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EVALUATION OF INDIVIDUALS' LEARNING IN THE PANDEMIC PROCESS BASED ON CERTAIN AGE RANGES

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BİREYLERİN PANDEMİ SÜRECİNDEKİ ÖĞRENMELERİNİN BELİRLİ YAŞ ARALIKLARI TEMELİNDE DEĞERLENDİRİLMESİ

RESEARCH ARTICLE

Abstract: The purpose of this research was to investigate the knowledge levels and opinions of people about the COVID-19 virus, the measures taken regarding the virus, and the ways to obtain this information during the extraordinary pandemic process. The level of knowledge and opinions of individuals are evaluated according to certain age ranges and explained on the basis of brain-based and media-based learning. This study is survey research. The sample of the study consists of 86 people. While choosing the sample, a convenient sampling method was used. The data collection tool of the research was an open-ended question survey prepared by researchers. The collected data were explained using frequency (f) and percentages (%) from descriptive statistics. In the study, it was seen that participants learn through survival motivation and instincts to protect their health.

Keywords: Coronavirus (COVID-19), neurophysiological (brain-based) learning, learning through media, learning in pandemic

Özet: Bu araştırmanın amacı; olağanüstü Korona virüs (COVID-19) pandemisi sürecinde, COVID-19 virüsü ve virüse ilişkin olarak alınan tedbirler hakkında bireylerin bilgi düzeyleri, bu bilgileri edinme yolları ve süreç hakkındaki düşünceleri araştırmaktır. Bireylerin bilgi düzeyi ve görüşleri belirli yaş aralıklarına göre değerlendirilerek, beyin temelli ve medya yoluyla öğrenme temel alınarak açıklanmıştır. Bu çalışma bir tarama araştırmasıdır. Araştırmanın örneklemi 86 kişi oluşturmaktadır. Örneklem seçerken kolay ulaşılabilir (uygun) örnekleme yönteminden yararlanılmıştır. Araştırmanın veri toplama aracını araştırmacılar tarafından hazırlanan bir açık uçlu soru anketi oluşturmaktadır. Toplanan veriler betimsel istatistiklerden frekans (f) ve yüzdelikler (%) kullanılarak açıklanmıştır. Araştırmada bireylerin hayatta kalma motivasyonu ve sağlıklarını koruma içgüdüleriyle öğrendikleri görülmektedir.

Anahtar Sözcükler: Korona virüs (COVID-19), nörofizyolojik (beyin temelli) öğrenme, medya yoluyla öğrenme, pandemide öğrenme

INTRODUCTION

Every individual is a learner from the day s/he starts life to the day her/his life ends. The learning needs of individuals continue throughout life. This situation was first expressed in the 1930s, and it was emphasized that the information that individuals learn at a young age and the behaviors they develop through this information will not be sufficient throughout their lives. As the reason, it is

given that developments that will fundamentally change or even shake people's lives in daily life can occur in a very short time and suddenly. For this reason, it is stated that it is important to raise individuals in a way that will be ready for all the positive or negative changes that may arise in life and adapt to living under these conditions (Kowles, 1996, cited in Akbaş & Özdemir, 2002). The COVID-19, which is one of the biggest problems in the world today, is an example of this scientific perspective, which is the basis of lifelong learning. This virus, which emerged in the Wuhan province of China and was definitively identified on January 13, 2020, affected almost all countries and brought people face to face with a new lifestyle. It appeared in an animal market in Wuhan province and was transmitted to humans from there. Coronavirus shows symptoms such as high fever, cough, and shortness of breath. In severe cases, pneumonia, respiratory failure, and death are seen. This virus, which spreads very easily from person to person, mostly affects people aged 60 and over and those with chronic diseases. Many measures have been taken across countries to prevent this disease. Curfews, obligation to wear masks, social distance rule between people, washing hands with plenty of water and soap for at least 20 seconds, not touching the face, especially eyes, nose and mouth with hands, international and domestic travel restrictions are some of these measures. The frequent airing of the indoor places, going to the hospital urgently in case of cold symptoms, staying away from the elderly and people with chronic diseases, proper cleaning of frequently used places, not sharing personal stuff, washing the laundry at 60-90 degrees are other precautions (Republic of Turkey Ministry of Health, 2020; World Health Organization, 2020). Another factor affected by the COVID-19 process is undoubtedly education. 138 countries around the world had to close schools in this process and suddenly started to manage the process with distance education. This situation directly affected 80% of children all over the world (Van Lancker & Parolin, 2020; Kaffenberger, 2021).

People obtained scientific knowledge through distance education programs which depend from country to country. While some countries have access to advanced technologies, some countries cannot find these opportunities. On the other hand, everyone is following the COVID-19 news from the media to protect and inform themselves and their families. Since there is serious information sharing through the media during the pandemic process, another subject to be covered within the scope of learning in this process is learning through the media. Different media and technologies may differ from time to time and from place to place and can be classified as visual,

audio, social, written media. When considered in the context of learning, visual media plays an important role in concretizing abstract concepts and making complex texts simpler and more understandable. Television is an example of a visual media tool. In the same context, audio media containing examples of radio and sound recordings offer sources that can be listened to over and over again. Printed media, such as newspapers, is permanent (Gülbahar, 2019). Social media is frequently used in the context of news today and is versatile. Unlike visual, audio, and written media, it allows mutual interaction and communication rather than a one-way flow of information. Social media, such as Twitter, Facebook, Instagram, and various blogs, has become an important tool for both individuals and societies as it is based on communication and interaction and therefore offers wider learning opportunities. It is preferred as a means of obtaining information in almost every aspect of life, especially for children and young people (Şişman-Eren, 2014).

In this pandemic process, people of all age groups create new learnings and experiences in this situation they encounter. Behavioral changes that occur as a result of positive or negative experiences of individuals and the permanence of these behaviors take place directly in the brain. According to Hebb, who has an important place in neurophysiological theory, learning at a young age and learning in adulthood are different from each other and are affected by different factors (Brandt, 2000; Keleş & Çepni, 2006; Senemoğlu, 2003). While learning at young ages is mostly in the form of creating new cell clusters and sequential stages, in adult learning this situation is mostly in the form of reorganization of existing cell clusters and successive stages (Brandt, 2000; Keleş & Çepni, 2006; Senemoğlu, 2003). This information can enable us to interpret that the factors affecting the learning of individuals are different from each other, even during the global pandemic process. In addition, it can be thought that the current pandemic process puts pressure on people's learning and develops appropriate self-defense mechanisms to survive (Jensen, 2006). Again, according to the neurophysiological theory, it can be said for the pandemic process in which the primitive brain is active and learning takes place with survival motivations.

When the literature was examined, there were many current articles published about the COVID-19 pandemic. It was seen that most of these studies have been done in the field of education. Other related areas were economy, health, sports and public administration between distance education and pandemic (Telli & Altun, 2021). The purpose of this research is to investigate the level of

knowledge of individuals about the COVID-19 virus and the measures taken regarding the virus, the ways of obtaining this information, and their thoughts on the process, during the extraordinary pandemic process that has emerged due to the COVID-19 that continues to spread almost all over the world and affects us all. The level of knowledge and opinions of individuals were evaluated according to age level and explained on the basis of brain-based learning and learning through media. In the literature on this subject, there are no studies conducted with a similar purpose, supporting or refuting the results of the research, therefore, this study explains the first information about the process.

METHOD

Research Design

This study is survey research. Survey research also called descriptive research that aims to reveal an existing situation by explaining and describing it without any intervention (Cohen, Manion & Morrison, 2007; Fraenkel, Wallen & Hyun, 2008; Sezgin-Selçuk, 2019).

Sample

The sample of the study consists of 86 people in Turkey. While choosing the sample was utilized convenience sampling method. This method includes the individuals that researchers can reach most easily in the sample (Yıldırım & Şimşek, 2016). While choosing the sample group, attention was paid to the volunteer of the persons. For this research, the age of the persons is an important feature in the sample group. The information on the age distribution of the individuals forming the sample group is given in Table 1.

Table 1

Age Distribution of The Sample Group

Age Range	*f*	%
15-24	20	23,2
25-49	25	29,1
50-64	25	29,1
65 and over	16	18,6

Total	86	100

As seen in Table 1; 23.2% of the 86 persons in the sample group are in the 15-24 age range, 29.1% are in the 25-49 age range, 29.1% are in the 50-64 age range, 18%, 6 of them are 65 years or older.

Data Collection Tools

The data collection tool of the research is a survey prepared by the researchers. The survey questions were written to measure the level of knowledge and thoughts about what the COVID-19 is, the disease caused by this virus, and the precautions taken in Turkey during this disease process, and they are all open-ended questions. The survey consisting of open-ended questions is one of the most used data collection tools in survey research (Sezgin-Selçuk, 2019). While preparing the questionnaire used as a data collection tool in this research;

- Considering the relevant literature and the purpose of the research, 13 open-ended questions were written in order to learn about the demographic characteristics of participants and to measure the level of knowledge about the Coronavirus.
- Survey questions were listed by considering the literature, the purpose of the research, and the scope of the questions. Thus, the draft version of the survey was created. The draft form was submitted to the expert opinion of three science educators; corrections were made based on feedback. These corrections include sentence edits only.
- The application of the survey was made and the final version of the survey was prepared.

Table 2

Questions of the Survey and Expected Answers

Code	Questions	Expected Answers
Q1	What is coronavirus?	It is a virus identified as a result of research conducted in a group of patients with respiratory disease symptoms such as fever, cough, and shortness of breath.
Q2	Why is this disease important?	It spreads very quickly and can be deadly.

Q3	How this disease kills?	In severe cases, pneumonia, respiratory failure, kidney failure cause death.
Q4	Who is at risk most?	People over the age of 60 and people with chronic conditions are at risk.
Q5	When and where did start first?	It first began in late December 2019 in China's Wuhan Province and was identified on January 13, 2020.
Q6	Which countries did spread to?	The virus has spread almost all over the world.
Q7	How to diagnose?	Diagnostic tests are carried out in the National Virology Reference Laboratories of the General Directorate of Public Health and Public Health.
Q8	How is the virus transmitted?	Patients cough up droplets, and the disease is transmitted by other people inhaling these droplets. After touching the contaminated surfaces with droplets, the virus can also be acquired by touching the face, eyes, nose, or mouth without washing the hands.
Q9	What is the first sign of infection, are there specific symptoms?	Fever, cough, shortness of breath are the most important symptoms.
Q10	How do you protect yourself?	Protect themselves by following the rules.
Q11	Do you have any information about the measures taken in our country and what are these measures?	14 rules determined by the Ministry of Health of the Republic of Turkey (https://covid19bilgi.saglik.gov.tr/depo/afisler/Halk/COVID-19_14_KURAL_AFIS_50X70.pdf)
Q12	Where do you get the right information about the coronavirus?	**Opinions of Participants**
Q13	Why did the disease happen to us?	**Opinions of Participants**

Data Collection and Analysis

The survey was collected face to face, following the rules of social distance and wearing masks. Answering the survey took approximately 30-40 minutes. While analyzing the answers given to the first 10 of the open-ended questions, they were categorized as correct, partially correct, and

incorrect/no answer, and codes were created from the answers given to the 11th, 12th, and 13th questions. The collected data were explained by using frequencies (f) and percentages (%) from descriptive statistics and visualized with tables and graphs.

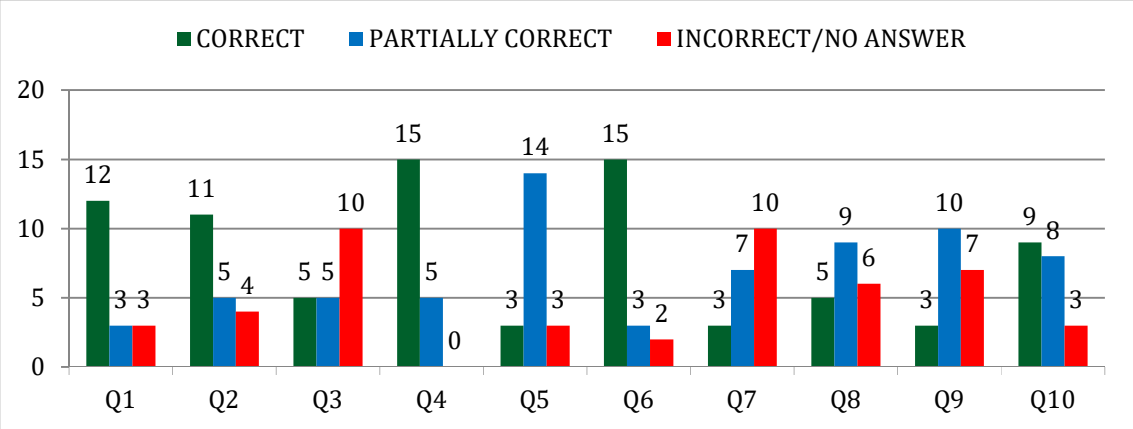
RESULTS

In this title of the research, the findings of the research are explained based on the questions in the survey used as a data collection tool and the age ranges of the individuals forming the sample. The first 10 questions of the survey were information questions and the answers given to these questions were evaluated in terms of age ranges. Q11 was questioned about the measures taken in Turkey. The remaining two questions (Q12 and Q13) were evaluated separately to learn the individuals' thoughts about the sources of information and the process (Table 2).

When the answers given by the participants whose age range was between 15-24 were examined, it was seen that the most correct answer was the Q4, which was asked who is at risk, and Q6, which was examined in which countries it spread. 15 out of 20 people aged 15-24 in the sample answered these questions correctly (75.0%). What is COVID-19 (Q1) was answered correctly by 12 people (60.0%), while 11 people (55.0%) answered correctly why this disease is so important (Q2). The subject that the participants whose age range is between 15-24 are partially aware of is the starting point of the disease. 70.0% of these people gave partially correct answers to Q5 questioning when and where the disease started (Table 3).

Table 3

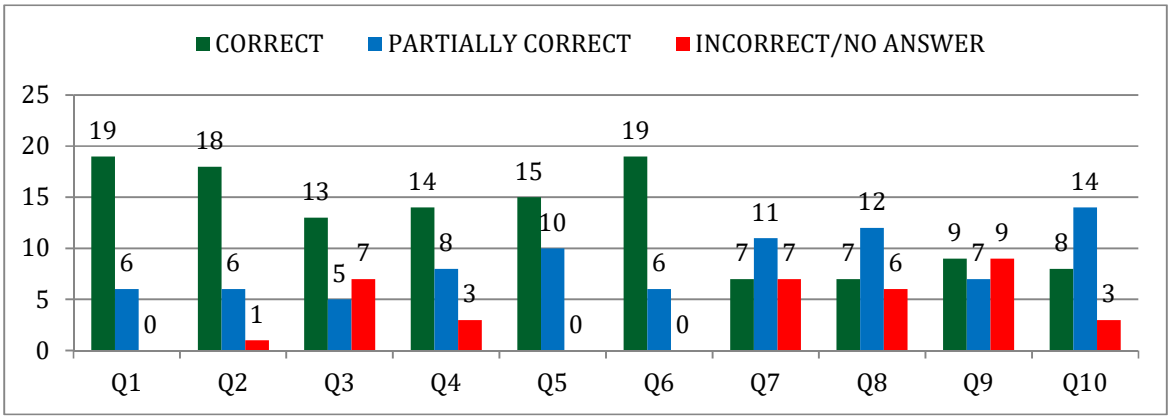
Responses of Participants Between the Ages of 15-24



The questions answered most correctly by 25 participants aged between 25-49 is the Q1 asking what COVID-19 is and the 6th question asked to which countries it has spread. 19 people answered these questions correctly (76,0%). Then, the subject they have the most knowledge about is the importance of the disease. 18 participants gave the correct answer (72.0%) to the Q2. Q7 and Q8, which are about how it is diagnosed and how it is transmitted, respectively, are mostly partially answered correctly. 11 participants (44.0%) answered Q7 and 12 participants (48.0%) answered Q8 partially. The subject with the most wrong answers is Q9 which is about the symptoms of the disease. 9 participants answered this question incorrectly (36.0%). In general, when compared to the individuals in the 15-24 age range, it is seen that the 25-49 age range is more likely to give correct and partially correct answers (Table 4).

Table 4

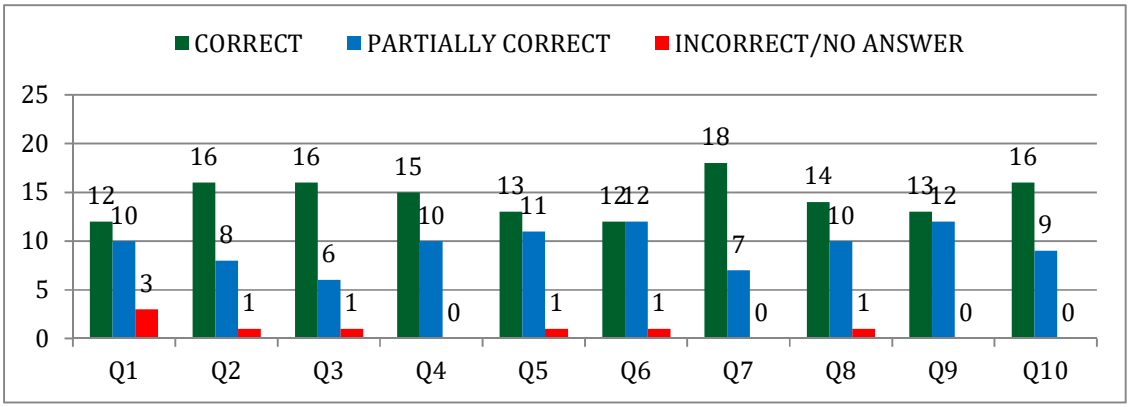
Responses of Participants Between the Ages of 25-49



The most correct answer of 25 participants aged 50-64 is Q7 about how the diagnosis. Eighteen people answered this question correctly (72.0%). 16 participants gave correct answers (64.0%) about the importance of the disease (Q2), how the disease kills (Q3), and the ways to prevent it (Q9). 12 people (48.0%) have partially correct information about the symptoms of the disease and to which countries it has spread. 11 participants gave the correct answer to Q5 (44.0%), in which the starting point of the disease was asked. It was seen in the answers given by the people aged 50-64 that the level of knowledge on the subject is quite high. The question with the most wrong answers was Q1 about what COVID-19 is. Only 3 people answered this question incorrectly (12.0%). The rate of answering or not answering the other questions varies between 0.0% and 4.0%. When the answers are given by individuals between the ages of 15-24, 24-49, and 50-64 are examined, it is seen that the individuals between the ages of 50-64 have the most information on the subject (Table 5).

Table 5

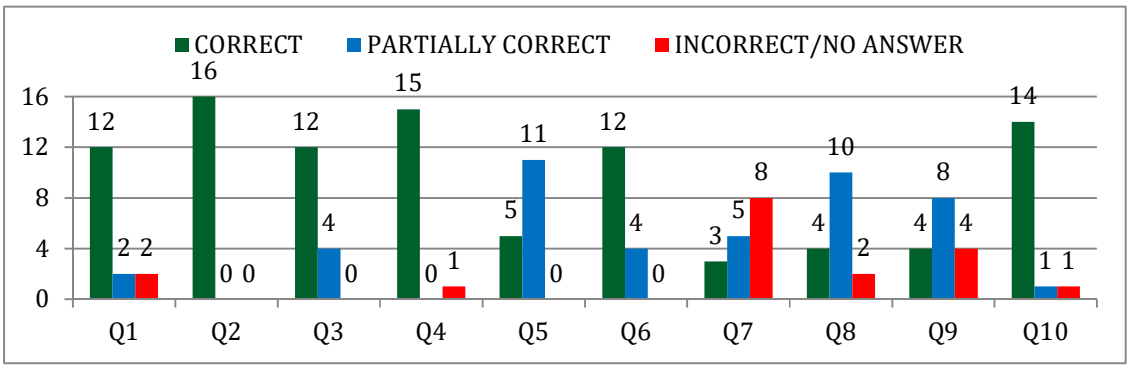
Responses of Participants Between the Ages of 50-64



There were 16 participants aged 65 and over and they had the most knowledge about the importance of the disease (Q2, 100.0%). They answered Q4 about the people in the risk group correctly with a rate of 93.8%. Another subject they have the most knowledge about was the ways of preventing the disease. 14 people gave the correct answer to Q10 asked about this subject (87.5%). 11 participants (68.8%) answered Q5 about where and when the disease first started, and 10 participants (62.5%) partially correct answers to Q8 about how the disease was transmitted. The most wrong answer was given to Q7 about how the disease was diagnosed (50.0%). When the answers given by participants in all age ranges were examined, it was seen that those who have the most information on the subject are individuals between the ages of 50-64 (Table 6).

Table 6

Responses of Participants Between the Ages of 65 and Over



All of the participants in all age groups mentioned the curfew, social distance obligation, and travel cancellations for the measures taken in Turkey. Again, one of the most common answers was to go to the hospital urgently when they had symptoms. This answer was given by 96.0% of those aged 15-24 and 50-64, 92.0% of those aged 25-49, and 100.0% of those aged 65 and over. The least mentioned precautions are not sharing personal stuff, drinking plenty of water, a balanced diet, regular sleep, and airing indoor spaces frequently (Table 7).

Table 7

Codes for Q11 "Do You Have Any Information About the Measures Taken in Our Country and What Are These Measures?"

Codes	Age 15-24 (20 people)		Age 25-49 (25 people)		Age 50-64 (25 people)		Age 65 and over (16 people)	
	f	%	*f*	%	*f*	%	*f*	%
Curfew	20	100,0	25	100,0	25	100,0	16	100,0
Social distancing requirement	20	100,0	25	100,0	25	100,0	16	100,0
Trip cancellation	20	100,0	25	100,0	25	100,0	16	100,0
Emergency hospital visit for cough/cold symptoms	19	96,0	23	92,0	24	96,0	16	100,0
Cleaning frequently touched areas at home with disinfectant	17	85,0	22	88,0	20	80,0	13	81,0
Minimum contact with the elderly	16	80,0	24	96,0	22	88,0	16	100,0
Obligation to wear a mask	16	80,0	25	100,0	25	100,0	16	100,0
Staying at home for 14 days in case of travel	16	80,0	20	80,0	17	68,0	10	63,0
Avoid handshakes and hugs	12	60,0	20	80,0	21	84,0	14	88,0
Washing clothes at 60-90 degrees	10	50,0	15	60,0	17	68,0	11	69,0
Washing hands for at least 20 seconds	8	40,0	20	80,0	23	92,0	13	81,0
Avoid touching mouth and eyes with hands	4	20,0	13	52,0	14	56,0	7	44,0

Not sharing personal stuff	2	10,0	6	24,0	8	32,0	4	25,0
Drinking plenty of water, balanced diet, regular sleep	2	10,0	3	12,0	5	20,0	4	25,0
Ventilating indoor spaces frequently	1	5,0	5	20,0	8	32,0	6	38,0

Participants between the ages of 15-24 received the most information about COVID-19 from television (80.0%), followed by Twitter (65.0%), one of the social media tools. Their third preferred channel was their internet site (60.0%). The least preferred information sources were Facebook (15.0%) and newspapers (10.0%). Just like the participants in the 15-24 age group, the participants in the 25-49 age group got the most information from television (92.0%). Then they used their social media accounts to obtain information. They stated that they use Twitter 68.0% and Instagram 64.0%. The tool they used the least was Facebook (20.0%). People aged 50-64 and those aged 65 and overused television as a source of information at a rate of 100.0%. They stated that they use social media tools and the internet at least. Especially people aged 65 and over did not use social media and websites at all. Instead, they said that they preferred to use newspapers and radios more than the younger members of the sample. Participants between the ages of 50-64 stated that they obtained information by using newspapers at a rate of 72.0% and by using the radio at a rate of 44.0%. For people aged 65 and over, these rates are 81.2% for newspapers and 62.5% for radios. In general, it was seen in the relevant findings that television was the tool that all age groups use most as a source of information, social media, and the internet were used by younger people, and the use of newspapers and radios increased in direct proportion to the age variable (Table 8).

Table 8

Codes for Q12 "Where Do You Get the Right Information About Corona Virus?"

Codes	Age 15-24 (20 people)		Age 25-49 (25 people)		Age 50-64 (25 people)		Age 65 and over (16 people)	
	f	%	*f*	%	*f*	%	*f*	%
Television	16	80,0	23	92,0	25	100,0	16	100,0
Social Media								
• Twitter	13	65,0	17	68,0	1	4,0	0	0,0
• Instagram	9	45,0	16	64,0	0	0,0	0	0,0
• Facebook	3	15,0	5	20,0	6	24,0	0	0,0
Web Site	12	60,0	14	56,0	6	24,0	0	0,0
Newspaper	2	10,0	7	28,0	18	72,0	13	81,2
Radio	0	0,0	6	24,0	11	44,0	10	62,5

When asked why this disease happened to us, participants between the ages 15-24 and 25-49 gave the most answers to the globalizing world. This answer was given by 65.0% of the participants between the ages of 15-24 and 80.0% of the participants between the ages of 25-49. 15-24 age group said that being away from a healthy life and tourism at a rate of 40.0%, and foreign forces by 35.0% as the causes of this disease. The number of people who said that morals, customs, and traditions have been abandoned was the lowest for these age groups. 15.0% of the 15-24 age group gave this answer, and 20.0% of the 25-49 age group. Participants between the ages 50-64, on the other hand, stated that not adopting a healthy lifestyle was the most common cause of this disease (76,0%). Secondly, they said tourism is the reason (56.0%). Thirdly, they showed the globalizing world (40.0%) as the reason. At least, they said that they thought it was the game of foreign forces (32.0%) and that abandoning our morals, customs and traditions caused this situation (24.0%). The age group with the highest rate of opinion is those aged 65 and over. They said 50.0% that moving

away from Turkish morals, customs, and traditions had a relationship with COVID-19. Again, this disease had happened to people (81.0%) because they did not lead a healthy life the most compared to people aged 65 and over. Again, 81.0% stated that they thought it could be a game of foreign powers. At least, they stated that the globalizing world had an impact on this situation (31.0%) (Table 9).

Table 9

Codes for Q13 "Why Did the Disease Happen to Us?"

Codes	Age 15-24 (20 people)		Age 25-49 (25 people)		Age 50-64 (25 people)		Age 65 and over (16 people)	
	F	*%*	*f*	*%*	*f*	*%*	*f*	*%*
Globalizing world	13	65,0	20	80,0	10	40,0	5	31,0
Because people do not live healthily	8	40,0	13	52,0	19	76,0	13	81,0
Tourism	8	40,0	7	28,0	14	56,0	9	56,0
Because of foreign forces	7	35,0	7	28,0	8	32,0	13	81,0
To abandon our morals, customs, and traditions	3	15,0	5	20,0	6	24,0	8	50,0

DISCUSSION AND CONCLUSION

This research was conducted to investigate the level of knowledge, ways to get information, and thoughts of individuals about the COVID-19 virus during the pandemic process. No other study on this subject has been encountered with a similar purpose, supporting or not supporting the results of the research. For this reason, it can be said that this study explains the first information about the process. The first stage of learning is to create a positive attitude and perception about learning. Individuals can't learn in an insecure environment under anxiety and stress (Duman, 2015). Although it is predicted that the pandemic process is anxious, stressful, and unsafe for people, the research findings show that the individuals in all age groups who make up the sample have a high

level of knowledge about the subject. This is an indication that the learning in this process takes place directly with the motivation to survive. In addition, it was seen that the knowledge level of individuals in the 50-64 age was higher than those in the other ages. It is known that the COVID-19 virus has more serious effects, especially in people aged 60 and over. Although adult learning takes place with different effects than learning at young ages, these individuals have higher knowledge levels because they are in the risk group. Because, according to the neurophysiological learning theory, exposure to a stimulus within a subject supports cognitive learning. Being too low or high in the number of stimulants also negatively affects cognitive learning (Senemoğlu, 2003).

It is clear that individuals are exposed to a lot of stimuli on this issue during the pandemic process, but it is seen that there are learning experiences in every age group, and the level of knowledge of people increases. Again, the motivation to survive and the instinct to protect one's health play a role here as well. People instinctively have to adapt to new conditions to survive and protect themselves. Valuable information that will ensure survival and protect health is always easily stored (Duman, 2015). The fact that the knowledge level of 50-64 age group and 65 age and over were higher, as seen in the research findings, clearly showed that they store the information on this subject for a long time since they know that the older people are in the risk group compared to the young people. Parallel to this, when the answers of the participants in all age ranges were examined, it was seen that the participants in the 50-64 age range have the most information about the subject. The participants are aware of many of the measures taken in Turkey and that the curfew, social distance obligation, and travel cancellation measures are on their agenda most The most used tool of all age groups as a source of information was television, social media, and internet are used by younger people. In addition to all the benefits of these social networks, it is known that there are environments where information is not shared with due diligence, often misinformation is encountered, and even harmful content spreads very quickly (Diaz, Evans & Gallagher, 2011, cited in Şişman-Eren, 2014). In this case, it can be thought that false or harmful information encountered by young participants on social media causes confusion and ignorance. For this reason, it may be concluded that they have less information on this subject than older individuals. The use of newspapers and radios increases in direct proportion to the age variable. In addition, young participants in the sample stated that they saw the globalizing world, while those aged 50 and over stated that they were away from a healthy life and they saw foreign forces as the reason. Again, the

participants whose age range is more than 50 think that moving away from Turkish morals, customs and traditions was effective in the pandemic process. It is known that in the learning processes of adults, the beliefs and inner worlds of individuals are more important and interesting than the new situations they encounter in the outside world (Ayhan, 1989). For this reason, it can be interpreted that the adult participants of the sample have a relationship between the pandemic and foreign forces, Turkish customs, and traditions since they have a more faith-oriented view of life and highlight their past experiences.

SUGGESTIONS

- This research was a survey study. In future studies, the sample group can be enlarged. Thanks to this way, the results obtained can be generalized to the population.
- This research is quantitative. By adding a qualitative dimension to further studies, the reasons for the findings can be examined in depth.
- In the research was used convenience sampling method. Further studies can guide by using different methods.
- The effects of the COVID-19 virus on human life seem to continue in the social sense. One of the greatest teachings of this process to humanity is how great the need for science is. Scientific research on this subject is also of great importance in the field of educational sciences. For this reason, studies that will examine this process and the learning in this process will make important contributions to the literature.
- In this study, the learnings in the COVID-19 process were presented from a participants' perspective. For further research, the effects of this process on educational processes can be examined from the perspectives of students, teachers, academics, and parents. In this way, a multi-faceted contribution will be made to the literature, and the effects of this extraordinary situation will be scientifically revealed.

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GENİŞLETİLMİŞ ÖZET

Her birey, hayata başladığı günden hayatının son bulduğu güne kadar öğrenendir. Bireylerin öğrenme dolayısıyla eğitim ihtiyaçları yaşam boyunca devam etmektedir. Bu durum ilk olarak 1930'larda ifade edilmiştir, bireylerin küçük yaşlarda öğrendikleri bilgilerin ve bu bilgiler yoluyla geliştirdikleri davranışların tüm hayatları boyunca yeterli olmayacağı vurgulanmıştır. Buna neden olarak ise, günlük hayatın içinde insanların yaşamlarını temelden değiştirecek hatta sarsacak gelişmelerin çok kısa bir zaman diliminde ve aniden ortaya çıkabileceği verilmiştir. Bu nedenle, bireyleri hayatın içinde bir anda ortaya çıkabilecek olumlu ya da olumsuz tüm değişimlere hazır olacak, kendini bu şartlar içinde yaşamaya uyum sağlayacak nitelikte yetiştirmenin önemli olduğu belirtilmektedir (Kowles, 1996, akt. Akbaş & Özdemir, 2002). Yaşam boyu öğrenmenin temelinde olan bu bilgiye günümüzde tüm dünyanın en büyük problemlerinden biri olan Korona virüs (COVID-19) bir örnektir. Şüphesiz tüm dünyayı etkileyen ve etkisini halen sürdüren bu virüs herkes için olağandışı bir durumdur. Bireylerin yaşamlarına devam edebilmeleri için, yaşadıkları çevreye, çağa ve çağın getirdiği tüm durumlara uyum sağlamaları gerekmektedir, bu ancak öğrenme deneyimleri ile mümkündür. Bu pandemi sürecinde her yaş grubundan insanlar, karşılaştıkları bu durumda yeni öğrenmeler ile deneyimler oluşturmaktadır. küresel çaptaki pandemi sürecinde dahi olsa bireylerin öğrenmelerine etki eden faktörlerin birbirinden farklı olduğunu yorumunu yapmamızı sağlayabilir. Ayrıca, içinde bulunduğumuz pandemi sürecinin kişilerin öğrenmeleri üzerinde bir baskı oluşturduğu ve hayatta kalabilmek için uygun kendini savunma mekanizmaları geliştirdiği düşünülebilir (Jensen, 2006). Yine nörofizyolojik kurama göre, ilkel beyinin aktif olduğu hayatta kalma motivasyonlarıyla öğrenmeler gerçekleştiği pandemi süreci için söylenebilir. Bu araştırmanın amacı; neredeyse tüm dünyada yayılmaya devam eden Korona virüs (COVID-19) nedeniyle ortaya çıkan ve hepimizi etkileyen olağanüstü pandemi sürecinde, COVID-19 virüsü ve virüse ilişkin olarak alınan tedbirler hakkında bireylerin bilgi düzeyleri, bu bilgileri edinme yolları ve süreç hakkındaki düşünceleri araştırmaktır.

Bu çalışma bir tarama araştırmasıdır. Araştırmanın örneklemi 86 kişi oluşturmaktadır. Örneklem seçerken kolay ulaşılabilir (uygun) örnekleme yönteminden yararlanılmıştır.

örneklemi oluşturan 86 kişinin %23,2'si 15-24 yaş aralığında, %29,1'i 25-49 yaş aralığında, yine %29,1'i 50-64 yaş aralığında, %18,6'sı ise 65 yaş ve üzerindedir. Araştırmanın veri toplama

aracını araştırmacılar tarafından hazırlanan bir anket oluşturmaktadır. Ankette yer alan sorular Korona virüsün (COVID-19) ne olduğu, bu virüsün neden olduğu hastalık ve bu hastalık sürecinde ülkemizde alınan önlemler hakkında bilgi düzeylerini ve düşüncelerini ölçmek amacıyla yazılan açık uçlu sorulardır. Açık uçlu sorulardan oluşan anketler tarama araştırmalarında en çok kullanılan veri toplama araçlarından biridir. Araştırmanın veri toplama aracı olarak belirlenen anketler bizzat yüz yüze, sosyal mesafe ve maske takma kurallarına uyularak toplanmıştır. Anketlerin cevaplanma süresi yaklaşık olarak 30-40 dakika sürmektedir. Açık uçlu soruların ilk 11'ine verilen cevaplar analiz edilirken doğru, kısmen doğru ve yanlış/cevap yok şeklinde kategorilere konulmuş, 12, 13 ve 14. sorulara verilen cevaplardan ise kodlar oluşturulmuştur. Toplanan veriler betimsel istatistiklerden frekans (f) ve yüzdelikler (%) kullanılarak açıklanmış, tablolar ve grafiklerle görsel hale getirilmiştir.

Pandemi sürecinin insanlar için tam tarif edildiği gibi kaygılı, stresli ve güvensiz olduğu öngörülse de araştırma bulguları örneklemi oluşturan tüm yaş grubundaki bireylerin konu ile ilgili bilgi düzeylerinin yüksek olduğunu göstermektedir. Bu durum, aslında bu süreçteki öğrenmelerin doğrudan hayatta kalma motivasyonuyla gerçekleştiğinin göstergesidir. Ayrıca, özellikle 50-64 yaş aralığındaki bireylerin bilgi düzeylerinin diğer yaş aralığındakilere göre daha yüksek olduğu görülmektedir. COVID-19 virüsünün özellikle 60 yaş ve üzerindeki insanlarda daha ciddi etkiler gösterdiği bilinmektedir. Yetişkin öğrenmeleri genç yaşlardaki öğrenmelere göre daha farklı etkilerle gerçekleşse de, bu bireyler risk grubunda oldukları için daha fazla uyarılmaktadır ve bu nedenle bilgi düzeyleri daha fazladır şeklinde nörofizyolojik öğrenme kuramı temelinde açıklanabilir. Çünkü nörofizyolojik öğrenme kuramına göre, bir konu kapsamında ya da duyusal olarak uyarıcıya maruz kalma bilişsel öğrenmeyi desteklemektedir. Uyarıcının miktarının çok düşük ya da yüksek olması yine bilişsel öğrenmeleri olumsuz etkilemektedir (Senemoğlu, 2003). Pandemi sürecinde bireylerin bu konu ile ilgili çok fazla uyarıcıya maruz kaldığı açıktır, ancak yine her yaş grubunda öğrenme deneyimlerinin var olduğu, kişilerin bilgi düzeylerinin arttığı görülmektedir. Yine hayatta kalma motivasyonu ve kendi sağlını koruma içgüdüsü burada da rol oynamaktadır. İnsanlar, içgüdüsel olarak hayatta kalabilmek, kendini koruyabilmek için yeni şartlara uyum sağlamak zorundadır. Bu hayatta kalmayı sağlayacak ve sağlığı korumaya yarayacak değerdeki bilgiler her zaman kolayca depolanmaktadır (Duman, 2015). Araştırma bulgularında görülen yaş aralığı 50-64 ve 65 yaş üzerindekilerin bilgi düzeylerinin daha fazla olması durumu,

genç yaştaki bireylere göre ileri yaştakiler risk grubunda olduklarını bildikleri için bu konu ile ilgili bilgileri uzun süreli olarak depoladıklarını açıkça göstermektedir.

Örneklemi oluşturan bireylerin yaş aralıkları temele alınarak ayrı ayrı incelendiğinde, yaşları genç olanların daha çok COVID-19'un ne olduğu, hangi ülkelere yayıldığı gibi genel bilgiler konusunda, 50 yaş ve üzerindekilerin hastalığın tedavisi ve risk grubundaki kişilerin kimler olduğu ile ilgili bilgi düzeyleri yüksektir. Bu durumda aslında risk grubunda ya da risk grubuna yakın yaşta olan bireylerin daha çok daha çok kendilerini nasıl korumaları gerektiği hakkında bilgi edinme eğiliminde oldukları açıktır. Tüm yaş aralıklarının en çok bilgi kaynağı olarak kullandıkları aracın televizyon olduğu, sosyal medya ve internetin yaşı daha genç olan kişilerce kullanıldığı görülmüştür. Örneklemde yaşı daha genç olan ve pandemi süreciyle ilgili bilgileri sosyal medya araçlarından sıklıkla aldığını söyleyen bireylerde olası olarak karşılaştıkları yanlış ya da zararlı bilgilerin kafa karışıklığına ve bilgisizliğe neden olduğu düşünülebilir.