

Does Ego Identity Process Have a Predictive Role in Drug Abstinence?

Ego Kimlik Sürecinin Madde Bağımlılığından Korunmada Yordayıcı Rolü Var mı?

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Abstract

Objective: The aim of this study was to investigate the predictive effect of ego identity process on self-efficacy for abstinence from substance abuse.

Method: The research that is descriptive and correlational was conducted with 415 young individuals between the dates 01.07.2021 and 30.01.2022. Socio-demographic characteristics information form, Ego Identity Process Questionnaire (EIPQ) and Self-Efficacy for Protecting Adolescents from Substance Abuse Scale (SEAPSAS) were applied in this study.

Results: The general mean score of the youth sub-dimension of abstinence from substances/stimulants in the SEAPSAS scale was 54.13 ± 11.05 , and the total mean score of the EIPQ was 124.86 ± 15.84 . A moderate positive correlation was identified between the total scores of the EIPQ and SEAPSAS scales. Although the detected correlation coefficient was significant, EIPQ's interpretation of SEAPSAS was at a low level ($R^2 = .135$). According to participants' socio-demographic characteristics, the scores obtained from the SEAPSAS were low in males, those with a bachelor's or higher education degree, those living in a dormitory or alone, those with six or more siblings, those with fragmented families, those who smoke, and in those who are children of working mothers. EIPQ stability sub-dimension score of the participants who live in the county is higher than those who live in the province.

Conclusion: In line with the results of the study, it is recommended to organize programs that will develop the young's ego identity process and self-efficacy for abstinence from substance abuse. It is expected that these programs will contribute to the prevention of substance addiction.

Keywords: Substance abuse, smoking, family research

Öz

Amaç: Bu araştırmada ego kimlik sürecinin madde bağımlılığından korunma öz yeterliliğine yordayıcı etkisinin araştırılması amaçlandı.

Yöntem: Tanımlayıcı ve ilişki arayıcı türdeki araştırma 01.07.2021 ile 30.01.2022 tarihleri arasında 415 genç bireyle yürütüldü. Araştırmada sosyo-demografik özellikler bilgi formu, Ego Kimlik Süreci (EKS) ve Madde Bağımlılığından Korunma Öz-Yeterlik (MBKÖ) ölçekleri kullanıldı.

Bulgular: Gençlerin MBKÖ ölçeği uyuşturucu/uyarıcı maddelerden uzak durma alt boyut puan ortalaması 54.13 ± 11.05 ; EKS ölçeği toplam puan ortalaması 124.86 ± 15.84 'tü. MBKÖ ve EKS ölçeklerinin toplam puanları arasında orta düzeyde pozitif yönlü bir korelasyon tespit edildi. Tespit edilen korelasyon katsayısı anlamlı, olmasına rağmen EKS'nin MBKÖ'yü açıklaması düşük düzeydeydi ($R^2 = .135$). Sosyo-demografik özelliklere göre erkeklerde, lisans ve üstü öğrenim derecesine sahip olanlarda, yurtda veya yalnız yaşayanlarda, altı kardeş ve üzeri kardeşi olanlarda, parçalanmış ailelerde, sigara kullananlarda, annesi çalışanlarda MBKÖ puanlarının düşük olduğu tespit edildi. İlçede yaşayan katılımcıların EKS ölçeğinin kararlılık alt boyut puanının ilde yaşayanlara göre yüksek olduğu tespit edildi.

Sonuç: Çalışma sonuçları doğrultusunda gençlerin ego kimlik süreci ve madde bağımlılığından korunma öz yeterliliğini geliştirecek programların düzenlenmesi önerilmektedir. Bu programların madde bağımlılığından korunmaya katkı sağlayacağı beklenmektedir.

Anahtar kelimeler: Madde bağımlılığı, sigara içmek, aile araştırması

Introduction

According to the World Health Organization (WHO), alcohol and illicit substance abuse is a major concern for many countries (1). Alcohol abuse is the most common of all substance use disorders, with an estimated 100.4 million cases worldwide. The use of cannabis is the most common among the substance use disorders, with 22.1 million cases, and opioid addiction comes into prominence with 26.8 million cases (2). According to the Türkiye Country Drug Report, in 2021, 123,649 individuals faced legal situations due to purchase/acceptance/possession of drugs. According to the survey report conducted on the attitudes/behaviors towards tobacco, alcohol and substance use in the general population of Türkiye, the rate of tobacco use in the last 12 months is 33.3% (14,257), alcohol use is 12.6% (5407), cannabis use is 1.1 (475), and the rate of those who use drugs at least once in their life 3.1% (1338) (3).

The use of alcohol and substance is one of the most important public health problems that can have negative consequences on the health, economy, productivity and social aspects of societies (2). The fact that alcohol and substance use increase the global burden of disease (2), and that individuals can be directed to illegal actions as a result of social and economic difficulties brought by addiction (4, 5, 6), are significant consequences. After addiction progresses, the treatment process is grueling, time-consuming and its cost is high in social aspects. Addiction is a brain disease, and the cure rate of its treatment is very low while the risk of disease's recurrence is high (7, 8). Although the individuals benefit greatly from the treatments given in the acute period, one of the most common problems in the treatment of substance use disorders is the re-use of substances in the follow-up process, (9, 10).

Nowadays, access to substances has become unchallenging, so it has become more significant to protect the individual from substances rather than preventing them from accessing substances (7). Prevention-focused methods are of great importance in delaying the starting age of cigarette, alcohol and substance use, making it more difficult to try and use other substances, and preventing diseases and deaths related to these substances (7,8,11,12). Programs aimed at preventing substance abuse should focus on reorganizing the environmental and individual factors that increase the risk of addiction and factors that strengthen the protective factors from substance abuse. An individual's strong self-perception, life skills, ability to express frustration and anger, problem-conflict resolution skills, humor and empathy skills are identified as protective factors against substance use (13).

In concern with substance abuse, social environment and people from family, school and peer groups, identity development, cognitive and behavioral patterns appear as risk factors or protective factors in different contexts. For this reason, individuals should be examined in a broad framework, including these factors (14). Regarding the individual dimension, the period of adolescence represents a crucial stage in the development of identity. Individuals who experience a healthy identity process during adolescence both have positive characteristics in terms of mental health and have fewer problems in acquiring the roles of this period of adulthood (15). In studies conducted with individuals who use substances during adolescence period, it has been reported that adolescents are emotionally weak. They use addictive substances to cope with their negative emotions and they experience pleasant emotions (16). It has been demonstrated that the rates of alcohol consumption are higher in adolescents whose identity status is not sufficiently developed (17). The fact remains that adolescents' familial and social environments may influence their early experiences of risky behaviors. Adolescent who has a low profile of identity and live in a negative family environment may experience a low perception of control over their environment. This may lead to a decrease in controlling behaviors such as refusal to use substances (18, 19).

Identity is interpreted simply as an answer to the question of "who am I?" According to Erikson (1968), identity can be defined as the consciousness (expressing difference in a certain condition) and the process (expressing a likeness in changing conditions). When the literature on identity development is analyzed, it is observed that the approach that influences research the most, is the Psychosocial Development Theory proposed by Erikson. According to Erikson, the most significant task that an individual should perform during adolescence is to form a sense of ego identity. As reported by Erikson, adolescents make a great effort to

establish a strong sense of identity. There are two ends in creating identity: one positive and one negative. On the positive end, the individual has a continuous and consistent sense of identity against time, and on the negative end, there is role confusion regarding the individual's identity construction (20). Individuals with high self-esteem are more likely to use problem-focused coping strategies that are effective in reducing distress when circumstances are truly controllable.

Factors about self/identity are involved in the stress process in a complex way, and understanding this complexity is the key to the development of robust interventions (21). Self/identity factors may be effective in situations when individuals encounter stressors and prefer an ineffective coping method such as substance use to manage stress. Researches on substance abstinence self-efficacy has revealed the following results: There is a significant relationship between substance use and the following factors: their exposure to peer bullying, level of expressing their feelings and levels of psychological resilience (22). In addition, being male or not, smoking status, low educational level of the mother and negative parental attitudes decreases the self-efficacy of protection from substance abuse (23). It has been put forward that the environment where substances are used, being over the age of 17, having a father with low level of education, having a negative family relationship, and medical history are risk factors for substance abuse (24). When the literature is examined, no study that investigates the effect of Ego Identity Process Questionnaire (EIPQ) on self-efficacy for abstinence from substances has been found. In this respect, it is considered that the research will provide data on the effect of the ego identity process of self-efficacy of protection from substance abuse. Therefore, in our study, it was aimed to research the predictive effect of EIPQ on Self-Efficacy for Protecting Adolescents from Substance Abuse Scale (SEAPSAS). In this context, the hypotheses of the research are as "There is a statistically significant relationship between the ego identity processes of young individuals and the self-efficacy levels of abstinence from substance abuse" and "There is a statistically significant difference between sociodemographic characteristics of young individuals, and factors such as ego identity processes and self-efficacy levels of abstinence from substance abuse".

Methods

The data of the descriptive and correlation-seeking survey were collected between the dates 14.07.2021 and 21.01.2022.

Participants

The population of the study consisted of individuals between the ages of 17-24 who could be reached by convenient sampling method in Türkiye. Since the EIPQ was adapted for the ages of 17-24, the age range in the study was limited to 17-24. The inclusion criteria of the participants were determined as being willing to participate in the research, being between the ages of 17-24, having no problem in reading and understanding Turkish. The exclusion criteria of the study were the condition that individuals did not meet the inclusion criteria. In the section that appears on the first page after clicking the survey link, participants were asked to declare that they voluntarily participated in the study and to confirm that they are between the ages of 17 and 24. The sample population of the study was determined as 395 with a power of 98%, with a 5% margin of error using the G*power (version 3.1.9.2., Düsseldorf, Germany) software according to the unknown sample calculation. Considering that there may be data loss in the study, total 415 individuals were reached out.

Procedure

Written consent was obtained from the Batman University Non-Interventional Clinical Research Ethics Committee for this study (Date: 28.05.2021; Issue: 2021102-09). Informed consent form and information about the purpose of the study were presented on the first page of the online questionnaire. After the participants read the information on the first page, they marked the option that they declared that they voluntarily participated in the research. The participants were reached through social media platforms (e.g.

WhatsApp, Instagram and Twitter) by sharing "messages", "stories" and "new posts". In these posts, the subject of the research, the purpose and the criteria for inclusion in the research were explained.

The online data collection form prepared on the Google Form was applied in the research. For the preliminary evaluation of the data collection form, the link of the Google Form was sent to 5 young individuals. In addition, it was confirmed that there were no problems in technical issues such as the clarity of the form and the opening, marking and sending the form. The young individuals who carried out the preliminary assessment were not included in the sample of the study. Informed consent form was added to the first part of the online questionnaire, and voluntary consent was obtained by confirming the statement that "I agree to voluntarily participate in the study". No fee or gift was provided for the participants in the study. The online questionnaire consisted of 70 questions in total. After entering the questionnaire, the questions were displayed in four screens and after each section, it was possible to switch to the other screen by pressing the "next" button. The first part of the questionnaire consisted of informed consent form and consent question. The second part consisted of socio-demographic characteristics information form while the third part consisted of EIPQ scale and the fourth part consisted of SEAPSAS. Answering the questionnaire took approximately 10-15 minutes. In the study, the same participants were prevented from completing more than one survey, by requiring a Google login. In the study, it was obligatory to fill in each question in the questionnaire and the participants were given the opportunity to go back and change their answers. Receiving answers to the online questionnaire started at 18:08 on 14 July 2021 and was terminated on 21 February 2022 at 16:39 due to the sufficient number of participants.

Measures

Questions for determining some socio-demographic characteristics of individuals, EIPQ and SEAPSAS were applied as data collection forms in the study.

Socio-Demographic Characteristics Questionnaire Form

In the sociodemographic questionnaire form created by the researchers, there are 14 questions that examine age, gender, educational status, marital status, having children, living with, number of siblings, family type, income status, place of residence, smoking or not, parental level of education, maternal employment status.

Ego Identity Process Questionnaire (EIPQ)

The scale was developed by Balisteri, Busch-Rossnagel and Geisinger in 1995 and its original name is 'Ego Identity Process Questionnaire' (25). In total, there are 32 questions and 2 sub-dimensions in the scale. These sub-dimensions are 'exploration' and 'determination'. The scale was prepared as a 6-point Likert type and it includes 32 items. The total score of the scale varies between 16 and 96 (26). Considering the reliability and validity study of the scale, the consistency coefficients were calculated as .86 for the 'exploration' subscale and the consistency coefficients were calculated as .80 for the 'consistency' subscale. Additionally, in the test-retest reliability study, a correlation was found between the two applications at the level of $r=.76$ for the 'exploration' subscale and $r=.90$ for the 'determination' subscale (25, 26). The study was carried out on the adaptation of EIPQ to Turkish and on its reliability and validity in 2005. Each subscale of the scale was found to be $r=.74$ as for the Pearson product moment correlation coefficients discovery subscale, and $r=.71$ for the stability subscale, which was found by the test-retest method. The internal consistency (Cronbach alpha) coefficients for each subscale of the scale were calculated as $\alpha = .73$ for the 'exploration' subscale and $\alpha = .62$ for the 'determination' subscale (26). In this study, EIPQ $\alpha = .90$ was calculated as $\alpha = .81$ for stability subscale and it was calculated as .81 for exploration subscale.

Self-Efficacy for Protecting Adolescents from Substance Abuse Scale (SEAPSAS)

Eker et al. (27) developed the scale with the aim of measuring the self-efficacy perceptions of high school students regarding abstinence from substances. This scale, which was developed in a 5-point Likert type (1: not at all sure; 5: extremely sure), consists of a total of 24 items and 4 sub-dimensions. These sub-dimensions are as follows respectively; abstinence from substances/stimulants- general (3, 5, 6, 7, 8, 10,

11, 16, 17, 19, 20 and 23), abstinence from substances/stimulants- under pressure (18, 21, 22 and 24), seeking help regarding substances/stimulants (12, 13, 14 and 15) and supporting a friend against substances/stimulants (1, 2 and 9). The fourth question in the scale is a control question and is excluded from the evaluation in the scale total scoring. The lowest score that can be obtained from the scale is 23, while the highest score is 115. The high total score of the scale can be interpreted as indicating high self-efficacy in abstinence from substances. The Cronbach Alpha coefficient of the scale was determined as 0.81. In this study $\alpha = .97$ for SEAPSAS was calculated as; $\alpha = .97$ for "abstinence from substances/stimulants- general", $\alpha = .96$ for "abstinence from substances/stimulants- under pressure", $\alpha = .89$ for "seeking help regarding substances/stimulants", $\alpha = .75$ for "supporting a friend against substances/stimulants".

Statistical Analysis

SPSS 25 program was applied for the analysis of the data. Measurement analysis was applied to the Ego Identity Process Scale, Self-Efficacy for Protecting Adolescents from Substance Abuse Scale and their sub-scales. As a result of the reliability of the scale and sub-dimensions, the study was initiated. Univariate analyzes (t test and one-way analysis of variance in parametric tests; Mann Whitney U or Kruskal Wallis test in non-parametric tests) were performed and Tamhane's T2 post hoc comparison was applied to determine from which group the difference originated. Frequency, percentage, arithmetic mean and standard deviation from descriptive statistical methods were applied in the evaluation of the introductory characteristics of the participants. Pearson product-moment correlation technique and regression analysis were used to analyze the data. Statistical significance level was recognized as $p < 0.05$.

Results

The mean age of 415 young people included in the study was 20.87 ± 3.41 years. 76.6% of the participants are girls, 60.2% are high school and college students, 94% are single, and 94.9% do not have children. 80.6% of them live with their families. 58.1% have 3-5 siblings, 72.7% are in nuclear families, and 60.7% have less income than their expenses, 57.9% live in the city center, and 78.9% do not smoke. 88.7% of the participants' parents live together, 94% of their mothers do not work in any profession, 84.9% of their mothers; 72.9% of fathers were primary school graduates (Table 1).

Young people's SEAPSAS sub-dimension mean score of abstinence from substances/stimulants- general is 54.13 ± 11.05 . Their sub-dimension mean score of abstinence from substances/stimulants under pressure is 18.23 ± 3.82 . Their sub-dimension mean score of seeking help regarding substances/stimulants is 13.77 ± 4.38 , supporting a friend against substances/stimulants is 12.91 ± 2.73 , while the total mean score of SEAPSAS is 99.04 ± 17.89 . The total mean score in the EIPQ of the young individuals is 124.86 ± 15.84 ; Stability sub-dimension mean score is 64.45 ± 11.92 , exploration sub-dimension mean score is 60.41 ± 9.41 .

Whether the EIPQ and SEAPSAS mean scores of the young individuals differed in terms of their gender and level of education and the scores were evaluated with the t-test (Table 1). It was determined that girls' total SEAPSAS scores, abstinence from substances/stimulants- general, and abstinence from substances/stimulants- under pressure were higher than boys' scores. There was no difference between genders in terms of EIPQ total and sub-scores. The scores of high school and college graduate students' abstinence from substances/stimulants and abstinence from substances/stimulants under pressure were significantly higher than those who have undergraduate and higher education degrees. There was no significant difference between level of education and EIPQ scores (Table 1).

There was no difference between educational status and EIPQ along with its sub-dimensions. The sub-dimensions of abstinence from substances/stimulants-general and abstinence from substances/stimulants-under pressure were found to be higher in undergraduate and higher graduate individuals. There was no difference in SEAPSAS total score and other sub-dimensions. No difference was identified between married

and single people, and between those with or without children in terms of SEAPSAS and EIPQ scores, along with their sub-dimensions (Table 1).

Table 1. Comparison of SEAPSAS and EIPQ scores in terms of gender and level of education

	Number/ Percentage	Total SEAPSAS score	Abstinence from substances/sti mulants- general	Abstinence from substances/ stimulants- under pressure	Seeking help about substances /stimulants	Supporting a friend against substances /stimulants	Total score of EIPQ	Stability	Exploration
Gender									
Girl	320 (76.6)	100.86±16.52a	55.28±10.28a	18.60±3.52a	13.96±4.19	13.02±2.61	125.60±14.48	64.76±11.01	60.84±9.24
Boy	95 (22.7)	92.91±20.82b	50.28±12.62b	16.97±4.49b	13.12±4.93	12.54±3.08	122.36±19.63	63.40±14.61	58.96±9.89
Test value		t= -3.871	t= -3.936	t= -3.723	t= -1.651	t= -1.522	t= -1.754	t= -.976	t= -1.713
		p= .000**	p= .000**	p= .000**	p= .099	p= .129	p= .080	p= .330	p= .087
Educational background									
High school and college	247 (60.2)	99.96±16.69	55.28±10.28a	18.60±3.52a	13.96±4.19	13.02±2.61	125.94±15.72	64.76±11.01	60.84±9.24
Undergraduate and Postgraduate	168 (39.8)	97.84±19.37	50.28±12.62b	16.97±4.49b	13.12±4.93	12.54±3.08	123.34±16.00	63.40±14.61	58.96±9.89
Test value		t= -3.871	t= -3.936	t= -3.723	t= -1.651	t= -1.522	t= 1.634	t= -.976	t= -1.713
		p= .297	p= .000**	p= .000**	p= .099	p= .129	p= .103	p= .330	p= .087
Marital status									
Single	393 (94)	99.14±17.68	54.21±10.89	18.24±3.77	13.71±4.39	12.98±2.65	124.82±16.00	64.35±12.00	60.48±9.42
Married	22 (6)	101.75±16.68	55.90±9.78	19.10±3.16	14.55±3.79	12.20±3.27	125.80±13.07	66.85±10.87	58.95±9.78
Test value		z= -1.116	z= -.693	z= -1.298	z= -1.086	z= -1.819	z= -.438	z= -.917	z= -.540
		p= .264	p= .488	p= .194	p= .278	p= .223	p= .661	p= .393	p= .589
Childbearing Status									
Yes	18 (4.3)	95.50±23.58	51.28±14.91	17.61±5.08	15.11±4.24	11.50±4.08	125.50±14.12	65.67±11.36	59.83±8.89
No	397 (94.9)	99.19±17.63	54.26±10.86	18.25±3.76	13.71±4.39	12.97±2.65	124.80±15.90	64.35±11.95	60.44±9.46
Test value		z= -.189	z= -.687	z= -.147	z= -1.216	z= -1.390	z= -.395	z= -.343	z= -.040
		p= .850	p= .492	p= .883	p= .224	p= .165	p= .693	p= .732	p= .968
With whom he/she lived									
(1) Family	337 (80.6)	99.39±16.40	54.55±10.26	18.40±3.52	13.55±4.29	12.90±2.58	124.67±15.83	64.52±12.13	60.15±9.34
(2) Alone	33 (7.8)	92.27±27.86	49.39±16.08	16.48±5.61	14.00±4.63	12.39±3.89	125.30±18.45	64.48±11.38	60.82±10.01
(3) with friends	33 (6.8)	102.18±20.14	54.25±12.74	18.18±4.48	16.14±4.69	13.61±2.91	127.28±12.76	63.96±10.15	63.32±9.54
Test value		f= 2.884	f= 3.322	f= 3.832	f= 4.658	f= 1.507	f= .366	f= .028	f= 1.508
		p= .057	p= .037* (1-2)	p= .022* (1-2)	p= .010* (2-3)	p= .223	p= .694	p= .937	p= .222
How many siblings do you have?									
(1) 1-2	58 (13)	100.72±16.88	55.69±9.13	18.29±3.54	13.67±4.62	13.07±2.78	125.60±16.75	66.14±12.81	59.47±9.62
(2) 3-5	243 (58.1)	100.91±15.53	55.27±9.67	18.69±3.24	13.82±4.22	13.13±2.41	125.26±15.26	64.67±11.64	60.58±9.68
(3) 6 and above	114 (27.9)	94.10±21.96	50.85±13.85	17.19±4.81	13.72±4.64	12.34±3.26	123.49±16.66	62.97±12.00	60.51±8.79
Test value		f= 6.034	f= 7.042	f= 6.043	f= 0.40	f= 3.428	f= 561	f= 1.494	f= 337
		p= .003* (2-3)	p= .001* (1-3)	p= .003* (2-3)	p= .961	p= .033* (2-3)	p= .571	p= .226	p= .714
Family type									
(1) Nuclear	304 (72.7)	100.47±15.74	55.23±9.68	18.54±3.40	13.67±4.38	13.03±2.59	125.42±16.36	64.88±12.04	60.54±9.60
(2) Extended	94 (22.5)	96.69±21.59	52.06±13.05	17.72±4.30	14.20±4.44	12.70±2.88	123.66±13.86	63.51±10.60	60.15±8.68

(3) Fragmented	17 (4.1)	86.47±25.32	45.94±16.62	15.47±6.23	13.12±4.14	11.94±3.98	121.29±16.66	61.82±16.22	59.47±10.39
Test value		f= 6.127 p= .002* (1-3)	f= 8.097 p= .000* (1-2-3)	f= 6.437 p= .002* (1-3)	f= 727 p= .484	f= 1.639 p= .196	f= 893 p= .410	f= 906 p= .405	f= 149 p= .862
Mother Education									
Primary education	356 (84.9)	99.43±17.42	54.42±10.86	18.32±3.73	13.72±4.38	12.96±2.63	124.74±15.93	64.22±12.08	60.52±9.44
High school and above	59 (14.8)	96.88±21.45	52.66±12.51	17.59±4.45	14.03±4.69	12.59±3.33	125.56±16.31	65.97±11.40	59.59±9.52
Test value		t= 1.001 p= .317	t= 1.122 p= .263	t= 1.351 p= .178	t= -.500 p= .618	t= .961 p= .337	t= -.365 p= .715	t= -1.034 p= .302	t= .694 p= .488
Father Education									
Primary education	301 (72.9)	98.22±19.10	53.67±11.89	18.09±4.04	13.74±4.29	12.73±2.88	124.76±16.56	64.04±12.25	60.72±9.43
High school and above	114 (27.3)	99.91±15.04	54.87±9.48	18.40±3.47	13.35±4.48	13.29±2.30	124.66±14.92	64.37±10.81	60.29±8.97
Test value		t= -.836 p= .404	t= -.950 p= .343	t= -.726 p= .468	t= .786 p= .433	t= -1.835 p= .067	t= .054 p= .957	t= -.250 p= .803	t= .411 p= .681
Income status									
Income < expense	261 (60.7)	99.52±17.68	54.40±11.03	18.27±3.83	13.92±4.54	12.94±2.71	125.45±16.06	64.25±11.99	61.19±9.38
Income = expense	110 (26.3)	98.83±17.69	54.00±12.22	18.36±3.68	13.63±4.14	12.84±2.76	124.54±15.36	65.19±12.38	59.35±9.36
Income > Expense	44 (10.5)	94.50±18.23	51.34±12.37	17.05±4.55	13.48±4.56	12.64±3.31	123.20±16.70	63.11±11.58	60.09±10.14
Test value		f= 1.411 p= .582	f= 1.374 p= .254	f= 2.074 p= .127	f= .292 p= .747	f= .206 p= .814	f= .416 p= .660	f= .504 p= .604	f= 1.493 p= .226
The place where he/she lives									
(1) City	243 (57.9)	99.63±17.32	54.50±10.62	18.44±3.61	13.71±4.41	12.98±2.61	124.15±15.77	63.73±11.77	60.42±9.73
(2) Town	112 (26.8)	98.71±18.60	53.78±11.52	18.11±3.79	13.74±3.99	13.09±2.79	127.60±15.70	66.96±12.12	60.64±9.02
(3) village	60 (14.4)	96.98±19.06	53.13±12.05	17.53±4.64	14.08±4.84	12.23±3.04	123.00±16.03	62.73±11.62	60.27±8.94
Test value		f= .543 p= .582	f= .434 p= .648	f= 1.433 p= .240	f= .183 p= .832	f= 2.166 p= .166	f= 2.342 p= .097	f= 3.581 p= .029*(1-2)	f= .036 p= .965
Maternal employment status									
Unemployed	390 (94)	99.65±17.22	54.49±10.56	18.36±3.64	13.84±4.39	12.98±2.64	125.02±15.92	64.46±11.91	60.55±9.48
Employed	25 (6)	91.80±24.75	49.76±15.36	16.84±5.36	12.84±3.75	12.36±3.28	123.16±14.97	65.32±13.32	57.84±8.22
Test value		t= 2.141 p= .033	t= 2.100 p= .036	t= 1.933 p= .054	t= 1.108 p= .269	t= 1.126 p= .261	t= .567 p= .571	t= -.345 p= .730	t= 1.396 p= .163
Smoking									
No	327 (78.9)	100±17.00	55.43±10.23	18.66±3.47	13.67±4.44	12.92±2.67	124.84±15.82	64.44±11.46	60.40±9.54
Yes	88 (21.1)	92.93±20.13	49.20±12.76	16.65±4.57	12.83±3.02	12.36±3.28	124.49±15.78	64.11±13.49	60.38±9.07
Test value		t= 3.628 p= .000	t= 4.779 p= .000	t= 4.467 p= .000	t= -1.103 p= .271	t= .260 p= .795	t= .183 p= .855	t= .226 p= .822	t= .022 p= .982

a>b; p= level of significance; t= t test.; f= ANOVA test; z= Mann-Whitney U test; *p<0.05.; **p<0.01.

In terms of EIPQ scores and the scores obtained from its sub-dimensions, there was no difference between the people who live with the participants of the study in terms of EIPQ scores and the scores obtained from its sub-dimensions (Table 1). However, the sub-dimension scores of people living in dormitories and of

people living alone concerning abstinence from substances/stimulants and abstinence from substances/stimulants under pressure were found to be lower than those living with their families. Those who live in the dormitory or alone have a lower score in the sub-dimension of seeking help for substances/stimulants compared to those living with their friends. There was no difference in SEAPSAS total score and other sub-dimensions (Table 1).

Table 2. Correlations between SEAPSAS and EIPQ (n=415)

	1	1a	1b	1c	1d	2	2a	2b	Age
1.Total SEAPSAS score	1	.957**	.929**	.372**	.782**	.367**	.308**	.228**	.532
1a. Abstinence from substances/stimulants-general		1	.939**	.123*	.714**	.325**	.298**	.170**	.488
1b. Abstinence from substances/stimulants-under pressure			1	.124*	.693**	.310**	.288**	.161**	.485
1c. Help-seeking about substances/stimulants				1	.163**	.214**	.081	.259**	.767
1d. Supporting a friend against substances/stimulants					1	.310**	.282**	.165**	.863
2. Total score of EIPQ						1	.806**	.662**	.654
2a. Stability							1	.090	.848
2b. Exploration								1	.609
Age									1

p= level of significance. * $p<0.05$; ** $p<0.01$.

Participants with six or more siblings had lower sub-dimension scores of abstinence from substances/stimulants when they are under pressure, supporting a friend against substances/stimulants as compared to participants who have 3-5 siblings (Table 1). The sub-dimension scores of abstinence from substances/stimulants-general were lower for those with 6 or more siblings than those with 1-2 siblings. No difference was identified in terms of EIPQ scores and scores from its sub-dimensions. While SEAPSAS total score and sub-dimension scores of abstinence from substances/stimulants-under pressure were found to be lower in participants who live in a fragmented family than those living in a nuclear family. The sub-dimension score of abstinence from substances/stimulants-general was found to be lower than those living in a nuclear family and an extended family. There was no difference between the other sub-dimensions of SEAPSAS and the EIPQ scores and scores obtained from the sub-dimensions. It was found out that the EIPQ stability sub-dimension score was higher among the young people living in the district than those living in the province (Table 1).

Table 3. Comparison of smoking in terms of diversified variables

	Gender		Family type			Maternal employment	
	Girl	Boy	Nuclear(a)	Extended(b)	Fragmented(c)	Employed	Unemployed
Uses	40	48	57	23	8	9	76
No use	279	48	249	70	8	16	314
	t= 8.595 p= .000		F= 5.161 p= .023 (c>a,b)			t= 8.595 p= .000	

p= level of significance; t= indicates the t test value; F= indicates the Kruskal Wallis test value.

No difference was identified among income status, parental level of education, and the total scores of SEAPSAS and EIPQ, and the scores obtained from their sub-dimensions (Table 1). The total score of SEAPSAS and the sub-dimension of abstinence from substances/stimulants-general were found to be lower

in the participants whose mothers were working. Smokers' total SEAPSAS score, abstinence from substances/stimulants- general under pressure, and abstinence from substances/stimulants- general subscale scores were found to be lower (Table 1).

A positive correlation at a moderate level was found between the SEAPSAS total score and the EIPQ total score ($r=.367^{**}$, $p<.01$) (Table 2). There was no relationship among age and SEAPSAS, EIPQ total score and their sub-dimension scores.

A statistical difference was found in smoking in terms of gender, family type and maternal employment status. It was found out that boys smoke statistically more at $p<.01$ level than girls, children of working mothers smoke statistically more at $p<.01$ level than children of non-working mothers. In addition, young people with fragmented families smoke statistically more at $p<.05$ level compared to those with nuclear family structure. It was determined that young people with fragmented families smoke statistically more at $p<.05$ level compared to the young people in the extended family structure ($F=5.161$, $p=.023<.05$) (Table 3).

Table 4. Simple regression analysis on total SEAPSAS score's prediction of EIPQ total scores

Variable	B	SH _B	β	t	p	F	Double r	Partial r	Tolerance	VIF
Stable	47.299	6.505		7.271	.000	64.282				
EIPQ Total Scores	0.414	.052	.367	8.018	.000		.367	.367	1.000	1.000
R=.367, R ² =.135, F (64.282) =.000 $p<.01$										

R²= Coefficient of determination, estimation power of the regression model. B=the coefficient in the regression equation. VIF=Multi-linkage between arguments. Tolerance= Multiple correlations between independent variables. β = the effect of the independent variable on the dependent.

The independent variable explains the variability of the dependent variable by thirteen and a half percent ($R^2=.135$). Even though the detected correlation coefficient is significant ($F=64.28$, $p<.0001$); the independent variable's predictive level of the dependent variable may not be considered sufficient since the independent variable's explanation of the dependent variable is low (Table 4). There is no multicollinearity problem in the model ($VIF<10$).

Discussion

In this study, an answer to the question of "Does the Ego Identity Process have a predictive role in abstinence from substance abuse?" was addressed. At the same time, the EIPQ of the young people and SEAPSAS were determined and the differences between some variables were evaluated. Firstly, the difference of scores between the genders for SEAPSAS was higher in girls than in boys, and statistically significant differences were identified in the total score of SEAPSAS. Statistically significant differences were found in the total score of SEAPSAS concerning the sub-dimension of abstinence from substances/stimulants-general and the sub-dimension of abstinence from substances/stimulants- general under pressure. Şener et al. (28) also found results supporting this study. No differences were found in terms of gender in the SEAPSAS sub-dimensions scores and EIPQ total and sub-dimension scores. There are research findings supporting the findings whether EIPQ scores differ in terms of genders (29, 30). While the studies reached found that SEAPSAS total and sub-dimension scores were higher in girls (23,24), there were also studies that found no difference between girls and boys in the SEAPSAS scale (13, 31). It is considered that the emergence of this situation is affected by factors such as the difference of family cultures, the upbringing process, mass media, and the effect of social media, the environment in which they interact, and the differences in role models. When the EIPQ and SEAPSAS scores were analyzed in terms of the educational level, the scores obtained from the sub-dimensions of abstinence from substances/stimulants- general and

abstinence from substances/stimulants- under pressure were found to be higher in high school-college students than in postgraduate students. In addition its result was found to be statistically significant. No statistically significant difference was found in the other scores obtained from the scales according in terms of the level of education. In studies related to this subject; Şener et al. (28) observed 91.74 ± 13.48 in his study on 983 high school students, Uzun and Kelleci (24) in their study with 911 adolescents found 100.49 ± 18.97 ; in the study of Ayhan et al. (23) on 120 adolescents aged 15-18 years, it was found to be 76.47 ± 28.31 . In this study, the total mean score of SEAPSAS was found to be 99.04 ± 17.89 . Since there is no cut-off score for SEAPSAS, a comparison cannot be made between the scores obtained, but it is thought that the high number of participants over the age of 18 in this study affects the scores obtained.

In this study, 21.1% of the participants, smoke. In the study of Ayhan et al. (2021), 40.8% of adolescents aged 15-18 years smoked. In the study of Yiğit and Öncü (2019), 50.5% of young people smoke. In the study conducted by Ögel et al., (2004) in nine provinces, it was determined that 55.9% of high school students, smoke. In the study of Mete et al. (2020) on teenagers aged 14-18, it was reported that 15.8% of the students, smoke. The risk of using any addictive substance other than cigarettes increases 8 times in smokers and the same risk increases 2.5 times in men. By the age of 18, the risk of using substances other than cigarettes increases approximately 1.5 times. They determined that the second year in high school is the critical period for starting to use cigarettes and substances. Smoking can be counted as a transition factor to substance use (34). The quality of family relationships is an important determinant of adolescents' attitudes towards smoking, alcohol and substance use (12). Wills and Yaeger (35) stated in their study on adolescent substance use that the family is the biggest factor in adolescent substance use. Considering that the family has an effect on identity development, it is considered that the number of participants over the age of 18 in this study affects the result.

No difference was observed in the results obtained from SEAPSAS and EIPQ scales in terms of the educational levels of parents. In the study of Ayhan et al. (23), the low educational level of the mother affects the abstinence from substances/stimulants- general and while under pressure. As a result of this study, it is considered that the majority of the parents of the participants are primary school graduates, and there were fewer parents with degrees of high school and higher education. This affects the results obtained. Participants whose mothers who are unemployed had higher SEAPSAS total score and abstinence from substances/stimulants- general sub-dimension scores. It is considered that the score obtained is high due to situations such as the child's ability to easily reach his/her parents when he/she needs it, to be under the close supervision of the parent, to have a relatively limited social environment, and to be more cautious about self-harming situations. No difference was observed in this study regarding the results obtained from the SEAPSAS and EIPQ in terms of income levels. Yıldız stated in her study that young people with low-income level are in the risk group for protection from substance abuse (13). In the study of Karatay and Kubilay (36), it was determined that people with a high socioeconomic level use cigarettes and addictive substances at a higher rate due to their expensiveness. SEAPSAS total score concerning the number of siblings, affects the sub-dimension scores of abstinence from substances/stimulants-general, abstinence from substances/stimulants-general while under pressure, and supporting a friend against substances/stimulants. Participants with six or more siblings were found to have low scores in the specified sub-dimensions. This is an expected result if the parent's attention is dispersed to other children. SEAPSAS total score of children with fragmented families, as well as their scores of abstinence from substances/stimulants-general, and abstinence from substances/stimulants-under pressure were found to be low. In the study of Uzun and Kelleci (24), the mean scores of SEAPSAS were found to be low in high school students with a fragmented family structure. In this study, it can be interpreted that the reasons such as pushing children into loneliness in fragmented families, the negative effects of friend environments to eliminate their loneliness, and the inability to say no to substances while trying to cope with stress are effective.

The environment where the participants live did not affect the scores obtained from SEAPSAS along with its subscales, the EIPQ total score and discovery scores. It was determined that this variable affected the EIPQ stability sub-dimension. The concept of discovery, states that the individual still has ambiguous thoughts in

the process of identity formation. It also emphasizes that a complete decision has not been reached, while determination means that a decision has been made in terms of identity thought (26). It is considered that the higher stability sub-dimension score of the participants living in the county is related to environmental factors. When the correlation between EIPQ and SEAPSAS total scores was analyzed, a moderate correlation was found. People's self-perceptions are closely linked to their psychological state and stressors that damage or threaten their self-concept are likely to cause emotional problems for people (21). It is considered that how individuals cope with emotional problems is related to how they perceive themselves and to their level of determination.

It was determined that smoking, differs according to gender, and male participants smoke relatively more. Today, approximately 1.3 billion people worldwide smoke, and according to the Global Adult Tobacco Survey 2016 data, the frequency of tobacco use is higher in men (44.1%) than in women (19.2%). In Türkiye, the rate of those starting smoking at the age of 18 or younger is 57.5%, and the age of onset is stated as 17 years old (37, 38). In this study, the fact that the higher rate of smoking among the children who have fragmented families and the children with mothers who are employed can be interpreted as children applying to this method to cope with the stress or loneliness they experience.

Youth is a period in which identity structuring takes place. As for Türkiye, in urban areas with the presence of up to 25% young population, substance and addiction is one of the most important and rapidly spreading problems (39). As stressors negatively affect physical or mental health (21), the issue of abstinence from substances becomes more significant day by day. In this regard, predictive factors are significant, and in this study, the prediction of EIPQ's SEAPSAS was examined. The results are significant, but the level of prediction was considered low because the percentage obtained was low. When the literature is examined, Şen found in his study that there is "future expectation" as a predictor of self-efficacy for abstinence from substances (40).

In this study, the data were obtained online via forms and face-to-face interviews were not conducted with the individuals. The online collection of data has restricted access of individuals who do not use online platforms. The small number of young people with fragmented families can be considered a limitation of this study. The fact that the participants did not know whether they had insight or not, can be considered as another limitation of the study.

As a result, the ego identity processes of young people who are between the ages of 17-24 were not sufficient to predict substance abuse. EIPQ and SEAPSAS are positively correlated. Male gender, living alone, high number of siblings, fragmented family, smoking and maternal employment status are risk factors for self-efficacy for protection from substance abuse. It is considered that the data obtained from this study will play a significant role in raising awareness on the subject. It will contribute to the following studies to be planned by determining the requirements in this area. It is recommended to conduct further researches on the subject in different socioeconomic environments and with larger samples, and to conduct qualitative studies in order to obtain detailed data. Social studies can be carried out in order to increase young individuals' awareness level on preserving health. This subject can be included in the curriculums of the universities as an elective course. Considering the effect of family dynamics on their children for parents; It is recommended to carry out studies that strengthen family ties, communication, increase awareness of children's emotional states, and support parenting roles..

References

1. WHO. 2020. Available from: URL:https://www.who.int/topics/drug_abuse/en/ Accessed date: 3. 3. 2022.
2. Degenhardt L, Charlson F, Ferrari A, et al. The global burden of disease attributable to alcohol and drug use in 195 countries and territories, 1990–2016: A systematic analysis for the global burden of disease study 2016. *Lancet Psychiatry* 2018; 5: 987-1012.
3. Turkish Drug Report. 2021. <http://www.narkotik.pol.tr/kurumlar/narkotik.pol.tr/TUB%C4%B0M/2021-Turkiye-Uyusturucu-Raporu.pdf> Accessed date: 9. 2. 2022.

4. Havaçeliği Atılam D, Şaşman Kaylı D. Bağımlılıkta riskli bir durum: Suç davranışı. Yüncü Z, editör. Ergen Bağımlılığı. 1. Baskı. Ankara: Türkiye Klinikleri 2019; 11-7.
5. Epsoylu H, Nehir S. Madde kullanım varlığının, suç işleyen ve işlemeyen hastalarda suç ve şiddet özelliklerine etkisi. Sürekli Tıp Eğitimi Dergisi 2019; 28(2): 108--113.
6. Topçuoğlu T. Substance use and crime. Poor YS. (editor). Social work and addiction in all its aspects. Ankara: I. B. Graphics Publications, 2020; 215-251.
7. Özbay Y, Yılmaz S, Büyüköztürk Ş, et al. Madde bağımlılığı: temiz bir yaşam için bireyin güçlendirilmesi. Addicta: The Turkish Journal on Addictions 2018; 5(1): 81-130.
8. Dağlı Z. Bağımlılıkla mücadele politikasında din görevlilerinin rolü üzerine bir değerlendirme: Düzce örneği. Süleyman Demirel Üniversitesi İktisadi ve İdari Bilimler Fakültesi Dergisi 2019; 24(2): 285-297.
9. Kargin M, Hiçdurmaz D. Madde kullanım bozukluğu olan bireylerde sosyal işlevsellik, algılanan esenlik ve stresle başa çıkma. Bağımlılık Dergisi 2018; 19(2): 35-39.
10. Sevin DM, Erbay E. AMATEM'de ikinci kez tedavi gören madde bağımlılarının madde kullanımına ilişkin yaşam deneyimleri Addicta: The Turkish Journal on Addictions 2019; 6(3): 691-716.
11. Botvin GJ, Griffin KW. Life skills training: empirical findings and future directions. The Journal of Primary Prevention 2004; 25(2): 211-232.
12. Ögel K. Madde bağımlılığını önlemede öğretmen ve ebeveyn eğitimlerinin etkinliğinin değerlendirilmesi. Anadolu Psikiyatri Derg 2004; 5(4): 213-221.
13. Yıldız M. Lise öğrencilerinin madde bağımlılığından korunmaya ilişkin öz-yeterliliğinin incelenmesi. Dusunen Adam 2017; 3(2): 70-77.
14. Pellerone M, Tolini G, Polopoli C, Parenting, identity development, internalizing symptoms, and alcohol use: A cross-sectional study in a group of Italian adolescents. Neuropsychiatr Dis Treat 2016; 12: 1769-1778.
15. Schwartz SJ, Beyers W, Luyckx K, et al. Examining the light and dark sides of emerging adults' identity: A study of identity status differences in positive and negative psychosocial functioning. J Youth Adolesc 2011; 40(7): 839-859.
16. Çataloğlu B. Comparison of adolescents who are using and not using drugs in terms of psychological resilience and family functions. Unpublished master's thesis, İzmir: Dokuz Eylül University Institute of Educational Sciences, 2011.
17. Cattelino E, Calandri E, Bonino S. The contribution of the structure and functioning of the family in promoting the well-being of adolescents of different age groups. Int J Environ Res Public Health 2001; 69: 49-60.
18. McLaughlin KA, Hatzenbuehler ML. Stressful life events, anxiety sensitivity, and internalizing symptoms in adolescents. J Abnorm Psychol 2009; 118(3): 659-669.
19. Greenberger E, Chen C, Tally SR, Dong Q. Family, peer, and individual correlates of depressive symptomatology among U.S. and Chinese adolescents. J Consult Clin Psychol 2000; 68(2): 209-219.
20. Erikson EH. Identity: Youth and crisis. New York: W.W. Norton Company, 1968.
21. Thoits PA. Self, identity, stress, and mental health. Aneshensel CS, Phelan JC, Bierman A (editors). 2. Baskı. Handbook of the Sociology Of Mental Health. New York, Springer Science 2013: 357-377.
22. Telim E, Murat M. The relationship between drug abstinence self-efficacy and peer pressure, ability to express oneself and psychological resilience in adolescents. International Journal of Society Researches 2019; 14(20): 931-955.
23. Ayhan F, Genç M, Türkmen AS. Adölesanların madde bağımlılığından korunmaya ilişkin öz yeterlikleri ile ebeveyn bağlanma düzeyleri arasındaki ilişki Bağımlılık Dergisi 2021; 22(3): 285-296.
24. Uzun S, Kelleci M. Drug abuse in high school students: their self-efficacy to avoid drug abuse and related factors. Dusunen Adam 2018; 31(4): 356-363.
25. Balisteri E, Busch- Rossnagel NA, Geisinger KF. Development and preliminary validation of the Ego Identity Process Questionnaire questionnaire. J Adolesc 1995; 18: 179-192.
26. Arslan E, Arı R. Ego kimlik süreci ölçeğinin Türkçeye uyarlama güvenirlik ve geçerlik çalışması. Selçuk Üniversitesi Sosyal Bilimler Enstitüsü Dergisi 2005; 20: 75-80.
27. Eker F, Akkuş D, Kapisız Ö. Ergenler için madde bağımlılığından korunma öz-yeterlik ölçeği'nin geliştirilmesi ve psikometrik değerlendirilmesi. Psikiyatri Hemşireleri Dergisi 2013; 4(1): 7-12.
28. Şener DK, Akkuş D, Karaca A, Cangür Ş. Lise öğrencilerinin madde kullanmama davranışlarını etkileyen faktörler. Addicta: The Turkish Journal on Addictions 2018; 5(3): 405-429.
29. Boynueğri E. The relationship between acculturation strategies and identity statuses in international students in Turkey. Master's Thesis, Ankara: Ankara University Institute of Education Sciences, Department of Psychological Services in Education, 2018.

30. Yılmaz B. With the ego identity status of university students between parent authority styles and social values examination of the relationship. Master's Thesis, Istanbul: Istanbul Aydın University Institute of Social Sciences, Department of Psychology Psychology Program, 2018.
31. Meydancı, H.M. Examination of self-efficacy of high school students in the prevention of drug addiction. Master's Thesis, Istanbul: Uskudar University Institute of Addiction And Forensic Sciences Department Of Forensic Sciences Crime Prevention And Analysis, 2019.
32. Yiğit Ü, Öncü E. Çalışan gençlerde sigara, alkol, uyuşturucu/uyarıcı madde kullanımı ve risk faktörleri. Addicta: The Turkish Journal on Addictions 2019; 6(4): 49-66.
33. Mete B, Söyler V, Pehlivan E. Adölesanlarda sigara içme ve madde kullanma prevalansı. Bağımlılık Dergisi 2020; 21(1): 64-71.
34. Ryzin, M. J., Fosco, G. M., Dishion, T. J. Family and peer predictors of substance use from early adolescence to early adulthood: An 11-year prospective analysis. Addict Behav 2012; 37: 1314-1324.
35. Wills TA, Yaeger A. Family factors and adolescent drug use: models and mechanisms. Curr Dir Psychol Sci 2003; 12(6): 222-226.
36. Karatay G, Kubilay G. Sosyoekonomik düzeyi farklı iki lisede madde kullanma durumu ve etkileyen faktörlerin belirlenmesi. Hemşirelikte Araştırma Geliştirme Dergisi 2004; 1(2): 57-70.
37. Öntaş E, Aslan D. Küresel yetişkin tütün araştırması Türkiye 2016. Available from: URL:<http://www.halksagligi.hacettepe.edu.tr/duyurular/halkayonelik/kyta2016.pdf> Accessed date: 12. 04. 2022.
38. The research report on the attitude and behavior on tobacco, alcohol and substance use in the general population of Turkey. (2018). Available from: URL: <http://www.narkotik.pol.tr/kurumlar/narkotik.pol.tr/Duyurular/T%C3%9CRK%C4%B0YE%E2%80%99DE%20GENEL%20N%C3%9CFUSTA%20T%C3%9CT%C3%9CN%20ALKOL%20VE%20MADDE%20KULLANIMINA%20Y%C3%96NEL%C4%B0K%20TUTUM%20VE%20DAVRANI%C5%9E%20ARA%C5%9ETIRMASI.pdf> Accessed date: 8. 3. 2022.
39. Yörükoğlu A. National child and adolescent mental health policies IX. workshop report "being young in Turkey". Çocuk ve Gençlik Ruh Sağlığı Dergisi 2014; 21(1): 79-89.
40. Sen A.S. Predictive relationships between adolescents' values and their future expectations and self-efficacy in preventing substance addiction. Master Thesis, Konya: Necmettin Erbakan University, Institute of Educational Sciences, Department of Educational Sciences, Guidance and Psychological Counseling, 2015..

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