

Issues of trust: A thematic analysis of the lived experiences of four mothers living in Istanbul during the COVID-19 pandemic

Nesli Bilge Öztürk^{1*}, Gülkızılcıca Yürür²

¹ Intern Dr. | Altınbaş University School of Medicine, Istanbul - Turkey

² Asst. Prof. Dr. | Altınbaş University School of Medicine, Department of History of Medicine and Medical Ethics, Istanbul - Turkey

* Sorumlu Yazar / Corresponding Author:

Nesli Bilge Öztürk

Altınbaş Üniversitesi

Tıp Fakültesi

Kartaltepe Mah. İncirli Mah. No: 11

34147 Bakırköy/İstanbul, Türkiye

E-mail: nesli.ozturk@ogr.altinbas.edu.tr

Alındı/Received: 17 Ağustos / August 2021

Düzeltildi/Revised: 30 Mart / March 2022

Kabul/Accepted: 10 Haziran / June 2022

Yayımlandı/Published: 30 Haziran / June 2022

Abstract

This qualitative study is structured around the narrative analysis of the lived experience of four mothers who survived through the COVID 19 Pandemic in Istanbul. The narratives gathered through semi-structured interviews indicate a strong mistrust towards governmental authorities and private enterprises active in the provision of healthcare services. The professional organization of doctors in Turkey, TTB (The Turkish Medical Association), complained multiple times during the pandemic about the absence of intraprofessional official networks to share or receive information, lack of administrative coordination and few channels for direct communication with the public. Another problem as expressed by the Medical Association was the lack of active participation of medical experts working in healthcare facilities in the public health decisions taken during the pandemic. Did these organizational and political shortcomings as expressed by the doctors' professional association overlap with the attitudes, approaches, and survival strategies of Turkish families in the daily homesetting? This study argues that a stronger cooperation and a more transparent exchange of information between government agencies, the public and professional organizations of medical professionals is needed to reduce fear and anxiety among the population and increase compliance to healthcare policies, especially during times of big scale public health emergencies.

Key words: COVID-19, mothers as caregivers, government policies, medical associations, information exchange, public trust

Introduction

As Akıllı (2020, p. 1) states “COVID-19 has amplified the importance of public trust, since both the global infection rates and death rates have far exceeded prior recent outbreaks, and it is blowing a devastating impact on political regimes, economies and ordinary lives of people, which will continue into an uncertain future”. The pandemic experience in Turkey for many reached the levels of an existential crisis of high uncertainty, requiring expert guidance and determined institutional responses (Bakır, 2020, p. 424).

Güven sorunları: COVID-19 pandemisi sırasında İstanbul'da yaşayan dört annenin yaşadığı deneyimler üzerine tematik bir analiz

Öz

Bu nitel çalışma, İstanbul'da COVID-19 pandemisini geçirmiş dört annenin yaşadığı deneyimlerin anlatı analizini etrafında yapılandırılmıştır. Yarı yapılandırılmış görüşmeler yoluyla toplanan anlatılar, sağlık hizmetlerinin sağlanmasında aktif rol oynayan hükümet yetkililerine ve özel hastanelere karşı güçlü bir güvensizlik olduğunu göstermektedir. Türkiye'deki doktorların meslek örgütü TTB (Türk Tabipleri Birliği), pandemi sırasında bilgi paylaşmak veya almak için meslekler arası resmi ağların yokluğundan, idari koordinasyon eksikliğinden ve doktorların halkla doğrudan etkileşimi için az sayıda iletişim kanalı olmasından şikâyet etti. Tabipler Birliği'nin ifade ettiği bir diğer sorun ise pandemi sürecinde alınan halk sağlığı kararlarına sağlık kuruluşlarında çalışan tıp uzmanlarının aktif katılımının olamamasıydı. Bu örgütsel ve politik eksiklikler, Türk ailelerinin gündelik ev ortamındaki tutumları, yaklaşımları ve hayatta kalma stratejileri ile örtüşüyor mu? Bu çalışma, halk arasındaki korku ve endişeyi azaltmak ve özellikle de büyük ölçekli acil halk sağlığı durumlarında sağlık politikalarına uyumu artırmak için devlet kurumları, halk ve tıbbi meslek kuruluşları arasında daha güçlü bir iş birliğine ve daha şeffaf bir bilgi alışverişine ihtiyaç olduğunu savunmaktadır.

Anahtar kelimeler: COVID-19, sağlık bakımı sağlayanlar olarak anneler, hükümet politikaları, tıbbi meslek birlikleri, bilgi alışverişi, kamu güveni

Departing from face-to-face interviews with four middle-aged women living in Istanbul during the pandemic, this study attempts to approach the COVID-19 experience as remembered by mothers, in traditional social settings the major agents to look after the family's regenerative needs, home hygiene and living arrangements (Quah, 2015).

The narratives gathered from the four women with different educational and social backgrounds circled around the views, ideas, fears, and expectations of mothers in Istanbul, who themselves expressed

Atf için / Cite as:

Öztürk, N. B., & Yürür, G. (2022). Issues of trust: A thematic analysis of the lived experiences of four mothers living in Istanbul during the COVID-19 pandemic.

Antropoloji, (43), 43-49.

<https://doi.org/10.33613/antropolojidergisi.983898>

that during the COVID-19 experience, they were the major organizers of prevention and care in the family environment. As the interviews were carried out in the women's home setting, and the conversation was led by loosely structured questions which were flexible enough to leave room for impressions, emotional responses and even popular rumor, the informants felt confident enough to offer a critical view towards their personal encounter with COVID-19. The fact that the researcher and the informants were already long acquainted, and the shared condition that all data gathered would be kept anonymous, contributed to open, yet highly personal interview situations. Although the interviewer could be criticized for being too personally involved and not in any way objective and impartial towards her informants, this information still has practical value, as it provides a confidentially offered account of personal anxieties, conclusions and responses to health policies and could help enhance public communication in future epidemics and pandemics.

In the Pandemic Report of the The Turkish Confederation of Progressive Trade Unions (DISK-KESK-TMMOB-TTB, 2020), it is pointed out that the Turkish government's public health policies during COVID-19 largely resulted in the loss of public trust and were inconsistent on a number of occasions. The Confederation provides concrete events from the first year of the pandemic, which made it to the news for days:

The following decisions and measures caused a loss of public trust in Government's policies: the Government did not cancel flights from/to China and Iran even after the Corona virus outbreak in these countries, allowing citizens to go to Umrah in Makkah, and no strict quarantine measures were applied for those who returned from the Umrah, and the Ministry of Health was not transparent about statistics on confirmed and suspected cases (DISK, 2020).

The interviews conducted during this study confirmed that these events selected out by the Trade Unions Confederation DISK were indeed lived as remarkable, as they were mentioned by each of our informants as examples of shortcomings already manifest in the first months of the health crisis. Hence, it can also be added that, although highly personal, these accounts reflected a specific groups' perspective on shared public events and they are worthy of being heard

as this social group, urban mothers, were particularly strained in their family roles with school closures, online work arrangements and the extra hygiene and prevention measures imposed on children and the elderly, who mostly required extra care.

Pandemic in public memory

Although several questions about the pandemic experience were discussed during the interviews, we chose to focus especially on the position of doubt and uncertainty, an emerging theme which mothers repeatedly underlined. This "trust issue" seems to point to a wide-spread problem, the difficulty of harmonizing subjective, daily observations on the intensity and course of the pandemic with official information delivered on a daily basis by the Ministry of Health. Objective data such as numbers of cases, deaths and hospital beds in intensive care were considered by the informants as not reliable or accurate, and was interpreted as a measure to cover up the weaknesses of the regulatory agencies, most of all, the Ministry of Health. Is this mistrust in officially provided numbers a historical phenomenon?

It can be stated that in the second half of the twentieth century, as late as 1970, Turkey already once failed to develop rapid and effective measures against contagion. Cholera was the most recent, and still remembered serious outbreak of an epidemic which raged in Istanbul in 1970 (Bakar, 2017, p. 264). This epidemic left such grave memories in the city, that the name of a neighborhood called Sağmalcılar, where the epidemic hit especially bad was changed to Bayrampaşa in order to erase the effects of the outbreak from the memories of Istanbul people (Bakar, 2017, p. 264). The lacking engagement of the government and the Ministry of Health concerning the "Sağmalcılar Kolerası" was later discussed in the Turkish Grand National Assembly of Turkey in 1971, and described as "not having taken the necessary precautions beforehand, not declaring the needed quarantine and intervening too late" (TBMM, 1971).

Bayram *et al.* (2020, p. 463) note that the first COVID-19 case in Turkey was reported on the day when the WHO characterized the new infection as a pandemic. Based on the genomic epidemiology of SARS-CoV-2 the disease reached Turkey through Iran, a country with an intense traffic of goods and people with Turkey (Bayram *et al.*, 2020). With the discovery of the first cases of the corona virus in Turkey on March 11, 2020, the Ministry of Health declared that the outlines of the public policy to be followed were already clear and effectively set into motion. "No virus is stronger than the measures to be taken." said the Minister Fahrettin Koca, and he declared that the government would follow a "precautionary policy" (TCCB, 2020).

The Turkish Medical Association vehemently criticized the governmental public health policies already within the first months of the health crisis. The Association shared its criticisms through its publications. One article was particularly highlighting the matter as follows:

The fact that the Ministry does not include the professional organizations of healthcare providers, especially the TTB, into decision making mechanisms, especially the fact that the engagement of public health experts into the development of policies is quite delayed, undermines the management of the pandemic. Although the fact that the scientific board was created at an early stage can be considered as a strong side; criticism of its functioning and composition, as well as the failure to share all the recommendations of the board with the public, a lack of transparency with regards to what the expert teams are suggesting to the Ministry of Health, makes it impossible to evaluate the decisions of the board on a scientific basis. (Yenimahalleli Yaşar, 2020, p. 2)

The four women interviewed in this study also vehemently point out to this historically relevant problem in Turkey with regards to governmental health policies: There are no autonomous public bodies governing, regulating and overseeing health care services, which can produce and put to use medical knowledge, goods and services, independently of the economic, political and social priorities of the ever-changing governments and their interests.

Methods

A usual response of researchers to epidemics and pandemics are epidemiological studies which are mostly quantitative. Quantitative studies serve well and hence served well in the case of COVID-19 in order “to determine how the disease works, who survives or dies from it, and which measures are especially useful to counter the crisis” (Teti *et al.*, 2020, p. 1-5). Yet, as Leach *et al.* (2021) point out, quantitative epidemiological models are not very useful when it comes to understanding how this crisis is lived, which affects, questions and discussions especially dominate the crisis situation, how people make sense of healthcare policies and how people suggest and develop diverse solutions in specific

settings.

Understanding the complex interaction between individual lived experience and collective life conditions can only be possible if we complement survey work with personal narratives and the emotional responses of real people to dramatic social changes in very specific settings. In the following cases, four female informants whose age range from 41 to 53 are included. All four women know the authors as family relatives or close friends. It can be said that since they have known each other for years, a relationship of trust has been established. And with this relationship of trust, the authors aimed for outspokenness by establishing a confidential relationship during their one-to-one interviews at home. All informants are of Muslim faith and are married. Three of them have two children, while one of them, the one who will be called Leyla in this study, a 49-year-old biology teacher in a local high school, has one daughter. Ayla and Leyla are university graduates and Ayla is a 50-year-old kindergarten teacher. One we call in this work Sema is a 41-year-old high school graduate who works as a school bus hostess. Sema is from the East Anatolian town of Sivas and said during the interviews that she wished to move back to her hometown, where living conditions are more “healthy” and life in general is easier. Lastly, Fatma is 53-year-old who is not working and said that she was very tired and strained in the pandemic.

In the study, a total of 12 questions were asked to these four women. The first four questions were about general information on the informants’ health behavior towards the threat of the COVID-19 pandemic, how they boost their own and their family members’ immunity, what they think about the vaccination and how they are educating their children about the virus. A second set of questions were about what the informants think about the measures taken by the government, healthcare authorities and doctors. The last group of questions concerned their feelings and changes in their life due to the pandemic. The interviews were all recorded, transcribed and analyzed based on emerging themes, overlapping and contradicting stand points and variation in the informants’ interpretation of this public health crisis.

One limitation of the study is the low number of informants, which in a city as diverse as Istanbul, does not leave much room for generalizations. However, the low number of informants still allow for understanding the specific themes which emerge and so provide some ground to carve out repeatedly stressed core contents of the narratives. As Stanley marked in her work with narratives gathered from methadone patients, through a thematic narrative analysis the researcher can “address health and recovery as interpretive and communicative

phenomena” and considering a number of thematic narratives from a specific group, core themes emerge which emphasize the role of social and structural influences in health (Stanley, 2019, p. 1).

Open-ended interviews of purposively selected cases, directly targeting key informants already during research design. If a major theme emerges from one informant, following this thread in future interviews, rather than sticking to a rigid interview flow (Casley, 1993, p. 3).

As Casley (1993) points out, the use of a rapid appraisal method based on semi-structured, open-ended interviews with targeted populations, selected informant groups, is useful if the researcher is:

[...] concerned with accuracy, in terms of achieving a true insight into a respondent’s feelings through a communication process which is more revealing than that achieved in a structured interview. One may put it thus: the non-sampling error measured in a structured survey may reveal the incidence of incorrect replies, but not the incidence of correct but superficial replies. It is the latter that can be minimized using Rapid Appraisal Techniques. (p. 4)

The disadvantage is, that such a small, non-random sample can hardly be representative for a bigger population, as the informants were selected in this case based on easy access and availability. However, belonging to a social group close to the researcher and already well-known before the interviews, the information provided could be straight forward, shared open-heartedly in a trust relationship and based on the mutual understanding that there is a shared daily experience. This made it easier for the interviewer to overcome the barriers of self-censoring, rationalization, or intellectualization. The shared knowledge was lived, obviously already discussed with close community and family and came directly from personal feelings and thoughts.

Results

Uncertainties and doubts with regards to the healthcare policies of the Turkish government

Evren Balta and Soli Özel summarize the situation in 2020 accurately:

On 2020 November 25, Turkey’s Health Minister, Fahrettin Koca, announced that Turkey’s daily COVID-19 cases reached 28,351. The

announcement immediately shot Turkey up in the rankings, to be 5th in the world and 1st in Europe in the number of daily reported cases. Just a day before, on November 24, that number stood at only 7,381. How could the case load possibly rise by almost four-fold in just a day without any substantial change in testing practices? The answer to this question was obvious: the authorities had, for quite some time, been engaged in a massive effort of “data engineering” that finally caught up with them. (Balta & Özel, 2020)

The most common theme shared by all four mothers stood out as a strong mistrust towards the pandemic policy implemented by the government and the related information provided daily. Sema stated: “I do not trust the government reporting of cases. I do not think that the number of cases and the number of COVID-19 related deaths are reported correctly.” Leyla said: “First of all, I no longer believe in the total number of cases. I stopped believing the government in July. They ran an unscheduled, unplanned health policy”. Fatma argued that the death numbers are not based on correct categorization:

I do not believe that the minister of health has told the truth about some issues. They can enlighten us better about the categories they use to define who died of what. I think they report those who died from the corona virus as if they suffered a normal death. I believe many more people died from the virus. I hear and see the examples in my circles. I do not fully believe that the Ministry of Health provides safe information. We can hardly fix this trust relationship because they do what they want to do anyway, without consulting the real experts.

The informants were especially upset about what they regarded as “unjust policies” that is, unequal restrictions of people regarding COVID-19 measures depending on their citizenship status. Turkey’s economy is very much dependent on tourism, especially on tourists with “hard currencies” and the mass of visitors coming from Asian countries such as Russia, China, Iran, the Gulf Countries, Korea and Japan. Foreign

tourists are exempt from Lock-down regulations, and it seems that even the very strict mask regulations would not apply for them. Ayla states, "Tourists' face masks are always half open. They don't wear it. They are in Turkey, and they have to comply with the rules like we do. They also have to stay inside if there is a lockdown". Fatma also says: "There is no restriction and no punishment on foreigners." Selma stated that in her opinion the government generates quite some income through those punishment fees too. She states: "What the Turkish population finds unjust is the practice of punishing Turkish citizens with a monetary fee of 3.150 Turkish Lira if they are "caught" on the street during lock-down days and hours, a serious amount of money for many."

Another criticism was that as COVID-19 cases overwhelmed public hospitals, access to various healthcare services have been very difficult and this created an environment of easy profit for private hospitals. Leyla complained that she can hardly benefit from the public health services, although she has been paying her health insurance fees for many years now:

I am working and paying my SGK premiums. As far as I know, this is not a small premium, in total it is a lot. So there is a serious premium I have paid so far. But I cannot get any health services free of charge from the state hospitals... Private hospitals earn more money now. State hospitals are either not operating or are overwhelmed, it is bad planning in any case. It is a lucrative business to have a private hospital nowadays.

Moreover, the corona test prices in private hospitals were left to the flows of the free market and are charged differently in each city. For example, Ayla, whose parents still live in Edirne complained that the same test was 150 TL in Edirne but 450 TL in Istanbul.

How to improve the services? Suggestions and demands for more transparency

We asked our informants how the government could improve its vaccination services and if they had any doubts about the safety of vaccination. Ayla said "They have to go door to door, especially to the people over the age of 65, and they should be vaccinated at home. Old people are under risk, and they should not have to go to health centers or vaccination centers." There seemed to be also some doubts about the involvement of private pharmaceutical companies and retailers in the

procurement of the vaccines. Leyla said: "The Ministry of Health is trying to fit any work against the pandemic to its budget and I have my questions about how they choose what for example with regards to the vaccines. They also receive many pandemic related services from the private sector. Even the export of vaccines is run through private organizations. For this reason, I think that the ministry of health is trying to make a profit by choosing some partner companies, rather than thinking about the benefit of the public."

According to authors' observation, one problem here by is the lack of a reliable state-funded and regulated microbiology or infectious diseases institution or center in Turkey. Clearly, it is an urgent need to have a central organization specialized in infectious diseases as an autonomous public body regulating the development and implementation of policies, as well as the production of drugs, serums, and vaccines.

Bacteriology institutes modeled after the The Robert Koch Institute in Germany and the Pasteur Institute in France had already been established in the young days of the Turkish Republic. The Refik Saydam Hygiene Institute was the closest experience Turkey had in this regard, which has moved away from its main objectives and functions over the years, due to short-sighted and destructive plans of a series of free market-oriented governments (Artvinli, 2020, p. 56). The Refik Saydam Hygiene Institute could only survive for 83 years and was closed in 2011, during the reign of the present-day ruling party which is the Justice and Development Party (AKP) (Artvinli, 2020, p. 56). Instead of developing comprehensive, long-term, strategic policies to increase the Institute's functionality and improving its capacity and efficiency through a series of reforms, it was left to decay. This was a vital policy mistake, not only in terms of public administration, but also because it eliminated the possibility of an institutional epidemic memory (Artvinli, 2020, p. 56). It was Leyla who indicated the importance of a central governmental body about the pandemic. She said:

They should dissolve what they call the pandemic board and create a new board. Doctors from the Turkish Medical Association should form this Board a new, and representatives from all different health stakeholders such as nurses, technicians and doctors from health unions should be there. There should be representatives from local governments. Because the people who are in the pandemic committee have already reached certain positions

and they have their own personal career concerns. People in democratic mass organizations don't have this kind of standing anxiety, they are more independent in this sense.

Discussion

Studies on the difficulties parents have under lockdown and remote learning conditions, also the unequal burden of parental duties on mothers and fathers during the pandemic related lockdown is available in qualitative social science research focusing on the COVID-19 experience (Spinelli *et al.*, 2020; Weaver *et al.*, 2021). A rich body of literature also already accumulated on birthing, as well as prenatal and antenatal experiences under pandemic condition (Mizrak Sahin & Kabakci, 2021; Mortazavi & Ghardashi, 2021; Spatz & Froh, 2021; Vazquez-Vazquez *et al.*, 2021). However, there is also a need for more studies relating the economic, social and administrative framework surrounding the pandemic experience to the issue of the lived daily experience and the subjective impressions, emotions and concerns of parents, especially mothers who mostly provide healthcare services in family settings. All informants pointed to the mistrust generated by the lack of medical associations, unions or similar civil bodies in the decision-making processes with regards to public health. The COVID-19 pandemic seems to radicalize a public need of cooperation purely on the basis of non-hierarchical, collective interest, and for the higher benefit of the people.

The informants critically evaluate public health policies of the government, closely monitor regulations and health practices, and creatively look for solutions. However, communicating these criticisms openly with others was not an easy task for them. Although it was stated before the interviews that all information would be reported anonymously, a common unease while questioning governmental decisions could also be observed. Mothers had, besides a sense of mistrust towards governmental policies, also a sense of insecurity while talking "politics". They also expressed their deep concerns about the ongoing privatization of healthcare services, and the problem of the financial relationships between the private health sector and the government. Also, the insistence of all four informants that public hospitals and doctors are more trustworthy than private hospitals and the governmental policy makers seem to indicate that they would group the private enterprises with the governmental policy makers, as opposed to "the doctors" in general, the public hospitals and the autonomous organizations of healthcare professionals. Perspectives of the four women points to a situation,

where doctors stand at the same front with their patients, sharing the same interests, as opposed to the owners of private hospitals and governmental policy makers. It can be said that this is a positive result for doctors, which might have been enhanced by the experience of the pandemic. The Turkish public experienced and observed the self-sacrifice of doctors, their difficult working conditions and the strong opposition of the TTB to the non-transparent data sharing practices of the Ministry of Health. We hope that this sense of collective interest is retained in Turkey after the pandemic.

Conclusion

As Saechang *et al.* (2021) stated, public trust is vital for promoting policy compliance in times of crisis. Based on a nation-wide, longitudinal survey with 11,406 respondents, Esaiasson *et al.* (2021) concluded that in Sweden, the corona crisis led to higher levels of institutional and interpersonal trust. The authors argue that this outcome can be related to the less restrictive and less authoritarian responses of the Swedish government, which trusted on "voluntary compliance with regulations rather than on compulsory lockdowns of society" (p. 756). This trust, the authors conclude, a willingness to accept that citizens would act reasonably for the most part, also increases interpersonal trust in daily interaction, and leads overall to a positive result. The value of transparent communication is also stressed by You with regards to the COVID-19 experience in South Korea, where the government managed to "flattened the corona virus curve without paralyzing the national health and economic systems" (You, 2021). This outcome, the author suggests, was achieved thanks to well-prepared national infectious disease plans, collaboration with the private sector, stringent contact tracing, an adaptive health care system, and government-driven continuous communication with the public and with healthcare providers (You, 2021). The lack thereof, as stated through multiple examples by our informants, creates conditions of uncertainty, hinders effective work and costs human lives. The experience of the COVID-19 pandemic in Turkey indicates that the needed changes in the healthcare system in Turkey can be achieved through more cooperation and sharing of power in decision-making processes between medical professionals working on the ground, and the healthcare policy makers in the government.

References

- Akillı, S. (2020). COVID-19 pandemic and public trust in organizations: Results of an exploratory online survey in Turkey [Unpublished manuscript].
- Artvinli, F. (2020). Salgınların tarihi: Toplumsal ve siyasal açıdan kısa bir bakış. In Türk Tabipleri Birliği COVID-19 İzleme

- Kurulu, COVID-19 pandemisi altıncı ay değerlendirme raporu. https://www.ttb.org.tr/kutuphane/covid19-rapor_6/covid19-rapor_6_Part9.pdf
- Bakar, C. (2017). Kırk yedi yıl sonra yeniden bir salgının hikâyesi: 1970 Sağlıkçılar kolera salgınından günümüze dersler. *Turkish Journal of Public Health*, 15(3), 245-269. <https://doi.org/10.20518/tjph.375478>
- Bakır, C. (2020). The Turkish state's responses to existential COVID-19 crisis. *Policy and Society*, 39(3), 424-441. <https://doi.org/10.1080/14494035.2020.1783786>
- Balta, E., & Özel, S. (2020, December 8). The Post-truth phase of Turkey's pandemic response. *Institute Moutaigne*. <https://www.institutmoutaigne.org/en/blog/post-truth-phase-turkeys-pandemic-response>
- Bayram, H., Göktürk, N., Elbek, O., Kılınc, O., & Dağlı, E. (2020). Interference in scientific research on COVID-19 in Turkey. *The Lancet*, 396(10249), 463-464. [https://doi.org/10.1016/S0140-6736\(20\)31691-3](https://doi.org/10.1016/S0140-6736(20)31691-3)
- Casley, D. (1993). Introduction. in K. Kumar (Ed.), *Rapid Appraisal Methods* (pp. 3-4). The International Bank for Reconstruction and Development / The World Bank. <https://documents1.worldbank.org/curated/en/888741468740959563/pdf/multi0page.pdf>
- Confederation of Progressive Trade Unions of Turkey (DİSK), Confederation of Public Employees Trade Unions (KESK), The Union of Chambers of Turkish Engineers and Architects (TMMOB), & Turkish Medical Association (TTB). (2020, March 25). Turkey & Covid-19: Unions call for public needs. *DİSK*. <http://disk.org.tr/2020/03/turkey-covid-19-unions-call-for-public-needs/>
- Esaiasson, P., Sohlberg, J., Gheretti, M., & Johansson, B. (2021). How the coronavirus crisis affects citizen trust in institutions and in unknown others: Evidence from 'the Swedish experiment'. *European Journal of Political Research*, 60(3), 748-760. <https://doi.org/10.1111/1475-6765.12419>
- Gülseven, E. (2021). Identity, nationalism and the response of Turkey to COVID-19 pandemic. *Chinese Political Science Review*, 6, 40-62. <https://doi.org/10.1007/s41111-020-00166-x>
- Leach, M., MacGregor, H., Scoones, I., & Wilkinson, A. (2021). Post-pandemic transformations: How and why COVID-19 requires us to rethink development. *World Development*, 138, 105233. <https://doi.org/10.1016/j.worlddev.2020.105233>
- Lieberoth, A., Lin, S-Y, Stöckli, S., Han, H., Kowal, M., Gelpi, R., Chrona, S., Tran, T. P., Jęftić, A., Rasmussen, J., Cakal, H., Milfront, T. L., & The COVIDiSTRESS global survey consortium. (2021). Stress and worry in the 2020 coronavirus pandemic: relationships to trust and compliance with preventive measures across 48 countries in the COVIDiSTRESS global survey. *Royal Society Open Science*, 8(2), 200589. <https://doi.org/10.1098/rsos.200589>
- Mizrak Sahin, B., & Kabakci, E. N. (2021). The experiences of pregnant women during the COVID-19 pandemic in Turkey: A qualitative study. *Women and Birth*, 34(2), 162-169. <https://doi.org/10.1016/j.wombi.2020.09.022>
- Mortazavi, F., & Ghardashi, F. (2021). The lived experiences of pregnant women during COVID-19 pandemic: A descriptive phenomenological study. *BMC Pregnancy and Childbirth*, 21, 193-199. <https://doi.org/10.1186/s12884-021-03691-y>
- Quah, S. R. (2015) Illness and caregiving in the family. In S. R. Quah (Ed.), *Routledge Handbook of Families in Asia* (pp. 359-374). Routledge. <https://doi.org/10.4324/9781315881706>
- TBMM. (1971). 32nci birleşim. *Millet Meclisi Tutanak Dergisi*, 3(9). 629-673. https://www.tbmm.gov.tr/tutanaklar/TUTANAK/MM_/d03/c009/mm_03009032.pdf
- Saechang, O., Yu, J., & Li, Y. (2021). Public trust and policy compliance during the COVID-19 pandemic: The role of professional trust. *Healthcare*, 9(2), 151. <https://doi.org/10.3390/healthcare9020151>
- Spatz, D. L., & Froh, E. B. (2021). Birth and breastfeeding in the hospital setting during the COVID-19 pandemic. *The American Journal of Maternal/Child Nursing*, 46(1), 30-35. <https://doi.org/10.1097/NMC.0000000000000672>
- Spinelli, M., Lionetti, F., Pastore, M., & Fasolo, M. (2020). *Parents and children facing the COVID-19 outbreak in Italy*. Preprints with The Lancet. <https://doi.org/10.2139/ssrn.3582790>
- Stanley, B. L. (2019). *Communicating health: A thematic narrative analysis among methadone patients* [Unpublished thesis]. <https://digitalcommons.usf.edu/etd/7953>
- TCCB (2020, May 4). Normal hayata dönüşü kademe kademe başlatacağız. TCCB Haberler. <https://www.tccb.gov.tr/haberler/410/119206/-normal-hayata-donusu-kademe-kademe-baslatacağız->
- Teti, M., Schatz, E., & Liebenberg, L. (2020). Methods in the time of COVID-19: The vital role of qualitative inquiries. *International Journal of Qualitative Methods*, 19, 1-5. <https://doi.org/10.1177/1609406920920962>
- Vazquez-Vazquez, A., Dib, S., Rougeaux, E., Wells, J. C., & Fewtrell, M. S. (2021). The impact of the Covid-19 lockdown on the experiences and feeding practices of new mothers in the UK: Preliminary data from the COVID-19 New Mum Study. *Appetite*, 156(1), 104985. <https://doi.org/10.1016/j.appet.2020.104985>
- Weaver, J. L., & Swank, J. M. (2021). Parents' lived experiences with the COVID-19 Pandemic. *The Family Journal*, 29(2), 136-142. <https://doi.org/10.1177/1066480720969194>
- Yenimahalleli Yaşar, G. (2020). COVID-19 pandemisi sürecinde Türkiye'de izlenen sağlık politikaları. *Metalürji Genç Hurdacı e-Haber*, Temmuz. http://metalurji.org.tr/ehaber/2020_07/14_Roportaj_Covid19_Pandemisi.pdf
- You, J. (2020). Lessons from South Korea's Covid-19 policy response. *The American Review of Public Administration*, 50(6-7), 801-808. <https://doi.org/10.1177/0275074020943708>



2022. Author(s).

This work is an open access article published under Creative Commons Attribution-NonCommercial (CC BY-NC 4.0) license.