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A society, a disease, a survey and the expected result

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Abstract

COVID-19, which affects the whole world, has affected people, societies and human relations throughout the process. The COVID-19 pandemic both limited people's social lives and changed the perspective of people who carry the virus. Anxiety, fear, haste, loneliness, worry were the most common emotions. In this study, we aimed to evaluate how social warnings affect people, the effects of death risk due to the disease, the side effects of the drugs used on behavior change, and the underlying factors. 189 cases were included in the study. The study was designed in the style of a 20-question questionnaire on the effects of covid-19 and treatment options on the behavior pattern. The responses were evaluated and interpreted as percentages. Variables on family and social behavior related to anxiety, fear, panic, and loneliness caused by COVID-19 and the drugs used in its treatment were observed. Negative effects of COVID-19 were observed in family and community relations. COVID-19 has caused psychological and sociological changes in interpersonal and social behaviors all over the world. There are differences in behavioral patterns among societies. In Turkish society, behavioral changes arising from the characteristic and patriarchal characteristics of the society have been observed. A more detailed assessment of the effects of COVID-19 and subsequent pandemics on the individual and society remains important.

Keywords: Social behaviors, loneliness, death, patriarchal characteristics

Introduction

The epidemic factor, which started with a viral respiratory infection notification in Wuhan, China in December 2019 and spread across the country borders, first to the continents and then to the whole world was determined to be a beta coronavirus mutation that passed from bats to humans and On January 7, 2020, it was named as COVID-19 by the World Health Organization (WHO). COVID-19, which was accepted as a pandemic on March 11, 2020, maintains its place on the world agenda as a health problem, despite completing its second year in the world [1].

The transmission of the virus from person to person via droplets and the asymptomatic period after transmission were the main factors in its rapid spread. Again, the fact that symptoms such as fever, fatigue and dry cough in the symptomatic period of the disease were similar to other viral diseases delayed the diagnosis and contributed to its spread. Although the disease was mild at the rate of 80% at the beginning, its fatality increased with mutations in the following periods [1]. In severe cases, progressive respiratory failure developed due to virus-related alveolar damage and death resulted in 1-5% of these cases [2]. The majority of the cases that resulted in death were middle-advanced aged individuals with a previous chronic disease (such

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as cirrhosis due to liver failure, hypertension, coronary heart disease, diabetes mellitus and Parkinson's disease) [2].

There is still no specific drug used in the treatment of the disease. For this reason, countries are taking various public health measures that can prevent or slow down the transmission of COVID-19. These measures can be counted as case isolation (full closure), identification and follow-up of contacts (filiation), environmental disinfection and the use of personal protective equipment (isolation) [3]. Although successful studies were carried out on epidemic transmission and contact control in our country at the beginning, the increasing number of cases and the change in people's attitudes towards restrictions caused disruptions in epidemic control.

Many factors are effective in the occurrence of these disruptions. These can be grouped under titles such as human factor, economic reasons, climate variables and virus mutation.

Antivirals such as lopinavir, ritonavir, favipiravir, oseltamivir, various drugs such as chloroquine, azirithromycin and vitamin C and supportive treatments were used in the treatment of sick individuals [4].

In this study, considering that the side effects of some drugs used for COVID-19 are not clearly explained, we wanted to examine the effect on the course of treatment and human behavior if these side effects are explained. For this, individuals over the age of 18 were asked questions and their opinions were taken with a survey study about COVID-19. We tried to learn about the concerns of the respondents about COVID-19 and their behavior in the face of events.

Material and Method

TWe tried to examine how individuals who are citizens of the Republic of Turkey over the age of 18 have information about the COVID-19 disease in the form of questions and answers, and whether they have information about the side effects of the drugs used so far, how effective the continuous warnings are and whether there will be a change in the answers at variable times. Our questionnaire, consisting of 20 questions was carried out on randomly selected individuals living within the borders of Malatya province, regardless of whether they or their relatives have COVID-19 disease.

Approval for this study was obtained from the Health Services Directorate of the Ministry of Health with the application numbered 2020-07-25T13_35_43.

The following results were obtained in the survey conducted on 189 people.

Results

47.3% of the 189 people who participated in the survey were between the ages of 35-44 and 35.3% were between the ages of 25-34. 55.9% of the participants were female and 76.2% were married (figure 1).72% of the participants had one or more children. 46.2% of the participants were university graduates, 31.7% were graduates and 32.1% were primary, secondary and high school graduates.

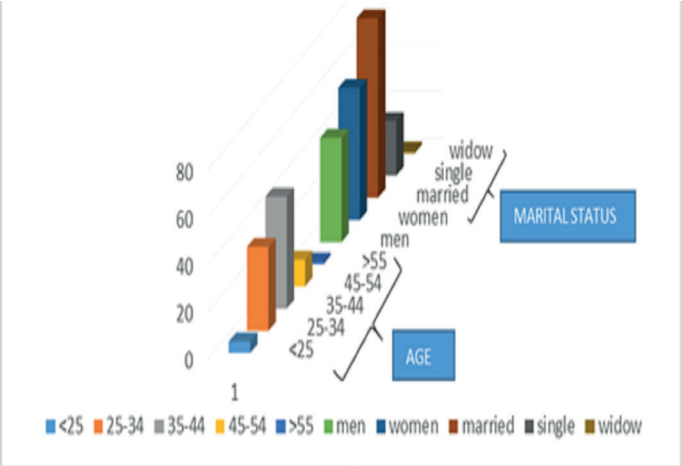

Figure 1. Demographic distribution of survey participants

In the answer to the question of how did you learn that COVID-19 carries a risk of death, although 77.9% of the participants had a university or graduate education, 39.8% stated that learned from television news, 17.2% learned through internet and research (figure 2).

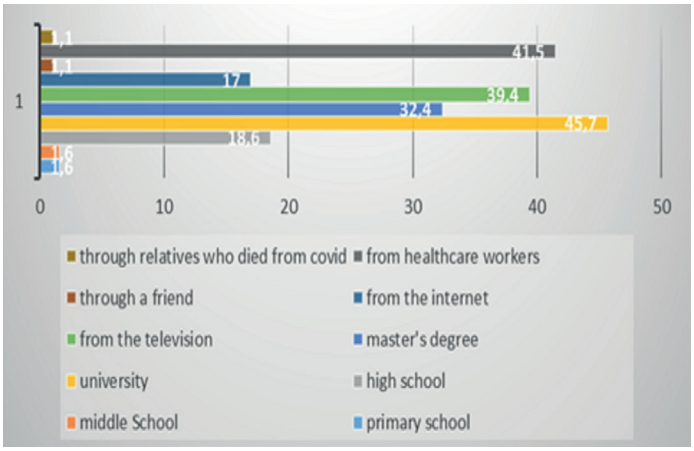

Figure 2. Education levels of survey participants and ways of accessing information

It was observed that 34.4% of the participants were not aware of the side effects of the drugs in the treatment of covid-19. It was determined that only 6.4 % of those who knew about the side effects did research on the possible side effects in case of using the drug, by researching this information themselves (figure 3).

The number of people who want to be told about the risk of death of the drugs used in the treatment of COVID-19 is 154, and the number of people who want it not to be told at all is 26. 19 people stated that after they died, they wanted their relatives to be told as the cause of death.

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Would you take the drug if the risk was told? 50 people stated that they would not take the drug, 103 people stated that they would take it because they had no other choice, 48 people said they would take the drug because it was an acceptable risk.(figure 4)

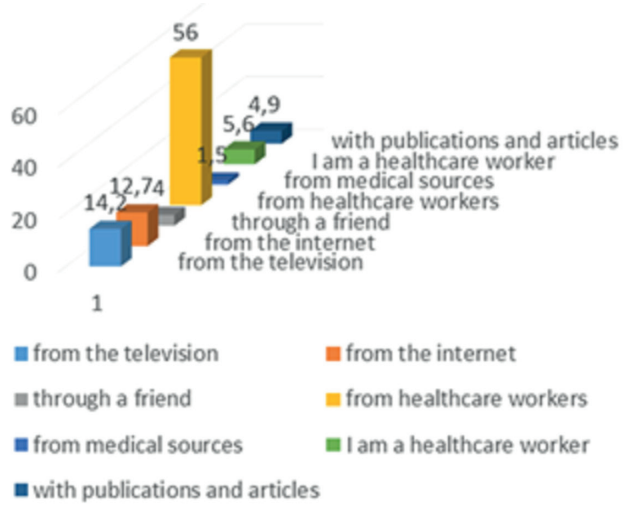

Figure 3. Behavior analysis against knowing the side effects of COVID-19 drugs

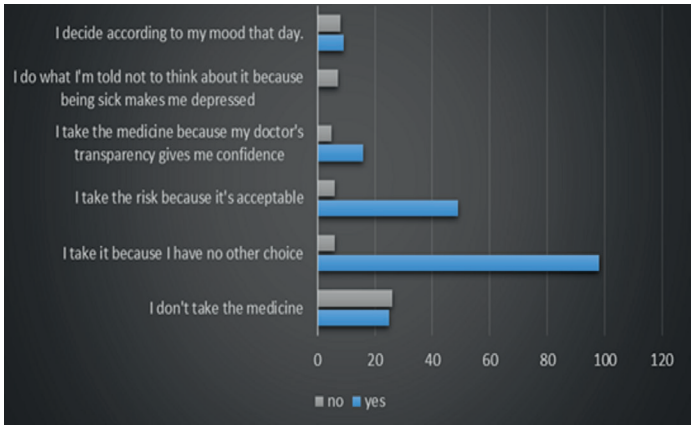

Figure 4. Behavioral analysis of participants in taking medication despite knowing the side effects of COVID-19 drugs

Again in this context, does your doctor's failure to inform you about a drug with a low risk of death in a disease with a high risk of death change your behavior? Even though they said yes to the question, there would be a change in behavior, only 12 people stated that they would become aggressive. 67 people said I get sad and 40 people said I don't care.

To the question of who would you tell first when you got COVID-19, 142 of the participants answered to their first-degree relatives and 91 of them to my wife.

To the question of what emotion you would experience when you were told that you had COVID-19, 75.4% was answered as I would have anxiety because of thinking that something would happen to my family. (figure 5) 15.6% reported that they may experience regret because they did not take full protection measures against the virus.

If you knew from whom the COVID-19 contagion came from, would your attitude towards it change? 112 of 189 participants answered this question as no.

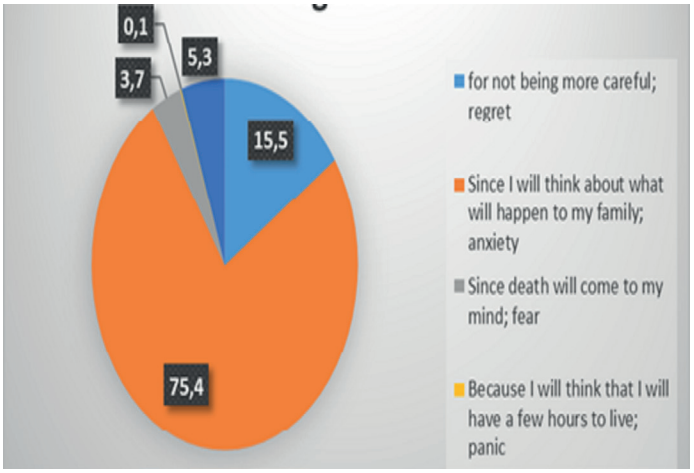

Figure 5. Behavioral analysis of participants after learning they had COVID-19

To the question in our survey about whether receiving death news frequently makes a change in the behavior of people; while 30.2% said that it makes me more aggressive, 20.9% replied that it does not affect me and 18.7% replied that it prevents me from making long plans (figure 6).

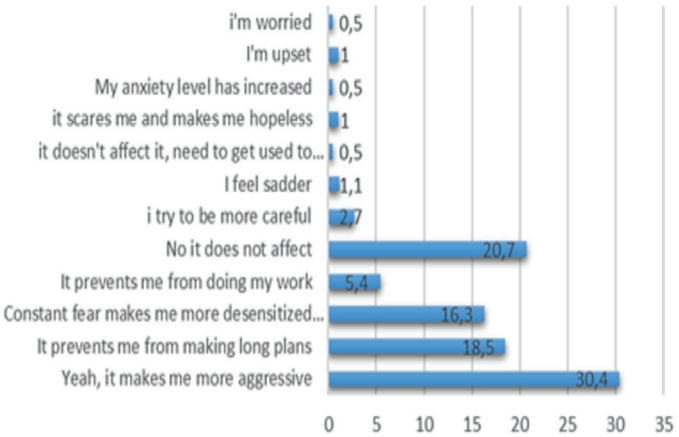

Figure 6. Examining the relationship between covid 19 deaths and mood

The rate of those who argue that videos and posts showing that there is a permanent damage left behind in survivors of the COVID-19 disease are effective in behavior was observed as 87.6%.

Although there is a high risk of death and there is still an intense spread, the relaxation of the measures is due to the desperation brought by the living standards according to 43.4% of the survey participants and the prolongation of the process according to 22.5%.

Discussion

COVID-19 pneumonia is characterized by acute onset and

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rapid progression. Lung damage caused by such infections can progress further to severe acute respiratory syndrome. It has been understood that it is more important not to catch the disease with personal protective measures rather than medicine, which is contagious by droplet and there is still no effective treatment other than vaccination.

As a society, simple information about COVID-19, such as transmission through droplets, contactlessness and distance and protection information, has been known since the first day of the disease, but 17.2% of the number of people who learned this information by researching it. The scarcity of this number shows that, as a society, we are oriented towards ready-made information even on matters that concern ourselves and our lives and we are limited in applying the measures.

While the protection against patients with COVID-19 symptoms and clinics was high in the first period, the loss of people's distance from positive patients in the last period has led to an

increase in the number of patients. The reasons such as socio-economic level, educational status, lack of concrete visible results of the disease, depersonalization due to frequent warnings such as death and necessity of social life are considered as reasons for people to loosen these protection measures. This decrease in measures has caused fluctuations as in previous epidemics. In the past, the epidemic, which was called the Spanish flu in 1918, was seen in the form of the first wave in 1918 March-August and the second wave between September-December. 1957 Asian flu and 1968 Hong Kong flu spread all over the world in 12 months, but the 2nd wave was not detected in the records and it is thought that there were more than one million deaths [5]. Since December 2019, COVID-19 has infected more than 477 million people and caused the death of more than 6 million people [6].

Studies on COVID-19 continue. Keyaerts et al. showed that chloroquine was effective in covid by inhibiting intracellular SARS-CoV replication in newborn mice [7]. Vincent et al. reported that chloroquine reduces viral spread by reducing the binding of the virus to the ACE receptor [8]. In the light of such studies, the drug chloroquine was used frequently in the first period of the COVID-19 pandemic in various countries. Although it has not been shown to have a clear benefit, it was thought to be effective in the prognosis of the disease. In our country, 200 mg of chloroquine was administered twice a day for 5 days to covid-19 patients who were positive for PCR in the early stages of the pandemic [4]. Chloroquine was a drug known to have serious side effects. One of them is that it affects the heart and prolongs the QT interval, causing heart rhythm disorders and death. Considering that most of the people who use the drug do not know this information and this side effect is common, it was thought that people were not clearly informed before starting this drug. We conducted the survey by thinking that in a disease with a high fatality rate as COVID-19, there will be death due to the effect of Chloroquine, although not as much as COVID-19, if it was clearly expressed to the people taking the drug, what kind of thought would they have.

Although the spread of COVID-19 was prevented at first with the restrictions in Turkey, the epidemic control could not be achieved as in the first months due to the prolongation of the process, the inability to continue the restrictions due to economic reasons and the fact that the living standards of the citizens did not allow the continuation of isolation. This process has revealed different psychological effects in people. Sometimes not having detailed information about the subject and sometimes being constantly warned with excessive warning (such as death) caused either a decrease in the reactions or an overreaction.

In the survey we conducted, we observed that constantly warning at the highest pitch causes desensitisation by 20%. When it comes to the question of how it would be more beneficial to warn people, although the majority in the survey did not show a clear opinion, it was observed that sharing clear and reliable information every day would lead people to be more careful. If the warnings were arranged in this way, it was thought that it would be more beneficial for the mental health of the community.

During the Covid-19 pandemic, we had the chance to observe through the media throughout the process that the social measures taken against the progression of the epidemic in the western society were high, and the reactions to those who caught the disease were excessive. It was thought in the light of this information that for the same populations, not telling about the danger of death in such life-threatening drugs or not being fully informed about the disease could lead to great reactions. However, when we look at the answers given to the survey questions in our society, we have the opinion that our society will not react as harshly as the western society shows.

The decision of 103 people who said in the survey that they would take the drug because I had no other choice, shows that, like all living things, human beings cannot go beyond their instinctive behavior to accept when their will is not sufficient. On the other hand, 48 people who consider it as an acceptable risk represent success-oriented individuals who make the necessary sacrifice in order to reach the goal in the society. The statements of these 48 people show that in our society, that is, in the Turkish Society, these individuals are too many to be underestimated. It shows that the rapid response of our society in creating unity and solidarity in collective disasters and events stems from this. The reasons for this result are that we are a result-oriented society, that some risks can be taken where there are many gains and that our empathy skills are high for the other person.

Again, unlike the western society, it is seen from the results of our survey that as a Turkish Society, the concept of family is at the forefront in the disease process and the concerns about family members are more important than how the individual will overcome the disease himself. The fact that 75.7% of the participants gave an answer of anxiety to the question of what

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emotion you experienced when you first learned that you were caught in COVID-19 is an evidence that explains this. Knowing that a person will die instinctively makes him think about what will happen to those around him rather than himself. The fact that most of the participants are married and have children, and that we value our loved ones more than ourselves, are effective in the formation of these decisions. The purpose of not reporting the news of the infection to others is an effort to take precautions for our loved ones, rather than sharing the troubles.

Knowing from whom you got the disease causes many of the countries with the pandemic to take strict measures against the person who is the source of the infection, while it causes less reaction because empathy is at the forefront in our own society. Of the 100 people who answered the question in the questionnaire, 45 said that my attitude towards the person who infected me would not change, while 24 said that if they knew about the disease and did not take precautions, my attitude towards it would change.

With the answers given to the questions in the entire questionnaire, we observed that the concept of family is intensely experienced in our society, that empathy is a natural behavior, that the concept of love contains more social movements than the individual. In this case, the main reason is that we come from a patriarchal society and we have a different perspective on the concept of family. If these attitudes of the Turkish Nation in the face of events are made for other nations with similar studies, perhaps the differences between them and the Turkish nation will be understood more clearly.

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

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

Ethical approval
Approval for this study was obtained from the Health Services Directorate of the Ministry of Health with the application numbered 2020-07-25T13_35_43

References

1. Erlina Burhan, Prasenohadi Prasenohadi, Rita Rogayah, et al. Clinical progression of COVID-19 patient with extended incubation period, delayed rt-pcr time to positivity and potential role of chest ct-scan. Acta Med Indones 2020;52:80-3.
2. Li T, Wei C, Li W, et al. Beijing Union Medical College Hospital on"pneumonia of novel coronavirus infection" diagnosis and treatment proposal (V2.0). Med J Peking Union Med Coll Hosp. 2020.
3. Wei Q, Ren Z. Disinfection measures for pneumonia foci infected by novel coronavirus in 2019. Chin J Disinfect. 2020;37:59–62.
4. M. Kemal T. The 1918 "Spanish Flu" Pandemic in the Ottoman Capital, Istanbul, Can Bull Med Hist. 2020;37:195-31.
5. M. Kemal T. The 1918 "Spanish Flu" Pandemic in the Ottoman Capital, Istanbul, Can Bull Med Hist2020;37:195-231.
6. WHO Coronavirus (COVID-19) Dashboard, https://covid19.who.int
7. Keyaerts, E.,Li S.,Leen V.,Rysman E., Verbeeck J., Maes P., et al. (2009). Antiviral Activity of Chloroquine against Human Coronavirus OC43 Infection in Newborn Mice. American Socıety For Mıkrobıology, 1-6.
8. Vincent J., M. Bergeron, E. Benjannet, S.R Erickson, B. Erollin, P.G.Ksiazek et al. (2005). Chloroquine is a potent inhibitor of SARS coronavirus infection and spread. Viroloji Dergisi Ses 2, 1-10.