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The effect of mental health literacy psychoeducation program on health anxiety of physically disabled individuals

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Abstract

Mental health challenges and health-related anxiety are commonly observed among individuals with physical disabilities, and these conditions may vary depending on the type and severity of the disability. The purpose of this study is to evaluate the effectiveness of a psychoeducational intervention aimed at improving mental health literacy and reducing health anxiety among people with physical disabilities. A single-group pretest-posttest design was utilized for the research. Data were obtained using two primary tools: a demographic data form and a validated scale to assess both mental health literacy and health anxiety. The intervention was implemented through a structured six-session psychoeducation program focused on mental health literacy. The study sample included 134 individuals with physical disabilities residing in the Fethiye region of Muğla, Türkiye. Among the participants, 50.75% were male, and individuals aged 18 to 22 represented 36.57% of the total sample. Additionally, 62.69% were married and 37.31% reported having a low income. Descriptive statistics were employed in analyzing the data. A statistically significant difference ($p < .05$) was observed between pre- and posttest scores, indicating that the program positively influenced mental health literacy and reduced health anxiety. The findings suggest that psychoeducational programs tailored to individuals with physical disabilities can contribute effectively to improving mental health outcomes and alleviating anxiety related to health.

Keywords: Individuals with physical disabilities, mental health, health anxiety

Introduction

According to the World Health Organization (WHO), disability is characterized as a reduction or disruption in the capacity to carry out typical tasks, including behaviors, skills, and functions expected from an individual or the body as a whole. It is also described as the absence or restriction of a person's capacity to carry out what is considered routine due to a disability, which leads to a decrease in ability to fulfill expected roles [1].

Disability is conceptualized as a mental-physical condition that restricts a person's ability to engage in everyday life functions, thereby resulting in a combination of limitations and weaknesses in capacity and resilience. The origins of physical disability, a subtype of disability, involve various causes such as traffic incidents, hereditary conditions, natural calamities, consanguineous unions, and infectious diseases with high fever [2]. Individuals with physical impairments who strive to be part of society often face difficulties related to psychological health and encounter obstacles when coping with these challenges [3].

People experiencing physical disabilities face a complex array of difficulties, including physical limitations and mental stressors. Common psychological conditions like depression, anxiety, and stress are widespread among this population, representing a notable percentage of overall mental health cases. These issues are often made worse by societal rejection, discrimination, and insufficient emotional or social assistance [4,5]. Corrigan et al. found that individuals with disabilities frequently reported reduced life satisfaction due to social labeling and stigma. Such stigmatization negatively influences their mental well-being [6]. At the same time, structural and economic issues like joblessness, low income, and discrimination have also been noted as major contributors to the mental struggles faced by individuals with disabilities [2].

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The notion of mental health literacy, which was first introduced by Jorm in 1990, highlights the importance of understanding both mental conditions and the broader framework of mental health knowledge [7]. Jorm et al. defined this literacy as the set of knowledge and attitudes that support the detection, handling, and prevention of psychological issues [7]. Over time, this framework expanded to include awareness that supports the psychological stability of individuals and communities, including recognition of mental health conditions at various life stages, personal coping strategies for mild to moderate conditions, and the ability to use psychological first aid.

At present, the term mental health literacy typically includes four primary dimensions. These are: (1) grasping how psychological well-being can be promoted and preserved; (2) recognizing mental disorders and understanding available treatment options; (3) minimizing social stigma associated with psychological illness; and (4) improving the success of strategies aimed at encouraging individuals to seek help [7].

Mental health literacy refers to a combination of interconnected understanding regarding mental disorders, overall psychological well-being, personal attitudes, and the inclination to seek help when necessary. Within this framework, it is not merely limited to possessing information, but also encompasses the capacity to engage in actions that promote mental health for oneself or others [8-12].

Considering how common mental health conditions are, it is expected that nearly every individual will face such challenges at some stage in life. However, public understanding of these conditions remains insufficient, with many people still unable to accurately recognize or define them [13]. When individuals have a high level of mental health literacy, they are more capable of recognizing mental disorders and selecting appropriate interventions and care resources [13]. On the other hand, a limited understanding of mental health can result in a lack of awareness of symptoms, both in oneself and in others, which may delay professional intervention or lead to the use of ineffective or inappropriate support strategies, or early discontinuation of treatment [11,12].

Mental health literacy involves individuals' capacity to identify psychological issues, to understand them, and to explore effective treatment options. According to Jorm et al., the concept encompasses the public's ability to detect mental conditions, their familiarity with mental health care options, and their general beliefs and attitudes regarding these topics [14]. The core dimensions of mental health literacy include recognition, knowledge, and beliefs. Recognition refers to a person's capability to notice mental health symptoms within themselves or others. Knowledge pertains to how well individuals understand mental disorders, while attitudes encompass personal or societal beliefs, including stigma associated with these conditions [15,16].

Mental health literacy, therefore, is understood as the ability to recognize when mental health support is needed and to take appropriate action. Research indicates that in communities where mental health literacy is elevated, individuals access services more promptly and demonstrate more positive outcomes during treatment. Additionally, increased mental health literacy can enhance social support and service-seeking behavior [14].

For People with Physical Disabilities, the Importance of Mental Health Literacy

Mental health literacy plays a crucial role in helping people with physical disabilities identify mental health problems and access appropriate support mechanisms. Knowledge of mental health issues among persons with physical disabilities can enhance their ability to cope with negative situations such as stigma and exclusion related to mental health problems.

In this context, mental health literacy not only helps people with physical disabilities to identify mental health problems, but also facilitates their access to mental health services in the community (15). Promoting mental health literacy among people with physical disabilities is seen as an effective tool to improve their psychological well-being. In addition, mental health literacy combined with psychoeducation reduces these individuals' fear of social stigma, thereby reducing its negative impact on their help-seeking behaviour [6].

Mental health literacy in psychoeducation has been shown to have a positive impact on individuals' ability to identify and seek help for mental health problems, as supported by numerous studies [16]. Psychoeducation programs increase individuals' awareness of mental health issues, promote anti-stigma attitudes, and encourage help-seeking behaviors [17-19]. Such programs enable individuals to benefit more effectively from mental health services. Mental health literacy education contributes to individuals' awareness of mental health disorders such as depression and anxiety and their willingness to seek professional help [20].

In particular, the dissemination of mental health literacy psychoeducation to people with physical disabilities is important to increase their awareness of mental health issues and enable them to develop supportive behaviors without fear of stigma. Psychoeducation programs can change the mental health beliefs of people with physical disabilities. They can increase their access to mental health resources and improve their ability to cope with mental health problems.

Health Anxiety

Health anxiety refers to an overwhelming concern about one's physical well-being, which can interfere with everyday activities and reduce overall functioning [21]. It is widely recognized that anxiety may arise when people misinterpret normal bodily sensations or perceive them as signs of severe illness. This form of anxiety tends to be more linked with imagined threats rather than actual medical conditions [22]. Several contributing elements have been proposed in the development of health anxiety. These elements include, but are not limited to: insufficient health-related knowledge, past distressing health-related events, and coexisting anxiety disorders. Health anxiety has been shown to lead to multiple adverse outcomes. These include: i) a strong tendency for individuals to seek frequent medical advice even in the absence of real illness; and ii) a noticeable decline in life quality among those affected. If left unaddressed, health anxiety

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can become persistent and may impair overall psychological well-being [23,24].

The primary characteristics of psycho-educational programmes designed to enhance mental health literacy are oriented towards the capacity to engender favourable modifications in the health anxieties experienced by participants. These programmes are typically founded on the principles of cognitive behavioural therapy [25,26]. Each module incorporates a range of strategies designed to enhance the participants' level of health knowledge, alleviate health-related concerns, and establish coherent belief systems [26]. The potential repercussions on health anxiety may encompass a diminution of cognitive distortions. The dissemination of accurate information has the capacity to impede individuals with elevated health anxiety from misinterpreting their symptoms. The management of anxiety can be approached through the medium of psycho-education, which has been shown to teach individuals strategies for the regulation of their health anxiety and the avoidance of excessive anxiety [26]. The phenomenon of cyberchondria, defined as the tendency to seek reassurance online about health concerns, can be mitigated by the deliberate dissemination of accurate health information through digital channels. This approach serves to reduce the prevalence of health anxiety, which is often exacerbated by the dissemination of misinformation on the internet. Group dynamics and interactive participation elements are at the forefront of the training processes, with the objective being to allow participants to share their personal experiences and reflect on relevant issues. The continuity and sustainability of the programme is critical for the benefits to be permanent.

Material and Methods

The primary objective of this study is to assess the impact of the Mental Health Literacy psycho-education program, which targets the enhancement of mental health literacy among individuals with physical disabilities. Specifically, the program is intended to examine improvements in participants' understanding, beliefs, and ability to access components of mental health literacy following the intervention. By boosting mental health literacy in people with physical disabilities, the program is expected to encourage help-seeking behaviors and support access to mental health resources.

Aligned with this overarching objective, the following research questions were formulated:

1. Does the implementation of the mental health literacy psychoeducation program significantly reduce health anxiety among individuals with physical disabilities?
2. Is there a statistically significant change in mental health literacy levels in individuals with physical disabilities before and after participation in the program?

This research employed a "One Group Pre-Test Post-Test Model", a subtype of quasi-experimental designs. In this model, the first independent factor is the study group itself, and the second factor corresponds to repeated measures (pre-test, post-test) linked to the dependent variable [27]. The dependent variable was the level of mental health literacy, while the independent variable was the psycho-education intervention on mental health literacy.

Research Group

The population of this study consisted of 200 individuals with physical disabilities residing in Muğla province. From this population, 134 participants were selected for the sample group using a convenience sampling method.

Limitations of the Study

- The study was limited to participants with physical disabilities who live in the Muğla region.
- It focused solely on the variables assessed through the Mental Health Literacy Scale.

Assumptions of the Study

- It was assumed that participants answered all measurement tools truthfully and accurately.
- It was further assumed that the tools used were appropriate for capturing the variables identified in the research objectives.

Implementation of the Study

The mental health literacy psychoeducation program was delivered to the sample group in a total of 6 sessions, each lasting 2 hours, held twice a week over a 3-week period. In total, the intervention spanned 12 hours. Within the scope of the overall and sub-objectives, specific goals and tasks were tailored for each session. The first session included the application of measurement tools during an introductory interview, which was treated as the pre-test. The post-test assessment was conducted one week following the final session of the psychoeducation program.

Topics Covered in the Sessions

- **Session 1:** Overview of mental health literacy and its components (e.g., recognition, information, help-seeking, anti-stigma), and distinctions between mental health and mental illness.
- **Session 2:** Understanding health anxiety, including symptoms, causes, and contributing factors.
- **Session 3:** Strategies for coping with anxiety and stress.
- **Session 4:** Promoting healthy behavior and stress resilience.
- **Session 5:** Exploring mental disorder stigma and strategies to combat it.
- **Session 6:** Strengthening help-seeking behaviors and self-efficacy in managing mental health challenges.

Data Collection Tools

To gather socio-demographic data from individuals with physical disabilities, three tools were utilized: the Personal Information Form, the Health Anxiety Scale, and the Mental Health Literacy Scale.

Personal Information Form: This form, created by the researcher, included 14 questions aimed at gathering information

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such as participants' age, gender, education level, economic background, place of residence, chronic illnesses, medications used, and general mental health status.

Mental Health Literacy Scale (MHLS): The MHLS, originally created by Jung et al., is designed to evaluate individuals' knowledge and understanding of mental health literacy. Its Turkish adaptation and reliability studies were carried out by Göktaş et al. [28,29]. The scale contains 22 items divided into three sub-sections: 10 items focused on knowledge, 8 on beliefs, and 4 on resource access. It uses a six-point Likert scale, and the total score ranges from 0 to 22. The Cronbach's alpha value for this version is 0.71, indicating acceptable internal consistency. The scale has been widely recognized as a valid and reliable tool for assessing individuals' awareness, knowledge, and attitudes regarding mental health resources. In this study, the Cronbach's alpha was calculated as .86.

Health Anxiety Scale (HAS): The Turkish adaptation and validation of the health anxiety scale, initially developed by Salkovskis, was conducted by Aydemir [30,31]. This tool is a self-report instrument composed of 18 items divided into two dimensions. The first factor addresses hypersensitivity to bodily sensations and related anxiety, and includes the initial 14 questions. The second factor relates to the negative outcomes of anxiety and includes the remaining 4 questions. Each item is rated on a scale from 0 to 3. Higher total scores indicate increased levels of health anxiety. The scale ranges from 0 (lowest possible score) to 54 (highest possible score). The Cronbach's alpha coefficient for internal consistency was calculated as .87.

Data Collection Process

The data were collected through face-to-face interviews after obtaining permission to use the measurement tools and approval from the Ethics Committee for Social and Human Sciences Research at Muğla Sıtkı Koçman University (Date: 30.12.2023 No: 230112/128). The study was conducted in accordance with the principles of the Declaration of Helsinki. On average, each participant completed the scale in approximately 20 minutes.

Analysing the Data

The statistical procedures in this study were conducted using the Statistical Package for the Social Sciences (SPSS) version 25.0 for Windows. Prior to analysis, data were reviewed for entry accuracy, and reverse-scored items within the scales were recoded. To assess distributional characteristics, the data were tested for normality. This included reviewing kurtosis and skewness coefficients to verify whether values fell within the acceptable range of +2 to -2 for normal distribution. Descriptive statistics, including tables, were generated for the sample and scale scores. Cronbach's alpha coefficient was calculated to assess the reliability of the scales.

The collected data were analyzed using descriptive statistics, and means and standard deviations were reported for each sub-dimension. To evaluate the program's impact, a dependent-samples t-test was used. This analysis tested whether there were significant differences between pre-test and post-test scores. A significance threshold of $p<.05$ was used to determine statistical significance.

Results

This section presents information on the socio-demographic characteristics of the physically disabled people, the total score they received on the Mental Health Literacy Scale, and the measures of the distribution of the pre-test and post-test scores on the sub-dimensions.

If the distribution of the physically disabled people included in the study according to their socio-demographic characteristics is analysed in Table 1, 49.25% of the physically disabled people are female, 50.75% are male, 36.57% are 18-22 years old, 35. 82% were aged 18-22, 35-28, 27.61% were aged 29 and over, 62.69% were married, 37.31% were single, 37.31% had a low income, 35.07% had a medium income, 27.61% had a high income and 70.15% did not consume alcohol. It can be seen that 23.88% of the physically disabled have psychiatric disorders, 76.12% do not have psychiatric disorders, 28.36% do not receive physical help from anyone, 46.27% receive physical help from mother or father, 25.37% receive physical help from other people.

Table 1. Distribution of people with physical disabilities according to socio-demographic characteristics

Gender	n	%
Woman	66	49.25
Men	68	50.75
Age		
18-22 years old	49	36.57
23-28 years old	48	35.82
29 years old	37	27.61
Marital Status		
Married	84	62.69
Single	50	37.31
Income level		
Low	50	37.31
Middle	47	35.07
High	37	27.61
The consumption of alcohol		
Yes	40	29.85
No	94	70.15
State of having a psychiatric disorder		
Yes	32	23.88
No	102	76.12
Person receiving physical assistance		
Does not receive help from anyone	38	28.36
Mother or father	62	46.27
Other	34	25.37
Total	134	100.00

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In Table 2, the mean score of the pre-test knowledge-oriented sub-dimension of the Mental Health Literacy Scale for people with physical disabilities was 5.23±2.16, the mean score of the belief-oriented sub-dimension was 1.02±0.04, the mean score of the resource-oriented sub-dimension was 1.43±1.52 and the total mean score was 09.12±1.59. The mean post-test score of the knowledge-oriented sub-dimension of the Mental Health Literacy Scale for people with physical disabilities was 8.72±1.06, the mean score of the belief-oriented sub-dimension was 2.30±1.03, the mean score of the resource-oriented sub-dimension was 2.52±1.22 and the total mean score was 16.11±2.47. A statistically significant difference was found between the pre-test and post-test mean scores of the Mental Health Literacy Scale for People with Disabilities (t=1.58; p<.05).

A statistically significant difference was found between the pre-test mean score of 36.12±3.12 and the post-test mean score of 20.46±1.28 on the Health Anxiety Scale (t=1.36; p<.05). A statistically significant difference of 10.58±1.87 and 5.82±2.45 was found between the pre-test and post-test scores of people with physical disabilities (t=1.48; p<.05). A statistically significant difference was found between the pre-test total mean score of 46.70±1.82 and the post-test mean score of 16.40±1.02 in the health anxiety scale of people with physical disabilities (t=1.35; p<.05).

Table 2. Pre-test post test subscale and total score averages of the Mental Health Literacy Scale (MHLS) and Health Anxiety Scale (HAS) of physically disabled individuals

Scale and sub-scales		Mean±SD	t	p
MHLS - knowledge-based	**Pre-test**	5.23±2.16	1.22	0.02*
	Post test	8.72±1.06		
MHLS – faith-based	**Pre-test**	1.02±0.04	2.17	0.03*
	Post test	2.30±1.03		
MHLS – source-focused	**Pre-test**	1.43±1.52	1.89	0.04*
	Post test	2.52±1.22		
MHLS - total	**Pre-test**	09.12±1.59	1.58	0.02*
	Post test	16.11±2.47		
HAS hypersensitivity to physical sensations	**Pre-test**	36.12±3.12	1.36	0.04*
	Post test	20.46±1.28		
HAS anxiety related to a physical illness	**Pre-test**	10.58±1.87	1.48	0.03*
	Post test	5.82±2.45		
Total health anxiety score	**Pre-test**	46.70±1.82	1.35	0.04*
	Post test	16.40±1.02		

Discussion

This research examined the outcomes of a structured psychoeducation program delivered in six sessions, aimed at improving mental health literacy and lowering health anxiety among individuals with physical disabilities. Findings revealed that the intervention had a beneficial influence on participants' understanding of mental health concepts, their cognitive evaluations related to health, and their attitudes concerning psychological well-being and help-seeking behavior. These results reinforce the idea that mental health literacy is not limited to mere awareness; rather, it encompasses a comprehensive framework that influences mental functioning, interpersonal relationships, and behavior [7,8].

Although the gender distribution in the study appeared balanced, the possibility of higher levels of health anxiety in women is often highlighted in the literature [22]. It is thought that female participants tend to monitor health-related sensations more closely due to their social roles and social burdens, and therefore their health anxiety scores may be higher. In this context, the fact that the training programme was designed with gender sensitivity in mind led to significant improvements in both male and female participants.

Most participants are young adults. Mental health literacy is generally low in this age group and help-seeking behaviour may be delayed [16]. In this context, early psychoeducation has a greater impact, especially in this age group where 'psychological resilience' is developmentally shaped. Young people can access information more quickly and are more open to changing their belief systems, which is an important factor in increasing the effectiveness of education [32].

The majority of participants in the working group are married. The literature shows that social support and spousal support can have a protective effect on mental health [16]. However, some studies [33] have found that role conflict and caring responsibilities related to disability within the family may increase health anxiety in married people. In this study it may

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have been observed that married individuals shared more emotions during the psychoeducational process and benefited more from the group sessions.

Thirty-seven per cent of participants are from low-income backgrounds. Low socioeconomic status is one of the most important determinants of mental health literacy [16]. These individuals may have limited access to the health care system, information and psychological support. Psychoeducation for this group has provided not only information but also a sense of social support and opportunities for social empowerment.

About a quarter of the research participants had previously received a psychiatric diagnosis. Their responses to psychoeducation may be different because of their previous experiences. The awareness of cognitive distortions used in the training may be particularly powerful in changing these individuals. The fact that individuals who had previously received a mental health diagnosis showed greater improvement in terms of access to resources may be significant in this context [20].

People who receive physical assistance are generally more likely to experience higher levels of health anxiety. This is because their sense of dependency increases and their sense of control decreases. However, a psycho-educational programme may have brought about positive changes in these individuals, particularly by increasing their sense of self-efficacy. Group sessions have a powerful 'normalisation' effect, allowing participants to see that others have had similar experiences.

Physical disability is not limited to limitations in an individual's mobility; it is a multidimensional condition that directly affects an individual's participation in social roles, self-efficacy, access to social support and psychological well-being [34]. The experiences of exclusion, stigma and dependency faced by people with disabilities increase their vulnerability to mental health problems [1,7]. The fact that a significant proportion of the participants in our study had low income and lacked social support are environmental risk factors that contribute to their increased health concerns. This finding is consistent with the results of one study [30] that found a significant reduction in health concerns among low-income individuals following improvements in their mental health literacy.

Our study found significant increases in all subscales (knowledge, beliefs, resources) of the Mental Health Literacy Scale following the psychoeducational programme. In particular, it is likely that the knowledge-related developments enabled individuals to evaluate their health-related perceptions more rationally, thereby reducing their anxiety levels. This finding supports the effectiveness of psychoeducational programmes based on cognitive behavioural therapy in changing individuals' distorted health beliefs [28].

One of the main reasons for high levels of health anxiety among people with physical disabilities is the constant awareness of bodily sensations and the negative interpretation of these sensations. This situation is similar to the 'illness hyper-awareness' seen in people with chronic illnesses [35]. In addition, societal perceptions of people with disabilities as 'sensitive' or 'weak' also contribute to their negative perceptions of their own bodies. Health concerns, when combined with functional limitations in other areas of life due to physical disability, can further exacerbate psychological problems.

Structural barriers (transport, lack of information, language barriers, etc.) that prevent people with physical disabilities from accessing health services are also among the factors that keep mental health literacy low [11,14]. The psychoeducational programme not only provided these people with information, but also increased their motivation to seek help. This finding is consistent with the results of a study that argues that help-seeking behaviour is directly related to mental health literacy [15].

Group-based sessions have been found to be effective in helping people to realise that they are not alone, to receive emotional support and to strengthen their coping skills through sharing experiences. A similar study suggests that group dynamics play a crucial role in motivation and change in mental health education programmes [36]. In our study, sharing personal experiences and learning from others with similar problems helped to increase social connectedness and helped individuals to cope with anxiety.

In conclusion, improving the mental health literacy of people with physical disabilities not only contributes to reducing health problems but also to improving quality of life. The education programme has the potential to strengthen individuals' mental resilience and increase their social participation and self-efficacy perceptions.

Conclusion

This study investigated the effect of a psychoeducational programme based on mental health literacy on health anxiety in people with physical disabilities. Results from the six-session programme showed a significant increase in mental health literacy and a significant decrease in health anxiety. This suggests that increasing individuals' mental health literacy can be an effective tool in changing distorted health beliefs and regulating anxiety levels.

From the perspective of people with physical disabilities in particular, it is clear that disability is not only a physical condition but also a psychosocial experience that has serious implications for mental health. Disability limits an individual's independence, social roles and social participation and, when combined with negative experiences such as stigma, exclusion and inadequate social support, increases the risk of developing mental health problems. The high levels of health anxiety observed in the study can be attributed to these individuals' increased sensitivity to bodily sensations, lack of information and negative beliefs.

The results of the study show that improving mental health literacy levels has a positive impact not only on individuals' knowledge acquisition, but also on their mental resilience,

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help-seeking behaviour and self-efficacy perceptions. In this context, mental health literacy should be seen not only as an individual level of awareness, but also as a fundamental public health tool to protect health, prevent mental disorders and facilitate early intervention.

Based on the research findings, the following recommendations are made:

1. **Dissemination of the programme:** Psycho-educational programmes based on mental health literacy should be applied not only to people with physical disabilities, but also to different disability groups and vulnerable communities, and should be supported by local governments, health institutions and civil society organisations.
2. **Sustainable education models:** Online content should be prepared through digital platforms to ensure the sustainability of educational programmes, overcoming space and time constraints and creating resources that individuals can access on an ongoing basis.
3. **Consideration of individual differences:** When designing educational programmes, factors such as age, gender, level of education and disability status should be taken into account and content should be tailored to specific needs.
4. **Training of mental health professionals:** In-service training should be provided to mental health professionals, such as psychologists, social workers and counsellors, to enable them to effectively deliver mental health literacy psychoeducation.
5. **Support at policy and implementation levels:** When developing health policies, mental health literacy should be considered as a fundamental public health strategy and the mental health needs of people with disabilities should be prioritised.
6. **Deepening research:** The effectiveness of mental health literacy interventions should be more fully explored through quantitative and qualitative research conducted in different geographical regions, among different disability groups, and with larger sample groups.
7. **Family and community involvement:** Mental health literacy should be approached not only from an individual-centred perspective, but also from a family and community perspective; social support systems for people with disabilities should be integrated into these programmes.

In conclusion, this study has shown that mental health literacy psychoeducation is an effective method for improving the mental well-being of people with physical disabilities. It can be said that such structured and goal-oriented programmes make an important contribution both to strengthening individuals' internal resources and to developing their ability to use the health system effectively.

Conflict of Interests
The authors declare that there is no conflict of interest in the study.

Financial Disclosure
The authors declare that they have received no financial support for the study.

Ethical Approval
Mugla Sıtkı Koçman University Social Sciences Scientific Research Ethics Committee approved this study (Date: 30.12.2023 No: 230112/128).

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