



April 2020

# Refugees in a Time of Pandemic: Protection and Mental Health-Related Implications



MÜTECİLER VE SİĞINMACILARLA YARDIMLAŞMA DAYANIŞMA VE DESTEKLEME DERNEĞİ  
ASSOCIATION OF ASSISTANCE SOLIDARITY AND SUPPORT FOR REFUGEES AND ASYLUM-SEEKERS  
جمعية المساعدة و الدعم و التضامن مع اللاجئين و طالبي اللجوء



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# ACKNOWLEDGEMENTS

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The M&E Team would like to acknowledge and thank MSYD Call Center staff and as well as the colleagues from other programmes for their valuable assistance and support during the visits and also for their interest, commitment and active participation in the evaluation period of the protection project.

**Monitoring & Evaluation Department**

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# 1. Executive Summary

At the first step, this study postulated a thesis such as that pandemics are not just a medical phenomena towards physical health of persons. Because pandemics' influence can be observed on individuals, groups and society on many levels, causing disruptions. When it comes to societal level, stigma and xenophobia can be most common aspects of the societal impact of pandemic outbreaks. Two factors on the individual level, which could feed and trigger these impacts can be panic and stress which have strong link with outbreaks. As concerns over the perceived threat grow, most people may resort to stockpiling goods which go beyond the optimum stocking quantity.

Most of the people focus on collecting and hoarding masks and other medical supplies. This is often followed by anxiety-related behaviors, sleep disturbances, and overall lower perceived state of health. Individuals with mental illness may be particularly vulnerable to the effects of widespread panic and threat. In this framework, this effort aims to reveal the psychological patterns of the main factors that direct the people to this kind of behaviors, and the protection and mental health-related issues which are differing per layers of the community.

Considering these, MSYD aims to focus on the vulnerable groups in the community, especially refugees living in Turkey during the Covid-19 pandemic. The people of concerns among the refugee population are open to expose the multisectoral effect of the Covid-19 as protection and mental health needs more than host communities because of their barriers to reach the information and services at the time being. In this respect, the report will provide the information and analyses on the needs of refugees and suggest the modality to serve and cover the relevant needs that have been determined from the survey. Also, it will underline the changes needed and problems to relocate and revise the current services provided by the government and non-governmental organizations.

## 2. Objective of the Assessment

This need assessment report pursues a twofold purpose:

1. Analyze the broader situation of the targeted refugee population in the areas of possible intervention, including such as being protected, being informed, having access to available services, having urgent needs addressed
2. Describe the psychological reactions to the COVID-19 pandemic, in terms of maladaptive behaviors and emotional and defensive reactions; and then examine social and psychological vulnerability factors that trigger to the spreading of disease and emotional distress.

Instead of explaining the mental health related issues of the members of the target group only with the conditions created by the pandemic, it aims to explain how the concerns about COVID-19 are intertwined with internal concerns. The survey provides a lot of information about the concern about being affected by the outbreak crisis. The main reasons, which made the concerns as real concerns at that extents, can be summarized as the delays in accessing verified information, it can be interpreted that the ground, which is forming a basis for the resources of opportunities, was lost under the given circumstances. The important point that emerges with this aspect is how the impacts of COVID-19 on the mental wellbeing, build a relationship with the concerns which can be seen as an inseparable part of refugees' inner world.



# 3. Methodology

The survey tool was developed in cooperation between MSYD mental health and psychosocial support (MHPSS) protection and MEAL department, harnessing MSYD's contextual experience in Turkey. It was administered in one version, and it is tailored to the situation of refugees, in Arabic. The one tailored to refugees explored their protection, safety, dignity; asked them to identify priority problems and possible solutions; elicited their preferences on information provision and giving feedback; and investigated their situation with regards to access to health, and protection services in the community. Before start to carry out assessment activity, a version for refugees was field tested.

A purposive sampling method was applied since the MSYD already had a good knowledge of the target population through regular protection screening activity. The survey was conducted with the households, especially living in Mamak and Altındağ districts that are hosting the most crowded refugee population in Ankara. The sample size was determined over the total number of beneficiaries that has been already identified by MSYD in the current project location. In this context, 1020 individuals was taken into account while the sample size is determining in the process. Considering this and base on 95 confidence level and 7 % margin of error, the sample size was determined 158 individuals with a random selection method from among 810 beneficiaries in Ankara. In addition to this, the sample size identified as 102 from among the 210 beneficiaries who live in Istanbul. In total, 260 surveys which include the structured and closed-ending questions were conducted covering the two provinces of Turkey via the call center of the MSYD. Also, the assessment effort did not confine to the general protection risks, it also focus on what sorts of risks were possibly observed for each of the vulnerable group.

Although the design of the assessment includes two different methods, such as survey study and Focus Group Discussions, the discussions were not able to be conducted due to Coronavirus disease (COVID-19) outbreak and the measures taken by the Government of Turkey.

Following data cleaning, descriptive statistics (SPSS) were used to analyze the data, including disaggregation by sex and location as well as other criteria where relevant. Values for the more complex or abstract indicators of the Action were arrived at by using composites, which are explained in more detail in the respective section of the report. Findings were subsequently interpreted and validated against secondary sources on the situation of refugees in Turkey.

The data collection process was conducted with assigned 3 enumerators (female), all native Arabic speakers of Syrian origin with similar previous work experience, underwent a one day training on understanding the study's purpose, the survey tool and its standardized application, accuracy in recording and reporting, and research ethics, notably respect and attitude towards the study population and particularly vulnerable groups. The main data collection took place between the dates of 06-10 April, 2020. Data collection was done using computer that were linked with an online survey monitoring platform (KOBO data collection tool), which enabled tracking and monitoring the data collection process in real time.

<sup>1</sup>For more information check the links: <https://www.surveysystem.com/sscalc.htm> ;<https://www.checkmarket.com/sample-size-calculator/>

## 4. Background

On 31 December 2019, WHO was alerted to a cluster of pneumonia patients in Wuhan City, Hubei Province of China. One week later, on 7 January 2020, Chinese authorities confirmed that they had identified a novel (new) coronavirus as the cause of the pneumonia. The proposed interim name of the virus is 2019 nCoV. Epidemiological evidence shows that 2019 nCoV can be transmitted from one individual to another. During previous outbreaks due to other coronaviruses, including Middle-East (United Nations Economic Commission for Africa, 2015) (Risk Communication and Community Engagement Working Group on COVID-19, 2020) respiratory syndrome coronavirus (MERS-CoV) and the Severe Acute Respiratory Syndrome coronavirus (SARS-CoV), human-to-human transmission most commonly occurred through droplets, personal contact, and contaminated objects (fomites). The modes of transmission of 2019 nCoV are likely to be similar.

A snapshot overview of the current trends, insights and measures taken by the Government of Turkey can be listed as follows: On January 10, the Ministry of Health led to establish Coronavirus Covid-19 Science Board in terms of combatting against pandemic in Turkey<sup>2</sup>. On January 24, the Ministry of Health installed thermal cameras at all airports. The Health Minister, Dr. Fahrettin Koca also said that they began to subject passengers from China to additional screening and reported that anyone showing signs of coronavirus infection would be quarantined. The screenings were then expanded to include countries reporting a large number of verified cases<sup>3</sup>. On January 31, the Turkish government assigned a plane to pick up 34 Turkish citizens and citizens of other countries from Wuhan<sup>4</sup>. As of February 5, the Health Minister, Dr. Fahrettin Koca said, all flights from China will be suspended until the end of the month<sup>5</sup>. Ministry of Health announced a suspension of flights to Iraq, Italy, and South Korea on February 29.<sup>6</sup> First case of Covid-19 in Turkey was reported on March 11 and the first death was reported on March 17.<sup>7</sup> On 12 March, the government announced that schools and universities in Turkey would be closed starting from 16 March.<sup>8</sup> The Turkish Medical Association, TTB Specialist Associations, Public Health Experts Association, Turkish Clinical

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<sup>2</sup>Yener, Duygu (24 Mart 2020). "Türkiye'nin koronavirüsle mücadele politikasına 'Bilim Kurulu' yön veriyor", <https://www.aa.com.tr/tr/koronavirus/turkiyenin-koronavirusle-mucadele-politikasina-bilim-kurulu-yon-veriyor/1777215>

<sup>3</sup>"China virus sends shockwaves across travel sector, including in Turkey". DailySabah, <https://www.dailysabah.com/tourism/2020/01/28/china-virus-sends-shockwaves-across-travel-sector-including-in-turkey>

<sup>4</sup>"Çin'deki Türk vatandaşlarını getirecek askeri uçak 'Koca Yusuf' Wuhan'da", <https://web.archive.org/web/20200201142119/https://www.sabah.com.tr/gundem/2020/01/31/cindeki-turk-vatandaslarini-getirecek-askeri-ucak-koca-yusuf-wuhanda>

<sup>5</sup>Turkey to suspend flights from China until end of month, <https://www.yenisafak.com/en/world/turkey-to-suspend-flights-from-china-until-end-of-month-3511134>

<sup>6</sup><https://tr.sputniknews.com/turkiye/202002291041508719-turkiyenin-guney-kore-italya-ve-irak-ile-gidis-gelis-tum-yolcu-ucuslari-durduruldu/>

<sup>7</sup><http://bianet.org/english/health/222027-turkey-s-coronavirus-tally-reaches-75-deaths-3-629-cases>

<sup>8</sup>"İbrahim Kalın 'koronavirüs' toplantısında alınan tedbirleri açıkladı", <https://www.aa.com.tr/tr/koronavirus/ibrahim-kalin-koronavirus-toplantisinda-alinan-tedbirleri-acikladi/1763918>

Microbiology and Infectious Diseases Association, Turkish Thoracic Society, and Turkish Intensive Care Association had a meeting on 17 March to evaluate the developments regarding the COVID-19 outbreak. In their published paper, released on 18 March, they concluded that the pandemic poses significant dangers for healthcare workers and patients, adding that deficiencies in information and precautions have caused confusion, and insufficient information on drug use, lack of access to tests, and various other issues have made it difficult to combat the pandemic. On 20 March, The Ministry of Health issued an order to declare all hospitals with at least two specialists in infections, pulmonology, internal medicine and clinical microbiology, including private and foundation hospitals, as coronavirus pandemic hospitals. On 17 March, the Ministry of the Interior also sent a notice on coronavirus precautions to the 81 provinces of Turkey, temporarily closing all public gathering places such as cafes, gyms, Internet cafés and movie theaters, except shops and restaurants not offering music, starting 24:00 that evening. On 21 March, the Ministry of the Interior reported that, with the circular it sent to the 81 provincial governorships, the activities of barber shops, hair dressers and beauty parlors were to cease by 6:00 pm. On 27 March, the Ministry of the Interior issued a new statement regarding gatherings during weekends, announcing that starting from 28-29 March, having picnics, fishing at the shores, doing physical exercise outside (including running and walking on the weekends in city and town centers) would be banned until the virus spread has been contained. On 30 March, President Recep Tayyip Erdoğan announced the initiation of a donation campaign called “We’re Enough for Each Other Turkey” (Turkish: Biz Bize Yeteriz Türkiyem). On 3 April 2020, President Erdoğan announced a 15-day entry ban to the 30 provinces with metropolitan status as well as Zonguldak. Also, the curfew was extended to people younger than 20 years old. Using masks in public places became mandatory. On 10 April, through an order issued by the Ministry of the Interior, curfews were declared for the upcoming weekend in the 30 provinces with metropolitan status and Zonguldak, starting from 12:00 am on 11 April and lasting for 48 hours.

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<sup>9</sup>“Basına Ve Kamuoyuna: Covid-19 Salgınına Akıl Ve Bilim Yol Gösteriyor / Gösterecek”, <http://www.hekimlik.org/koronavirus/merhaba/>

<sup>10</sup>“Turkey orders coronavirus pandemic hospitals to be set-up”, <https://www.dailysabah.com/turkey/turkey-orders-coronavirus-pandemic-hospitals-to-be-set-up/news>

<sup>11</sup>“President Erdoğan thanks the supporters of “National Solidarity Campaign”, <https://www.wiletisim.gov.tr/english/haberler/detay/president-erdogan-thanks-the-supporters-of-national-solidarity-campaign>

<sup>12</sup>“Cumhurbaşkanı Erdoğan yeni tedbirleri açıkladı! 20 yaş altına sokağa çıkma yasağı”, <https://www.cnnturk.com/video/turkiye/son-dakika-cumhurbaskani-erdogan-yeni-tedbirleri-acikladi-20-yas-altina-sokaga-cikma-yasagi>

<sup>13</sup>“2 Gün Sokağa Çıkma Yasası”, <https://www.icisleri.gov.tr/2-gun-sokaga-cikma-yasagi>

## 5. Field Assessment Findings

Due to the high speed of virus spread and the insufficient capacity of health institutions, human communities face a great danger according to WHO. This spreading danger varies regionally, but it also varies with the measures taken by states against the virus. This epidemic, which affects all human populations, actually affects more at risk for accessing services within these human populations. Vulnerable groups of people are those that are disproportionally exposed to risk, but who is included in these groups can change dynamically. A person not considered vulnerable at the outset of a pandemic can become vulnerable depending on the policy response. The risks of sudden loss of income or access to social support have consequences that are difficult to estimate and constitute a challenge in identifying all those who might become vulnerable. In the COVID-19 pandemic, vulnerable groups are not only elderly people, those with ill health and comorbidities, or homeless or under housed people, but also people from a gradient of socioeconomic groups that might struggle to cope financially, mentally, or physically with the crisis. With all this women, the elderly, adolescents, youth, and children, persons with disabilities, indigenous populations, refugees, migrants, and minorities experience the highest degree of socio-economic marginalization. The populations most at risk are those that:

- depend heavily on the informal economy;
- occupy areas prone to shocks;
- have inadequate access to social services or political influence;
- have limited capacities and opportunities to cope and adapt and;
- limited or no access to technologies.

After the COVID-19 outbreak from all over the world, it started to report that vulnerable groups have problems in accessing basic rights and accessing basic services. On March 23, UNICEF reported that in Latin America and the Caribbean over 154 million children are temporarily out of school because of COVID-19. A 2015 UN report analyzing the socioeconomic effects of Ebola in Africa also highlighted the increased risks of pregnancy in young girls, school dropout, and child abuse.

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<sup>14</sup>World Health Organization. (2020). 2019 Novel Coronavirus (2019 nCoV): STRATEGIC PREPAREDNESS AND RESPONSE PLAN. Department of Communications. Geneva: World Health Organization. Retrieved 04 16, 2020, from <https://www.who.int/publications-detail/strategic-preparedness-and-response-plan-for-the-new-coronavirus>.

<sup>15</sup>Risk Communication and Community Engagement Working Group on COVID-19. (2020). COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement. UN Women. Retrieved 04 16, 2020, from [https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19\\_CommunityEngagement\\_130320.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19_CommunityEngagement_130320.pdf)

<sup>16</sup>The Lancet. (2020, 04 4). Redefining vulnerability in the era of COVID-19. *The Lancet*, 1089. Retrieved 04 16, 2020, from <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2930757-1>

The relationship between COVID-19 and vulnerable groups varies as regional differences. While the main problems of vulnerable groups in the North America region are access to healthcare, other problems are visible in the Middle East. The Middle East is fast becoming an epicenter of the coronavirus crisis. Cases have escalated dramatically in Lebanon and Iran. New infections have emerged in more than half a dozen other countries in the region including Iraq and Afghanistan. At least 12 million refugees and IDPs live in Iraq, Syria, Lebanon, and Turkey. However, the situation also differs significantly between countries. Turkey, with over 3.4 million Syrian refugees, has a robust healthcare system and the government is somewhat better positioned to respond to an outbreak and employ basic containment tools like contact tracing.

In summary, after the COVID-19 outbreak, vulnerable groups will vary within themselves. As many new vulnerable groups may emerge, obstacles will grow in the existing vulnerable groups' access to basic services. In order to solve these obstacles, we need to analyze especially sensitive groups well. The needs within each sensitive group differ. While the elderly and people with special needs have more access to basic living needs, women, girls and LGBTI + are faced with violence and abuse. The language barrier is a major problem in social assistance supports provided by refugees. Refugees have problems at the point of application as the procedures for social assistance are not clear enough. It is very important that the services are equally and fairly accessible in this context.

Although a significant number of resources on accurate, up-to-date information on Covid-19 were developed and disseminated by Government of Turkey and WHO, it seems that there is no adequate number of similar resources which specifically dealing with the psychological factors that influence pandemic-related emotional reactions (e.g., fear, anxiety, distress) and behavioral problems (e.g., nonadherence, avoidance, stigmatization of out-groups).

There is no doubt that the factor of trust within the conjunctures which the obvious influence of the crisis can be felt on, is another focus of the humanitarian debates. Trust in general, the generalized and institutional trust in specific can be evaluated as an internal form of social capital which is needed and produced by all communities. Starting from this determination, our study, addressed questions towards refugee community members from different socio-economic strata, in order to reveal the variation and preferred spread of the trust factor. In this way, the existing and possible impacts of COVID-19 on the nature and set of relationships between individuals and groups in a particular and horizontal environment and between those individuals and groups and the institutions that govern them in a particular and vertical environment, was tried to be measured.

It is acknowledged that trust in institutions may fall in line with the foreseen limitations on participation in civil life. What kind of findings have been found in this horizontal and vertical relationship arrangement, which includes public institutions and organizations, non-governmental organizations, traditional leaders of the society and neighborhood relations? Also, in general, social fragmentation and social unification reflexes can be observed at the same time during the given exceptional crisis. Does the system of social relationships still carry structured and sustainable service modality characteristics to navigate social life, or faced the risk of broken down? Besides it is generally accepted that the rise of mobility, owing to new developments in communication, has influenced the access capacity and duration to the verified information from the authorized actors. So, what constitutes the primary information source method of receiving refugee community living in Turkey?

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<sup>17</sup> United Nations Economic Commission for Africa. (2015). Socio-economic Impacts of Ebola on Africa. Addis Ababa, Ethiopia: Economic Commission for Africa. Retrieved 04 16, 2020, from [https://www.uneca.org/sites/default/files/PublicationFiles/eca\\_ebola\\_report\\_final\\_eng\\_0.pdf](https://www.uneca.org/sites/default/files/PublicationFiles/eca_ebola_report_final_eng_0.pdf)

On the other hand, in January 2020, World Health Organization (WHO) declared the outbreak of a new coronavirus disease, COVID-19, to be a Public Health Emergency of International Concern and in March 2020, WHO made an assessment that COVID-19 can be categorized as a pandemic. A pandemic refers a novel virus appears against which the human population has limited or no immunity, and which transmits efficiently from person to person, resulting in a worldwide outbreak with the potential for considerable morbidity and mortality. It's needed to be highlighted that with rising numbers of cases and fatalities, prolonged quarantines, substantial restrictions on public life and economic downturn or uncertainty, mental health problems are likely to rise exponentially with or without pre-existing psychological disorders. It is the situation showing excessive emotional distress associated with threatened or actual infection and it is a further issue of clinical and public health significance. Thus, psychological consequences also need to be addressed.

The psychological impact of a novel pandemic influenza on refugee and displaced populations is expected to be severe since they have many risk factors including living under precarious circumstances, having limited resources and access to social and health services. Risk factors for refugees and displaced populations under the conditions of novel pandemic influenza can be listed as follows: pre-existing psychological problems, poor access to basic protective hygiene materials as mask and gloves, possible exclusion from national influenza preparedness and response activities, inadequate financial opportunities, insufficient food supply or malnutrition, poor access to news in their mother tongue, and limited or no access to basic health-care services etc. These disadvantageous conditions cause to refugees and displaced populations to experience increased anxiety, fear, or other mental health symptoms of being affected from the pandemic, even being still affected after the pandemic.

In terms of mental health, a pandemic influenza implies a psychosocial disturbance that can exceed the affected population's capacity to handle the situation. During the pandemic influenza, people can feel a fear and a sense of abandonment and vulnerability, need to survive and show some behaviors for adaptation to changes in the normal patterns of living: restriction of movement, use of masks, reduction in direct physical contact, temporary schools' closures, etc. As a result, the most common psychological disturbances as anxiety, depression, grief, peri-traumatic stress, emotional and panic crises, group reactions to disturbances, regression to preexisting psychological disorders, and psychologically-based sleep disorders become appear. The risk that these disturbances will appear increases according to the circumstances surrounding the losses and other vulnerability factors.

Anxiety and fear become even more prevalent when the pandemic actually arrives. People start to feel at least some degree of anxiety about becoming infected, their family's health or physical conditions of during and/or after the pandemic. Pandemics are "frequently marked by uncertainty, confusion and a sense of urgency" (WHO, 2005). There is widespread uncertainty about the odds and seriousness of becoming infected, uncertainty about whether the people around you are infected, possible misinformation, about the methods of prevention and management and uncertainty about whether a pandemic is truly over. This uncertainty drives the anxiety. Having precarious circumstances and limited resources are also important factors to increased anxiety among refugees and displaced populations. Moreover, people may develop health anxiety which refers to the tendency to become alarmed by illness related stimuli, including but not limited to, illness related to infectious diseases and people with excessive health anxiety tend to believe that all bodily sensations or bodily changes are potential signs of disease. Some people may develop excessive fears of death, losing their loved ones and fear of disability as well. However, it should be pointed out that a moderate level of fear or anxiety can motivate people to cope with health threats, but severe distress can be debilitating, causing dysfunctional behaviors and mental health problems.

Repetitive checking and reassurance seeking behaviors can occur in response to the threat of infection as a result of experienced anxiety. Checking and reassurance seeking are characteristic features of people who are overly having concerns about their health (Taylor & Asmundson, 2017). These behaviors can be seen as increase in desire of washing their hands, cleaning their places or checking the news, social media about updated news of pandemic influenza. Actually, even those repetitive checking and reassurance seeking behaviors are presented in order to decrease the experienced anxiety or fear and try to reduce the uncertainty, they reinforce these feelings and increase them. As a result, anxiety-related disorders may become appear.

Depression can occur in people since they became socially-isolated, serious changes in their daily life such as restriction of movement, or reduction in direct physical contact, increased worries about their future or economic uncertainty because of the pandemic. Adaptaion to new daily living changes and decreased physical and social activity create risk factor of being vulnerable to depression. Also, severe grief can occur in people who have lost loved ones during a pandemic. As a pandemic unfolds, some people adapt to the threat and become less anxious. However, in some cases the psychological effects can be severe and long-lasting.

Post-traumatic stress disorder can be triggered by pandemic-related stressors such as exposure to widespread mortality, and including the deaths of loved ones (Taylor & Asmundson, 2017). People may develop suggestive of PTSD re-experiencing symptoms such as repetitive, vivid, detailed recollections of pandemic-related stressor.

At the individual level, many people experience major psychological reactions towards the pandemic influenza and those psychological problems need to be addressed in order to improve the people's well-being, manage the pandemic and help individuals to recover from these psychological problems once the pandemic threat passes.

## 6. Analysis of Findings

The survey composed of the four main sections including both types of information based on individuals and household members. First section aims to reach the demographic information of the respondent including age-gender-nationality compositions and province that they live. Second section of the survey focuses on measuring if participants have sufficient information about COVID-19. Also, this section aims to determine what kind of media sources the participants prefer to obtain information, their habits of getting news, and the confidence of news organizations they used during the COVID - 19 pandemic. Furthermore, participants' trust in institutions after the COVID-19 pandemic has been problematized. Also, the questions regarding to understand participants' access to basic services and how they experienced the changing after the COVID-19 pandemic in their working lives is placed in this section.

The second section of the survey includes the closed-ended questions to determine the protection need of the participants. In detail, their living condition, information sources for protection, legal concerns, security, the barriers to reaching the protection services will be obtained in this section. The third and last part of the survey includes determined statements about mental health-related problems/symptoms. This part of the section aims to specify the effects of the COVID-19 pandemic situation over the participant's mental health. In this context, the study aims to reach holistic result to develop the comprehensive protection services for vulnerable groups in refugee community.

## 6.1. Demographic Information

The survey was conducted with 260 individuals who live in Ankara and İstanbul where there is a remarkable refugee population. It was determined that 39,2 % of the total participants attended the survey from İstanbul. These participants have residency in Bağcılar and Esenler district of İstanbul. These districts are known as the most crowded refugee population in İstanbul according to relevant reports of Union of Municipalities of Marmara and DGMM. On the other hand, 60,7 % of participants showed the willingness to attend the survey from Ankara and it was determined that they have residency in Altındağ and Mamak districts which are hosting social-economic vulnerable layers of refugee communities. Also, when it was taken general snapshot for distribution of the district, it can be seen that 40,7 % of total participants (260) reside in Altındağ, 21,5 % of them are Bağcılar, 20 % are Mamak and the remaining 17,6 % of participants live in Esenler.

**Province**

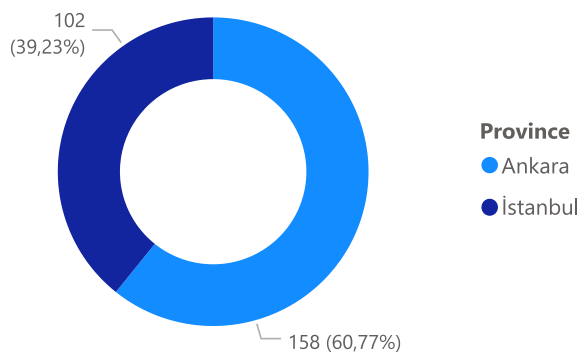


Figure 1

**District**

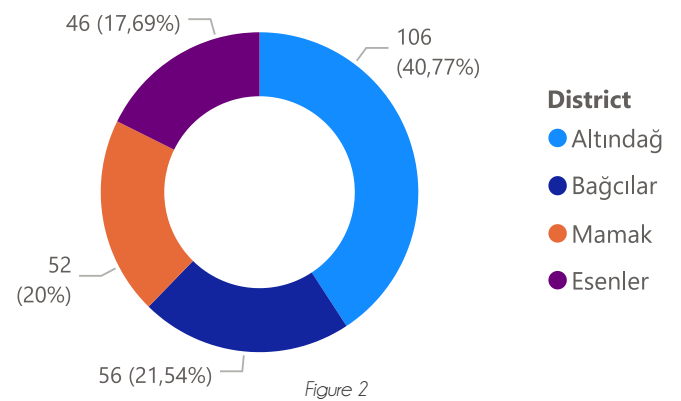


Figure 2

On the other hand, it was determined that 49,23 % of participants are male and 50,77 % of them are female. It should be emphasized that the minimum age of the participants is 20 ages and the maximum age of participants are 67 years old. In addition to these, the average age of the participant was determined as 37,63 years old. Moreover, 81,5 % of the participants are between 18-49 ages and the remaining 18,5 % of them are 50 years old and above.

Age Group	Male		Female		Total	
	#	%	#	%	#	%
18-49	103	48,6	109	51,4	212	81,5
50 ≥	25	52,1	23	47,9	48	18,5
Total	128	49,2	132	50,8	260	100

**Gender** ● Female ● Male

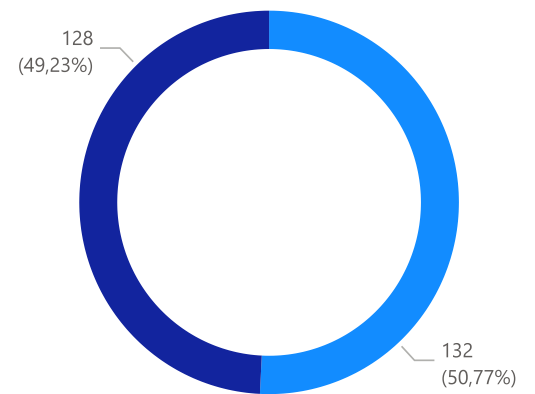


Figure 3

<sup>18</sup><http://marmara.gov.tr/UserFiles/Attachments/2017/04/14/dcc6a30e-e9ed-4e99-920b-cdfa7544e370.pdf>



Finally, the nationality distribution of the participants was assessed that 77,3 % of them are Syrian, 20,3 % are Iraqis and the remaining 2,4 % Afghan, Iranian and Sudan. It indicates that the survey covers all ages and gender in the affected population who are eligible to conduct the survey on protection and Mental Health Needs.

### Nationality

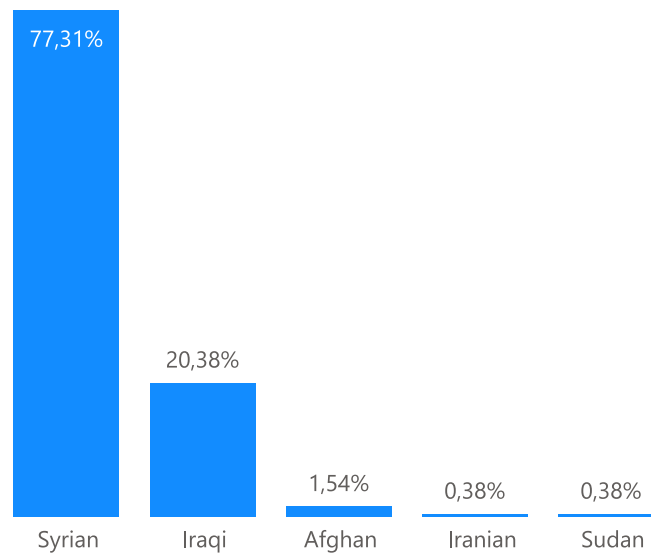


Figure 4

## 6.2. Protection Needs

Good hygiene plays a crucial role for preventing the spread of pandemic. The skin is the first defense against disease and there is evidence that keeping the skin clean reduces the number of microorganisms, for example bacteria that can cause the spread of infection. Especially washing hands (with soap and drying well hands afterwards) is a critically important behavior that positively effect hygiene and health, and a standard indicator to approximate personal hygiene. In this sense, the all efforts on information dissemination about the procedures covering all aspects of personal hygiene are carries out a strategic importance. In this framework, questions was directed to the participants relating to their normal living routines, safety of the persons at risk in connection with COVID-19 pandemic and the care environment. With this question, on the one hand, it was tried to reveal the individuals' self-evaluation regarding the hygiene rules for preventive measures against COVID-19, on the other hand their access level to hygiene materials and behavioral routines.

Based on the findings, it can be said that 23,97 % of the respondents stated that they pay more attention to hygiene within the households aftermath COVID-19 pandemic outbreak. When we look at the answers given to the questions that lead people to evaluate their own knowledge and behavior, the obtained data showed that 22,16 % of the respondents found themselves having have enough information about COVID-19. 12,7 % of the respondents made a statement of that they know the emergency numbers that they can reach when COVID-19 symptoms are seen in the household. Another remarkable data is about the affordability and accessibility to the cleaning consumable materials of the refugee households. In this sense, only 10,98 % of the respondents stated that they can access sufficient cleaning materials for house cleaning.

## Covid - 19 and Basic Hygiene Rules Information

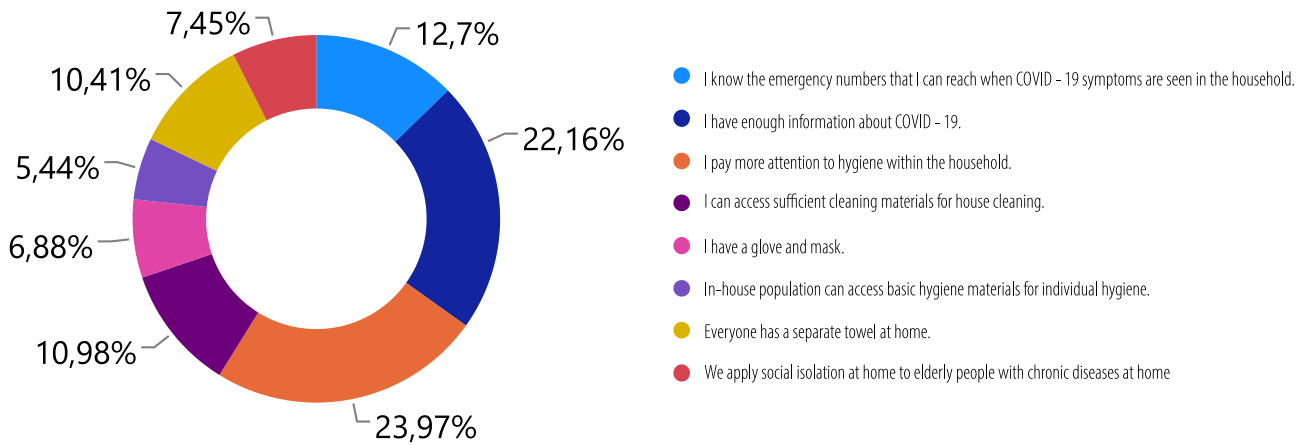


Figure 5

Apart from these, it was determined that only 10,41 % of the respondents said that everyone has a separate towel at home. With regard to the social isolation calls due to quarantine or other social distancing programs, it was determined that only 7,45 % of 260 respondents said that they obey the calls for social isolations by staying at home for the persons 65 years old and above and persons with chronic illness. It is possible to interpret these data together with the in-depth interviews; while at one end of the spectrum, some refugees frankly are disregarding or denying the risks, and failing to engage in recommended health behaviors such as hygiene practices, and social distancing, other end of the spectrum, there are a significant number of refugees who regularly follow and obey the instructions shared by the central authorities in Turkey. Despite all works on free mask supply, it has been determined that daily mask and glove usage rate is very low. Only 6,88 % of the respondents said that they have glove and mask. The rate of total household members on covering personal hygiene needs and materials was recorded as just 6,88 %. Comparing this data on the widespread use of personal hygiene materials with the data on house / household cleaning, it turns out that people place more emphasis on the cleanliness of the place they live in.

## Access to News Sources and Confidence

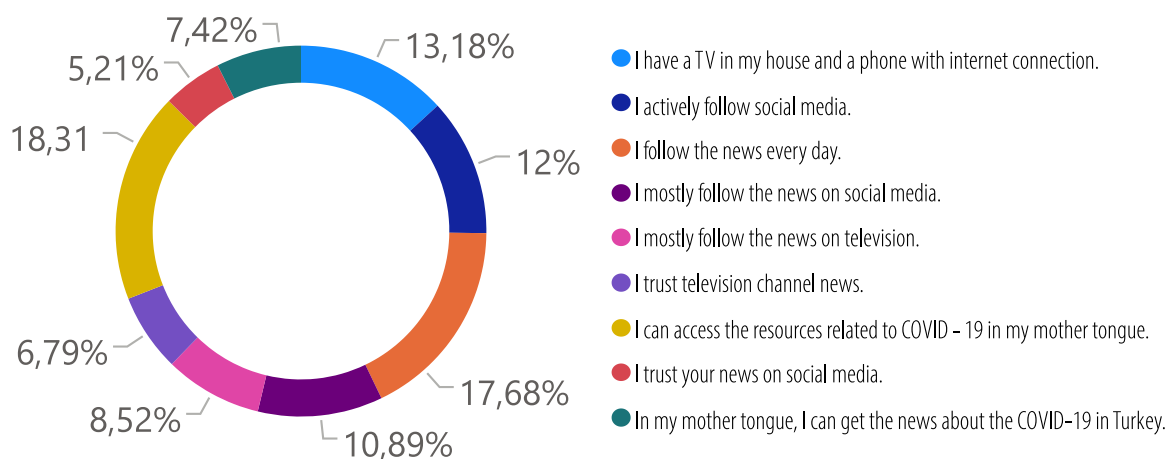


Figure 6

In addition to this, a question was directed to the respondents on their access to news sources and confident on shared news. In this sense, it was determined that 18,31 % of total respondents said that they have an access to the news sources on COVID-19. 17,68 % of them stated that they regularly follow the news on a daily basis through the 24-hour news cycle in which events are unfolded in real-time. 13,18 % of them made a statement that they have TV in my house and phone with internet connection. Just 10,89 % of them said that they mostly follow the news through social media channels and platforms. The rate of the respondents, who actively follow the news via social media was recorded that 12 %. In this sense, it can be said that the usage level of social media among the refugee population is relatively high, with the 22,89 percent. Among the total respondents, only 7,42 % of the respondents said that they can get news in their mother tongue in Turkey. With regards to the confidence level to the information and news shared and circulated by television channels, it can be said that only 6,79 % of them trust on this way of information sharing. The confidence level on the news shared through the social media channels was recorded as 5,21 %.

### Access Basic Services and Employment

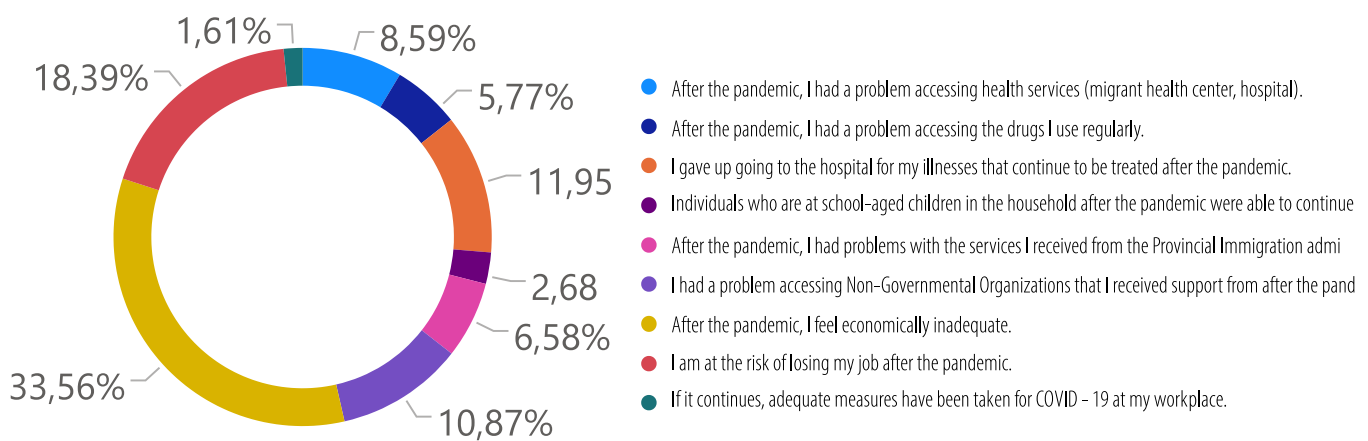


Figure 7

Asked whether any change is being observed in the subject of access to basic and essential services and employment opportunities, 33,566 % of the respondents said that they feel economically inadequate after the pandemic. 18,39 % of them stated that they are at risk of losing their jobs during the pandemic crisis. 11,95 % of them said that they gave up going to hospitals for their illnesses that continue to be treated after the pandemic. Additionally, 8,59 % of them said that they had a problem on accessing health facilities (such as migrant health centers, hospitals etc.) with COVID-19. With regards to the access on medical materials, 5,77 % of the respondents mentioned that they have a problem on access to the drugs that they have to use regularly. 10,87 % of total respondents said that they faced a problem on accessing to the non-governmental services that they received support before. 6,58 % of the respondents mentioned that they have problems on accessing any registration issues (to Provincial Directorates of Migration Management) after the pandemic outbreak. With regards to the educational services, the data showed that 2,68 % of the respondents said that the school-aged children are able to continue to their educational lives through new methods (EBA TV etc.).

## Trust in Government Institutions

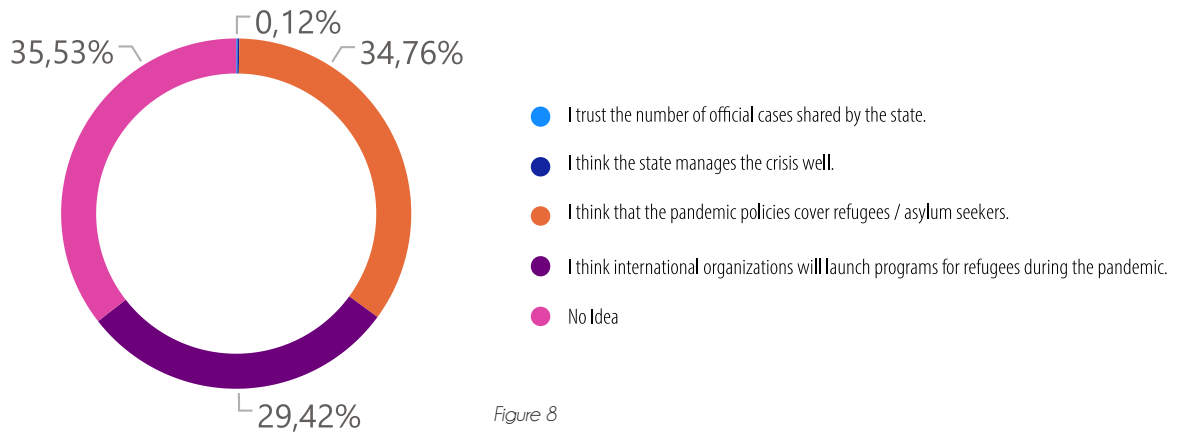


Figure 8

Additionally, a question in the subject of trust level on official records and response plans of governmental and non-governmental actors in the field, was addressed to the respondents. In this vein, 35,53 % of the respondents said that they have no clear idea of the existing and possible, prospective response plans of these central and side actors. 34,76 % of the respondents stated that the policies and response plans against the pandemic covers refugees and asylum-seekers, as well. 29,42 % of the respondents have an expectation on the international organization will launch comprehensive programs for specifically refugees during the pandemic.

On the other hand, the following part in this main section focuses on the attendees' protection needs during pandemic situation. In this respect, the question of "Do you feel comfortable living in this location" was directed and it was identified that 60,3 % of respondent answered as "yes, in general", 35,8 % of them are "yes, always" and the remaining 3,9 % of respondent specified as "no, seldom and no, never". It shows that the living conditions in the relevant location is tolerable but it should be underlined that the respondents answered as "no, never" live in Bağcılar district of Istanbul. Considering the high-risk level of the pandemic in Bağcılar district according to Covid-19 diagnosis map of Ministry of Health, this result can be clearer for the relevant district. Also, people have a concern about the pandemic situation because of the overcrowded house condition and it created stress for them during this process.

### Do you feel comfortable living in this location?

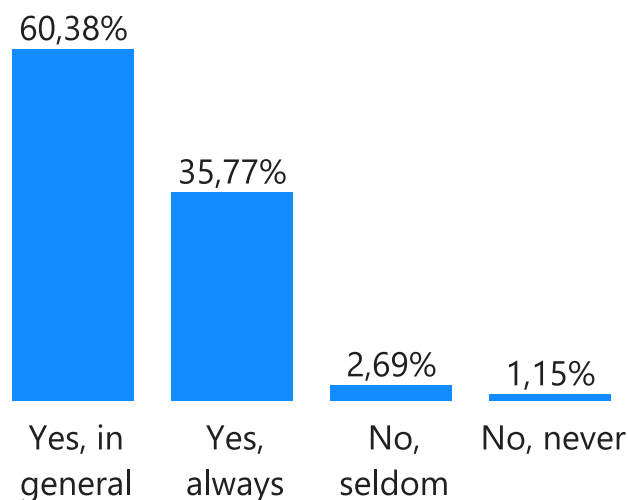


Figure 9

On the other hand, the question of “do you have a legal concern” during the pandemic era was directed and only 10,3 % of respondents specified the answer as “yes”. The most of legal concerns focus on the ID problems and related to this, access to health services in the pandemic era. The following question has directed to learn their preferred channels to get the information for legal matters. In this context, 58,1 % of the respondent specified that they seek assistance from non-governmental organizations. The second featured result has determined as the mukhtars. 26,9 % of respondents seek assistance for legal matters from the mukhtars. In addition to these, 12,3 % of respondents stated as municipalities.

### Where would you seek assistance for legal matters

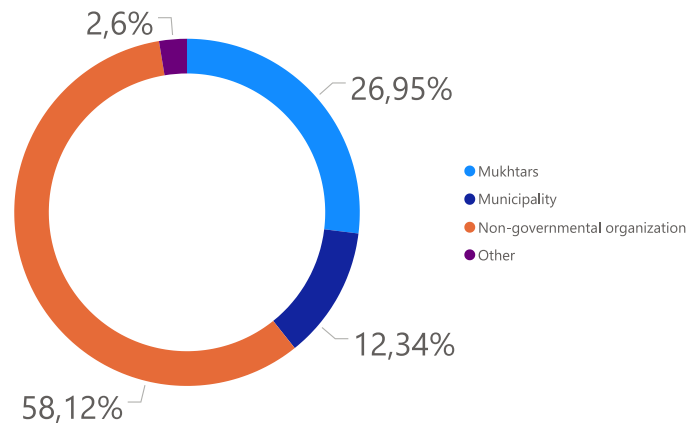


Figure 10

Besides these, as it was discussed above, restrictive regulation in daily and working life and protection measures from pandemic taken by the authorities affected the refugee populations. In this context, reaching assistance in different sector (protection/legal/health/basic needs, etc.) has been vital more than before. To be determine the information sources of the respondent, the question of “where would you seek general information on assistance” was directed. As a result of this, it was assessed that 23,4 % of respondent seek general information from their neighbors. In addition to this, 21 % of respondent stated that they preferred to reach the information from their relatives. Also, 15,4 % of respondent specified as NGOs and related to this 12,7 % of them stated the Community Center that ruled by NGOs via hot line. Finally, the other remarkable result was detected as mukhtars (14,1 %) and municipalities (12,7 %) to reach the general information on assistances in this process.

### Where would you seek general information on assistance?

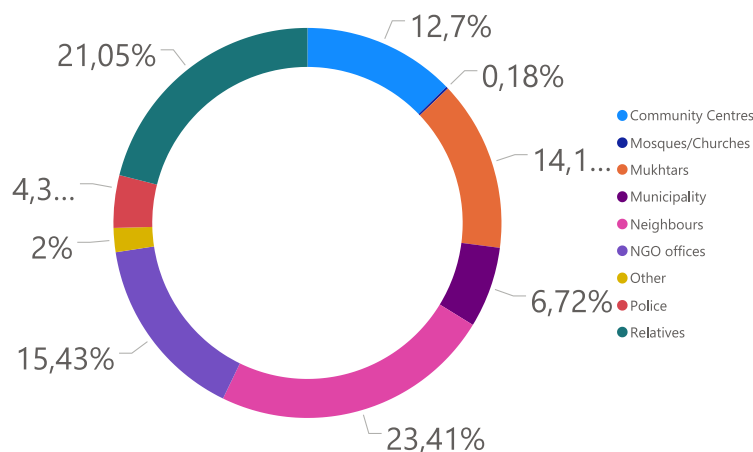


Figure 11

Finally, the study tries to find out the changes in needs and problems faced by refugees in Turkey after the pandemic situation in line with serving the assessment purposes. In this respect, the problems faced by refugees in relevant locations were problematized and the question of “what problems do you face while living this location” was asked. It was determined that the language problem is still the most important problem with 16,3 % of respondents. It is seen that a barrier to reaching the services, rights, and assistances. Supportively, the most common problem that they faced was defined as the insufficient food supply in the pandemic era, with 14,5 % of respondents. The third most faced problem has been identified the lack of job / self-employment opportunities with 13,9 % of respondents. On the other hand, especially there is re-arising the number of people suffering from lack of information to reach services provided by NGOs and government in the pandemic era, with 10 % of respondents. The new developments cause new structure and order in social-economic life but the language barrier and lack of advertisement and services in Arabic and other languages are not able to consolidate and integrate the refugees for the new situation on time. Furthermore, 6,6 % of respondents think that they have a lack of freedom of movement in the area due to the pandemic and 9 % of them stated that they have difficulty accessing humanitarian assistance.

### What problems do you face while living in this Location?

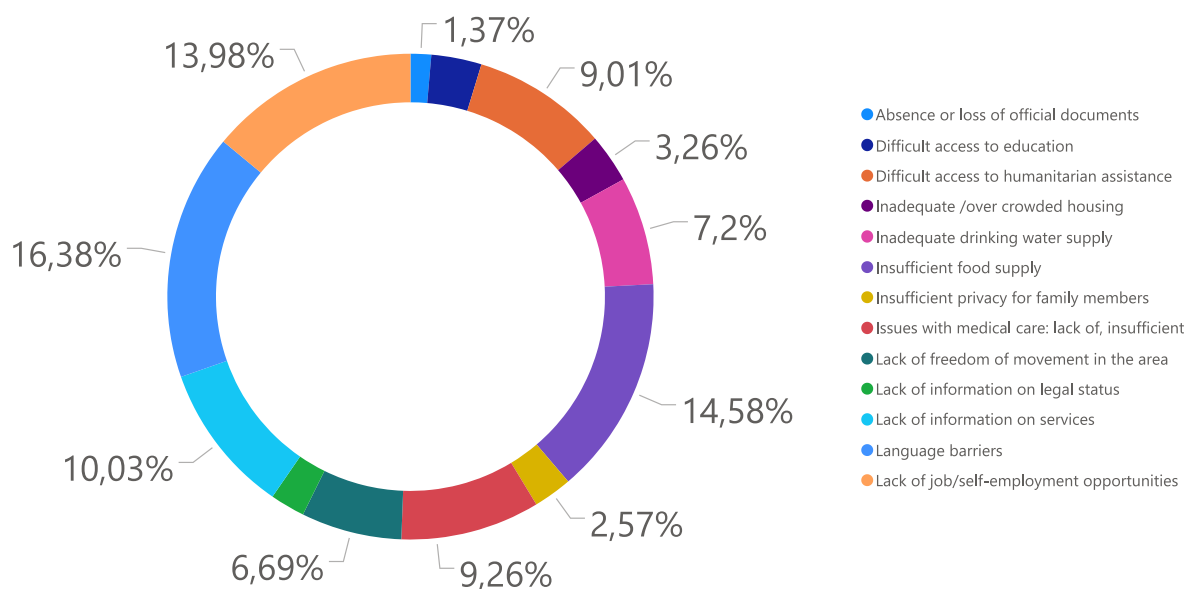


Figure 12

## 6.3. Covid-19 Pandemic Situation and Its Affect Over the Affected Population's Mental Health

It is observed that 74.62 % of respondent who attended to the survey that specified there are one and more people they can communicate with at home (38,08 % answered as agree while 36,54 % answered as strongly agree). If it will be examined in detail, individuals residing in Istanbul showed 86,27% agreement on this statement, while this rate is 67,08 % for respondent who residing in Ankara. It's showed that people in Istanbul has more opportunity to communicate with people at their home than people residing in Ankara. Based on districts of Istanbul, 89,25 % of people residing in Bağcılar showed agreement on this statement, while this rate is 82,61% for Esenler district.

This agreement percentage for districts of Ankara that is reported as 65,09 % for Altındağ and 71,16 % for Mamak. In general, females showed higher level of agreement on this statement with the rate of 40,15 % than males that their rate of agreement is 38,28 %. According to nationality variable, a finding worth underlining is that 100% of Afghans have participated on this statement as strongly agree (33,33%) or agree (66,67%). On the other hand, 75 % of Syrians and 72,41% of Iraqis have specified that there are one or more people they can communicate with at their home. It should not be overlooked that this statement has a protective factor on individuals' mental health during the COVID-19 process and a significant number of participants have specified an agreement that they are having this protective factor.

**There are one or more people I can communicate with at home.**

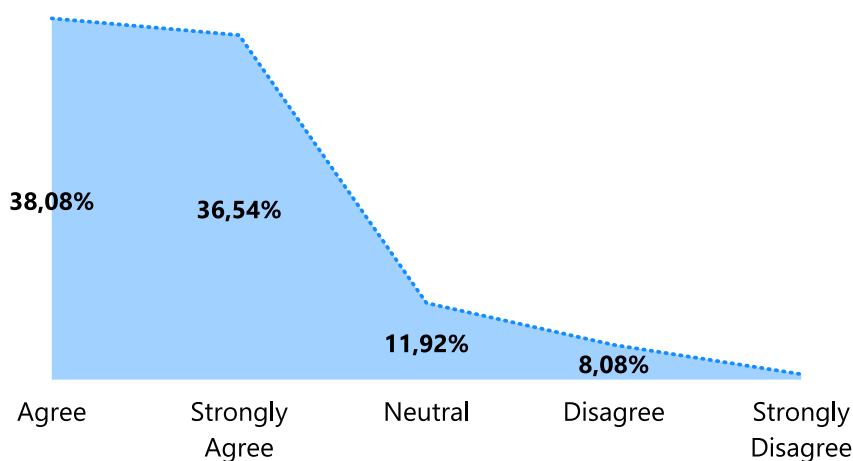


Figure 13

Besides this, it is observed that 73,46 % respondents who attended to the survey that specified they can comfortably communicate with their relatives and friends via phone (33,08 % strongly disagree and 40,38 % agree). If it is analyzed according the cities they live in, 79,41 % of respondents residing in Istanbul have specified agreement on this statement while this rate is 69,62 % for people residing in Ankara. It's seen that individuals residing in Istanbul specified higher level of agreement on this statement compared to individuals residing in Ankara. Based on district of Istanbul, 83,93 % of individuals residing in Bağcılar specified agreement on this statement while it is 73,92 % for individuals residing in Esenler.

This agreement percentage for districts of Ankara that is reported as 76,92 % for Mamak and 66,04% for Altındağ district. In general, females showed higher level of agreement on this statement with the rate of 77,28 % compared to males that their rate of agreement is 69,53. According to nationality variable, 75,47 % of Iraqis, 73,14 of Syrians and 50 % of Afghans have specified as strongly agree or agree on this statement. It should not be overlooked that this statement has a protective factor on individuals' mental health during the COVID-19 process and a significant number of participants have specified an agreement that they are having this protective factor.

### I can comfortably communicate with my relatives and friends via phone.

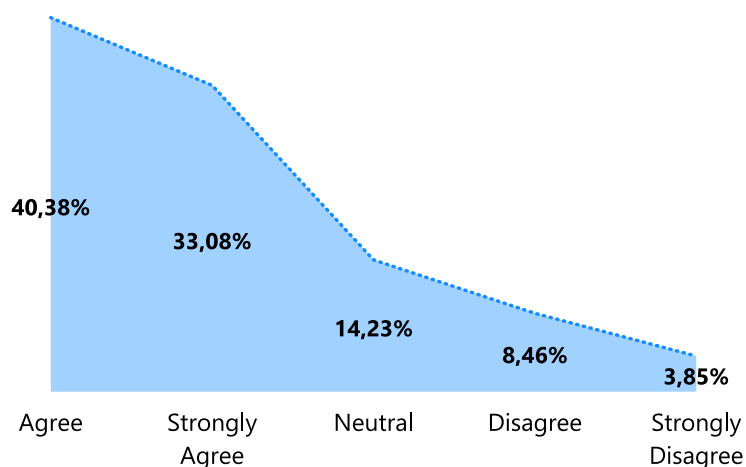


Figure 14

On the other hand, it was observed that 88,08 % of respondents who attended to the survey that specified they cannot store enough food and drink for them and their families (65 % strongly disagree and 23,08% disagree). Only 2,69 % of respondents have specified this statement as strongly agree, 4,62% as agree and 4,62 % have specified as neutral. It's obviously seen that individuals who attended to the survey have lack of opportunity to store enough nutrition during this process which it will be a risk factor for their physical and mental health. Based on the cities, there is no a significant difference that 89,87% of individuals residing in Ankara and 85,29 of respondents residing in Istanbul have specified a disagreement on this statement. According to districts of Istanbul, 93,48 % of individuals residing in Esenler have specified disagreement on this statement while this percentage is 78,57 for individuals who residing in Bağcılar. A significant difference obviously seen that individuals residing in Esenler have more difficulty at the point on storage of nutrition compared to individuals residing in Bağcılar. Based on districts of Ankara, there is no significant difference between the districts as it's observed for districts of Istanbul, but the percentage of disagreement on this statement still that is high since it is 90,39 for Mamak and 89,62 for Altındağ. Totally, males have showed higher disagreement on this statement with the percentage of 90,63 compared to females that their percentage of disagreement is 85,6 %.



Only 7,03 % of males have specified as they are strongly agreed or agreed on this statement when this percentage is only 7,58 % for females. According to nationality variable, 100 % of Afghans participants have specified as strongly disagree on this statement, 92,45 % of Iraqis and 86,56 % of Syrians also have specified a disagreement on this statement. Consequently, it's clear that most of the participants have lack of opportunity to store enough food and drinks during this period and this would be a risk factor for their physical and mental health. This risk factor can play a role in psychological disturbances as anxiety.

### I can store enough food and drink for me and my family for a while.

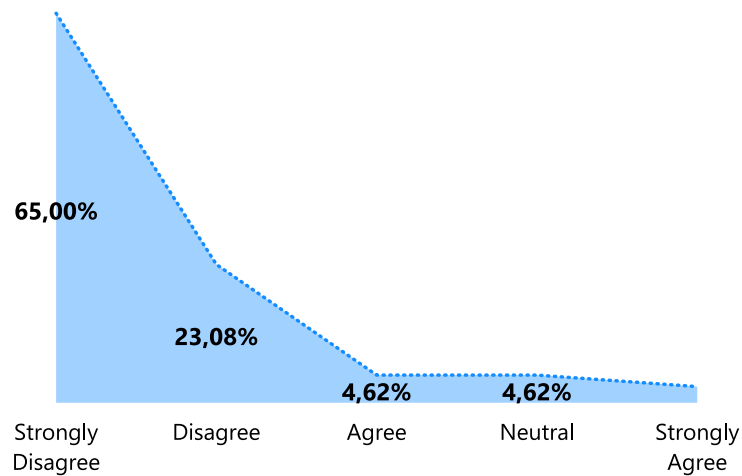


Figure 15

Also, the statement of "I can supply masks, disinfectants and hygiene materials" was directed and it was observed that 84,57 % of respondents who attended the survey have specified as strongly disagree (47,26 %) and disagree (37,31 %) on this statement. Only 8,96 % of individuals have specified agreement on this statement that they can supply these protective materials. According to provinces, 87,04% of respondents residing in Ankara have reported that they cannot supply these materials and 81,72% of respondents residing in Istanbul have reported like that as well. The percentage of disagreement on this statement is higher for people residing in Ankara compared to people residing in Istanbul. Based on districts of Ankara, a finding worth to be highlighted that is 100 % of respondents residing in Mamak have specified as strongly disagree for this statement, while the percentage of disagreement on this statement is 86,53 for Altındağ. For Istanbul, 83,33 % of respondents residing in Esenler have reported a disagreement on the ability to supply masks, disinfectants and hygiene materials, while it is 80,4 % for Bağcılar district. In general, males have showed higher percentage of disagreement on this statement with the percentage of 86,14 compared to females that their disagreement percentage is 83. Only 8,91% of males have specified as strongly agree or agree on this statement and only 9 % of females also have specified in the same way. Based on their nationalities, 100 % of Afghans, 84,91 % of Iraqis and 84,57 of Syrians have specified as strongly disagree or disagree on this statement. Consequently, it's clear that refugees have a difficulty on the Access of these protective materials as masks, disinfectants or hygiene materials that would be a risk factor for their physical and mental health. This risk factor can play role in psychological disturbances as anxiety of being infected or increased concerns to spread the disease to their loved ones.

## I can supply masks, disinfectants and hygiene materials.

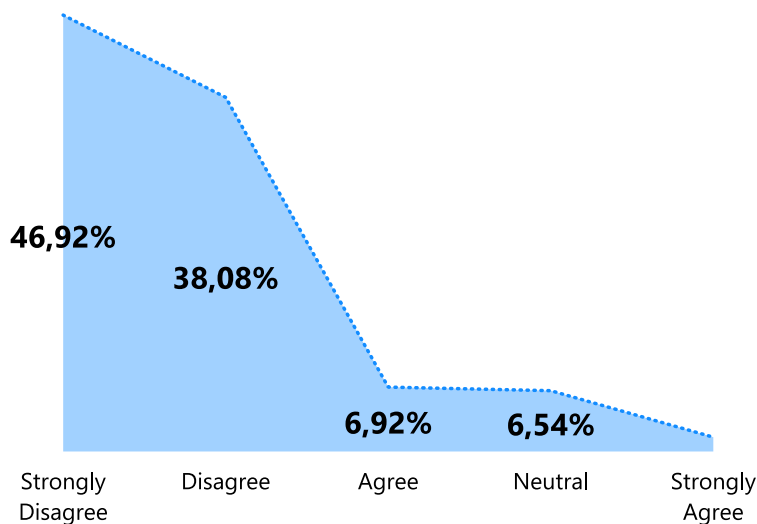


Figure 16

Furthermore, it was reported that 91,54 % of respondents who attended the survey have specified as they are strongly agree (62,31 %) and agree (29,23 %) that there have been serious changes in their daily living. Only 1,53 % percentage of individuals have not reported an agreement on this statement that this number is really small. Respondents residing in Istanbul have reported higher level of agreement on this statement compared to respondents residing in Ankara. The percentage of agreement is 93,14 for Istanbul and it is 90,51 for Ankara. According to prevalence of district of Istanbul, 95,65 % of respondents residing in Esenler have specified an agreement on this statement (65,22 strongly agree and 30,43 agree) and 91,07 % of respondents residing in Bağcılar have specified agreement on this statement (66,07% strongly agree and 25% agree). It's seen that people residing in Esenler have specified more agreement on that statement compared to respondents residing in Bağcılar. Based on district of Ankara, 96,15% of individuals residing in Mamak have reported that they are strongly agree with this statement, while this percentage of agreement is 87,74 for Altındağ district. According to gender variable, males showed higher percentage of agreement on this statement with 92,19 % compared to females, 90,91 %. Only 6,25 % of males have specified this statement as neutral while this percentage is 7,58 for females. Depends on their nationality, 100% of Afghans have specified as strongly agree (50 %) and agree (50 %) on this statement, 96,23% of Iraqis have reported an agreement (60,38 % strongly agree and 35,85 % agree) and 90,05% of Syrians have specified as strongly agree (62,69 %) and agree (27,36 %) as well.

## There have been serious changes in my daily life.

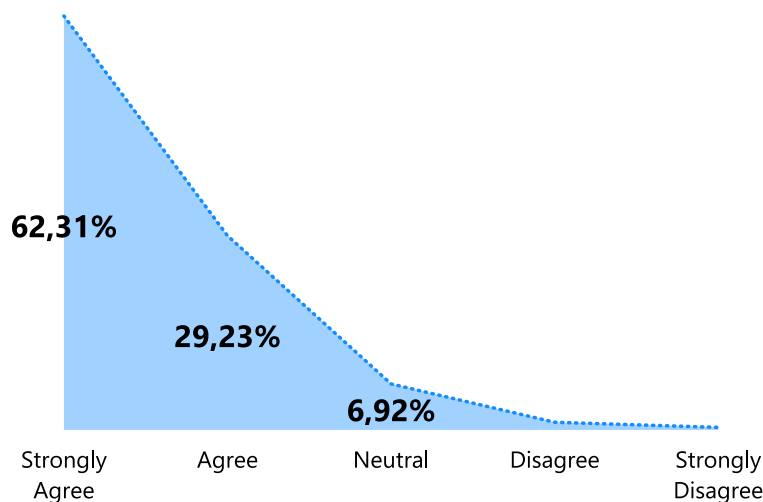


Figure 17

Moreover, the statement of “I have to continue my working life outside the home” was directed and it was determined that 48,08 % of respondents who attended the survey have specified an agreement on this statement as 33,08 % of them strongly agree and 15% of them agree. 39,61 % of respondents have showed a disagreement on this statement (11,92% strongly disagree and 27,69 % disagree) and 12,31% of respondents have answered this statement as neutral. There is a significant difference between the provinces that respondents residing in Istanbul have showed greater percentage on agreement on this statement with 65,69 % (50,98% strongly agree and 14,71 % agree), compared to agreement percentage of respondents residing Ankara, 36,71% (21,52 % strongly agree and 15,19 % agree). Based on districts of Istanbul, 69,64% of respondents residing in Bağcılar have specified agreement on this statement (57,14 % strongly agree and 12,50 % agree) and 60,87 % of respondents residing in Esenler also have showed agreement on this statement that they have to continue their working life outside of their home (43,48 % strongly agree and 17,39 % agree). According to districts of Ankara, 41,5 % of respondents residing in Altındağ have specified an agreement on this statement (24,53 % strongly agree and 16,98 % agree) and also 26,92% of individuals have showed an agreement on this statement (15,38 % strongly agree and 11,54% agree). There is a significant difference on the percentage of agreement in Ankara between two districts as well that people residing in Altındağ have reported higher level of percentage on their obligation to continue their working life outside of their home. According to gender variable, males showed higher percentage of agreement on this statement with 53,91% compared to females, 42,42 %. Syrians have showed the highest percentage of agreement on this statement that 55,22% of Syrians have reported that they have to continue to their working life outside the home, while 25% of Afghans and 22,64% of Iraqis also have reported the same.

### I have to continue my working life outside the home.

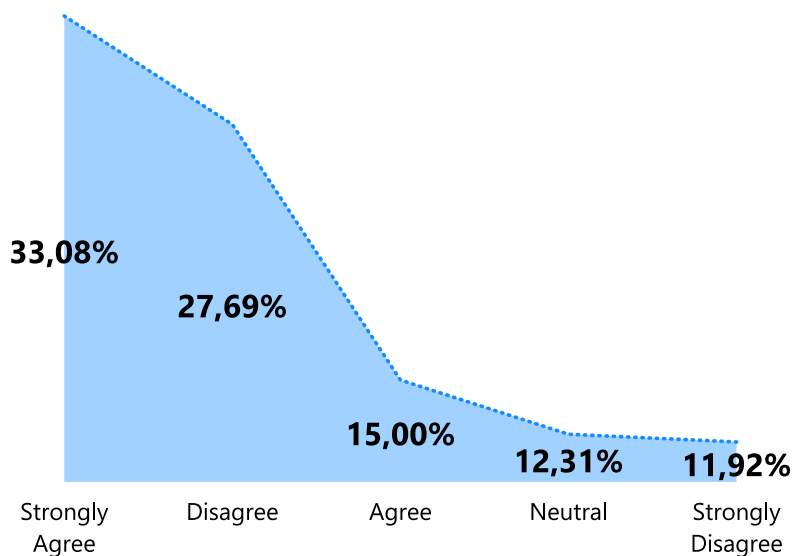


Figure 18

Also, it was determined that 47,31% of respondents who attended the survey have specified that they have to use public transportation during the day (32,69% strongly agree and 14,62% agree). On the other hand, 39,23% of respondents have specified disagreement on this statement (11,54% strongly disagree and 27,69% disagree) and other 13,46% of respondents answered as neutral. If it is analyzed according to the cities they live in, 70,59% of respondents residing in Istanbul have specified agreement on this statement while this rate is 61,39% for respondents residing in Ankara. It's seen that individuals residing in Istanbul specified higher level of agreement on this statement compared to individuals residing in Ankara. Based on district of Istanbul, 73,21% of individuals residing in Bağcılar specified agreement on this statement while it is 67,39% for individuals residing in Esenler. This agreement percentage for districts of Ankara that is reported as 35,85% for Altındağ and 25% for Mamak district. According to gender variable, males showed higher percentage of agreement on this statement with 53,12% compared to females, 41,67%. Syrians have showed the highest percentage of agreement on this statement that 52,24% of Syrians have reported that they have to use public transportation during the day, while 50% of Afghans and 26,41% of Iraqis also have reported an agreement.

### I have to use public transportation during the day

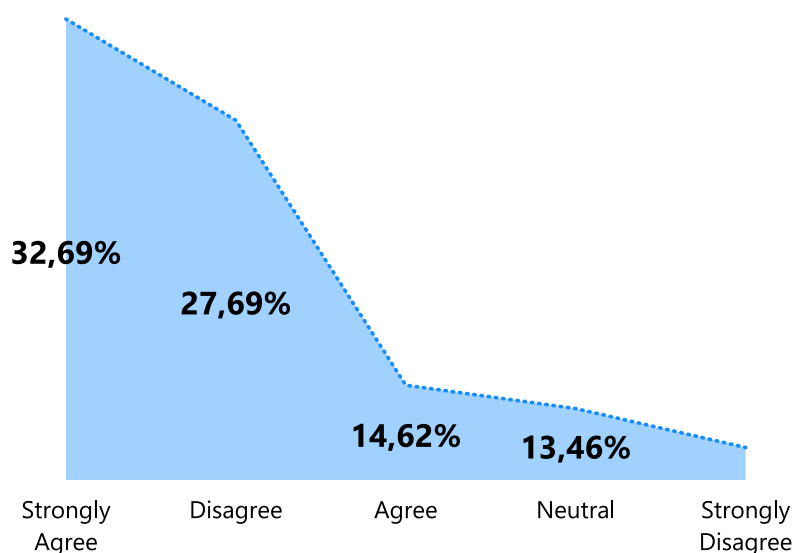


Figure 19

On the other hand, it was identified that 93,85% of respondents have reported that there is an increase in their desire to wash their hands and clean their place (48,08% strongly agree and 45,77% agree). Only, 0,38% of respondents have answered this statement as disagree. People who attended the survey from Istanbul have reported higher percentage level on agreement of this statement compared to people who attended the survey from Ankara. 97,06% of respondents residing in Istanbul have specified as strongly agree (54,90%) and agree (42,16%) on this statement. 91,77% of individuals residing in Ankara have specified as strongly agree (48,10%) and agree (43,67%) on this statement.

Based on districts of Istanbul, 98,22 % of respondents residing in Bağcılar showed agreement on this statement (64,29 % strongly agree and 33,93% agree), while this rate is 95,65% for Esenler district (43,48 % strongly agree and 52,17 % agree). Other 1,79 % of individuals residing in Bağcılar have answered this statement as neutral and 4,35 % individuals residing in Esenler also answered as neutral. This agreement percentage for districts of Ankara that is reported as 94,23% for Mamak (23,08 % strongly agree and 71,15 % agree) and 90,56 % for Altındağ (53,77 % strongly agree and 36,79 % agree). In general, females showed higher level of increase in desire to wash their hand and clean their place compared to males. 96,21% females have specified that there is an increase in their desire to wash their hands or clean the place while 91,41 % males have reported an agreement on that. Regardless of the nationality of participants, it is observed that there is a significant agreement on this statement in every nationality. 100 % of Afghans have specified an agreement (75 % strongly agree, 25 % agree), 94,33% of Iraqis and 93,53 % of Syrians also have specified that there is an increase in desire to wash their hands and clean their place.

### There is an increase in my desire to wash my hands and clean my place

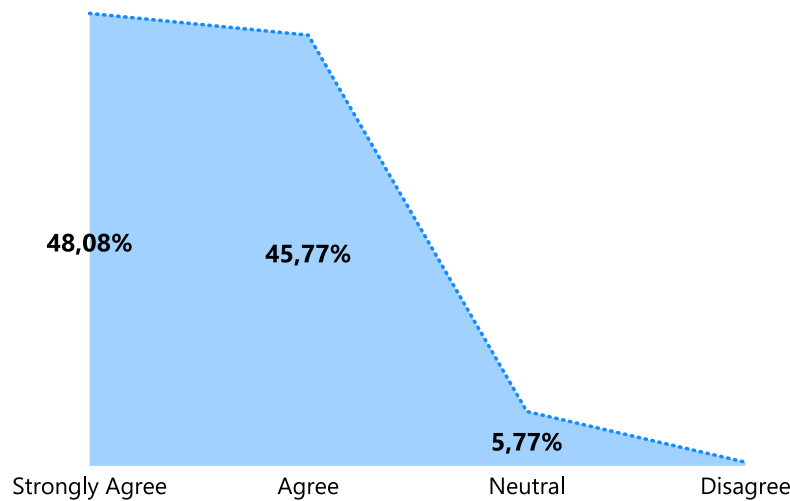


Figure 20

Furthermore, it was specified that 45% of respondents who attended the survey have specified that they startle when they see people who look sick (6,92% strongly agree and 38,08% agree). On the other hand, 36,92 % of respondents have specified disagreement on this statement (21,92 % strongly disagree and 15 % disagree) and other 18,08 % of respondents answered as neutral. If it is analyzed according the cities they live in, 51,9 % for respondents residing in Ankara have specified agreement on this statement while this rate is 34,31 % of respondents residing in Istanbul. It's seen that respondents residing in Ankara specified higher level of agreement on this statement compared to individuals residing in Istanbul. Based on district of Ankara, 67,31 % of individuals residing in Mamak specified agreement on this statement while it is 44,34 % for respondents residing in Altındağ. This agreement percentage for districts of Istanbul that is reported as 45,65 % for Esenler and 25% for Bağcılar district. According to gender variable, even there is no significant difference, males showed higher percentage of agreement on this statement with 45,31% compared to females, 44,69 %. Afghans have showed the highest percentage of agreement on this statement that 75% of Afghans have reported that they startle when they see people who sick, while 67,93% of Iraqis and 38,31 % of Syrians also have reported an agreement on this statement.

## I startle when I see people who look sick (cough, sneeze)

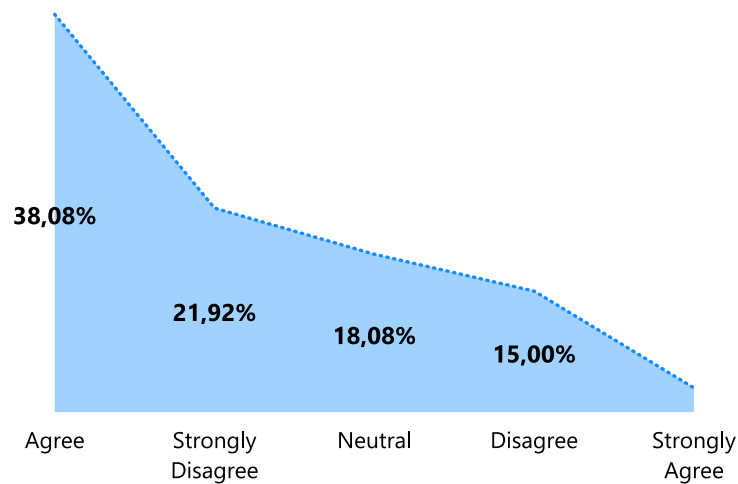


Figure 21

Moreover, it was observed that 84,62% respondents have reported that they think if they get sick will seriously affect the lives of other people in their family (38,85% strongly agree and 45,77% agree). Only, 3,46% of individuals have answered this statement as disagree. Even there is no significant difference among provinces, people who attended the survey from Ankara have reported higher percentage level on agreement of this statement compared to people who attended the survey from Istanbul. 84,81% individuals residing in Ankara have specified as strongly agree (31,01%) and agree (53,80%) on this statement. 84,31% of individuals residing in Istanbul have specified as strongly agree (50,98%) and agree (33,33%) on this statement. Based on districts of Ankara that is reported as 76,93% for Mamak (23,08% strongly agree and 53,85% agree) and 88,68% for Altındağ (34,91% strongly agree and 53,77% agree). This agreement percentage for districts of Istanbul, 87,5% of people residing in Bağcılar showed agreement on this statement (60,71% strongly agree and 26,79% agree), while this rate is 80,43% for Esenler district (39,13% strongly agree and 41,30% agree). Other 8,93% of respondents residing in Bağcılar have answered this statement as strongly disagree or disagree and 3,57% of them answered it as neutral. 2,17% respondents residing in Esenler also answered this statement as disagree and 17,39% of them answered as neutral. In general, males showed higher percentage of agreement on this statement compared to females. 85,94% of males have specified that they startle when they think that if they get sick will seriously affect the lives of other people in their family while 83,33% of females have reported an agreement on that. Regardless of the nationality of participants, it is observed that there is a significant agreement on this statement in every nationality. 100% of Afghans have specified an agreement (50% strongly agree, 50% agree), 86,07% of Syrians and 79,24% of Iraqis also have specified that they feel such this anxiety.

## I think that if I get sick, this will seriously affect the lives of other people in my family.

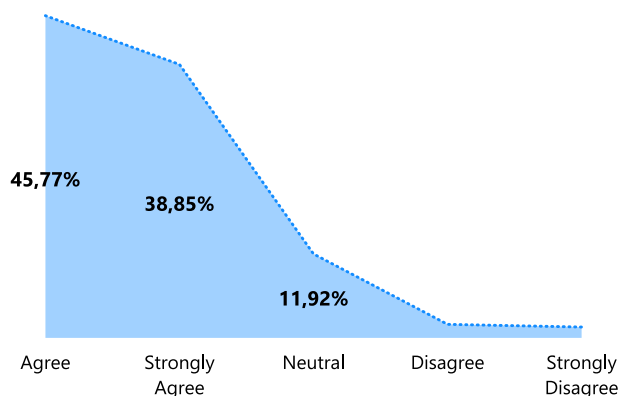


Figure 22

On the other hand, it was reported that 25 % of respondents who attended the survey have specified that they think people do not take the disease seriously enough (6,15 % strongly agree and 18,85 % agree). On the other hand, 43,85 % of respondents have specified their disagreement on this statement (23,85 % strongly disagree and 20 % disagree) and 31,15 % of those respondents answered this statement as neutral. It's obviously seen that people who residing in Ankara have more concerns on this statement since they have reported higher percentage of agreement compared to people residing in Istanbul. 27,21 % of respondents residing in Ankara have specified their agreement on this statement, while 21,55% of individuals who residing in Istanbul answered this statement like that. There is a significant difference among districts of Ankara on agreement of this statement that 40,39 % of individuals have reported their agreement on this statement (9,62 % strongly agree and 30,77 % agree) while this percentage is 23,58% for Altındağ district (9,43 % strongly agree and 14,15 % agree). According to districts of Istanbul, 30,44% of individuals residing in Esenler have specified that they have such concerns while 14,29% individuals have reported the same for Bağcılar. Respondents have specified this statement as neutral mostly for three districts, 42,86% of individuals residing in Bağcılar, 36,96 % of individuals residing in Esenler and 32,69 % of respondents residing in Mamak. Depends on the gender variable, males have specified higher percentage of agreement on this statement with the percentage of 27,34 % compared to females, 22,73 %. According to nationality of people who attended the survey that 50 % of Afghans, 33,96 % of Iraqis and 21,99 % Syrians have specified an agreement on this statement.

### I think other people don't take the disease seriously enough day

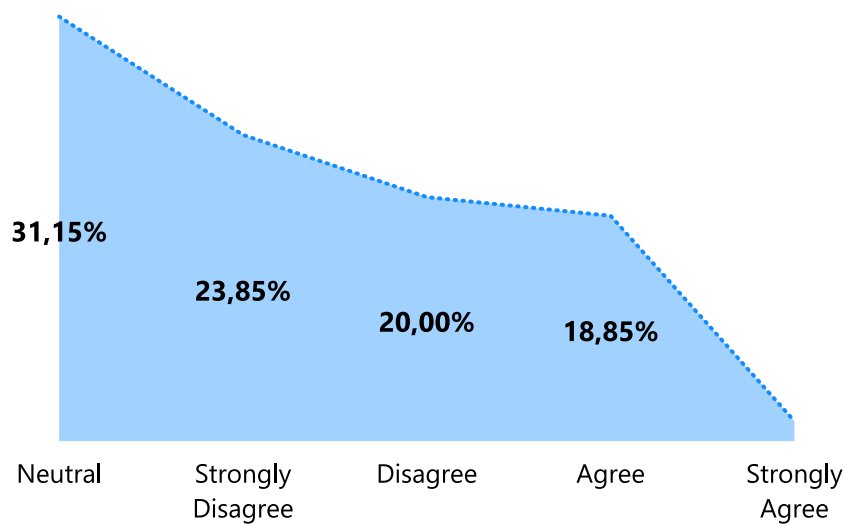


Figure 23

Besides these, it was identified that 53,85% of respondents who attended the survey have specified as strongly disagree (36,54 %) and disagree (17,31 %) on this statement. Only 19,23 % of respondents have specified agreement on this statement that they think the institutions do not take enough precautions about the disease. According to provinces, 58,22 % of respondents residing in Ankara have reported that they are disagree with this statement and 47,06 % of respondents residing in Istanbul have reported like that as well. It's observed that people residing in Ankara have less concerns about institutions precautions compared to people residing in Istanbul. Based on districts of Ankara, 61,32% of individuals residing in Altındağ have specified as strongly disagree (42,45 %) and disagree (18,87) for this statement, while the percentage of disagreement on this statement is 51,93 % for Mamak (34,62 % strongly disagree and 17,31 % disagree). For Istanbul, 42,85 % of respondents residing in Bağcılar have reported a disagreement on the concern of institutions precautions, while it is 32,61% for Esenler district. In general, females have showed higher percentage of disagreement on this statement with the percentage of 46,21 compared to males that their disagreement percentage is 41,41. Only 23,49% of females have specified as strongly agree or agree on this statement and only 26,56% of males also have specified in the same way. Based on their nationalities, 50 % of Afghans have specified their agreement on this statement, while 55,22 % of Syrians and 50,95 % of Iraqis have specified as strongly disagree or disagree on this statement. Therefore, it can be said that half of Afghans participants have concerns about precautions of institutions, but more than half Syrians and Iraqis have disagreement on this.

### I think the institutions do not take enough precautions about the disease.

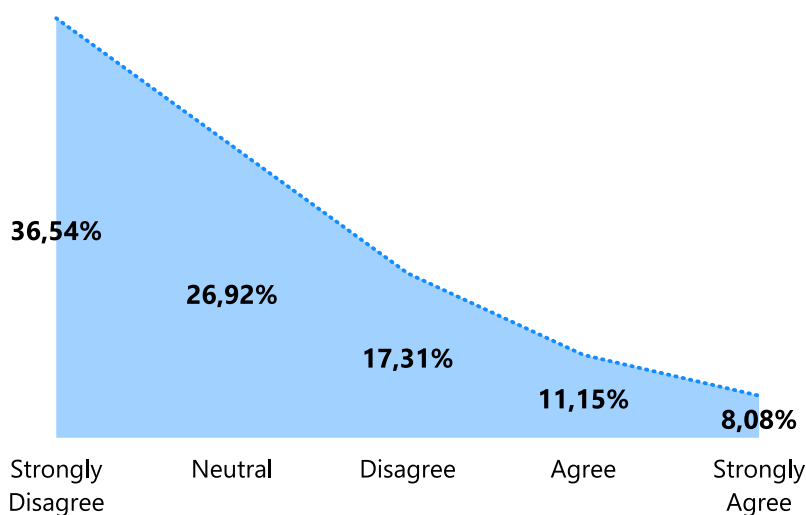


Figure 24



Supportively, the statement of “I think others do not support me enough to protect myself from the disease” has directed and it was observed that most of the respondents have specified their disagreement on this statement with the percentage of 42,31 (22,31 % strongly disagree and 20% disagree). Only 25,77 % of respondents have specified their agreement on that they think others do not support them to protect themselves from the diseases, while 31,92% of individuals answered this statement as neutral. Based on the provinces, 56,96% individuals residing in Ankara have specified their disagreement on this statement (17,72% strongly disagree and 28,48% disagree). However, the percentage of disagreement on this statement in Istanbul less than it's reported in Ankara, with the percentage of 36,28. Based on districts of Ankara, 56,6% of individuals residing in Altındağ have specified as strongly disagree (23,58 %) and disagree (33,02 %) for this statement, while the percentage of disagreement on this statement is 25% for Mamak (5,77 % strongly disagree and 19,23% disagree). For Istanbul, 37,5% of individuals residing in Bağcılar have reported a disagreement on this statement, while it is 34,78 % for Esenler district. Moreover, it should not be overlooked that 41,3 % of respondents residing in Esenler have specified their concerns about this statement by specified their agreement (13,04 % strongly agree and 28,26 % agree). Therefore, even there is a high number of respondents showed their disagreement on this statement, the majority of remaining individuals showed their agreement. According to gender variable, females have specified more disagreement on this statement with the percentage of 43,94 compared to males, 42,19. Based on their nationalities, 50 % of Afghans have specified their agreement on this statement, while 46,77 % of Syrians and 26,42 % of Iraqis have specified as strongly disagree or disagree on this statement. Therefore, it can be said that half of Afghans participants have concerns about this statement, but most of Syrians and Iraqis have disagreement on this.

### I think others don't support me enough to protect me from disease.

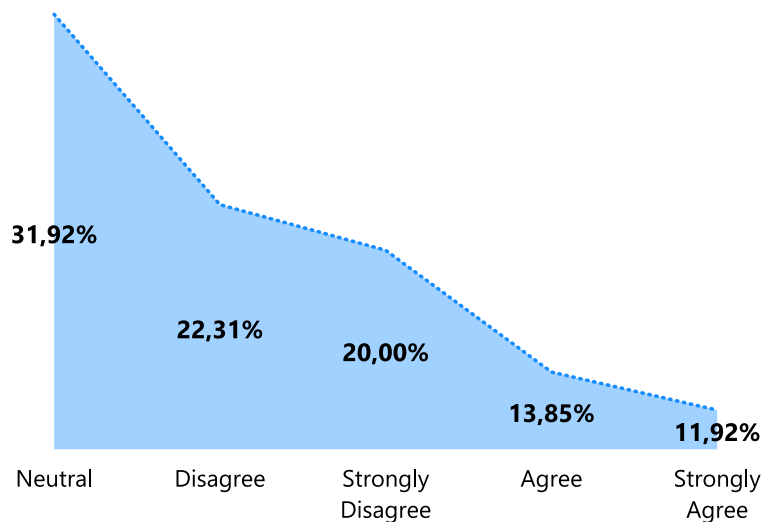


Figure 25

Along with mentioned points above, it was observed that 27,7 % of respondents have reported that they think they have a high chance of getting sick (8,08 % strongly agree and 19,62 % agree). Only, 6,54% of respondents have answered this statement as disagree and most of the people who attended the survey have answered this statement as neutral that their percentage is 53,85. The percentage of people who answered this statement as neutral is the highest one for two provinces; Istanbul and Ankara. 65,69AZ% of individuals residing in Istanbul and 46,20 % of individuals residing in Ankara answered as neutral. People who attended the survey from Ankara have reported higher percentage level on agreement of this statement compared to respondents who attended the survey from Istanbul. 34,17% individuals residing in Ankara have specified as strongly agree (9,49 %) and agree (24,68 %) on this statement. 17,64 % of respondents residing in Istanbul have specified as strongly agree (11,76%) and agree (5,88%) on this statement. Based on districts of Ankara that is reported as 46,15% for Mamak (7,69 % strongly agree and 38,46% agree) and 28,3% for Altındağ (10,38 % strongly agree and 17,92 % agree). The percentage of people residing in Altındağ and answered as neutral is highest than who showed their agreement on this statement since 51,89% of individuals residing in Altındağ have specified as neutral for this statement. As it's mentioned above, most of the people residing in Istanbul answered as neutral on thinking that they have a high chance of getting sick with the percentage of 62,50 for Bağcılar and 69,57 for Esenler. The agreement percentage for districts of Istanbul that is 23,92 % for respondents residing in Esenler and 12,5 for Bağcılar district. In general, even there is no a significant difference, females showed higher percentage of agreement on this statement compared to males. 28,03 % of females have specified that they think they have a high chance of getting sick while 27,34 % of males have reported an agreement on that. The percentage of people who answered this statement as neutral also higher among females compared to males. 56,06 % of females answered this statement as neutral while 51,56 % of males answered in the same way. Regardless of the nationality of participants, it is observed that most of people answered this statement as neutral in every nationality, 75 % of Afghans answered as neutral and 25% of them have specified their disagreement. 57,21 % of Syrians answered as neutral, 9,95 % of them strongly agree and 14,93 % agree. 39,62% of Iraqis also answered this statement as neutral, 1,89% of them strongly agree and 37,74 % agree.

### I think I have a high chance of getting sick.

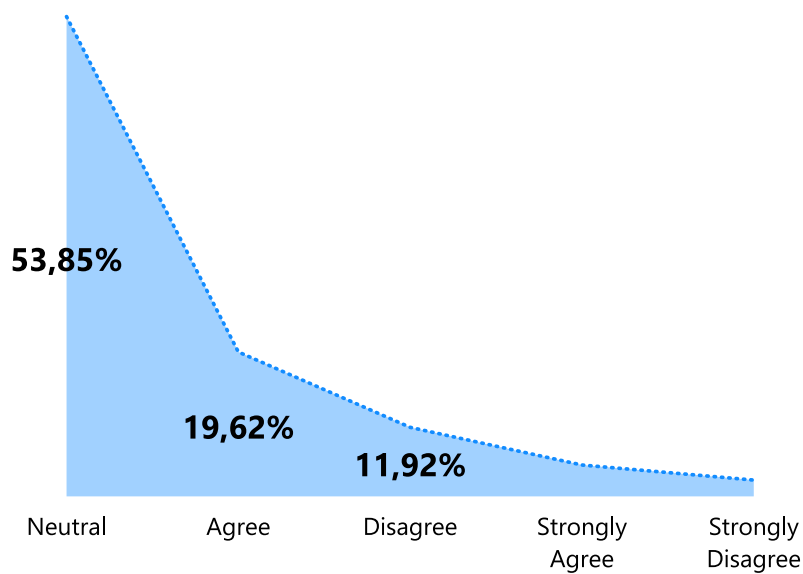


Figure 26

Moreover, 25,77 % of respondents have reported that they agree on getting over the disease if they get sick (11,92 % strongly agree and 13,85% agree). It was reported that 68,85% of respondents who attended the survey have specified their answer to this statement as neutral. If it will be analyzed in more detail, 7,59 % of respondents residing in Istanbul answered this statement as neutral and 21,57 % of them have specified their agreement. On the other hand, 67,72 % of respondents in Ankara answered that they are neutral on thinking of getting over the disease if they get sick, while 28,48 % of individuals reported their agreement. It can be stated that people residing in Ankara have more hope to being over the disease compared to people residing in Istanbul. Based on district of Ankara, the number of people who think they can get over the disease if they get sick is higher for individuals residing in Mamak compared to individuals residing in Altındağ. 61,54 % of respondents residing in Mamak answered this statement as neutral, while 32,69% of those individuals have specified an agreement on this statement (15,38 % strongly agree and 17,31% agree). The percentage of respondents who answered this statement as neutral for individuals residing in Altındağ is 70,75 and 26,41 % of those remaining individuals have specified their agreement (15,09 % strongly agree and 11,32% agree). Totally, even females showed higher percentage on answer of neutral compared to males, males reported higher percentage of agreement on getting over the disease if they get sick. 71,97 % of females have specified that their answer is neutral while 23,48 of them reported their agreement on that statement (12,12 % strongly agree and 11,36% agree). 65,63 % of males answered as neutral and 28,13 % of those individuals reported their agreement on that statement. According to nationality variable, 100 % of Afghans reported that they are neutral about this statement, 69,15 % of Syrians have specified that they are neutral about getting over the disease while 25,87% of them have specified an agreement (13,43 % strongly agree and 12,44% agree). 66,04 % of Iraqis also answered this statement as neutral and 26,42 % of those individuals have specified that they can get over the disease. As it's seen, Iraqis have the highest level of hope of getting over the disease compared to Syrians and Afghans. For all the variables, the percentage of neutral is the highest one since the nature of outbreaks consists from uncertainties for many dimensions. This uncertainty allows people to be anxious about their future and people can become suffer from psychological disturbances as anxiety related problem or depression.

### I think that if I get sick, I can get over the disease.

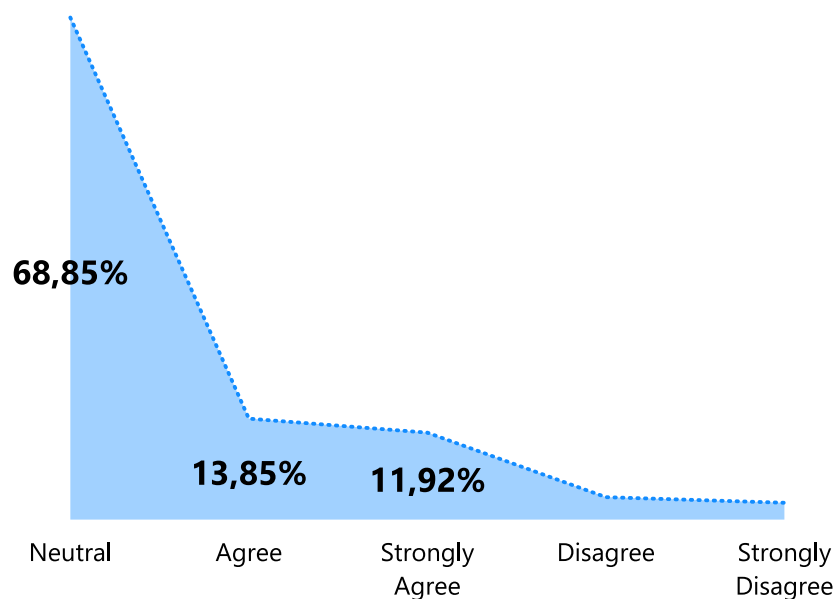


Figure 27

Also, the statement of “I often think of what can happen if I get sick “ was directed to respondent and it was determined that 51,92 % of respondents who attended the survey have specified their answer to this statement as strongly agree (19,62 %) and agree (32,31). 33,08 % of individuals have reported that they are neutral on thinking of what can happen if they get sick. If it will be analyzed in more detail, 53,92 % of respondents residing in Istanbul answered this statement as strongly agree (21,57 %) and agree (32,35 %) and also 33,33% of them have specified their answer as neutral. On the other hand, 50,63 % of respondents in Ankara answered that they are strongly agree (18,35 %) and agree (32,28 %) on thinking of what can happen if they get sick, while 32,91 % of respondents answered this statement as neutral. With reference of these findings, it can be stated that people residing in Istanbul spend their time more on thinking of what can happen if they get sick compared to people residing in Ankara. Based on district of Istanbul, the number of people who think of what can happen if they sick is higher for individuals residing in Bağcılar compared to individuals residing in Esenler. 57,15 % of respondents residing in Bağcılar answered this statement as strongly agree (30,36%) and agree (26,76%), while 30,36% of those individuals have specified as they are neutral on this statement. 50% of people answered this statement as strongly agree (10,87%) and agree (39,13) for respondents residing in Esenler and 36,96% of those remaining respondents have specified that they are neutral.

Totally, even females showed higher percentage on answer of neutral compared to males, males reported higher percentage of agreement on thinking of what can happen if they get sick. 48,48 % of females have specified that their answer as strongly agree (21,21 %) and agree (27,27 %) while 35,61% of them answered as neutral for that statement. 55,47 % of males answered as strongly agree (17,97 %) and agree (37,50 %) and also 30,7 % of those respondents reported that they are neutral on that statement. According to nationality variable, 50% of Afghans reported that they are neutral and remaining 50% of individuals have specified they are agreed about this statement. 60,38% of Iraqis also answered this statement as strongly agree (13,21 %) and agree (47,17) and also 33,96% of those individuals have specified that they are neutral. 49,25 % of Syrians have specified an agreement (21,89 % strongly agree and 27,36% agree) while 32,84% of Syrians have specified that they are neutral about thinking about getting infected. As it's seen, Iraqis have the highest level of thinking about what can happen if they get sick compared to Syrians and Afghans. The high percentage of agreement on this statement can be interpreted as a sign of anxiety the individuals suffer from. The uncertainty about being infected or uncertainty about the treatment process causes psychological disturbances as anxiety.

### I often think of what can happen if I get sick.

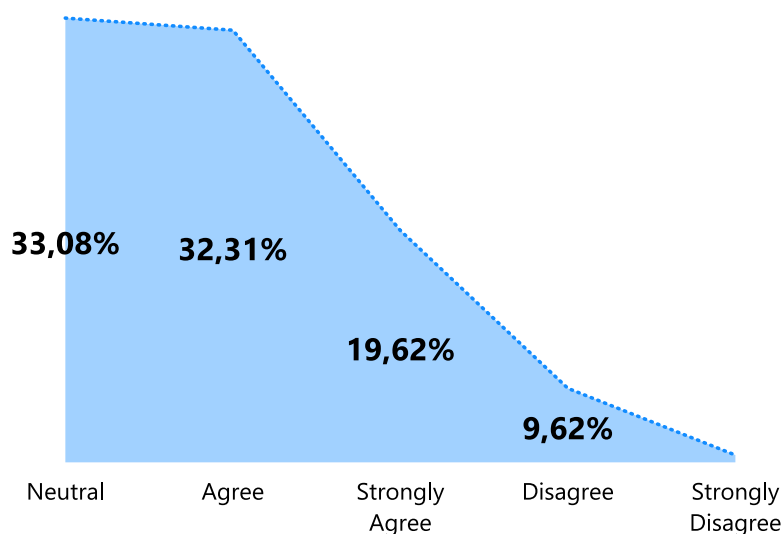


Figure 28

Besides, the item of “I started having difficulties in dealing with negative processes in general” was directed and it was reported that 55,39 % of respondents who attended the survey have specified their answer to this statement as strongly agree (14,62 %) and agree (40,77 %). 20,38 % of respondents have reported that they are neutral on starting to have difficulties in dealing with negative processes in general. It's obviously seen that more than half of the individuals attended the survey started to having difficulties in coping of negative process. This finding supports the negative effects of outbreak on individuals' mental health. If it will be analyzed in more detail, 56,33% of respondents residing in Ankara answered this statement as strongly agree (15,19 %) and agree (41,14 %) and also 20,89 % of them have specified their answer as neutral. On the other hand, 53,93% of individuals residing in Istanbul answered that they are strongly agree (13,73 %) and agree (40,20 %) on starting to having difficulties in dealing with negative processes in general, while 19,61 % of respondents answered this statement as neutral. With reference of these findings, it can be stated that people residing in Ankara started to struggle with negative processes more compared to people residing in Istanbul.

Based on district of Ankara, the number of people who stated that they started to having difficulties in dealing with negative processes is higher for individuals residing in Mamak compared to individuals residing in Altındağ and there is a significant difference between those provinces. 80,77% of individuals residing in Mamak answered this statement as strongly agree (21,15 %) and agree (59,62 %), while 9,62 % of those respondents have specified as they are neutral on this statement. 44,34% of people answered this statement as strongly agree (12,26 %) and agree (32,08%) for individuals residing in Altındağ and 26,42 % of those remaining individuals have specified that they are neutral. Totally, even males showed higher percentage on answer of neutral compared to females, females reported higher percentage of agreement on that statement. 59,85% of females have specified that their answer as strongly agree (15,15 %) and agree (44,70 %) while 18,94% of them answered as neutral for that statement. 52,35 % of males answered as strongly agree (15,63%) and agree (36,72 %) and also 21,88 % of those respondents reported that they are neutral on that statement. According to nationality variable, 50% of Afghans reported that they are neutral and remaining 50% of individuals have specified they are agreed about this statement. 77,35% of Iraqis also answered this statement as strongly agree (15,09 %) and agree (62,26 %) and also 11,32 % of those respondents have specified that they are neutral. 49,25% of Syrians have specified an agreement (13,93% strongly agree and 35,32% agree) while 22,89 % of Syrians have specified that they are neutral about thinking about getting infected. As it's seen, Iraqis have reported the highest level of starting to have difficulties in coping of negative process compared to Syrians and Afghans. The high percentage of agreement on this item can be interpreted as a sign of depression or a sign of vulnerability of for depression.

### I started having difficulties in dealing with negative processes in general.

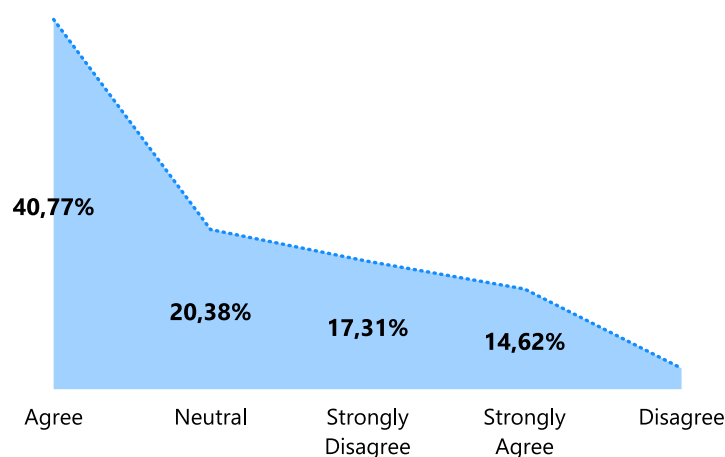


Figure 29

Specifically, it was reported that 43,06% of respondents who attended the survey have specified as they are strongly agree (15,38 %) and agree (28,08 %) that they started having difficulties focusing on daily work. On the other hand, 28,08 % of respondents also have specified that they are neutral, 15,38 % of them strongly disagree and 11,92 % of them disagree. People residing in Ankara have reported higher level of agreement on this statement compared to people residing in Istanbul. The percentage of agreement is 44,3 for Ankara and it is 42,15 for Istanbul. Based on district of Ankara, 59,58 % of respondents residing in Mamak have reported that they are strongly agree with this statement, while this percentage of agreement is 36,79 for Altındağ district. It's reported that people residing in Mamak started to experience higher level of impairment of focusing on their daily work. According to prevalence of district of Istanbul, 47,82 % of individuals residing in Esenler have specified an agreement on this statement and 37,5% of respondents residing in Bağcılar have specified agreement on this statement. According to gender variable, males showed higher percentage of agreement on this statement with 44,53 % compared to females, 42,43 %. Depends on their nationality, 100 % of Afghans have specified as strongly agree (25 %) and agree (75 %) on this statement, 60,37 % of Iraqis have reported an agreement (20,75 % strongly agree and 39,62 % agree) and 37,81 % of Syrians have specified as strongly agree (13,43 %) and agree (24,38 %) as well. Consequently, it can be stated that psychological disturbances because of the outbreak can cause cognitive impairment as well, and survey findings support it.

### I started having difficulties focusing on daily work.

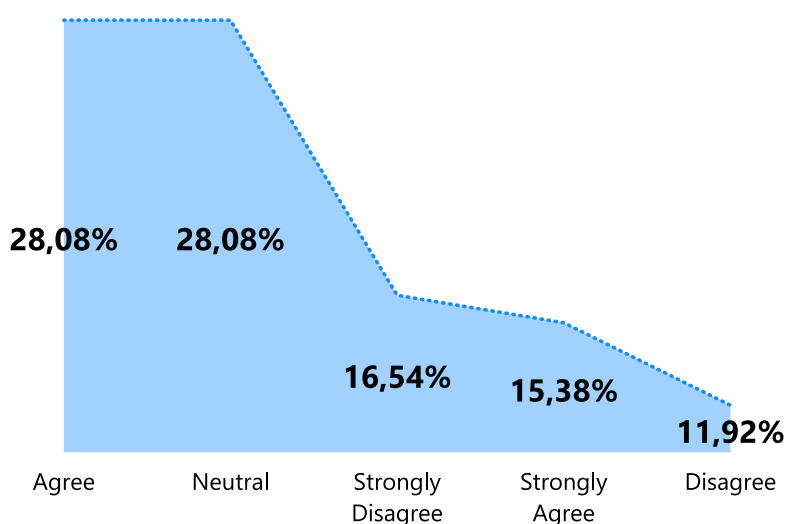


Figure 30

On the other hand, the statement of "I started having trouble getting out of bed in the morning" was directed and although the majority of respondents who attended the survey reported disagreement with this statement, the percentage of respondents who have specified their agreement should not be underestimated. In this context, 52,69 % of respondents answered this statement as strongly disagree (28,46 %) and disagree (24,23), but 30,39 % of respondents also have specified as strongly agree (10,77 %) and agree (19,62 %) about having trouble getting out of bed in the morning. If it will be analyzed in more detail, 52,53 % of respondents residing in Ankara answered this statement as strongly disagree (25,95 %) and disagree (26,58 %) and but 36,08 % of them have specified their answer as strongly agree (14,56 %) and agree (21,52 %). On the other hand, 52,94 % of respondents residing in Istanbul answered that they are strongly disagree (32,35 %) and disagree (20,59 %) about having trouble getting out of bed in the morning, while 4,90 % of respondents answered this statement as strongly agree and 16,67% as agree.

With reference of these findings, it can be stated that people residing in Ankara started to having more difficulty about having trouble getting out of bed in the morning compared to people residing in Istanbul. Based on district of Ankara, the number of people who stated that they started to having difficulty about having trouble getting out of bed in the morning is higher for individuals residing in Mamak (44,23) compared to individuals residing in Altındağ (32,08 %). According to findings, there is a slight difference between the districts of Istanbul that, 21,74 % of individuals residing in Esenler that reported their agreement on this statement while this number is 21,43 % for Bağcılar. Totally, females reported higher percentage of agreement on that statement (31,82 %) compared to males (28,91 %). According to nationality variable, 43,4 % of Iraqis also answered this statement as strongly agree (26,42 %) and agree (16,98 %), 25 % of Afghans reported that they are agree and 26,87% of Syrians have specified an agreement (8,96 % strongly agree and 17,91 % agree). As it's seen, Iraqis have reported the highest level of difficulty getting out of bed compared to Syrians and Afghans. The high percentage of agreement on this item can be interpreted as a sign of depression or a sign of vulnerability of for depression.

In addition to this, It was reported that 34,23 % of respondents who attended the survey have specified that they started to having trouble sleeping at night (11,54 % strongly agree and 22,69 % agree), while 48,46 % of remaining individuals answered this statement as strongly disagree (27,69 %) and disagree (20,77 %). Respondents residing in Ankara showed 41,77 % agreement on this statement, while this rate is 22,55 % for respondents who residing in Istanbul. It's showed that respondents in Ankara reported to started to having sleeping difficulties more than respondents attended from Istanbul. Based on districts of Ankara, 59,61 % of respondents residing in Mamak showed agreement on this statement, while this rate is 33,02% for Altındağ district. This agreement percentage for districts of Istanbul that is reported as 23,92 % for Esenler and 21,43 % for Bağcılar. In general, females showed higher level of agreement on this statement with the rate of 35,61 % than males that their rate of agreement is 32,81 %. According to the nationality variable, 60,38 % of Iraqis also answered this statement as strongly agree (13,21 %) and agree (47,17 %), 25 % of Afghans reported that they agree and 27,36% of Syrians have specified as agree (11,44 % strongly agree and 15,92 % agree). As it's seen, Iraqis have reported the highest level of sleeping difficulty compared to Syrians and Afghans.

**I started having trouble getting out of bed in the morning.**

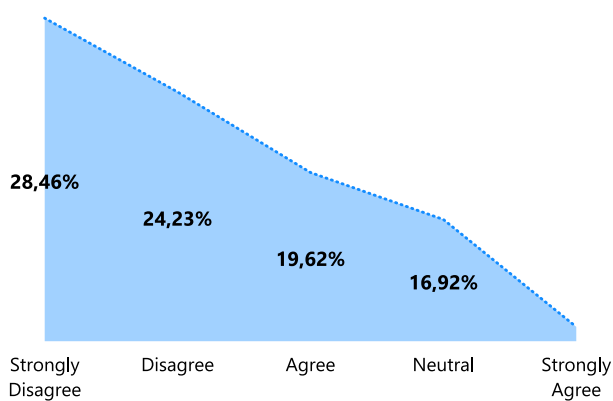


Figure 31

**I started having trouble sleeping at night.**

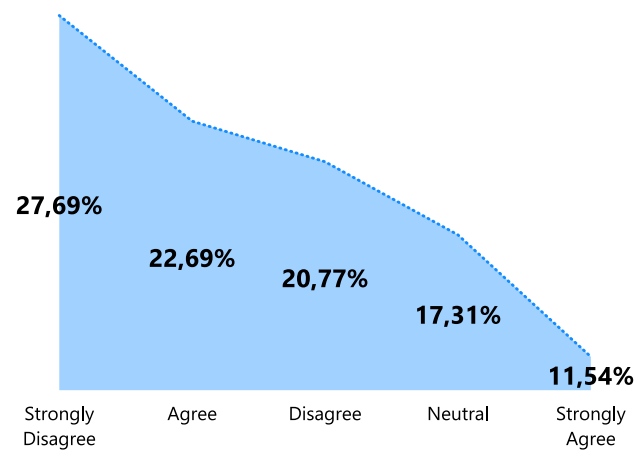


Figure 32

On the other hand, the statement of “I started to feel stressed and restless” was directed to the participants and It was reported that 58,47 % of respondents who attended the survey have specified their answer to this statement as strongly agree (13,85 %) and agree (44,62 %). 14,62 % of respondents have reported that they are neutral on starting to feel stressed and restless. It’s obviously seen that more than half of the respondents attended the survey started to feel stressed. If it will be analyzed in more detail, 61,77 % of respondents residing in Istanbul answered this statement as strongly agree (15,69 %) and agree (46,08 %) and also 16,67 % of them have specified their answer as neutral. On the other hand, 56,33 % of respondents residing in Ankara answered that they are strongly agree (12,66 %) and agree (43,67%) on starting to feel stressed and restless statement, while 13,29 % of respondents answered this statement as neutral. With reference of these findings, it can be stated that people residing in Istanbul started to feel more stressed and restless compared to people residing in Ankara.

Based on district of Istanbul, the number of people who stated an agreement on that statement is higher for respondents residing in Esenler compared to individuals residing in Bağcılar. 63,04 % of respondents residing in Esenler answered this statement as strongly agree (13,04%) and agree (50%). Also, 60,72% of respondents answered this statement as strongly agree (17,86 %) and agree (42,86 %) for individuals residing in Bağcılar. According to districts of Ankara, respondents residing in Mamak (67,31 %) showed higher percentage on reporting that they started to feel stressed and restless compared to Altındağ (50,95 %). Totally, males reported higher percentage of agreement on that statement compared to females. 59,38 % of males have specified that their answer as strongly agree (17,19 %) and agree (42,19 %) and 57,58 % of females answered as strongly agree (10,61 %) and agree (46,97 %) on that statement. According to nationality variable, 75 % of Afghans reported that they are strongly agree (25 %) and agree (50%) on that statement, 73,59 % of Iraqis also answered this statement as strongly agree (13,21 %) and agree (60,38 %) and also 54,23 % of Syrians have specified an agreement (13,93 % strongly agree and 40,30 % agree) on that statement which they reported their stress level has been increased. As it’s seen, Afghans have reported the highest level of starting to feel this mood changes compared to Iraqis and Syrians.

### I started to feel stressed and restless.

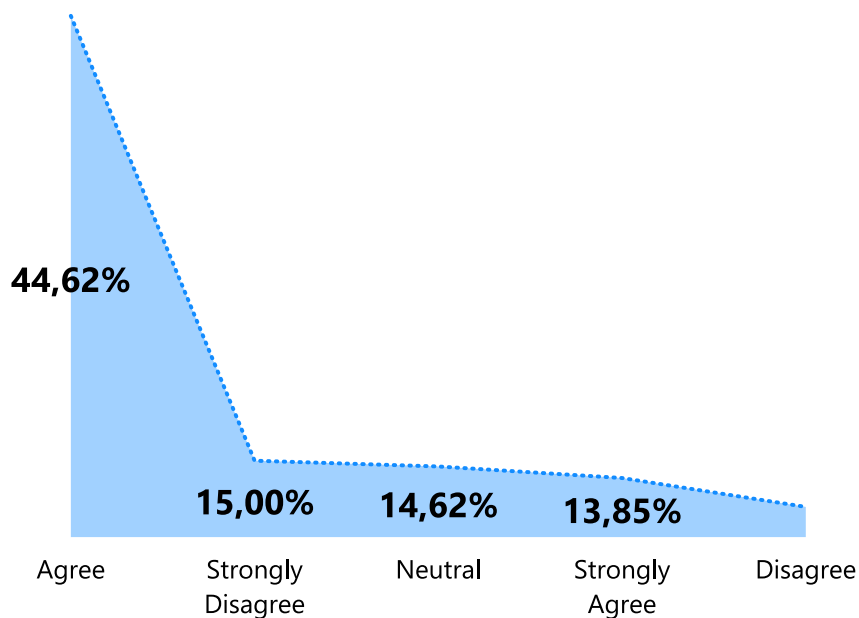


Figure 33



Also, it was determined that 89,23 % of respondents who attended the survey have specified that they are strongly agree (45 %) and agree (44,23 %) about starting to worry for their family's health. 93,13 % of individuals residing in Istanbul have specified their agreement on that statement as strongly agree (57,84 %) and agree (35,29 %) while 86,71 % of people residing in Ankara also have reported their agreement on this statement as strongly agree (50 %) and agree (36,71 %). Based on district of the Istanbul, 95,65 % of respondents residing in Esenler reported that their concerns about their family's health has been increased while 91,07 % of respondents residing in Bağcılar also reported the same on that statement. Moreover, the percentage of agreement on this statement is 89,62 % for respondents residing in Altındağ and 80,77 % for respondents residing in Mamak, for districts of Ankara. It's clear that percentages of agreement are close to each other according to gender variable, but males reported more about their family's health worries compared to females. 89,85 % of males reported their agreement while this number is 88,64% for females. Regardless of the nationality of participants, it is observed that most of people answered this statement as strongly agree or agree in every nationality that it can be interpreted majority of the respondents started to having anxiety about their loved ones' health. 100 % of Afghans have specified their agreement on that statement, 90,05 % of Syrians answered this statement as strongly agree and agree, and also 84,91% of Iraqis answered strongly agree and agree.

### I started to worry about my family's health

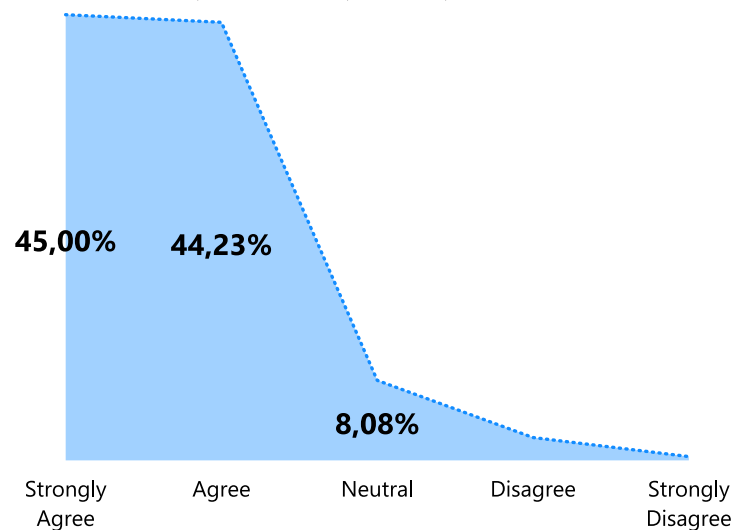


Figure 34

On the other side, it was specified that 86,92 % of respondents who attended the survey have specified that they are strongly agree (48,46 %) and agree (38,46 %) about increase of their concerns for the future. 87,34 % of respondents residing in Ankara also have reported their agreement on this statement as strongly agree (43,04 %) and agree (44,30 %) while 86,27 % of respondents residing in Istanbul have specified their agreement on that statement as strongly agree (56,86%) and agree (29,41%). Based on district of the Ankara, 90,57 % of respondents residing in Altındağ reported that their concerns about future has been increased while 80,77 % of respondents residing in Mamak also reported the same on that statement. Moreover, the percentage of agreement on this statement is 87,5% for respondents residing in Bağcılar and 84,78 % for respondents residing in Esenler, for districts of Istanbul. It's clear that percentages of agreement are close to each other according to gender variable, but males reported more about their future related worries compared to females. 88,28% of males reported their agreement while this number is 85,61 % for females. Regardless of the nationality of respondents, it is observed that most of people answered this statement as strongly agree or agree in every nationality that it can be interpreted majority of the respondents started to having anxiety about their future. 100 % of Afghans have specified their agreement on that statement (25 % strongly agree and 75 % agree), 88,06 % of Syrians answered this statement as strongly agree (48,76 %) and agree (39,30), and also 81,13 % of Iraqis answered strongly agree (47,17 %) and agree (33,96 %). The high percentage of agreement on this statement can be interpreted as a sign of depression or a sign of vulnerability of for depression.

## My concerns about the future have increased.

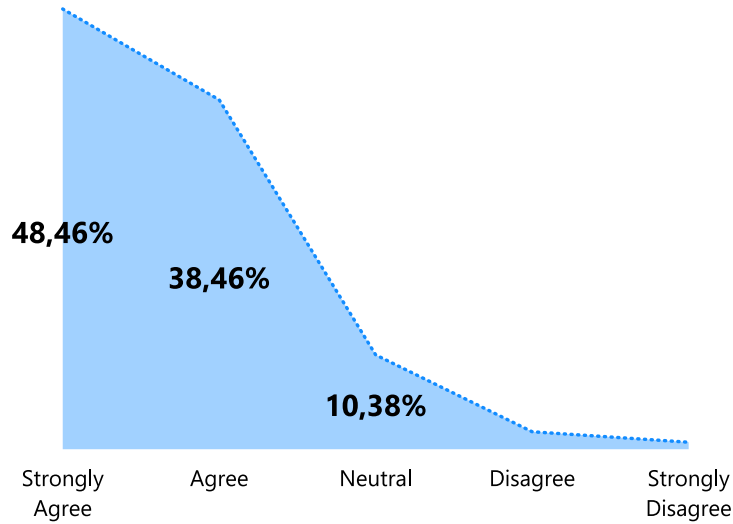


Figure 35

Besides these, it was reported that 86,92 % of respondents who attended the survey have specified that they are strongly agree (46,92 %) and agree (40 %) about feeling of socially isolated. 91,77 % of respondents residing in Ankara also have reported their agreement on this statement as strongly agree (53,16 %) and agree (38,61 %) while 79,41 % of respondents residing in Istanbul have specified their agreement on that statement as strongly agree (56,86 %) and agree (29,41 %). Based on district of the Ankara, 92,45% of respondents residing in Altındağ reported that their feeling of being isolated, while 90,39 % of respondents residing in Mamak also reported the same on that statement. Moreover, the percentage of agreement on this statement is 82,15% for individuals residing in Bağcılar and 76,08 % for respondents residing in Esenler, for districts of Istanbul. It's clear that percentages of agreement are close to each other according to gender variable, but females reported more about feeling of being socially isolated compared to males. 88,64% of females reported their agreement while this number is 85,16% for males. Depends on the nationality variable, 88,68% of Iraqis have specified their agreement on that statement (30,19% strongly agree and 58,49% agree), 87,56% of Syrians answered this statement as strongly agree (52,24 %) and agree (35,32 %), and also 25 % of Iraqis answered strongly agree and 75% of them answered this statement as neutral. The high percentage of agreement on this statement can be interpreted as a sign of depression or a sign of vulnerability of for depression.

## I feel socially isolated

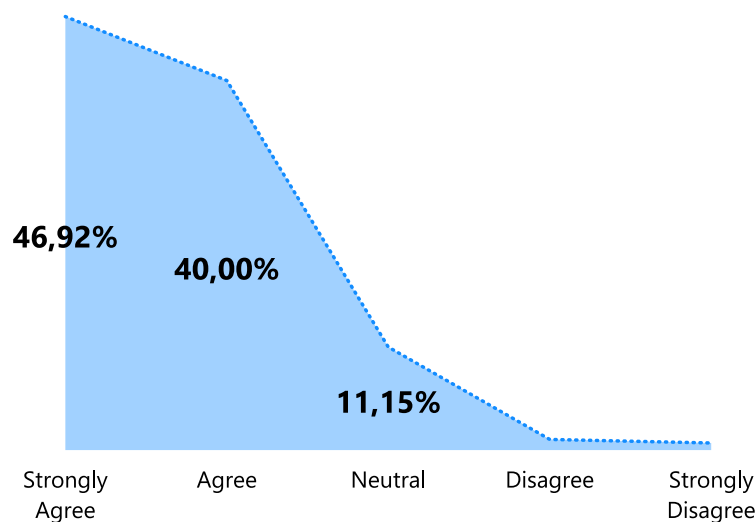


Figure 36

Although it was reported that 43,08 % of respondents who attended the survey have specified that they are strongly disagree (25,77 %) and disagree (17,31 %) about starting to feel lonely, 38,85 % of respondents reported that they started to feel themselves lonely. 46,2% of people residing in Ankara also have reported their agreement on this statement as strongly agree (17,72 %) and agree (28,48 %) while 27,45 % of respondents residing in Istanbul have specified their agreement on that statement as strongly agree (7,84 %) and agree (19,61 %). There is a significant difference between the provinces that individuals residing in Ankara reported higher number of percentages of feeling lonely.

Based on district of the Ankara, 42,45% of respondents residing in Altındağ reported that their feeling of being lonely, while 53,85% of individuals residing in Mamak also reported the same on that statement. Moreover, the percentage of agreement on this statement is 15,68% for individuals residing in Bağcılar and 36,96 % for respondents residing in Esenler, for districts of Istanbul. It's clear that percentages of agreement are close to each other according to gender variable, but females reported more about feeling of being lonely compared to males. 39,4% of males reported their agreement while this number is 38,28 % for males. Depends on the nationality variable, 56,61 % of Iraqis have specified their agreement on that statement (13,21 % strongly agree and 43,40 % agree), 50 % of Afghans answered this statement as agree, and also 33,83 % of Syrians answered strongly agree (13,93 %) and agree (19,90 %). The high percentage of agreement on this statement can be interpreted as a sign of depression or a sign of vulnerability of for depression and anxiety-related disorders.

### I started feeling lonely.

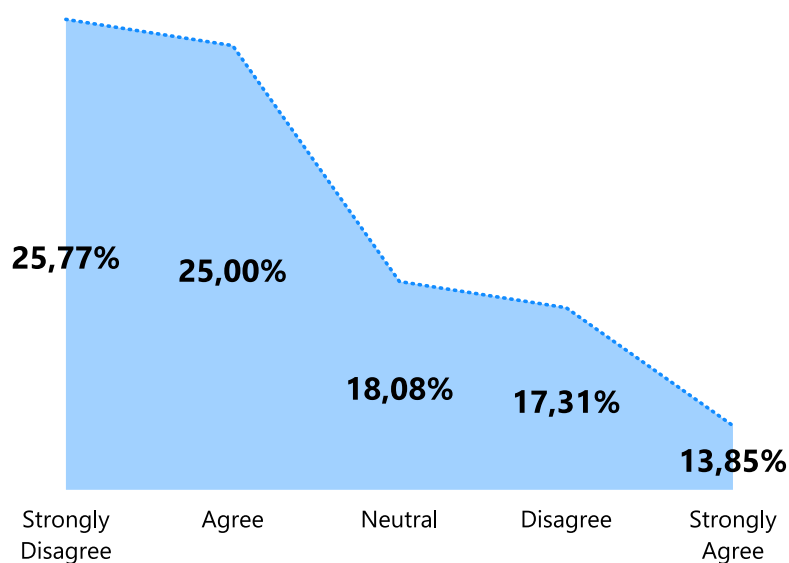


Figure 37

Also, although it was determined that 40 % of respondents who attended the survey have specified that they are strongly disagree (23,08 %) and disagree (16,92 %) about starting to get angry more often and intensely statement, 47,31% of individuals reported that they started to get angry easily. 54,44 % of respondents residing in Ankara also have reported their agreement on this statement as strongly agree (12,03 %) and agree (42,41 %) while 36,27 % of respondents residing in Istanbul have specified their agreement on that statement as strongly agree (5,88 %) and agree (30,39 %).

There is a significant difference between the provinces that respondents residing in Ankara reported higher number of percentages of mood changes. Based on district of the Ankara, 44,34 % of respondents residing in Altındağ reported that their changes on getting angry, while 75 % of individuals residing in Mamak also reported the same on that statement. Moreover, the percentage of agreement on this statement is 28,57 % for individuals residing in Bağcılar and 45,65 % for respondents residing in Esenler, for districts of Istanbul. It's clear that percentages of agreement are close to each other according to gender variable, but males reported more about starting to get angry more often and intensely statement compared to females. 49,22 % of males reported their agreement while this number is 47,31% for males. Depends on the nationality variable, 75 % of Afghans have specified their agreement on that statement (25 % strongly agree and 50% agree), 73,58 % of Iraqis answered this statement as strongly agree (9,43 %), and agree (64,15 %) and also 39,81 % of Syrians answered as strongly agree (8,96 %) and agree (30,85 %) to this statement.

### In general, I started to get angry more often and intensely

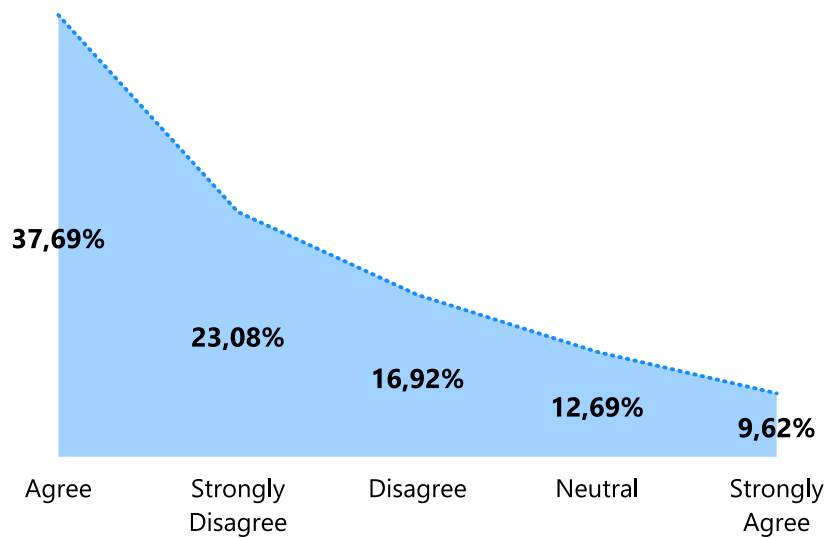


Figure 38

Finally, it was identified that 66,16 % of respondents who attended the survey have specified that they are strongly agree (29,62 %) and agree (36,54 %) about starting to be afraid of illness and social isolation. 67,09 % of respondents residing in Ankara also have reported their agreement on this statement as strongly agree (26,58 %) and agree (40,51 %) while 64,7 % of respondents residing in Istanbul have specified their agreement on that statement as strongly agree (34,31%) and agree (30,39 %). Based on district of the Ankara, 60,38% of respondents residing in Altındağ reported that they started to be afraid of illness and social isolation, while 80,77% of individuals residing in Mamak also reported the same on that statement.

Moreover, the percentage of agreement on this statement is 50% for respondents residing in Bağcılar and 82,61 % for respondents residing in Esenler, for districts of Istanbul. As it's seen clearly, there is a significant difference at the level of anxiety about the illness and social isolation. It's clear that percentages of agreement are close to each other according to gender variable, but males reported more anxiety regarding to illness and social isolation compared to females. 67,19 % of males reported their agreement while this number is 65,15 % for females. Depends on the nationality variable, 77,36 % of Iraqis have specified their agreement on that statement (18,87 % strongly agree and 58,49 % agree), 63,19 % of Syrians answered this statement as strongly agree (32,34 %) and agree (30,85 %), and also 50 % of Iraqis answered strongly agree (25 %) and agree (25 %). The percentage of agreement on this statement can show that people become vulnerable for psychological disturbances as anxiety related disorders or depression.

### I started to be afraid of illness and social isolation.

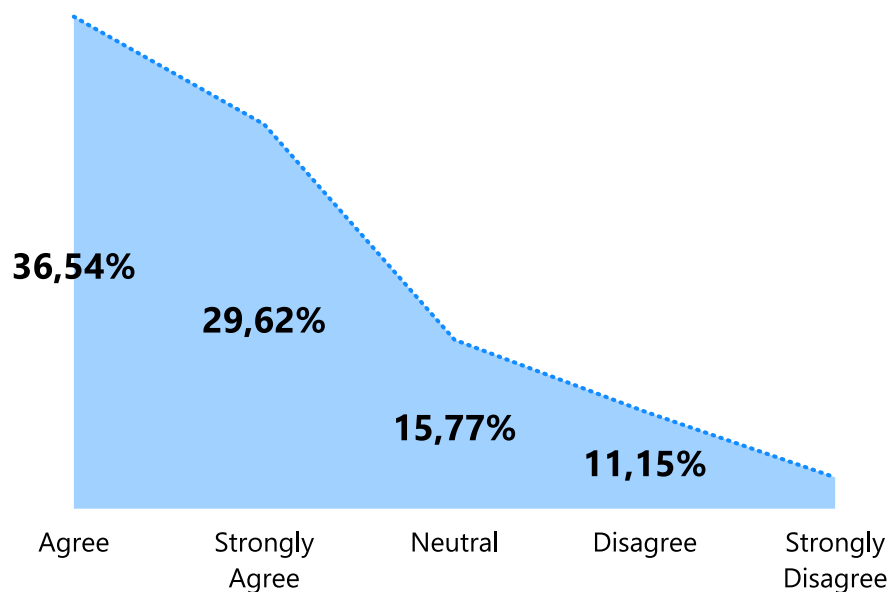


Figure 39

## 7. Conclusion and Recommendations

Based on the research findings, it can be said that there are a significant number of refugees who follow the advices of health authorities, paying more attention to personal hygiene rules, obeying social distancing mandates, with their own resources. For those people, it can be also said that they firmly accepting the risks posed by the pandemic and trying to do their best to protect themselves and their loved ones. In terms of ensuring the expected behavioral change, the findings revealed that an active presence on social media platforms, that are providing the verified information in different languages, are playing a vital role.

People who score high on vulnerability traits, such as, are likely to go through more vulnerable circumstances during the pandemic because refugees are more at risk at food-insecure, lacking access to essential services, productive employment, and livelihood opportunities. A vast majority of the households have been intensively impacted by the pandemic, and accompanying preventive measures taken by the public authorities. Very most of the head of households had lost their jobs and found it difficult to establish a support network to receive any support. According to the findings, it was determined that losing the jobs and fearing the loss of his job are so common in the field since the dependency rate per household can be considered as high. Refugees are still one of the main social category which face additional constraints for stable livelihood opportunities beyond the labor market.

A strategy for improving sustainable employment for refugees should be developed. The strategy should focus on improving the understanding of the constraints as well as the opportunities refugees experience in the Turkish labor market. For refugees, becoming financially dependent is associated with economic impact of the COVID-19 as well as the structural constraints. Under the current situation, lack of opportunities likely continuing to result in the collapse of expectations, and the spread of hopelessness. The need spectrum on the field necessitates complementary support of international/national donor community during the pandemic, apart from the central and local public authorities. Restoring employment opportunities is needed to make them become productive community members and providers for their families.

Since poverty means living in problematic areas and limitations, that are not limited to income or nutrition, there is a need for social services and conservation studies in addition to in-kind and cash supports and income-generating activity studies. In parallel to the unanticipated time period of the pandemic, it might be possible that the traditional social support mechanism could reach its limits. In this sense, the coverage of social protection services should be strengthened to be more responsive to the increasing needs of the refugees.

There have been changes and updates in some public institutions and organizations that took rapid action for the pandemic period, and in institutions producing classical services. It is an urgent need to share updates in service access models to the refugee population in their own language. It was determined that refugees who know the classic service models determined under normal conditions are not immediately aware of the updates in the crisis days. This situation makes it difficult for refugees, who are in a more vulnerable situation both on a personal and household basis, to access social assistance and service areas.

The early provision of personal protective equipment (PPE) are is an actual need among refugee communities. In order to ensure the common use of personal protective equipment (PPE) (which refers to protective clothing, helmets, gloves, face shields, goggles, facemasks and/or respirators or other equipment designed to protect the wearer from injury or the spread of infection or illness), fast deliveries of these equipment should be made by the civil society-public sector cooperation mechanisms.

With the law published in the Official Gazette dated 24.12.2019 and numbered 30988, the general health insurances of the persons who are 18 years of age or older, being in Turkey over a year and who apply for international protection status, and of the person who owns international protection status, is terminated. Except for those who can document that there is no possibility of payment as of January 1, 2020, they must pay their general health insurance. For the ones, and those who have not yet document on this to the relevant public authorities, this decision should be suspended, even temporarily, during the pandemic.

Although the Ministry of Health Communication Center (SABİM-184) started to serve the Corona Consultation Line, there is a need for recording switchboard announcing sound recording in different languages. Although it is possible for refugees to reach the health workers through Corona Consultation Line after waiting and requesting service in different language, the Turkish stream of the call center voice recording results in many refugees hanging up before accessing the service.

The survey findings support the expectation of poor access to basic hygiene materials including masks, gloves etc. and access to enough nutrition storage among refugees and displaced population since it is reported that more than 85% of respondents could not Access to those needs. However, mental health plans cannot be limited to improving accessibility of those populations for basic needs and specialized services, rather, the area of expertise needs to be expanded to address the range psychological problems caused by the outbreak and needs in the population, because, as expected, psychological disturbances has been rise exponentially with rising numbers of cases and fatalities, prolonged quarantines, substantial restrictions on public life and economic uncertainty, according to survey results.

According to findings, pandemic-related psychological disturbances have affected individuals in the way of their thoughts, feelings and behaviors. More than 90% of individuals reported their behavioral changes after the pandemic in their daily living with the new routine, home quarantines and considerable restrictions. The majority have stated that their daily routine has been changed and individuals' sleeping habits also started to change. As it's expected, surveys results support that more than 90% of people's repetitive checking and reassurance seeking behaviors also show an increase such as washing hands or cleaning in order to compensate the emotional consequences of the pandemic. At the emotional level, more than 75% of individuals reported an increase of their feelings such as anxiety, anger, restlessness or worry. Uncertainty about the odds of becoming infected and treatment process is inducing increased anxiety for more than half of the respondents. According to findings, more than 60% of individuals feel fear about the illness and social isolations as well.

As a conclusion, pandemic-related emotional problems have been increased. Cognitive outcomes of the pandemic can be explained with the increased unhelpful thought patterns about the illness and health of loved ones. According to survey findings, more than 80% of individuals started to think more about the illness and health of their families and also more than 40% started to suffer from attention problems such as focusing. Moreover, as consequence of emotional distress, unhelpful thoughts about the future is seen with the psychological burnout. All those consequences are inducing people to become vulnerable to anxiety-related problems or depression. Psychological problems need to be addressed in order to improve the people's well-being, manage the pandemic and help individuals to recover from these psychological problems once the pandemic threat passes.



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