



EVALUATION OF PSYCHO-SOCIAL PROBLEMS OF GERIATRIC INDIVIDUALS DURING THE CURFEW: THE PROVINCIAL EXAMPLE FROM TÜRKİYE

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Abstract: The aim of this study was to evaluate the psycho-social problems experienced by geriatric individuals during the curfew, in Samsun, Türkiye. The descriptive and cross-sectional study was conducted in Samsun, Türkiye. The population of the research consisted of individuals aged 65 and over who were served on the "Psycho-social Support Line" between June 1 and July 31, 2020 (N=2700). The responses of 452 participants were included in the study. A total of a 35-item survey, created by scanning the literature, were used to collect data to evaluate socio-demographic data, Life Routine, Psycho-social Evaluation, and Psycho-social Support Needs. In the study, a questionnaire was applied to the volunteer participants selected by the simple random method of telephone interview technique. Data were analyzed using descriptive statistics, Mann Whitney-U test, Pearson Chi-Square test and Fisher's Exact Test. P<0.05 was accepted as significance level. In the results, it was determined that the elderly people spent most of their time praying (24.1%), taking care of the garden (22.8%), and watching television (14.6%) after the curfew. While the rate of the elderly who participated in the study during the restrictions who had problems in meeting their needs was 1.8%, the rate of those who applied to any social support line was 6.6%. The proportion of those who requested re-interview with psycho-social support services was significantly higher in women (P=0.049), those with chronic diseases (P=0.023), those who were concerned about the transmission of the COVID-19 virus (P=0.027), and those who slept irregularly (P=0.013). It was found that the number of people living with the elderly who requested to meet again with psycho-social support services was higher (P=0.014). As a result of the study, it was determined that a small part of the elderly needed social and financial support due to curfews. The fact that women and those with chronic diseases need more psycho-social support in this period shows that it is important for public health to protect the psycho-social health of disadvantaged groups in a crisis period such as the COVID-19 pandemic.

Keywords: COVID-19, Elderly, Geriatrics, Pandemic, Quarantine

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1. Introduction

Individuals aged 65 and over are defined as the "geriatric population" worldwide. The elderly population is increasing worldwide, and in Türkiye, by the advanced practices in the field of health, the advancement of technology, and the control of infectious diseases (Durazzo et al., 2017). In the world and Türkiye, individuals over the age of 65 constituted approximately 9%-10% of the population in 2019 (OECD, 2019; Turkish Statistical Institute, 2021). Older adults comprise a prominent population characterized by unique physical, psychosocial, and environmental vulnerabilities. Geriatric frailty is found in 20- 30% of the elderly population over 75 years of age and is known to increase with age (Banerjee, 2020). However, the rate of geriatric psychosocial problems is affected by the elderly income, marital status, housing status, educational status, obstacle status, access to services, social assistance, or social support status, but varies from country to country

(Ye et al., 2018). The prevalence of frailty and prefrailty appears higher in community-dwelling older adults in upper middle-income countries compared with high-income countries (Siriwardhana et al., 2018). It has been reported that the prevalence of fragility and psychosocial problems in Ecuador has reached 44% (Del Brutto et al., 2020). Although approximately 3.5-27% of the elderly people living in the society in the Asia-Pacific region, this rate may be more common in low and medium-income countries (Dent et al., 2017). As far as we have researched, while there is no study on the rate of psychosocial problems in the elderly in Türkiye, in a multicenter study, the prevalence of frailty in the elderly in Türkiye was found to be 39.2% (Eyigor et al., 2015). The COVID-19 pandemic has caused a social and health crisis similar to previous pandemics worldwide. In addition to the fear and illness caused by the pandemic, many countries have implemented stay-at-home restrictions and quarantines to control the spread of the



virus. These precautions have brought along many problems, such as disrupting people's daily lives and having a negative impact on individual mental health. The elderly, a disadvantaged group in terms of health, psychosocial and economic aspects, have come to the fore the most since the first days of the COVID-19 pandemic. Additional arrangements have been made for elderly individuals within the scope of COVID-19 precautions, as their immune functions decrease with age, and they are at higher risk for COVID-19 than people of other ages due to chronic comorbidities (Ilardi et al., 2020; Meng et al., 2020). These regulations include curfews, the obligation to wear masks outside, shift work in nursing homes, and visitor bans/restrictions in Türkiye and many countries (Armitage and Nellums, 2020; Demirel and Sutcu, 2021; Docherty et al., 2021). In addition to these, various problems and needs have arisen due to the change in the simplest daily routines of the elderly population, such as the practice of social distance, which limits the interaction of the elderly population even with their family members, self-isolation due to the fear of catching the disease, not being able to use public transportation to meet their needs, going to the market and pharmacy (Ercan and Arıcı, 2020). During the pandemic, many studies have been conducted on developing and diversifying services offered to the elderly, providing economic support, restrictions, and permits (Steinman et al., 2020; Demirel and Sutcu, 2021; Docherty et al., 2021).

In Türkiye, a "Psychosocial Support Line" has been established under the Ministry of Health's Mental Health Department for the needs of the elderly, and psychosocial support is provided to individuals over the age of 65 via telephone through Provincial Health Directorates in 81 provinces. Within the scope of this service, social workers, psychologists, and psychological counselors provide information about the COVID-19 disease of citizens, ways to protect themselves from the disease, precautions determined to protect them from COVID-19 disease, analyze family, psychosocial or economic problems, apply counseling services in the areas they need and provide appropriate advice. They provide access to services by directing them (Republic of Türkiye, The Ministry of Family and Social Services, 2020).

In this context, this study is aimed to evaluate the psychosocial problems experienced by individuals aged 65 and over during the curfew, the psychosocial support service applied during the restrictions, and the factors affecting the request for a re-interview, in Samsun, Türkiye.

2. Materials and Methods

2.1. Study Design and Setting

The descriptive and cross-sectional study was conducted in Samsun, a province in the north of Türkiye. The research population consisted of individuals aged 65 and over who were served on the "Psychosocial Support Line" between June 1 and July 31, 2020 (N=2700)

(Republic of Türkiye, The Ministry of Family and Social Services, 2020). The sample size was determined as 337 using the Open Epi Calculator program (unknown prevalence: 50%, margin of error: 5%, power: 80%) (Openepi Open Source Epidemiologic Statistics for Public Health, 2020). In this study, 530 people were reached by simple random sampling method. Those who refused to answer the survey questions and 78 people with communication problems (such as speech disorder, deafness, mental retardation, dementia or cooperation disorder) that would prevent the interview were not included. In the telephone interview, the purpose of the study was explained to the people. After obtaining verbal consent from the volunteer participants who agreed to participate in the study, the survey questions were filled in by telephone interviews with 452 people. The survey questions were administered to the individuals immediately after the Psycho-Social Support Service interview between June 1 and July 31, 2020 and lasted an average of 10 minutes. During the telephone interview, a 35-question questionnaire prepared by scanning the literature was applied to the participants. The questionnaire consisted of Sociodemographic data (7 questions), Daily Life Routine data (8 questions), Psycho-social Evaluation and Psycho-social Support Needs (20 questions) (Ercan and Arıcı, 2020; Steinman et al., 2020; Docherty et al., 2021; Ozpinar et al., 2022). A pilot study was conducted before the research was started. The interview with the participants lasted an average of 10-15 minutes.

2.2. Statistical Analysis

Data were analyzed by IBM SPSS Version 21.0 (IBM Corp, 2010, Armonk, NY, USA). Descriptive analyzes were used to summarize the characteristics and psychosocial status of the participants. In statistical analysis, the compatibility of continuous variables with normal distribution was evaluated with the Kolmogorov-Smirnov test. Frequencies (n) and percentage (%) were used to present categorical variables, and median (minimum-maximum) were used to present continuous variables. Mann Whitney- U test was used to compare the continuous variables of groups. Pearson Chi-Square and Fisher's Exact Test were used to compare the categorical group. The statistical significance level was determined as $P < 0.05$.

3. Results

Table 1 shows the variables of 452 participants. The median age of all participants was 72.0 (65.0-94.0). 50.7% of the participants were women, 68.6% were married, and 41.6% lived with their spouses. Three hundred and forty-eight (77.0%) participants had two or more chronic diseases (Table 1). It was determined that 11.5% of the participants had a previously diagnosed psychiatric disease.

"How are you going through the period of curfews?" It was found that the answers given to the question were mostly by praying (24.1%), by taking care of the garden

(22.8%), and by watching TV (14.6%). The majority of the participants (65.7%) stated that they could meet their daily living activities without support. While the rate of those who had problems meeting their needs during the restrictions was 1.8% (n:8), the rate of those who applied to any social support line was 6.6% (n:30). The rate of those who experienced financial difficulties during the restrictions was 19.2% (n:87). It was determined that 6.0% (n:27) of the participants received financial support from public resources during the pandemic process. It was found that fear (n:59), anxiety (n:57), and stress (n:50) were the first three emotions that the participating elderly felt most intensely during the pandemic process. While the rate of participants who benefited from the health institution during the

restriction period was 76.1%, the rate of those who requested to meet again with the "Psychosocial Support Line" was determined as 2.9% (Table 2).

Table 3 shows the request to meet again with the psychosocial support service to the participating elderly people during the restriction process according to the variables. The proportion of those who requested re-interview with psycho-social support services was significantly higher in women (P=0.049), those with chronic diseases (P=0.023), those who were concerned about the transmission of the COVID-19 virus (P=0.027), and those who slept irregularly (P=0.013). In addition, it was found that the number of people living with the elderly who requested to meet again with psycho-social support services was higher (P=0.014).

Table 1. Sociodemographic variables of the participants

Variables	n	%
Age		
65.0-75.0 years	293	64.8
76.0-85.0 years	125	27.7
≥ 86.0 years	34	7.5
Gender		
Male	223	49.3
Female	229	50.7
Marital Status		
Married	310	68.6
Other (single, widowed, etc.)	142	31.4
Living condition		
Living with spouse	188	41.6
Living with spouse and children	110	24.3
Living with children	85	18.8
Living alone	49	10.8
Other (relative, neighbor, etc.)	20	4.4
Chronic disease*		
Yes	348	77.0
No	104	23.0
History of COVID-19 disease in household		
A family member has had COVID-19	5	1.1
No history	447	98.9
Number of people living with (median (min-max))	3.0 (1.0-10.0)	
Age (median (min-max))	72.0 (65.0-94.0)	

*= people with 2 or more chronic diseases were considered to have chronic disease.

Table 2. Data on daily life routine, psycho-social evaluation and psycho-social support needs of the participants

Variables	n	%
How do you go through the "stay at home" process?†		
By praying	230	24.1
By taking care of the garden	218	22.8
By watching TV	139	14.6
Other (taking care of grandchildren, handicrafts, animal care, newspaper, etc.)	122	12.8
By cooking	99	10.4
By cleaning	70	7.3
By reading book	54	5.7
By exercising	23	2.4

†= n exceeds the sample size. It contains more than one answer of the respondents.

Table 2. Data on daily life routine, psycho-social evaluation and psycho-social support needs of the participants (continuing)

Variables	n	%
Is there an isolated area outside the home where he can spend his time during the restrictions?		
Yes	344	76.1
No	108	23.9
Areas where he spends his time outside the home during the restrictions [†]		
Garden of the house	252	63.8
Field-farming	88	22.3
Apartment garden	42	10.6
Other (village, summer house, park areas)	13	3.3
Can you meet daily activities without support? (Food, cleaning, shopping, etc.)		
Yes	297	65.7
No	155	34.3
The status of meeting the daily shopping needs during the restrictions period		
My needs were met by the family, neighbor, apartment worker, headman	417	92.3
I met my needs over the phone	18	4.0
My needs met by support groups	9	2.0
I had trouble meeting my needs	8	1.8
Have you applied to any social support line restrictions?		
Yes	30	6.6
No	422	93.4
Did you experience financial difficulties during the restrictions?		
Yes	87	19.2
No	365	80.8
Receiving financial aid support during the restrictions process		
Those who receive financial support from the public	27	6.0
Those who receive financial support from family members	8	1.8
Those who do not receive financial support	417	92.3
Do you think the curfew is effective in preventing COVID-19 disease?		
Yes	411	90.9
No	35	7.7
Are you worried about contracting the COVID-19 virus?		
Yes	279	61.7
No	172	38.1
What is the emotion or feeling that you felt most intensely during the pandemic process? [†]		
Fear	59	22.5
Anxiety	57	21.8
Stress	50	19.1
Unhappiness	48	18.3
Loneliness	31	11.8
Desperation	17	6.5
None	301	
Did you need home health care during the restrictions?		
Yes	18	4.0
No	434	96.0
Did you benefit from the health institution during the restrictions process?		
Yes	344	76.1
No	108	23.9
Do you have any previous psychiatric illnesses?		
Yes	52	11.5
No	400	88.5
Sleep pattern status during the pandemic period		
Regular sleep [‡]	350	77.4
Irregular sleep [§]	102	22.6
Is there a request to meet with the "Psycho-social Support Line" again?		
Yes	13	2.9
No	439	97.1

[‡]= regular sleep; those who have no problems in terms of sleep duration or timing, [§]= irregular sleep; it is characterized by high day-to-day variability in sleep duration or timing.

Table 3. Distribution of the request to meet again with the psycho-social support service according to the variables during the restriction process

Variables	Request to meet again with the psycho-social support service		P, X ²
	Yes; n (%)	No; n (%)	
Age			P=0.966*
65.0-75.0 years	8 (2.7)	285 (97.3)	X ² =0.66
76.0-85.0 years	4 (3.2)	121 (96.8)	
≥ 86.0 years	1 (2.9)	33 (97.1)	
Gender			P=0.049**
Male	3 (1.3)	220 (98.7)	X ² =3,69
Female	10 (4.4)	219 (95.6)	
Marital Status			P=0.511*
Married	10 (3.2)	300 (96.8)	X ² =0.42
Other (single, widowed, etc.)	3 (2.1)	139 (97.9)	
Living condition			P=0.035**
Living alone	1 (2.0)	48 (98.0)	X ² =7.62
Living with spouse	9 (4.8)	179 (95.2)	
Living with spouse and children	0 (0.0)	110 (100.0)	
Living with children	1 (1.2)	84 (98.8)	
Other (relative, neighbor, etc.)	2 (10.0)	18 (90.0)	
Chronic disease†			P=0.023*
Yes	12 (3.4)	336 (96.6)	X ² =9.62
No	1 (1.0)	103 (99.0)	
Is there an isolated area outside the home where you can spend your time during the restrictions?			P=0.364*
Yes	11 (3.2)	333 (96.8)	X ² =1.14
No	2 (1.9)	106 (98.1)	
Can you meet daily activities without support? (food, cleaning, shopping, etc.)			P=0.478*
Yes	8 (2.7)	289 (97.3)	X ² =0.10
No	5 (3.2)	150 (96.8)	
Did you experience financial difficulties during the restrictions?			P=0.250*
Yes	1 (1.1)	86 (98.9)	X ² =1.15
No	12 (3.3)	353 (96.7)	
Are you worried about contracting the COVID-19 virus?			P=0.027**
Yes	11 (3.9)	268 (96.1)	X ² =8.96
No	2 (1.7)	170 (98.3)	
Do you have any previous psychiatric illnesses?			P=0.185*
Yes	3 (5.8)	49 (94.2)	X ² =1.76
No	10 (2.5)	390 (97.5)	
Sleep pattern status during the pandemic period			P=0.013**
Regular sleep	6 (1.7)	344 (98.3)	X ² =7.49
Irregular sleep§	7 (6.9)	95 (93.1)	
Number of people living with	3.46±1.26	2.58±1.34	P=0.014***; U=338.0

†= people with 2 or more chronic diseases were considered to have chronic disease; ‡= regular sleep; those who have no problems in terms of sleep duration or timing; §= irregular sleep; It is characterized by high day-to-day variability in sleep duration or timing; *= Pearson Chi-Square, **= Fisher's Exact Test, ***= Mann-Whitney-U test.

4. Discussion

The mental health of the elderly is one of the issues that cannot be ignored during the pandemic. Some precautions have been taken in Türkiye and the world during the pandemic process for elderly individuals, who

constitute the most important risk group in the COVID-19 pandemic. One of these precautions for citizens aged 65 and over and people with chronic illnesses was restricting to leave their residences ten days after the first COVID-19 case in Türkiye on March 11, 2020; they

were restricted from walking around in open areas such as parks and gardens (Republic of Türkiye, Ministry of Interior, 2020). Because elderly individuals stay at home and cannot go out, it has been determined that physiological, biological, and psychological regressions are observed, functional and structural changes are experienced, protection, surveillance, and care needs increased, and there are problems in performing activities of daily living (Armitage and Nellums, 2020; UNFPA, 2021; Van Tilburg et al., 2021). As age progresses, the ability of individuals to be self-sufficient in daily living activities decreases. In a study conducted by Tel et al. (2011) on individuals aged 74-95 years, it was found that 45% needed help in at least one of their daily activities. According to the results of this study, about 35% of participants were unable to carry out activities of daily living without support during the pandemic, but very few (1.8%) had problems meeting their needs during this period, although about 10% lived alone. During COVID-19, many older people may have had to do their own work due to fear of getting the disease, or their needs may have been met by relatives or neighbors. This may account for the low rate in our results.

In a study conducted on the elderly during the SARS epidemic in Hong Kong, it was found that social disconnection, stress, and anxiety increased, and the elderly population experienced more severe psychiatric symptoms and higher suicide deaths (Yip et al., 2010). In present study found that the participants experienced significant fear, anxiety, and stress during the curfew. In other studies conducted during emergencies that threaten public health, such as human H7N9 (bird flu) and the COVID-19 pandemic, the most common and serious emotion was reported to be fear, similar to the result in present study (Zhang et al., 2015). It is emphasized by the World Health Organization that older adults may be more anxious, angry, stressed, agitated, and withdrawn during the epidemic. (WHO, 2020). The results we found in our study are compatible with the literature, and uncertain events such as emergencies and epidemics may have caused an increase in emotions such as anxiety, fear, and stress in societies.

In present study, it was determined that the elderly spent most of their time praying (24.1%) during the period of curfews. In the studies conducted in Türkiye during COVID-19 pandemic, it was shown that the frequency of worshipping at home increased (Senol and Tastan, 2021; Cetin and Guzeloglu, 2022). Dein et al. (2020) stated that the rate of going to church has decreased due to the pandemic and they have turned to individual worship. Religion can function as a coping tool, especially in the interpretation and re-evaluation of traumatic events (illnesses, death, accident, disaster, etc.) (Ramos and Leal, 2013). The result we found in our society, where patience and submission are seen as a value, is a natural and acceptable situation. Considering that religiosity increases with age (Arslan, 2009), it is evaluated that as

religiosity increases, the behavior of getting spiritual support from beliefs and taking refuge in God will increase in order to overcome the problem (Stearns et al., 2018). The results that we found similar to the literature suggested that people worship more during the pandemic period.

In the results of this study, the request for a re-interview with the psychosocial support service was questioned, and it was found that women were more in demand than men. Previously, in a study investigating the psychological impact of the COVID-19 pandemic among the elderly population in China, it was shown that the rate of depression and anxiety is higher in older women and those living alone (Meng et al., 2020). The lifetime prevalence of mood disorders in women is two times higher than in men (Bozdemir et al., 2017). The high demand for psychosocial support in women in our results may be because mood disorders were more common in the pandemic than in men. However, since the study group does not represent all the elderly, further studies are required with a larger sample. The psychological counseling and crisis intervention system need further improvement during the pandemic period. We believe that regular monitoring of our elderly women and directing risky individuals to psychiatric services within the scope of community mental health services will be beneficial during the pandemic period.

It has been demonstrated by scientific studies that the COVID-19 causes more fatal outcomes in people aged 65 and over with chronic diseases (Sandalcı et al., 2020). In the study evaluating the social support group service during the COVID-19 process, it was found that elderly people with chronic diseases wanted social support services to be permanent (Sener, 2022). In this study, it was shown that those who requested a re-interview with the psycho-social support service were more common in those with chronic diseases. Although our results are similar to the literature, it was thought that, especially those with chronic diseases could not go out for reasons such as fear of contracting the disease, and accordingly, they always wanted support for their psychological and social needs during this period.

In this study, the psychosocial support service applied to the elderly by telephone during the pandemic period was evaluated. In the study conducted in the Dominican Republic, the team consisting of 598 psychologists and 70 psychiatrists volunteers interacted with community members in need of assistance for two months via telephone and video calls and electronic messaging, access to mental health care and various necessary interventions, resulting in the COVID-19 pandemic. It has been determined that the tele-counseling model increases the effectiveness of mental health services (Peralta and Taveras, 2020). In addition, Yang et al. showed that active and passive counseling and interventions by telephone against psychological crises improved the psychometric anxiety and depression scores of adult patients. The comprehensive mental

health intervention model was found to be effective by the participants (Yang et al., 2020). It is aimed to provide psychosocial support to the elderly with these similar methods carried out in our country. With the application of the psychosocial support unit, which was established as one of the protective intervention programs to alleviate or prevent fear, stress, and anxiety, faster and easier solutions were produced in the areas they needed by analyzing the problems experienced in the family, psychosocial and economic context. It can be concluded that such programs implemented during the pandemic positively contribute to the psychosocial needs of the elderly.

5. Conclusion

As a result of this study, it is seen that there is fear, anxiety, and stress in the elderly during the precautions and restrictions taken during the COVID-19 pandemic, and a small part of the elderly needed social support and financial support due to curfews. The fact that women and those with chronic diseases need more psycho-social support in this period shows that it is important for public health to protect the psycho-social health of disadvantaged groups in a crisis period such as the COVID-19 pandemic. Increasing the psycho-social support programs to be applied for the welfare of elderly individuals is an important step for social work, solving the problems of the individuals, meeting their needs, or providing their rights. In addition, the development of remote mental health service opportunities in processes where global problems and needs are experienced and the strengthening of psycho-social support service workers who perform interventions with in-service training will also be beneficial in global problems that may be encountered in the future.

Limitations

As far as we know, our research is a pilot study evaluating the psychosocial problems of geriatric individuals during curfews in our country and province. The most important limitation of the study is that it was conducted with people aged 65 and over who were contacted by simple random selection by phone between the dates (between June 1 and July 31, 2020) determined in Samsun, so our results cannot be generalized to the whole population aged 65 and over. While evaluating the psycho-social problems of the participants, a questionnaire created from the literature was applied by the researchers, since there was no scale suitable for interviewing on the phone. Research data were collected by more than one psychologist working at the Psychosocial Support Line.

Author Contributions

The percentage of the author(s) contributions is present below. All authors reviewed and approved final version of the manuscript.

	M.A.O.	Ş.Ö.
C	75	25
D	75	25
S	50	50
DCP	75	25
DAI	25	75
L	50	50
W	50	50
CR	50	50
SR	50	50
PM	50	50
FA	50	50

C=Concept, D= design, S= supervision, DCP= data collection and/or processing, DAI= data analysis and/or interpretation, L= literature search, W= writing, CR= critical review, SR= submission and revision, PM= project management, FA= funding acquisition.

Conflict of Interest

The authors declared that there is no conflict of interest.

Ethical Approval/Informed Consent

Necessary permissions were obtained from the Ethics Committee of Samsun Training and Research Hospital and Samsun Provincial Health Directorate for the study (approval date: June 05, 2020, protocol code: 2020/8). Verbal informed consent was obtained from all participants who voluntarily agreed to participate in the study. All methods were performed in accordance with the relevant guidelines and regulations.

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