¹	F=3.576
University	249 (60.1)	30.66±6.33	.549	20.45±6.25	.040	8.69±5.07 ²	.014
Post-graduate	64 (15.5)	30.43±7.32		21.43±7.15 ¹		6.51±4.49 ^{1,2}	
Marital status							
Married	227 (54.8)	31.25±6.77	t=-1.621	19.75±6.33	t=-2.019	7.05±6.06	t=-6.116
Single	187 (45.2)	30.19±6.33	.106	20.91±6.05	.044	10.09±4.76	.000
Marriage duration (n=227)							
1-5 years	28 (13.3)	26.96±7.77 ^{1,2}		17.64±4.02		6.84±4.37	
6-11 years	41 (18.1)	31.19±6.32	F=4.449	19.34±4.73	F=1.400	6.46±5.75	F=.278
12-17 years	54 (23.8)	31.55±6.32 ¹	.005	20.37±6.60	.244	7.14±5.08	.841
18 years and above	104 (45.8)	32.33±6.32 ²		20.33±7.24		7.21±4.15	
Employment status							
Employed	247 (59.7)	31.27±6.86	t=-2.121	20.51±6.48	t=.494	7.07±4.62	t=-6.549
Unemployed	165 (40.3)	29.92±6.06	.035	20.19±6.02	.622	10.3±5.29	.000
Economic status							
Poor	81 (19.5)	29.03±6.13 ¹	F=4.129	18.38±5.22 ^{1,2}	F=4.810	11.13±5.37 ^{1,2}	F=32.901
Moderate	242 (58.5)	31.43±6.36 ¹	.017	20.64±6.41 ¹	.009	7.98±4.86 ¹	.000
Good	91 (22)	30.57±7.31		20.96±6.33 ²		6.38±4.29 ²	
Place of residence							
City center	339 (81.9)	30.98±6.69	t=-1.398	20.32±6.49	t=.361	8.43±5.27	t=-.684
District/village	75 (18.1)	29.81±6.05	.161	20.04±4.95	.718	8.80±4.93	.495
Family structure							
Nuclear family	368 (88.9)	30.77±6.77	t=-.031	20.37±6.39	t=-1.673	7.99±5.09	t=-4.163
Extended family	31 (11.1)	30.74±5.40	.976	18.90±4.54	.102	11.93±4.51	.000
Intra-family communication							
Poor	24 (5.8)	29.0±6.38	F=-1.165	17.21±3.74 ¹	F=5.299	14.27±4.49 ^{1,2}	F=37.648
Moderate	127 (30.7)	30.29±6.82	.313	21.58±6.44 ¹	.005	10.8±5.06 ¹	.000
Good	263 (63.5)	31.09±6.92		19.82±6.13		7.02±4.69 ²	
Having experienced a crisis							
Yes	108 (26.1)	30.74±6.24	t=-.038	20.26±6.59	t=-.013	9.91±5.11	t=-3.511
No	306 (73.9)	30.78±6.71	.963	20.27±6.51	.990	7.90±5.14	.001

T-test in independent groups, One-Way Analysis of Variance, Tukey test, p<.05

The women’s forgiveness mean score was 30.77±6.59 (12-47), tolerance mean score was 20.27±6.23 (11-47), and depression mean score was 8.42±5.21 (0-21). When the women’s forgiveness scores were compared, it was determined that the forgiveness scores of those who were 45 years old and above, whose durations of marriage were 12 years and above, who were employed, and whose economic statuses were moderate were high (p<.05) (Table 1). When tolerance scores were compared, it was determined that the tolerance levels of those who had post-

graduate education level, who were single, whose economic statuses were good, and whose intra-family communications were moderate were high (p<.05) (Table1). When the depression scores were compared, it was determined that the depression scale scores of those who were in the 18-26 age group, who were high school graduates, who were single, whose economics statuses were poor, who had extended families, whose intra-family relations were poor, and who reported having experienced a crisis were high (p<.05) (Table 1).

Table 2 The relationship between the women’s levels of forgiveness, tolerance, and depression

		Depression	Forgiveness
Forgiveness	r	-.190**	1
	p	0.000	
Tolerance	r	-.071	.190**
	p	0.152	0.000

Pearson correlation test, **p<.001

In Table 2, the relationship between the women’s levels of forgiveness, anxiety, and depression is presented. It was determined that there was a weak and negative relationship

between forgiveness and depression, a weak and positive relationship between forgiveness and tolerance, and no

statistically significant relationship between tolerance and depression ($p < .001$) (Table 2).

Discussion

The prevalence of depression in women is a situation that directly affects the well-being of women and indirectly affects children and adults for whom women provide care. For this reason, it is important to examine the variables related to depression.

In the study, the women's forgiveness mean score was 30.77 ± 6.59 (12-47) and it can be stated that forgiveness mean score of the women was at a moderate level. It was determined that the forgiveness scores of the participants who were 45 years old and above, whose marriage durations were 12 years and above, who were employed, and whose economic statuses were moderate were high. It has been reported that forgiveness increases along with aging, that older adults are more prone to forgive others on account of their faults compared to younger individuals, and that the tendency to forgive could be a part of aging process (Charzyńska, 2015). In the psychosocial crisis experienced in older ages, which was defined by Erikson, aged individuals try to establish a balance between emotions of desperation and gaining ego integrity, and it can be claimed that forgiveness has a facilitating role in the developmental task aimed at establishing this balance (Derdaele et al., 2019). A study conducted with the participation of aged adults (75+) provides evidence for the fact that forgiveness could be a source of functionality in older ages (Dezutter, Dewitte and Schellekens, 2019). In a study conducted with the participation of married couples who reported to have experienced a significant betrayal, it was found that the strong parenting alliance between the spouses was mostly related with forgiveness. The forgiveness process in the relations of couples takes place first as the formation of "a realistic, undistorted, and balanced view of the relationship", and then as "freeing from the negative emotion felt against the partner", and finally as "decrease in the desire to punish the partner" (Gordon et al., 2009). It has been reported that the high tendency of the couples regarding relationship conflicts and problems contributes to reconciliation, solution, and establishing a relationship again (Orthankhil, Vansteenwegen and Burggraave, 2008). It is seen that the findings of the present study are consistent with the literature. It can be claimed that the increase in forgiveness as the age and duration of marriage increase is a normal consequence of life periods, and that forgiveness similarly contributes to the solution of conflicts in marriage process. When the relationship between the level of happiness and forgiveness was examined, it was determined that individuals with high levels of happiness were more eager to forgive, that very happy individuals were more forgiving someone who committed homicide, and that happiness rather than sadness brought along more forgiveness (Jiang et al., 2015). It can be stated that the high level of forgiveness in women who are employed and do not experience economic difficulty can be effective in the high level of forgiveness by the increase in positive emotions and life satisfaction that occur as a consequence of having an economic income, a career, and a status.

The mean score of the women obtained from the tolerance scale was determined as 20.27 ± 6.23 (11-47), and it can be stated that women had low levels of tolerance. Similarly, in a study conducted with emergency nurses, it was found that the mean score of tolerance was 21 (11-45)

(Almalahy, 2017). It was determined that the tolerance levels of women who had post-graduate education, who were single, who had no economic difficulty, and whose intra-family communications were not poor were significantly high. In a study, it was determined that tolerance levels of those who had undergraduate and post-graduate education were higher compared to those with high school education level, and those who were satisfied with their economic situation had higher levels of tolerance in comparison to those unsatisfied with their economic status (Almalahy, 2017). In a study conducted by Akkoc (2011) with the participation of healthcare professionals, it was found that although education status did not have any effect on tolerance level, marital status affected tolerance level, and that married individuals had higher levels of tolerance compared to single individuals. It has been reported that the tolerance levels of individuals living in certain states in the USA were found to be higher, and that this situation was a result of the high level of education in those states (Moore and Ovadia, 2006). Ersanli and Ozcan (2017) determined that tolerance among married individuals was higher in men than in women, and that age, marital status, duration of marriage, and perceived economic level did not lead to a change in tolerance levels. It can be claimed that the increase in tolerance along with the increase in education level is related with the aspect of education that improves individuals' perspectives and makes them respect individual differences, and that this situation is consistent with the findings of the present study. It is noteworthy that there are different results obtained in the literature regarding marital status, economic status, and intra-family communication. When tolerance is considered to be the ability to stand and bear, it can be stated that as conditions become more challenging, the level of tolerance may decrease, and that economic difficulties and intra-family communication difficulties can decrease tolerance by increasing stress.

The depression scale mean score was found to be 8.42 ± 5.21 (0-21), and it can be stated that the women had low levels of depression. When the participants' depression scores were compared, it was determined that the depression scores of those who were in the 18-26 age group, who were high school graduates, who were single, whose economic statuses were poor, who had extended families, whose intra-family communications were poor, and who reported to have experienced a crisis (family conflict, learning the diagnosis of a disease, experiencing loss, etc.) were high. In a study conducted to determine the risk factors in depression, being in the 25-44 age group, being burdened with familial responsibilities, and being a woman were found to be risk factors (Unal et al., 2002). In a study in which mental distress was investigated, it was reported that young individuals experienced more mental distress in comparison to middle aged and older individuals (Faravelli, et al., 2013). Depression was found to be more prevalent in individuals who had low income and belonged a social class that brought along challenging living conditions (Binbay et al., 2014). Situations such as traumatic experiences encountered in life and causing a crisis, diseases, traumatic experiences caused by humans or natural causes, and being exposed to neglect and abuse in childhood may lead to depression (Aker, 2006). In a study examining the prevalence of depression in women, it was found that depression was at a higher level in women who had experienced marital problems (Kıvrak et al., 2015). It is seen that the findings of the present study are

consistent with the literature. Youth is a developmental period that hosts many uncertainties such as finding a job and a partner, and individuals are exposed to many academic, social, and economic stressors while passing from adolescence to adulthood and gaining independence. Also, the burdens of women with low income and living with an extended family increase, the negative intra-family communication reduces their social support, and depressive symptoms may intensify along with the crises experienced.

When the relationship between the women's levels of forgiveness, tolerance, and depression was examined, it was determined that there was a weak and negative relationship between forgiveness and depression, and a weak and positive relationship between forgiveness and tolerance, while no statistically significant relationship was found between tolerance and depression. In a meta-analysis study in which the relationship of forgiveness with physical and mental health was examined, it was found that forgiveness positively correlated with physical and mental health, and that its correlation with mental health was at a higher level (Davis et al., 2015). When the effect of forgiveness and hope on depression was examined, it was demonstrated that forgiveness had a mediating role in the relationship between the level of hope and depression symptoms, and that the tendency to forgive reduced the probability of depression (Kaleta & Mróz, 2020). In a study conducted in China, the forgiveness and depression levels of individuals who had been hurt by someone else in the last two weeks were analyzed, and it was reported that the existence of depressive symptoms was predictive of decrease in forgiveness (Zhang et al., 2020). In a study conducted with female nurses, it was found that forgiveness was related with psycho-social well-being and the consequences of decreased psychological distress (Long et al., 2020). It was demonstrated in a study that there was a relationship between lack of forgiveness and mental distress, and that self-compassion had a mediating role in this relationship, and that as self-compassion decreased, the relationship between lack of forgiveness and depression became stronger (Chung, 2016). It is seen that the negative relationship found in the study between forgiveness and depression is consistent with the literature. It can be claimed that as the tendency to forgive increases, depression decreases. Another finding of the study was that there was a weak and positive relationship between forgiveness and tolerance. When it is considered that the concept of tolerance includes being merciful and forgiving, it can be stated that these two concepts feed one another, and that the positive relationship between them is an expected situation. In the study, no significant relationship was found between tolerance and depression. Although no study was found in the literature that examined the relationship between tolerance and

depression, it was reported that as tolerance increased, negative emotions such as anger decreased (Duran, Karadaş and Kadder, 2016). It can be stated that there is no relationship between depression, which is a mental problem that includes complicated physical and psychological variables and occurs as a result of multi-dimensional variables, and tolerance.

Limitations of study

As the limitations of this study, it can be said that due to the fact that the data were collected online under pandemic conditions, the women participating in the study presented self-reported information and the accuracy of this information could not be confirmed.

Conclusion

Protecting and improving women's mental health will indirectly ensure protecting and improving the mental health of the society. Depression being a prevalent mental health problem in women requires analysis of variables associated with depression. It was determined that there was a negative relationship between forgiveness and depression, a positive relationship between forgiveness and tolerance, and no significant relationship between tolerance and depression. In the light of these results, it can be claimed that forgiveness could be helpful in terms of women's being relieved from the negative burden that leads to depressive emotions. It may be beneficial to evaluate women in terms of depression by mental health professionals and to gain skills to increase the level of forgiveness that can protect and improve mental health. It is also recommended that more advanced studies including both sexes and a wider sample should be carried out.

Declarations

Ethics Approval and Consent to Participate

Before starting the study, ethical approval was obtained from Kırşehir Ahi Evran University Non-Interventional Research Ethics Committee with the decision dated 06.04.2021 and numbered 2021-07/71. The data were collected in accordance with the Helsinki Declaration, each participant was informed through voluntary consent form, and their consent was taken.

Consent for Publication

Not applicable.

Availability of Data and Materials

Data sets used and / or analyzed during the study can be obtained from the relevant author upon appropriate request.

Competing Interests

The author declares that no competing interests in this manuscript.

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Authors' Contributions

All the authors worked all parts of the study. All authors have read and approved the final version of the article.

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