

The Experiences of Adolescents with Their First Pregnancy: A Qualitative Research

Abstract

Background: Adolescent pregnancies are associated with increased health risks, including preeclampsia, premature birth, anemia, infections, mental health issues, low birth weight, and higher mortality rates for both mother and baby.

Aim: This study aimed to examine the experiences of adolescents regarding their first pregnancy.

Methods: This research was performed as a phenomenological study that utilized qualitative research methods. Individually face-to-face interviews were conducted with 19 adolescents using a semi-structured interview form. The qualitative data were analyzed using content analysis and descriptive analysis approaches.

Results: The analysis of data regarding adolescents' first pregnancy experiences yielded 4 themes and 12 sub-themes. The participating adolescents were aged 16-19; seven of them had received 10 years or more of education, and all lived in the city center. It was found that the adolescents could not adopt behaviors conducive to a healthy lifestyle. Some wished to terminate their pregnancies due to an unwillingness or inability to accept being pregnant. They also received inadequate prenatal care, faced difficulties in baby and personal care, and experienced feelings of loneliness, fear, and rejection towards the baby.

Conclusion: This study examined adolescents' experiences with their first pregnancies and determined that they did not receive adequate support from healthcare personnel. Some did not wish to become pregnant and faced challenges in baby care and personal hygiene. Providing education and counseling on contraception and healthy lifestyle behaviors can help reduce adolescent pregnancy rates.

Keywords: Adolescent pregnancy, antenatal care, midwifery, pregnant teenager, safe sex

Ayşegül Dönmez¹ , Zekiye Karaçam² 

¹Division of Midwifery, İzmir Tınaztepe University, Faculty of Health Sciences, İzmir, Türkiye

²Division of Midwifery, Adnan Menderes University, Faculty of Health Sciences, Aydın, Türkiye

Introduction

In adolescence, reaching fertility introduces significant challenges related to reproductive health.^{1,2} Arguably, the most critical of these problems are pregnancies and their related consequences.^{3,4} The World Health Organization (WHO) reports that each year, 12 million girls aged 15-19 and 777,000 girls under the age of 15 give birth in developing regions. Additionally, at least 10 million unintended pregnancies occur annually among adolescent girls aged 15-19.² According to 2018 data, the fertility rate among adolescents in Türkiye is reported to be decreasing; however, the overall crude birth rate remained at 14.3 per thousand, with a rate of 17 per thousand among adolescents in the 15-19 age group.⁵ Another study indicated that 24% of women experienced pregnancy before the age of 19.⁶

High-risk situations are more common in adolescent pregnancies. Expectant adolescent mothers face a higher incidence of eclampsia, preterm birth, difficult labor, anemia, puerperal endometritis, systemic infections, and mental health issues compared to women aged 20-24. Additionally, babies born to adolescent mothers also face increased risks of preterm birth, low birth weight, and poor health as newborns.^{2,7} These high-risk conditions contribute to elevated maternal and infant mortality and morbidity rates.

Among the research conducted in Türkiye, only one study was found to focus specifically on adolescent pregnancies and their outcomes.¹ Other studies have included adolescents as one of several age groups,^{8,9} but did not consider them as a high-risk group due to their age and the characteristics of their first pregnancy. Therefore, it has been

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Corresponding author: Ayşegül Dönmez
E-mail: aysegul.donmez@tinaztepe.edu.tr

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concluded that there is a need for more comprehensive information based on qualitative research, reflecting the cultural characteristics related to adolescent pregnancy. It is expected that the findings from this study will contribute to the health services provided to adolescents, and thereby, to the physical and mental health and socio-economic status of the youth.

Aim and Research Questions

This study aimed to examine the experiences of adolescents regarding their first pregnancy. The research questions were as follows:

1. What experiences do adolescents have with pregnancy preparation and family planning before their first pregnancy?
2. What are adolescents' experiences during their first pregnancy?
3. What are adolescents' experiences regarding the outcomes of their first pregnancy (birth, miscarriage, abortion)?
4. What are adolescents' experiences during the period following the conclusion of their first pregnancy (birth, miscarriage, abortion)?

Materials and Methods

Study Design

The study was used a phenomenological approach from qualitative research methods. It was carried out at a government hospital in Izmir province, Türkiye. Data collection was conducted from February 2020 to January 2021. Firstly, the participants were informed about the study, and the written consent was obtained from those who agreed to participate. Interviews with the adolescents who agreed to participate in the study were conducted in the hospital, in a quiet and comfortable room, and took about 30 minutes. The questionnaire was administered by the first researcher, who worked as a family planning consultant midwife in the same hospital for a long time, to the participants in semi-structured interviews; the interviews were recorded by using a mobile phone. After the structured part of the questionnaire, which consisted of the first 19 questions, was filled by personal face-to-face interview method, the qualitative data were obtained by conducting in-depth interviews with the remaining five semi-structured questions.

Participants and Procedures

In qualitative research, there is no set rule for sample size. The appropriate sample size depends on the qualitative research approach, the diversity of the selected sample, and the participants' ability to provide rich information. Data saturation is considered to be reached when responses begin to repeat, indicating that sufficient information has been gathered to conclude the study.¹⁰ This research was conducted with 19 adolescents selected through the purposive sampling method for interviews. The study included adolescents aged 19 and under who had experienced pregnancy and were receiving any care service at the hospital. Those diagnosed with any physical or mental illness or who did not speak Turkish were excluded from the study.

Data Collection Tools

The data were collected using a questionnaire developed by the researchers, grounded in the literature on the subject.^{1,6-9} The questionnaire comprised 19 structured questions about the participants' characteristics and five semi-structured questions regarding their pregnancy experiences. It was divided into two sections: Section 1 (descriptive characteristics) included age, marital status, education,

etc., and Section 2 focused on the adolescents' pregnancy experiences. To ensure the content validity of the questionnaire, feedback was solicited from five experts in qualitative research, and revisions were made based on their recommendations. A preliminary study was conducted with five participants to refine the questionnaire's clarity and applicability, and to standardize the interview process; consequently, the questionnaire was finalized. Data from the preliminary study were not included in the final analysis.

Data Analysis

In this study, we employed Colaizzi's (1978) seven-step phenomenological analysis method.¹¹ (1) All interviews with adolescents were recorded using a voice recorder. The audio recordings were then transcribed into text in Microsoft Word to facilitate raw document analysis (AD). (2) The obtained transcripts were read several times, and important expressions were underlined (AD, ZK). All important expressions directly related to the adolescents' pregnancy experiences were identified. The consistency and repetition of these important expressions were checked by two researchers (AD, ZK). (3) The researchers (AD, ZK) created context, themes, and subthemes from the meaningful expressions collected. Quotations from the adolescents' statements about their pregnancy experiences were incorporated into the subthemes (AD, ZK). (4) Similar codes in the content were grouped according to themes and subthemes. The researchers then reviewed and discussed the created content, themes, and subthemes to reach a consensus. (5) Themes and subthemes that elucidate the adolescents' pregnancy experiences were developed. (6) The themes, subthemes, and abstract expressions were reviewed by the researchers (AD, ZK), leading to a description of the basic structure of the adolescents' pregnancy experiences. (7) Basic structural statements were presented to the adolescents, who were asked to evaluate whether these statements corresponded to their own experiences (AD, ZK). The participants did not provide any negative feedback on the results, thereby confirming the findings. To ensure confidentiality, participants' identities were anonymized and coded as "A1, A2, A3," etc.

Reliability of the Study

The researchers employed various methods such as reliability, transferability, and credibility to enhance the study's reliability.¹¹ The reliability was ensured by informing the adolescents about the study, recording the interviews, and the researcher taking notes during the interview. Additionally, the coefficient between the two researchers' codes (Miles and Huberman, 1994) was calculated, resulting in a value of 0.85.¹⁰ Transferability was achieved by inviting adolescents who had experienced pregnancy and were in the hospital for care services, and by providing a detailed description of the entire study's process. The findings were reported using direct quotations from the adolescents' own expressions. To enhance the confirmability and verifiability of this study, the researchers engaged in consistent interactions and shared information during the data collection and analysis phases.¹¹ This research adhered to the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines, which offer guidance for reporting qualitative research.¹²

Ethical Consideration

Informed consent was obtained from all participants, with the study receiving approval from the Aydın Adnan Menderes University Ethics Committee (Approval Number: 2019/050, Date: 07. 08. 2019). Permission to collect research data was granted by the hospital

management (Date: 11. 02. 2020). The study was conducted in accordance with the principles of the Declaration of Helsinki. Participants were first informed about the study in writing, and oral or written consent was secured from those adolescents who agreed to participate in the study. Participants were informed that they could terminate the interview at any time and had the option to refrain from answering any questions they preferred not to. They were reassured that their names would remain confidential and not be disclosed in the study findings. Additionally, it was explained that their names would be used solely for scientific purposes and would be removed from the records after being stored for a minimum of two years. Three adolescents invited to the study declined to participate. However, those who agreed to participate remained throughout their interviews. The privacy and confidentiality of the interview setting were meticulously maintained. Each interview was conducted individually in a quiet and appropriate room within the hospital. Transcription of the data took place in a designated room, and the information was shared exclusively with two qualitative researchers. The research data were stored on a personal computer with password protection. Written materials were secured in a cabinet within a locked room, inaccessible to unauthorized individuals. The interview records, also protected by a password, are kept on the first researcher's computer and will be retained for at least two years.

Results

The study found that the ages of the participating adolescents ranged from 16 to 19. Seven participants had received at least 10 years of education. Sixteen reported incomes lower than their expenses, while

five lived with extended families. Six were in unofficial (religious) marriages. Nineteen resided in the city center. Three had spouses who were at least 15 years older than themselves, and eight had spouses who had completed up to five years of education. In addition, it was found that four of the adolescents had a vaginal birth, five had a cesarean section, five had induced abortion, two had spontaneous abortion (miscarriage), and three had still been pregnant (Table 1).

From the analysis of the data obtained from the in-depth interviews on the subject, four themes and 12 sub-themes were identified. Regarding the experiences of adolescents' first pregnancy, the following themes emerged: 1) Preconception care, 2) Pregnancy process, 3) Birth and postpartum period, 4) Socio-psychological interactions (Table 2).

Theme 1: Preconception Care

Sub-theme: Not Receiving Care from Healthcare Personnel

All adolescents (n=19) reported that they did not receive preconception care from health personnel, as the pregnancies were unplanned. Some related statements include:

"...I did not realize that I was pregnant... I mean, it never occurred to me that I would get pregnant. I don't know, it seemed like there would be no pregnancy at 17 years of age, but it turns out that it did happen..." (A1)

"We were both children actually... my partner was only a year older than me, and we had a relationship; we didn't know anything. It

Table 1. Distribution of Descriptive Characteristics of Adolescents (N=19)

Attendants	Age	Education	Pregnancy	Antenatal Care	Abortus/ Birth	Support Status
A 1	18	8 years	1	5 visit	Vaginal birth	Breastfeeding
A 2	17	7 years	2	3 visit	Vaginal birth	Postpartum depression
A 3	18	5 years	2	1 visit	Spontaneous abortus	Bleeding
A 4	16	6 years	1	-	Induced abortion	Emotional support
A 5	18	4 years	2	1 visit	Pregnant	Fear
A 6	17	5 years	1	4 visit	Cesarean birth	Mastitis
A 7	17	4 years	1	4 visit	Cesarean birth	Breastfeeding
A 8	16	9 years	1	1 visit	Induced abortion	Pain
A 9	19	5 years	3	5 visit	Cesarean birth	Nervousness
A 10	17	10 years	2	4 visit	Cesarean birth	Baby care
A 11	18	8 years	1	5 visit	Vaginal birth	Fear
A 12	18	10 years	1	5 visit	Cesarean birth	Premature birth
A 13	19	12 years	2	-	Induced abortion	Emotional support
A 14	17	7 years	1	4 visit	Vaginal birth	Emotional support
A 15	18	8 years	1	-	Induced abortion	Regret
A 16	17	11 years	1	-	Spontaneous abortus	Pain
A 17	19	Student	1	-	Induced abortion	Emotional support
A 18	18	12 years	1	2 visit	Pregnant	Emotional support
A 19	19	Student	2	1 visit	Pregnant	Regret

Table 2. Findings of Data Analysis	
Theme	Sub-theme
1. Preconception care	Not receiving care from healthcare personnel Failure to develop behaviours of healthy living
2. Pregnancy process	Refusal of pregnancy and desire to terminate Lack of prenatal care
3. Birth and postpartum period	Type of delivery Insufficiency in personal care Loneliness and fear Rejecting the baby
4. Socio-psychological interactions	Negative mood changes Mandatory changes in lifestyle Exposure to traditional practices Having peer support

sounded like a game to us, but the result was pregnancy. I wish I knew..." (A3)

Sub-theme: Failure to Develop Behaviors of Healthy Living

Some adolescents (n=14) were found not to adopt pregnancy-specific behaviors for a healthy lifestyle and continued their usual habits such as smoking and alcohol consumption. Three adolescents stated that they stopped consuming alcohol after learning about their pregnancy but continued to smoke.

"...I am still kind of a child myself... I don't know, we smoke, we got married right away when I got pregnant... We are young, we drink alcohol from time to time..." (A16)

"...as soon as I got married, I got pregnant right away. I stopped drinking alcohol when I found out that I was pregnant, but I still smoked... I also took medication, painkillers, I didn't know I was pregnant..." (A4)

Theme 2: Pregnancy Process

Sub-theme: Refusal of Pregnancy and Desire to Terminate

Some participants (n=8) expressed a desire to terminate their pregnancies due to their youth and difficulty in accepting the pregnancy.

"...there were those in our village who asked for me to marry [their son], and my father believed that I was mature enough and that I would have a comfortable life with them, as they are a wealthy family... When I got married, I became pregnant right away... but I did not want to get married or have children..." (A11)

"...when I realized I was pregnant, I didn't want it at first. I thought about having an abortion but I didn't know where to go. But then, especially after the birth, when I held him in my arms, I loved him very much... I'm glad I didn't have an abortion..." (A15)

Sub-Theme: Lack of Prenatal Care

It was discovered that some adolescents (n=6) did not receive adequate prenatal care. However, some mentioned that they attended pregnancy follow-ups more frequently as the pregnancy progressed.

"When I realized I was pregnant, I wanted to kill myself. It felt like everyone was looking at me, so I couldn't tell anyone I was pregnant for a long time..." (A19)

"...I was very angry with my father for making me marry. My husband is almost the same age as him. On top of that, I got pregnant immediately. I didn't even know what to do or how to care for the baby..." (A11)

Theme 3: Birth and Postpartum Period

Sub-theme: Type of Delivery

Five adolescents reported undergoing cesarean section due to difficulties in labor, as well as fear and anxiety.

"I suffered unbearable labor pain and couldn't deliver normally. In the end, they performed a cesarean section to save the baby..." (A2)

"I was in so much pain... I had fears and doubts about my ability to give birth. I couldn't stand it; I begged the doctors for a cesarean section..." (A9)

Sub-theme: Insufficiency in Personal Care

Seven adolescents mentioned facing challenges with personal hygiene, as well as breast and perineal/incision care after childbirth. They also reported difficulties related to baby care, breastfeeding, and burping.

"...After giving birth, I didn't feel well at all. I couldn't do anything... my mother was very helpful... I don't know what I would have done without my mother..." (A18)

"...I could not sit down when I came home after giving birth, my stitches were very sore... they told me [about that] in the hospital, but it was as if I had forgotten it all..." (A6)

Sub-theme: Loneliness and Fear

Seven adolescents reported that during the postpartum period, they were overwhelmed by feelings of loneliness and helplessness in the face of their fears.

"...I didn't even know how to take care of the baby. I was afraid I wouldn't be able to care for him... There was a tenant downstairs, she helped me a lot. I don't know what I would have done without her... because I was all alone..." (A12)

"I was scared to be alone at home. I was even afraid to go into another room while my husband was at home... in fact, I was scared of everything. I was even afraid of being alone with my baby..." (A5)

Sub-theme: Rejecting the Baby

Some adolescents (n=5) expressed feelings of rejection towards their baby, feeling as if the baby did not belong to them, and were reluctant to even hold the baby. One of them stated that she did not want to bring the baby home with her.

"...I thought about leaving my baby in the hospital after giving birth, I felt like it wasn't my baby..." (A2)

"...I didn't want to go home after giving birth. I didn't want the baby either... I wanted to get rid of it... I didn't know my husband very

well, we were friends, we got married because I became pregnant..." (A14)

Theme 4: Socio-Psychological Interactions

Sub-theme: Negative Mood Changes

Eleven adolescents reported that the negative mood changes which began during pregnancy persisted after giving birth. Particularly, those living in extended families noted that these mood swings adversely impacted their relationships with their babies, spouses, family members, and social connections.

"At first, I was very happy because I had a baby, it was healthy. But after a few days, everything changed a lot. One moment, I laugh a lot; the next, I feel like crying... I get angry very quickly..." (A19)

"...actually, I am very upset about having to leave school. But on the other hand, I love my baby very much, and then I get mad at my baby because I dropped out of school because of it..." (A17)

Sub-theme: Mandatory Changes in Lifestyle

Some adolescents (n=17) reported that the expectations of those around them shifted with marriage and pregnancy, and they had to make changes in their lifestyles to conform to the roles of adults and older women.

"...when I got married, I got pregnant right away, I gained weight, and none of my clothes fit anymore. I see myself as so ugly; I don't even want to comb my hair. When I see my peers, they dress well, go to school, and have fun with their friends..." (A16)

Sub-theme: Exposure to Traditional Practices

All adolescents (n=19) mentioned being subjected to various traditional practices during pregnancy and the postpartum period under the pressure of their family elders.

"...because I didn't know, my mother and mother-in-law dipped the pacifier in sugar and gave it to the baby, they scrubbed the baby with salt, they rocked the baby [to sleep], and gave soup when it was one month old. They wrapped my belly [so that] I wouldn't have a big belly..." (A4)

"...my mother-in-law did not allow me to breastfeed the baby until three prayer times had passed. She couldn't make me do it while we were in the hospital, but once we got home, she made me wait..." (A13)

Sub-theme: Having Peer Support

Some adolescents (n=5) mentioned receiving help from their pregnant friends, while others (n=3) reported being stigmatized and ostracized by their peers.

"I keep in touch with some of my friends, they support me a lot. But some of them act as if I was no longer their friend, or even as if they don't know me at all..." (A8)

"...I went to the doctor with two of my classmates. One of them does not see me now; I think she even told others that I had an abortion... I felt like I was stigmatized..." (A7)

Discussion

This study qualitatively analyzed the experiences of adolescents regarding pregnancy, focusing on several key themes. The majority of

adolescents reported not receiving preconception care from health personnel, primarily due to the unplanned nature of their pregnancies. They also reported inadequate and unbalanced nutrition, a lack of physical exercise, and difficulty in developing healthy lifestyle behaviors, including quitting unhealthy habits such as smoking and alcohol consumption. Two adolescents mentioned that they sought information from the internet upon suspecting they were pregnant. It has been reported that individuals aged 20 years and older received pre-pregnancy care at higher rates (73.4%) compared to those younger than 20 years (19.2%).¹³ The same study also found a higher rate of prenatal care reception among married individuals than among single ones.¹³ In a study conducted in Ethiopia, approximately half of the participants belonged to the 15-24 age group, with a significant portion being aware of preconception care.¹⁴ Studies in Türkiye have indicated that some participants did not receive prenatal care.¹⁵⁻¹⁷ The findings of previous research on this subject mirror the results of this study, highlighting unplanned pregnancies due to early sexual intercourse and the insufficient access of adolescents to pre-pregnancy care services globally and in our country. However, regional differences have been observed. To improve maternal and infant health and reduce mortality, providing education on this topic to adolescents, who are among the high-risk groups requiring special attention, is crucial.

Some of the adolescents stated that they wanted to terminate their pregnancies due to their youth and inability to accept being pregnant. Additionally, others opted for abortion because they were students, single, and felt unprepared for motherhood. A study conducted in Sri Lanka found that adolescents were generally unhappy about becoming pregnant; some desired to terminate their first pregnancy, and a few even attempted to do it.¹⁸ Similarly, a study from South Africa revealed that approximately half of the participants experienced an unwanted pregnancy, with some cases leading to abortion.¹⁹ These findings align with those of previous studies, underscoring that unintended pregnancies and miscarriages might be considered significant health issues for adolescents due to their impact on women's health.

It was discovered that some adolescents did not receive adequate prenatal care. Previous studies on the subject similarly reported inadequate prenatal care among this group.^{20,21} Other studies have indicated that adolescent pregnant women receive less prenatal care than their adult counterparts.²²⁻²⁴ These results show that adolescent pregnant women, both in Türkiye and other parts of the world, are unable to sufficiently benefit from prenatal care services. Consequently, most adolescent pregnant women do not receive qualified prenatal care, which can be considered a significant risk to neonatal and maternal health.

Some adolescents reported opting for cesarean section due to birth difficulties, fear, and anxiety. A study conducted in Tanzania observed that pregnant women admitted to the delivery room in the latent phase underwent more obstetric procedures, with a notably higher rate of cesarean sections.²⁵ Previous research also indicated a higher preference for cesarean delivery among the adolescent age group.²⁶⁻³⁰ These findings underscore the importance of educating adolescents on labor pain timing and healthcare engagement to prevent obstetric complications in teenage pregnancies and elective cesareans.

Some adolescents reported difficulties in personal and infant care. Initially, they rejected the baby but later adapted to the situation,

experiencing loneliness and fear. Moreover, they emphasized that these difficulties led to a sense of inadequacy in baby care, resulting in a loss of self-confidence. A study of adolescent mothers revealed that they were unable to hold their babies in their arms within the first 30 minutes after birth, and they had lower rates of breastfeeding and receiving support compared to adult mothers.¹⁷ Additionally, the same study found that adolescent mothers perceived their babies more negatively than adult mothers did immediately after birth and one month later.¹⁷ A qualitative study examining the first breastfeeding experiences of adolescent mothers reported difficulties in breastfeeding and a lack of readiness for this role.²⁹ Another study highlighted that adolescent mothers considered taking care of their babies as their most challenging responsibility.³⁰ It can be concluded that the results of this study align with the literature, indicating that adolescent mothers face difficulties during pregnancy and the postpartum period. The difficulties faced by adolescent mothers in adjusting to their new roles can hinder positive motherhood experiences, underscoring the importance of planning service delivery for the protection and enhancement of mother-infant health.

Some participants noted that negative mood changes beginning during pregnancy persisted after giving birth. Others mentioned that societal expectations changed following marriage and pregnancy, compelling them to alter their lifestyles to conform to adult and mature female behaviors. Previous studies have shown that mothers with unplanned pregnancies experience higher rates of mood changes compared to those with planned pregnancies.³¹ Other studies on pregnant adolescents have revealed that they face uncertainty and confusion regarding their identity as mothers and experience emotional volatility.²⁹ These issues impact the mothers' well-being, self-esteem, feelings of loneliness, and lead to mood changes.^{32,33} Another study conducted in Australia found that young mothers faced negative social and health outcomes due to stress and regret.³⁴ These findings underscore the importance of providing training for adolescents, who require special attention, to protect and improve women's health.

It was discovered that some adolescents were subject to traditional practices, in need of social support, and benefited from peer support. Previous studies on this subject have indicated that adolescent mothers received support from their spouses, friends, and social environments,^{33,35} with the most effective and widespread support coming from their own mothers and spouses.³³ Another study reported that adolescent mothers needed emotional support and had to rely on their families, spouses (partners), and occasionally other mothers.³⁶ In a study, it was found that parenting satisfaction was closely linked to the level of social support received.³² Therefore, it is essential to increase societal awareness about the importance of social support for adolescent mothers through dedicated training programs.

Limitations

Due to the use of purposive sampling method, the findings obtained cannot be generalized and are only representative of the participants involved in this study. Additionally, research outcomes may differ due to cultural factors.

Conclusion

This study explored the experiences of adolescents with their first pregnancies and discovered that they received insufficient support

from healthcare personnel, struggled to adopt healthy lifestyle behaviors, some faced unwanted pregnancies, encountered difficulties in baby and personal care, experienced feelings of loneliness and fear, and initially rejected but eventually accepted their babies. Based on these findings, it is recommended that midwives, nurses, and other healthcare professionals offer comprehensive preconception care to adolescents. This care should include promoting healthy lifestyle choices such as quitting smoking and alcohol, assisting in pregnancy planning, providing safe abortion or prenatal care for unwanted pregnancies, and delivering education and counseling on healthy lifestyle practices, personal care, and baby care.

Ethics Committee Approval: Ethics committee approval was obtained for this study from the Aydın Adnan Menderes University Ethics Committee (Approval Number: 050, Date: 07.08.2019).

Informed Consent: Informed consent was secured from all participants in the study.

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