The Journal of International Scientific Researches
2024, 9(3)

Profiles Based on Support Relationships and the Role of Resources in Compliance to Precautions: Lessons from the COVID-19 Crisis

Destek İlişkilerine Dayalı Profiller ve Önlemlere Uyumda Kaynakların Rolü: COVID-19 Krizinden Dersler

Abstract

Despite the crucial role that social support relationships play in coping with crises, there is limited knowledge on how social capital-based resources function in compliance with measures during the COVID-19 crisis, given the complex effects created by the conditions of the support relationship. Synthesizing the capital perspective with the protection motivation approach, this study addresses the negative and positive capital effects in the capital-preventive behavior relationship by examining the role of individual and social resource-based factors in the adaptation of profiles based on support relationships. Results revealed five profiles based on social support relationship conditions. In particular, low compliance commitment was seen in the family-intensive profile, where the support relationship was reciprocal and characterized by strong family ties, similar to the profile without a support relationship. The fact that factors based on social resources are common risk factors in profiles with support relationships with more groups implies that these groups may be more open to social capital effects. The results emphasize that factors related to individual or social resources should be taken into account according to capital potential in the management of crises that require collective action.

Özet

Sosyal destek ilişkilerinin krizlerle başa çıkmada oynadığı kritik role rağmen, destek ilişkisi koşullarının yarattığı karmaşık etkiler düşünüldüğünde, COVID-19 krizi sırasında sosyal sermayeye dayalı kaynakların önlemlere uyumda nasıl işlediğine ilişkin sınırlı bilgi bulunmaktadır. Sermaye perspektifini Koruma Motivasyonu yaklaşımıyla sentezleyen bu çalışma, destek ilişkilerine dayalı profillerin önlemlere uyumunda bireysel ve sosyal kaynak temelli faktörlerin rolünü inceleyerek sermaye-önleyici davranış ilişkisindeki olumsuz ve olumlu sosyal sermaye etkilerini ele almaktadır. Sonuçlar, destek ilişkisi koşullarına dayalı beş profili ortaya koymuştur. Destek ilişkisinin karşılıklı olduğu ve güçlü aile bağlarıyla karakterize olduğu aile yoğun profilde, destek ilişkisi olmayan profile benzer şekilde düşük uyum bağlılığı görülmüştür. Sosyal kaynaklara dayalı faktörlerin, çok grupla destek ilişkileri olan profillerde ortak risk faktörü olması, bu grupların sosyal sermaye etkilerine daha açık olabileceğini düşündürmektedir. Sonuçlar, kolektif eylem gerektiren krizlerin yönetimi için politikalarda, sermaye potansiyeline göre bireysel veya sosyal kaynaklarla ilgili faktörlerin dikkate alınması gerektiğini vurgulamaktadır.

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Article Type / Makale Türü
Research Article / Araştırma Makalesi

Anahtar Kelimeler
Sosyal Destek, İlişkiler, Sosyal Sermaye, Uyum, COVID-19.

Keywords
Social Support, Relationships, Social Capital, Compliance, COVID-19.

JEL Codes: *H51, H53*

Bilgilendirme
This study was supported by Scientific and Technological Research Council of Türkiye (under Grant Number 120K653). The authors thank TUBITAK for their support.

Submitted: 27 / 09 / 2024
Accepted: 30 / 10 / 2024

Introduction

Social capital plays a crucial role in crisis adaptation and has been instrumental in shaping responses during the COVID-19 crisis (Wu, 2021; Makridis and Wu, 2021). Empirical evidence suggests that higher social capital is linked to positive outcomes, including diminished mobility and heightened compliance to preventive measures (Borgonovi and Andrieu, 2020; Ding et al., 2020; Barrios et al., 2021; Bartscher et al., 2021). Nevertheless, there are also findings highlighting the compliance performance within family groups (Alfano and Ercolano, 2020; Alfano, 2022). The aspect of heightened social capital that fosters resource mobilization entails an augmented risk of social contact for interaction (Wu, 2021). Research indicates that the pandemic spreads rapidly after cases in regions characterized by strong vertical social ties (Fraser and Aldrich, 2021). Furthermore, various forms of social capital can yield diverse effects. Income inequality, social trust, and group membership are associated with increased COVID-19 deaths, while family bonds, civic participation, and trust in governments are linked to reduced mortality (Elgar et al., 2020; Imbulana and Managi, 2021).

While different effects of capital forms have been pointed out for differences in responses, the importance of specific underlying mechanisms in the analysis of these effects has been emphasized (Wu, 2021; Makridis and Wu, 2021). In the COVID-19 crisis, support interaction is one of the mechanisms that work in linking with capital, but contain contradictions, with their role in influencing coping and compliance. According to the studies, compliance commitment could be disrupted in the presence of support (due to dynamics such as support responsibility, extra care burdens, facing challenging conditions, social influence, normative pressures, etc.) as well as in the lack of support (Rahimi et al, 2021; Faghani et al., 2023, Fauk et al., 2022; Nivette et al., 2021; Halvaiepour and Nosratabadi, 2021). Furthermore, it has been asserted that while public policies aimed at limiting social contact elevate stress levels due to isolation, paradoxically hindering the efficacy of social support when needed most, a gap existed in understanding how various support-related conditions associated with preventive responses (An et al., 2023). This gap underscores the necessity for a more comprehensive elucidation of the support mechanism underpinning the capital-compliance relationship in the context of the COVID-19 crisis.

Studies linking capital to COVID-19 responses generally consider the capital forms represented by social networks. To ascertain negative or positive capital effects in support conditions, it is essential to focus on actual support relationships. In this study, we have addressed these gaps by analyzing individual compliance and risk factors based on the profiles created by support relationships. The data were obtained between August and September 2020 from a nationally representative sample in Türkiye. Firstly, we examined the capital potential represented by support relationships, considering the characteristics of the closeness of ties and reciprocity within the relationship. In crisis conditions, support networks may form that are more or less inclined both to provide the requested or expected support and to encourage compliance. The results indicated that support networks generally become more family-centered, with limited connections to weak ties (Steijvers et al., 2022; Völker, 2023). However, due to home isolation, some networks also involved new local ties (Parisi et al., 2021). Some studies have mentioned experiences of receiving partial or complete support for needs, or not being able to receive support from some ties despite being in the social network (Toze et al., 2023; Haltom et al., 2023).

Secondly, we investigated compliance with measures concerning experiences related to support, aiming to comprehend differences in responses across various support conditions. We posited that in situations where either no support relationship exists or, conversely, it is present, there may be instances of social contacts that cannot be restricted, necessitating precautionary measures. This assumption is based on findings indicating social contacts occurring in homes or public spaces while fulfilling basic, social, or collective needs (see Coroiu et al., 2020; Benham et al., 2021; Fauk et al., 2022). Additionally, evidence has suggested a preference for face-to-face contact in support relationships, potentially leading to neglect of measures (Steijvers et al., 2024). Therefore, in assessing compliance, our aim was to acquire an indicator of social contact experiences associated

with the absence or presence of support. Thirdly, we integrated the capital perspective with the Protection Motivation Approach (PMT), a framework that addresses the cognitive appraisal of health threats. We posited that the influence of factors reflecting threat and coping assessment, along with those related to individual and social resources, on compliance would be molded by the capital potential represented by support relationships. Our consideration encompassed the fundamental components of PMT, namely perceived severity, susceptibility, response efficacy, and self-efficacy, widely employed in explicating health behavior. However, we also acknowledged criticisms asserting that this approach isolates the individual from the social structure and neglects interpersonal and contextual aspects (Kim and Kim, 2020; Brewer and Rimer, 2008).

We assumed that resource-related factors might exert variable effects on profiles due to the link between coping and resource diversity (Hobfoll, 2002) and the activation of social resources only in the absence of sufficient individual resources (Yetim and Yetim, 2014). Therefore, we adopted capital arguments utilizing the resource metaphor, focusing on two types (individual and social) of resources (Lin, 2001; Moore and Kawachi, 2017). In individual resources, we scrutinized marital status, education, income, household conditions, and experiences of caring for a COVID-19 patient (see Becker, 1993; Lin, 2001; Kim and Kim, 2020). For social resources, we followed classical social capital elements, recognizing the lack of consensus on the exact components of social capital and criteria for its use (Baron-Epel et al., 2008). Aligned with the study's objectives, we considered the perception of collective efficacy and vulnerability for the support circle, social support, trust in authorities, and collectivism.

The study offers various contributions. Firstly, drawing on the perspective of capital synthesized with the PMT, we investigated the capital-compliance relationship in the context of COVID-19. This synthesis enhances understanding of the role of overlooked contextual factors in compliance by focusing on the individual's cognitive assessment. Secondly, through the examination of specific mechanisms based on individual support conditions, we contributed to understanding response variations that may be overlooked by relying solely on general capital indices (Makridis and Wu, 2021). Our results showed that being constrained by the support of strong bonding relationships disrupts compliance as much as the lack of support, particularly involving reciprocity. Thirdly, our results confirmed that individuals without support are constrained by individual resources, and we identified some common combinations of factors among profiles regarding their social resources. Thus, we also contributed to the necessity of analyzing not only disadvantaged groups but also others affected in society, determining which possible causes or combinations have an impact on compliance (Lewis Jr, 2020; Ayata and Çamur, 2020). Finally, by focusing on Türkiye, where various levels and types of capital are observed despite its strong bonding capital, we contributed to the need to consider different countries or regimes (Makridis and Wu, 2021).

1. Literature Review

1.1. Support relationships in COVID-19

The structure of networks is characterized by features such as the extent to which relationships involve emotional closeness (intensity or strength) and the extent to which support is given and received in relationships (reciprocity) (Heaney and Israel, 2008). Within social networks, ties are often defined according to their strength, either strong or weak, in terms of emotional closeness. Strong social ties (such as family and close friends) are notable for their solidarity functions, while weak ties (such as neighbors, colleagues, and acquaintances) are notable for informational functions (Coleman, 1988; Granovetter, 1973; Putnam, 2000). Various features of ties and relationships constitute the capital value of the network (Lin, 2001). More homogeneous or stronger relationships indicate the intensity of bonding capital, while weaker relationships involving various social units indicate the intensity of bridging or linking capital (Putnam, 2000; Szreter and Woolcock, 2004). The relationships with various ties shape an individual's social support profile (see Li et al., 2021). Therefore, we questioned which social ties received or/and provided support for profiles.

In crises, social support ties often mobilize, and cooperative actions occur, contrasting with selfish behaviors (Elcheroth and Drury, 2020). However, the evidence indicating that social support predicts both avoidance and approach-oriented behaviors during the COVID-19 crisis (Fontes et al., 2022) gives rise to different expectations regarding how some individuals will respond to seek support. The risks associated with social contact have also influenced the inclination to engage in supportive interactions with social ties; the risk of transmission may increase the likelihood of distancing with weak ties or result in a limited close circle (Völker, 2023). Social capital is inherently contextual. The COVID-19 crisis has necessitated taking action regarding social support and precaution compliance simultaneously; indeed, the version of capital that maintains relationships and support while paying attention to compliance under isolation points to this context (Bian et al, 2020). Some support networks may be more or less sensitive to this specific context.

Some families may exhibit greater tolerance for the costs of support in their exchanges with each other, deciding to disregard guidelines and continue their previous support exchanges, in contrast to those who refrain from participating in such relationships during the pandemic (Gilligan et al., 2020). Certain results have indicated a shift towards more family-centered social networks, accompanied by a decrease in the number of supporters outside the family (Steijvers et al., 2022). On the other hand, during lockdowns, more socially distanced or local connections have become prominent and involved in some support networks (Bertogg and Koos, 2022; Parisi et al., 2021).

Given that some studies on COVID-19 emphasize both family and non-family ties (see Horak and Vanhooren, 2023; Steijvers et al., 2022), we assumed that profiles would be shaped by a distinction between family-intensive and non-family-intensive, in contrast to the strong-weak dichotomy (H1). Additionally, we anticipated that family-intensive profiles would form a larger cluster than non-family-intensive profiles (H2). We posited that the reciprocal relationship between social ties is higher in family-intensive profiles than in non-family-intensive profiles (H3).

Moreover, some findings have highlighted groups that were unable to receive support during the crisis (Cugmas et al., 2021; Bertogg and Koos, 2022). Among these, the elderly, the young, and disadvantaged people were frequently mentioned (Völker, 2023; Steijvers et al., 2022; Li et al., 2023). Therefore, we hypothesized that profiles lacking support would also emerge, but these would form a smaller segment than those with support relationships (H4). Additionally, we assumed that the most support would be given to family elders (H5) and that the most support would be received from family members (H6).

1.2. Social contact experiences and compliance

While individuals faced the pandemic under their unique circumstances, they endeavored to observe voluntary isolation to the extent feasible, relying on their support relationships, and attempted to adapt their compliance based on the social contact situations that arose. In addition to ongoing daily life needs, pandemic-specific needs have emerged due to restrictions (Bertogg and Koos, 2022; Horak and Vanhooren, 2023). In one study, participants indicated that they could fulfill their shopping, household, and health needs either independently or with partial or full support from others (Toze et al., 2023). In another study, participants reported that despite their support, some family members and neighbors occasionally refrained from providing support (Haltom et al., 2023). Many studies also highlighted various social contacts in homes or other environments, driven by social or collective needs (e.g., meeting someone to avoid being alone, being unable to decline someone's invitation), as well as basic needs (see Coroiu et al., 2020; Benham et al., 2021; Fauk et al., 2022).

Therefore, secondly, we investigated situations (including actions and environments) in which voluntary isolation was disrupted and required individual precautions. By analyzing compliance through these experiences, we aimed to account for the commitment to compliance that can be demonstrated in situations shaped by support conditions. Since strangers may be perceived as riskier (Völker, 2023), compliance problems may occur for those who have to contact strangers due to the lack of support. Consequently, the compliance of the profile lacking support was expected to be at the lowest level (H7). Additionally, while bonding relationships characterized by closeness and

cooperation may be effective in the short term, there may be coping difficulties in the long term (Pitas and Ehmer, 2020). Sacrifice for others and downward-leveling norms are more strongly associated with bonding ties (Svendsen and Svendsen, 2009). It was assumed that family-intensive profiles have lower compliance than non-family-intensive profiles (H8).

1.3. Risk factors of compliance

In this study, we integrated the capital perspective with protection motivation components. According to Protection Motivation Theory (Rogers, 1985; Prentice-Dunn and Rogers, 1986), individuals are inclined to undertake preventive action when they perceive a threat as severe, believe themselves to be vulnerable to this threat, and are confident that the preventive actions are effective and within their capability to execute. The model basically has four components (perceived severity, susceptibility, response efficacy, and self-efficacy), and these are common factors in different cognitive models such as the Health Belief Model (Lam, 2006). Many studies have demonstrated the effectiveness of these components in explaining COVID-19 preventive behaviors (Clark et al., 2020; Karadağ et al., 2020; Kim et al., 2022; Grano et al., 2022).

On the other hand, coping with threats is closely related to accessible resources. Although different resource theories focus on the importance of various resources, some common assumptions of the resource perspective are that those with more resources are more capable of solving problems and can be selective in using their available resources for the best solution (Hobfoll, 2002). Since social capital is defined as an additional gain to individual resources, social resources are expected to come into play when needs cannot be met with individual competence and resources (Yetim and Yetim, 2014). Therefore, it is possible that the resources that emerge as risk factors are linked to support relationship conditions and capital potential. For this, we followed the capital arguments that include the resource metaphor, paying attention to the criticism that theories focusing on cognitive evaluation overlook interpersonal and contextual aspects (Kim and Kim, 2020; Brewer and Rimer, 2008).

In the capital perspective, two types of resources are distinguished: individual and social (Lin, 2001; Moore and Kawachi, 2017). Individual resources encompass personal assets and capabilities. At the micro level, factors like knowledge, skills, education, income, family, and relationship status pertain to personal resources (see Becker, 1993; Lin, 2001; Kim and Kim, 2020). These factors influence compliance, either directly or through cognitive factors (Kim and Kim, 2020; Filindassi et al., 2022). Social resources are acquired through relationships and encompass moral elements fostering trust (regarding a community or structure), collective action, mutual exchange, and norms (Moore and Kawachi, 2017). Since there is no consensus on the exact components of social capital and the use of criteria, we proceed from the classical social capital elements (Baron-Epel et al., 2008).

Trust is key to successful collective action (Ostrom and Ahn, 2009). Individuals are expected to share beliefs about their collective power to achieve common goals (Bandura, 2000). Under pandemic conditions, collective efficacy, a critical component of social resources (Moore and Kawachi, 2017), might outweigh social trust. Given that threats like pandemics hinge on others' competence, individuals may hesitate to act according to their self-efficacy beliefs, especially under imposed restrictions (González-Castro et al., 2021). In support networks, the group's competence can become dominant in shaping collective efficacy perceptions, given the opportunity to provide supportive capital (Smith et al., 2007). Additionally, when collective efforts fail or vulnerabilities increase, this impacts the group's resilience (Arnaud and Schminke, 2012). Therefore, perceived efficacy and susceptibility for support networks can predict health behavior.

Trust extends to formal institutions, as these rules incentivize trustworthy behavior through rewards or penalties (Ostrom and Ahn, 2009). Findings indicate that trust in authorities positively influences compliance (Clark et al., 2020; Sibley et al., 2020). Moreover, in China, which has strong family ties and collectivism similar to Türkiye (Russell and Ross, 2008), trust in the government and collective efficacy had strong effect in reducing the individual's exposure to COVID-19, and social trust had the least effect (Wu, 2021).

Social support is another resource that comes from networks (Harper, 2002). Closer networks are associated with higher perceived social support and swift resource provision in times of need (Lee et al., 2018). Higher support perception is also associated with better compliance (Fontes et al., 2022; Li and Xu, 2022). However, at the same time, limiting the exchange of support to closer ties has the potential to compromise compliance, especially in family-intensive groups, due to its link with increased obligations (Moore and Kawachi, 2017).

Avoidance and approach tendencies are linked to prosocial preferences as well as social support (Fontes et al., 2022). The cultural context should be considered for prosociality, as voluntary actions in some groups might constitute the foundation of relationships or a duty in those valuing extended family ties (Harper, 2002). Collectivism emphasizes social harmony and interdependence, prioritizing group goals and values (Lampridis and Papastylianou, 2017). Collectivists are more likely than individualists to be driven by altruistic motives and a desire to strengthen social ties (Finkelstein, 2010). There is also evidence showing that high social capital is associated with individualistic tendencies (Realo and Allik, 2009). Collectivist tendencies were also included among the social resources factors to represent helpfulness due to their connection with prosociality. Studies have linked this tendency to compliance (Germani et al., 2020; Chen et al., 2021).

In summary, we utilized perceived severity, susceptibility, response efficacy, and self-efficacy as cognitive factors influencing the risk of high compliance. We also considered factors related to individual resources such as age, marital status, education and income level, household size, the presence of a vulnerable individual at home, COVID-19 knowledge, and experiences of caring for someone from the social circle. Additionally, we incorporated factors related to social resources such as perceived efficacy and susceptibility for the support circle, perceived social support, collectivist tendencies, and trust in authority. We predicted that risk factors would lead to certain common combinations for the profiles. Groups without support during the pandemic have likely had to rely solely on their competence and resources to maintain a commitment to compliance. Therefore, we hypothesized that cognitive and individual resource factors are risk factors for high compliance in these profiles (H9). In the presence of support relationships, it is possible that combinations will be shaped in line with the additional advantages that social capital can create. Therefore, we hypothesized that factors related to social resources would be predominantly risk factors in both family-intensive and non-family-intensive profiles (H10).

2. Method

2.1. Recruitment and participants

Data for this research were collected by a national research company through computer-assisted telephone interviewing (CATI) from August 2020 to September 2020. The sample consisted of 2283 participants residing in 12 provinces at the NUTS-1 level, aiming to represent the population of Türkiye. However, in alignment with the study's objective, the final sample included 1066 participants who reported having experienced 10 or more situations (for details, see Materials & Procedure section).

The gender (female n=519, 48.7%) and marital status (married n=569, 53.4%) rates of the sample included in the analysis were balanced. The sample, with an average age of 37.3, was represented by 18-35 (n=489, 45.9%), 35-54 (n=438, 41.1%), and 55+ (n=139, 13%) age groups. Educational status was categorized into primary (n=255, 23.9%), secondary (n=406, 38.1%), and tertiary education groups (n=405, 38%). Participants were grouped based on income levels, such as no income (n=156, 14.6%), low (n=423, 39.7%), middle (n=237, 22.3%), and high (n=250, 23.5%).

2.2. Materials and procedure

2.2.1. Social support relationships

For the profiles, we assessed the support that individuals regularly received and provided for instrumental, emotional, or practical needs related to COVID-19 and restrictions using two questions. Participants were asked to indicate their relationships for both receiving and providing support with various reference groups, including family elders (parents, grandparents), family

members (siblings, spouses, children), relatives, friends, neighbors, and others. Multiple-choice options were provided for each question. The option "household members" was included as a group for receiving support, considering circumstances such as age-related curfews or self-isolation preferences.

2.2.2. Experiences and compliance

To examine individuals' compliance with precautionary measures, we conducted a two-stage process. In the first stage, employing an exploratory descriptive qualitative approach, we conducted semi-structured interviews with a group of 20 individuals representing the study sample. The purpose was to explore the specific situations resulting from the presence or absence of support that necessitated taking personal precautions. During the interviews, we inquired about the participants' experiences associated with the presence or absence of support, in which they were unable to maintain self-isolation and were required to comply with protective measures. We also requested details about the physical environment and actions during these experiences. To partially structure the interviews, we utilized maps depicting COVID-19 risk levels (Woodward and Su, 2020; COVID-19 Recovery Consulting, 2020). However, we excluded environments targeted by restrictions in Türkiye, such as cafés and gyms etc.

The individual experiences encompassed actions that involved seeking or receiving support from individuals outside the household, as well as actions that arose from obligations where support was not available. The participants' experiences revealed that they also received various forms of support during social contacts (e.g., chatting with their child who bring the food). The model proposed by Miles and Huberman (1994) was adopted to analyze the qualitative data obtained. The authors compiled a list of 25 experiences, and tested them in a pilot study. The items included in the questionnaire are presented in Table 1.

To ensure a comprehensive understanding of participants' perspectives and to detect unconscious reactions, it was recommended to use filter questions (Judd et al., 1991). Therefore, during the quantitative data collection, firstly, participants were asked to indicate whether they had experienced any of the 25 items listed (0-No, 1-Yes). Secondly, participants rated their compliance with measures such as physical distancing, mask-wearing, and hygiene using a 4-point scale (1-Poor, 2-Fair, 3-Good, 4-Excellent).

Table 1. Items for the Experienced Social Contact Situations

No	Items
1	Going to family members' house for a short period
2	Coming of family members to my house for a short period
3	Going to neighbors, relatives or friends' houses for a short period
4	Coming of neighbors, relatives or friends to my house for a short period
5	Coming of other people to my house for delivery, repair, cleaning works, etc.
6	Going to other people' houses for delivery, repair, cleaning works, etc.
7	Going to work in a small-scale workplace such as an office, bureau, shop, store, etc.
8	Going to work in a large-scale workplace such as an institution, factory, plaza, etc.
9	Going to places such as banks, payment/invoice centers, etc.
10	Going to healthcare institutions, hospitals, veterinarians, pharmacies, etc.
11	Going to places such as municipality and governmental offices, etc.
12	Using public transport such as bus, metro etc.
13	Going for shopping to the indoor places such as markets, shops, stores, etc.
14	Going for shopping to the outdoor places such as bazaars, marketplaces, etc.
15	Going to the crowded public areas such as park or squares, etc.
16	Meeting with someone from your social circle in an indoor public place
17	Meeting with someone from your social circle in an outdoor public place
18	Staying to family members' house for a long period (accomodation, residential care etc)
19	Staying of family members to my house for a long period (accomodation, residential care etc)
20	Staying to neighbors, relatives or friends' house for a long period (accomodation, residential care etc)

No	Items
21	Staying of neighbors, relatives or friends to my house for a long period (accomodation, residential care etc.)
22	Going to multiple locations or into a crowd for an emergency regarding you or family members
23	Going to multiple locations or into a crowd for an emergency regarding neighbors, relatives or friends
24	Attending a gathering where the majority of family members are present (birthday, engagement, funeral etc.)
25	Attending a gathering where the majority of neighbors, relatives or friends are present (birthday, engagement, funeral, etc.)

Source: The table was created by the authors.

Non-experienced situations were coded as 0, while experienced situations were coded on a scale of 1-4 to capture varying degrees of compliance. Four items that were not marked by more than 70 percent of the participants in the list of experiences were excluded from the total score calculation. In calculating the total compliance score, a procedure used in psychological tests measuring the severity of experiences was followed. The analysis included participants who had 10 or more experiences (n=1066). Raw scores for compliance were calculated for 21 items (α= .97) for these participants. Proportional raw scores were then derived by multiplying the total scores of the answered items by the total number of items and dividing by the number of items answered. These scores were subsequently converted back into a four-point scale. To explore and compare the risk factors specific to the profiles, compliance was analyzed in a binary structure, distinguishing between low compliance and high compliance based on the midpoint of the 4-point scale.

Factor analysis was applied to the experiences and three dimensions were reached (Table 2). The pattern matrix, reflecting the three-component structure, exhibited no instances of cross-loading, signifying that each principal component was distinctly identified. These dimensions were referred to as need-based experiences, household experiences, and collective experiences.

Table 2. Results of Factor Analysis (PCA) for the Experienced Social Contact Situations

Items	Need based experiences (NE)	Household experiences (HE)	Collective experiences (CE)	α	M	SD
Going for shopping to the outdoor places such as bazaars, marketplaces, etc.	**.800**	.244	.314	.971	3.04	0.87
Going for shopping to the indoor places such as markets, shops, stores, etc.	**.793**	.227	.303	.972	3.08	0.85
Going to healthcare institution, hospitals, veterinarian, pharmacy, etc.	**.742**	.394	.218	.972	3.08	0.86
Using public transport such as bus, metro etc.	**.742**	.265	.383	.971	3.04	0.86
Going to places such as banks, payment/invoice centers, etc.	**.738**	.438	.178	.971	3.06	0.87
Going to places such as municipality and governmental offices, etc.	**.662**	.363	.392	.971	3.06	0.85
Meeting with someone from your social circle in a indoor public place	**.629**	.251	.516	.971	2.99	0.87
Meeting with someone from your social circle in an outdoor public place	**.626**	.307	.552	.971	3.03	0.87
Going to the crowded public areas such as park or squares, etc.	**.623**	.279	.503	.971	2.98	0.85
Going to work in a small-scale workplace such as an office, bureau, shop, store, etc.	**.514**	.482	.259	.973	3.08	0.88
Coming of family members to my house for a short period	.309	**.817**	.218	.971	3.01	0.88
Coming of neighbors, relatives or friends to my house for a short period	.288	**.807**	.291	.971	3.04	0.88
Going to neighbors, relatives or friends' houses for a short period	.303	**.784**	.333	.971	3.00	0.89
Going to family members' house for a short period	.160	**.764**	.368	.971	3.13	0.86

Items	Need based experiences (NE)	Household experiences (HE)	Collective experiences (CE)	α	M	SD
Coming of other people to my house for delivery, repair, cleaning works, etc.	.378	**.732**	.261	.971	3.04	0.89
Going to other people' houses for delivery, repair, cleaning works, etc.	.432	**.702**	.336	.971	3.11	0.91
Attending a gathering where the majority of family members are present (birthday, engagement, funeral etc.)	.309	.281	**.818**	.970	3.05	0.90
Attending a gathering where the majority of neighbors, relatives or friends are present (birthday, engagement, funeral, etc.)	.278	.339	**.800**	.971	3.08	0.88
Staying to family members' house for a long period (accomodation, residential care etc)	.403	.378	**.723**	.970	3.06	0.89
Staying of family members to my house for a long period (accomodation, residential care etc)	.358	.373	**.707**	.971	3.04	0.87
Going to multiple locations or into a crowd for an emergency regarding you or family members	.440	.388	**.682**	.970	3.03	0.89

Source: The table was created by the authors.

Need-based experiences were characterized by situations that required the individual to be exposed to social contact within the wider social environment for needs that were mostly of a practical and instrumental support. Household experiences represented situations that involved emotional as well as instrumental needs and affected one's isolation in the household. Collective experiences, on the other hand, represented situations in which social and emotional needs predominated, arising from social relationships and requiring the individual to be exposed to social contact mostly within close social environment. We have provided a comparison of the compliance of the profiles according to these dimensions in the findings section.

2.2.3. Predictors of compliance

Cognitive factors: Perceived severity (α = .82), perceived susceptibility (α = .66), response efficacy (α = .80), and self-efficacy (α = .86) were assessed using a 5-point scale ranging from 1 (I completely disagree) to 5 (I completely agree). The items were adapted from previous studies (Clark et al., 2020; Karadağ et al., 2020).

Factors based on individual resources: Participants were asked to individually assess their COVID-19 knowledge on a 5-point scale ranging from 1 (Very poor) to 5 (Very high) (2 items, α = .75). Additionally, participants provided information on their age, marital status, income level, education level, household size, and reported their household vulnerability (the presence of vulnerable or special-needs individuals in the household), and their experiences of caring for a COVID-19 patient from their social circle, with binary responses (1-No, 2-Yes).

Factors based on social resources: For group efficacy, we adopted the approach of individuals assessing the capacity of their group as a whole (Bandura, 2000). Participants were asked to consider their social support circle, rate their likelihood of avoiding contracting COVID-19 (perceived efficacy for the social circle), and assess the vulnerability of contracting COVID-19 (perceived susceptibility for the social circle) using a 5-point scale ranging from 1 (Very low) to 5 (Very high). Additionally, participants were asked to indicate their trust in the authority using a 5-point scale ranging from 1 (Very low) to 5 (Very high).

Furthermore, perceived social support was assessed using the Turkish version (Eker et al., 2001) of the scale developed by Zimet et al. (1988) (α = .83). Collectivism was measured using horizontal and vertical collectivism sub-dimensions, adapted from the Turkish version (Wasti and Erdil, 2007) of the scale (INDCOL) developed by Singelis et al. (1995) (α = .86). Scales were rated on a 5-point scale (1-I completely disagree to 5-I completely agree). The authors tested the scales with factor analyses that confirmed the distribution of the items.

2.3. Data analysis

Cluster analysis is commonly used to identify typologies based on social support network structures (McConnell et al., 2015; Amati et al., 2013). The Two-Steps procedure, which is suitable

for non-metric measures and offers flexibility in determining the number of groups, was employed (Amati et al., 2013). The analysis included the relationship between receiving and providing social support with each reference group specified by participants as multiple-choice options. A five-cluster solution was obtained, demonstrating a good fit based on the log-likelihood distance measure and Schwarz's Bayesian Criterion (BIC).

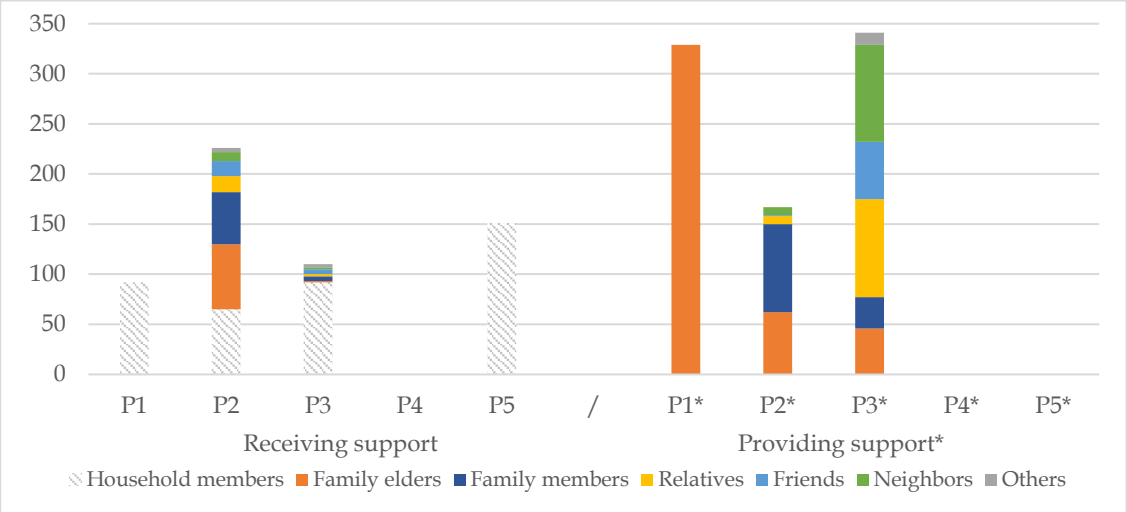
Factor analysis was utilized to find out the dimensions of experiences used to measure compliance. Descriptive statistics and variance tests were conducted to characterize the profiles. To identify profile-specific risk factors for compliance, multivariate binary logistic regression analysis was performed for each profile, comparing the two compliance levels using the enter method. This approach allows for the establishment of a hierarchy among potential risk factors and the selection of the most relevant ones, making it valuable for generating predictive models (Dascalu et al., 2008). The analysis accommodates both continuous and categorical variables, and it has minimal assumptions. To avoid issues of multicollinearity, correlation values above 0.80 (Midi et al., 2010) and standard errors were examined (Tabachnick and Fidell, 1996). All analyses were conducted using SPSS ver. 22.

3. Results

3.1. Profiles and compliance

The cluster analysis resulted in the classification of five profiles representing three types of social support relationships: family-intensive (P1, P2, and P5), non-family intensive (P3), and no support relationship with any group (P4). H1 was supported due to the family and non-family structure in support relationships. P1 (n=329, 30.9%) provided support primarily to elders, while P2 (n=187, 17.5%) engaged in support exchanges with both elders and other family members. P3 (n=205, 19.2%) predominantly supported non-family groups.

The support relationship patterns of profiles were predominantly family-intensive, thus H2 was supported. However, H3 was rejected because a large degree of reciprocal relationship was observed only in P2, among the family-intensive profiles. Profile 4 (18.2%) confirmed that those without any support formed a smaller cluster compared to those with a support relationship (H4). Among the study population, family elders were the primary recipients of support for P1, P2, and P3 (60.6%), and family members living outside the household were the primary sources of support for P2 and P3 (14.5%) (Figure 1). We supported H5 and H6.



Note: Graphic of profile patterns formed by regular support relationships during the lockdown period. It shows the distribution of ties from which profiles receive and provide support. 'Household members' were only included in receiving support groups. 'Family elders' group refers to parents and grandparents. 'Family members' group refers to siblings, spouses, children. 'Others' group refers to acquaintances from business environment, associations, religious communities etc. Because relationships with more than one group are observed in P2 and P3, the values exceed the profile size.

Figure 1. Profiles Based on Support Relationships and Ties

Source: The table was created by the authors.

The proportions of the profiles according to the variables are shown in Table 3. Univariate analyses (χ2 test or analysis of variance) revealed significant differences in profiles in terms of age, gender, marital status, educational and income level, household size, household vulnerability, perceived efficacy for the social circle, collectivist orientation, and trust in authority.

Table 3. Profile Characteristics According to Variables (n=1066)

	P1	P2	P3	P4	P5	X²
n (%)	329 (30.9)	187 (17.5)	205 (19.2)	194 (18.2)	151 (14.2)	
Factors based on Individual Resources						
Middle Age (36-55)	147 (44.7)	65 (34.8)	81 (39.5)	98 (50.5)	47 (31.1)	29.776**
Older Age (56-80)	40 (12.1)	25 (13.3)	28 (13.7)	32 (16.5)	14 (9.3)	
Gender (Female)	143 (43.5)	106 (56.7)	100 (48.8)	78 (40.2)	76 (60.9)	23.020**
Marital Status (Married)	191 (58.1)	110 (58.8)	97 (47.3)	112 (57.7)	59 (39.1)	22.040**
Edu Status (Secondry)	134 (40.7)	68 (36.4)	99 (48.3)	62 (32)	43 (28.5)	39.026**
Edu Status (Tertiary)	136 (41.3)	63 (33.7)	74 (36.1)	66 (34)	66 (43.7)	
Income (Low)	120 (36.5)	71 (38)	78 (38)	91 (46.9)	63 (41.7)	47.189**
Income (Middle)	78 (23.7)	34 (18.2)	55 (26.8)	55 (28.4)	15 (9.9)	
Income (High)	93 (28.3)	43 (23)	46 (22.4)	28 (14.4)	40 (26.5)	
Household Size	3.65 ± 1.77)	3.83 ± 1.94	3.84 ± 1.63	3.43 ± 1.51	3.91 ± 1.36	2.555*
Household Vulnerability	178 (54.1)	109 (58.3)	122 (59.5)	80 (41.2)	95 (62.9)	21.241**
Care Experiences	26 (7.9)	14 (7.5)	25 (12.2)	10 (5.2)	11 (7.3)	7.150
COVID-19 Knowledge	3.79 ± 0.79	3.71 ± 0.92	3.78 ± 0.88	3.75 ± 0.90	3.80 ± 0.84	0.353
Factors based on Social Resources						
Perceived Social Support	3.87 ± 0.66	3.91 ± 0.58	3.88 ± 0.59	3.75 ± 0.68	3.91 ± 0.71	1.932
Collectivist Orientation	3.98 ± 0.56	3.83 ± 0.52	3.94 ± 0.44	3.97 ± 0.54	3.87 ± 0.57	3.110*
Trust in Authority	4.19 ± 0.71	4.01 ± 0.69	3.98 ± 0.73	4.05 ± 0.79	3.94 ± 0.81	4.273*
Perceived Efficacy for SC	3.43 ± 0.86	3.38 ± 0.84	3.64 ± 0.88	3.53 ± 0.88	3.57 ± 0.98	3.036*
Perceived Susceptibility for SC	3.35 ± 0.81	3.27 ± 0.78	3.43 ± 0.76	3.22 ± 0.97	3.39 ± 0.82	2.106
Cognitive Factors based on Protection Motivation						
Perceived Severity	4.18 ± 0.76	4.12 ± 0.72	4.22 ± 0.64	4.13 ± 0.72	4.25 ± 0.73	1.083
Perceived Susceptibility	3.24 ± 0.84	3.36 ± 0.82	3.43 ± 0.75	3.30 ± 0.88	3.31 ± 0.97	1.703
Response Efficacy	4.28 ± 0.63	4.24 ± 0.61	4.19 ± 0.56	4.27 ± 0.63	4.30 ± 0.69	0.979
Self Efficacy	4.30 ± 0.69	4.24 ± 0.61	4.12 ± 0.73	4.21 ± 0.64	4.20 ± 0.81	2.227
Compliance[a] (High)	243 (73.9)	131 (70.1)	162 (79)	109 (56.2)	114 (75.5)	30.064**
Compliance in NE (n=1066)	3.08 ± 0.71	3.00 ± 0.76	3.13 ± 0.69	2.95 ± 0.84	3.10 ± 0.72	5.768
Compliance in HE (n=1038)	3.11 ± 0.74	2.92 ± 0.84	3.13 ± 0.75	2.92 ± 0.83	3.00 ± 0.81	10.683*
Compliance in CE (n=938)	3.08 ± 0.79	2.96 ± 0.83	3.15 ± 0.79	2.95 ± 0.91	2.99 ± 0.84	7.421

Note: The compliance variable (Compliance [a]) is used in a binary structure in the regression analyses.
*p<.05, **p<.01

Source: The table was created by the authors.

For H7 and H8, a Kruskal-Wallis test was performed on the scores of the five profiles. It was observed that the difference between the profiles stemmed from household experiences (H (4, n = 1038) = 10.68, p = .030). In terms of profile comparisons, the compliance of P4 and P2 differed from that of P1 and P3. This result indicated that H7 and H8 were only supported concerning compliance in household experiences.

3.2. Predictors of high compliance

Multivariate logistic regression models were generated for each profile by controlling the variables that were significantly related to determine the high compliance risk parameters specific to the profiles (Table 4).

In P1, one of the family-intensive groups, being a woman, the presence of a vulnerable member in the household, and high self-efficacy were associated with high compliance. In P5, being middle-aged (compared to the younger group), highly educated (compared to primary education level), and high income (compared to those with no income) were associated with higher compliance. Additionally, high COVID-19 knowledge and collectivist tendencies were found to be associated with compliance. In P2, who had a mutual relationship with family ties, having a high income

(compared to those with no income) and knowledge of COVID-19, as well as all other social resource factors except trust in authority, were found to be associated with high compliance.

Table 4. The Results of LRA for Predictors of High Compliance (Ref: Low)

	P1	P2	P3	P4	P5
n (%)	243 (73.9)	131 (70.1)	162 (79)	109 (56.2)	114 (75.5)
		OR [95%CI]			
Factors based on Individual Resources					
Age (Ref: Younger age:18-35)					
Middle (36-55)	0.55 [0.28-1.08]	0.52 [0.19-1.41]	**6.61 [2.00-21.8]****	0.87 [0.35-2.16]	**10.9 [1.80-16.4]***
Older (56-80)	1.02 [0.32-3.17]	1.45 [0.36-5.83]	3.68 [0.80-16.9]	1.32 [0.39-4.43]	1.45 [0.14-14.5]
Marital status (Ref: Single)					
Married	**2.61 [1.32-5.16]****	1.57 [0.64-3.80]	0.60[0.20-1.74]	**3.64 [1.50-8.87]***	2.12 [0.55-8.17]
Educational Status (Ref: Primary)					
Secondary	1.29 [0.59-2.81]	1.46[0.54-3.91]	**6.26[1.39-28.1]***	1.18 [0.47-2.94]	3.19 [0.61-16.5]
Tertiary	1.09 [0.47-2.52]	1.01[0.35-2.89]	**5.35[1.17-24.4]***	0.70 [0.25-1.95]	**5.92 [1.30-26.9]***
Income (Ref: No income)					
Low	1.30 [0.53-3.17]	1.70 [0.64-4.51]	0.45 [0.10-1.96]	0.91 [0.24-3.37]	1.22 [0.35-4.22]
Middle	1.70 [0.64-4.54]	2.09 [0.63-6.91]	0.21 [0.04-1.12]	2.17 [0.53-8.83]	0.76 [0.12-4.77]
High	2.16 [0.83-5.59]	**6.72 [1.96-23.0]****	0.90 [0.15-5.12]	3.26 [0.72-14.8]	**4.64 [1.01-21.2]***
Household Size	0.86 [0.73-1.00]	0.98 [0.78-1.23]	0.92 [0.68-1.25]	**0.61 [0.47-0.80]*****	0.72 [0.48-1.90]
Household Vulnerability	**1.84 [1.01-3.34]***	1.59 [0.69-3.65]	0.42 [0.15-1.15]	**2.31 [1.09-4.86]***	1.64 [0.48-5.55]
Care Experiences	0.63 [0.22-1.77]	0.66 [0.16-2.62]	**0.12 [0.03-0.52]****	0.26 [0.05-1.24]	3.27 [0.25-41.8]
COVID-19 Knowledge	1.23 [0.85-1.79]	**1.98 [1.27-3.08]****	1.29 [0.68-2.44]	1.31 [0.81-2.12]	**2.55 [1.10-5.90]***
Factors based on Social Resources					
Perceived Social Support	1.13 [0.71-1.82]	**0.36 [0.14-0.93]***	0.67 [0.26-1.70]	1.05 [0.56-1.96]	0.70 [0.27-1.79]
Collectivist Orientation	0.79 [0.42-1.48]	**3.85 [1.30-11.4]***	4.45 [1.41-14.0]*	1.29 [0.56-2.96]	**4.43 [1.38-14.1]***
Trust in Authority	1.13 [0.73-1.76]	1.30 [0.67-2.51]	1.64 [0.81-3.31]	0.65 [0.36-1.17]	1.10 [0.55-2.20]
Perceived Efficacy for SC	1.22 [0.86-1.72]	**0.51 [0.31-0.85]***	**2.94 [1.45-5.95]***	0.81 [0.53-1.24]	0.70 [0.37-1.35]
Perceived Susceptibility for SC	0.88 [0.65-1.29]	**1.69 [1.00-2.84]***	0.86 [0.46-1.61]	0.83 [0.53-1.30]	0.69 [0.33-1.43]
Cognitive Factors based on Protection Motivation					
Perceived Severity	0.93 [0.59-1.44]	1.37 [0.67-2.81]	1.08 [0.50-2.34]	1.71 [0.91-3.19]	0.78 [0.29-2.06]
Perceived Susceptibility	0.87 [0.59-1.28]	0.88 [0.53-1.46]	**2.24 [1.17-4.28]***	**1.85 [1.18-2.89]***	1.18 [0.66-2.09]
Response Efficacy	1.00 [0.53-1.90]	0.68 [0.27-1.69]	0.53 [0.17-1.60]	0.97 [0.44-2.16]	1.59 [0.47-5.37]
Self Efficacy	**1.89 [1.07-3.33]***	1.69 [0.72-3.93]	1.30 [0.56-2.98]	**2.22 [1.07-4.63]***	1.26 [0.50-3.21]
Nagelkerke R^2:	0.187	0.292	0.434	0.346	0.476

Note. Goodness of fit conditions were met for the models. Hosmer & Lemeshow X2 (df): P1= 8.467 (8), p>.05; P2= 4.331 (8), p>.05; P3= 8.994 (8), p>.05; P4=10.099 (8), p>.05; P5=5.294(8), p>.05. Classifications ranging from 74.2% to 86.3% indicated acceptable class estimates. * p<.05, ** p<.01, *** p<.001

Source: The table was created by the authors.

In P3, the non-family-intensive group, being middle-aged, having secondary and tertiary education, having experience of caring for someone from the social circle, high collectivist tendency, and high perceived susceptibility were associated with high compliance. Contrary to P2, the perceived efficacy of the social circle was positively related to high compliance. In P4, without a support relationship, being a woman and household conditions as well as higher perceived susceptibility and self-efficacy were found to be associated with high compliance.

There were predominantly factors based on individual resources in the combinations of profiles. PMT components showed a mixed pattern. Factors based on social resources were not observed in combination of the profile lacking support. These results supported H9. It is noteworthy that more factors based on social resources were associated with compliance, especially for P2 and P3, who had relationships with multiple ties. In the combination of P2, social resource factors predominated. Therefore, H10 was partially supported.

4. Discussion

Our study has theoretical and practical implications. The results regarding the profiles contribute to the literature on network studies. The profiles were similar to some types of networks in the results of previous studies based on various cultures and specific age groups: family-intensive and non-family-intensive types (McConnell et al., 2016; Li et al., 2021) and the group lacking support (Cugmas et al., 2021). As expected, the profiles were predominantly family-centered (Steijvers et al., 2022). Türkiye's capital structure, which includes high trust in family and close relationships, may also have contributed to this result. Additionally, similar to the findings of Bertogg and Koos (2021, 2022), there were more people giving support than receiving support in the general population, and in most of the profiles, the support relationship was not mutual. The limited support received compared to the support provided may indicate that individuals don't seek the necessary support (Bertogg and Koos, 2022). Additionally, collectivist cultures can discourage individuals from seeking help while encouraging them to give (Kim et al., 2006; Taylor et al., 2004; Bertogg and Koos, 2022).

The results on social contact experiences contribute to our understanding of the dynamics characterizing social contacts, allowing us to distinguish the conditions of unrestrained social contact during lockdown. We found that even groups such as P4 experienced some social contact situations that included support actions. The low compliance of this oldest profile should also be considered due to the possibility of a history of low social integration and vulnerability to isolation (Heaney and Israel, 2008; Martínez-Garcia et al., 2022). In particular, individuals who aim to avoid social contact by staying isolated at home as much as possible can be expected to exhibit lower compliance in this dimension than others. However, the presence of mutual social support did not guarantee high compliance, as seen in P2. Restrictions may have also made it easier for social relations between family groups to become more frequent in private places. P3, who had contact with many social groups, had the highest compliance. In P3, there was a relationship characteristic that extended to the wider social environment, such as dominant neighbor relationships. This underlined the positive role of relationships in compliance, with daily relationships instead of strong ties or bridging weak ties that may have been included in networks during restrictions (Henning and Lieberg, 1996). Our results supported that low social capital and limited contact with other social groups were associated with being more maladaptive (Rosha et al., 2021), strengthening the idea that inadequate social support is an important cause of compliance problems (Halvaiepour and Nosratabadi, 2021).

The specific combinations of factors contribute to understanding which risk factors predict compliance to particular profile patterns. Groups with limited support or those who preferred to avoid their social environment were more limited in their individual ability and resources to cope. People with avoidant reactions have fewer social resources, and these two factors may combine to negatively impact coping (Billings and Moos, 1981). Higher self-efficacy, which is positively associated with compliance in line with previous results (Nivette et al., 2021; Hamerman et al., 2023), was a risk factor in this study, especially in limited-relationship groups that had to rely on their individual competence. However, individual resources factors did not exhibit a specific pattern.

Factors based on social resources mostly emerged in those whose relationships are with more than one group. This is an indication that compliance in groups with higher capital potential could be more influenced by support relationships and the conditions that social capital can create. Previous results point to the respond-supporting role of collective efficacy as a capital element (Wu, 2021). We observed that the perception of group efficacy and susceptibility were associated with compliance only in group relationships with multiple ties (P2 and P3). In P3, which has the lowest self-efficacy rates compared to other profiles, the competence of others seems to have become more important than personal competence and has taken on a supporting role.

In P2, perceptions of efficacy and susceptibility for others are related to compliance, but unlike P3, the efficacy has a negative coefficient. From the perspective of social capital, family support often comes with a sense of familiarity, closeness, and shared values that can have a strong social impact. Previous results have associated the decreased risk perception with the effect of trust arising from

familiarity (De Vries and Lee, 2022) or the development of unrealistic optimism among close ties (Salgado and Berntsen, 2021). Considering the negative association of social support with compliance, strong reciprocity norms may have created some obligations that require making various compromises as well as behavioral contagion (Macinko and Starfield, 2001; Elgar et al., 2020). Furthermore, negative capital effects may become more pronounced, especially when the income factor is taken into account, especially in these groups. Low socio-economic status is associated with poor social networks and social support (Weyers et al., 2008). Previous studies also point to problems arising from scarce resources in bonding capital (Pitas and Ehmer, 2020; Petrosillo et al., 2013).

Some vulnerable groups may have a greater capacity to provide formal support during a crisis because they have been prioritized (Fraser and Aldrich, 2021), while those who did not previously need it may have more difficulty accessing formal support. Studies conducted in Türkiye have shown that the need for support among restricted individuals and the responsibilities of other actors increased due to the restriction policies (Erten et al., 2022), have highlighted the challenges in meeting the high level of new formal support demand (Kuruhalil et al., 2020), indicate that, during crises, support services emerge as primary needs for vulnerable groups within the Turkish sample (Kuşku Özdemir, 2024) and the supportive role of close circles, which act as a buffer for those who cannot access formal support (Göçmen et al., 2020). When access to formal mechanisms is insufficient, family groups that try to tolerate economic problems with mutual support may be more exposed to the negative capital effect, with the contribution of being limited in wider support. Despite being family-intensive profiles, the compliance of P1 and P5 was higher than that of P2. Considering the sensitivity to household conditions in these groups, there may have been less tendency to risk social interaction to obtain social resources. In fact, one study explains the compliance performance of family groups in connection with protecting elderly and vulnerable members of the family and staying away from the non-family network (Alfano and Ercolano, 2020).

Collectivist orientation often emerged in relationships with multiple groups. Exceptionally, it was also a risk factor for the youngest profile with household support. In fact, this is consistent with young people being in groups whose social contact is limited in the pandemic (Völker, 2023). Social networks/interaction and sociability come first among the components for young people's social capital (Schaefer-McDaniel, 2004). The positive association of collectivist orientation with high compliance supports the view that high capital can act more socially responsible (Bartscher et al., 2021; Kokubun and Yamakawa, 2021). However, it should be noted that a high collectivist tendency is not sufficient for the compliance of a low-capital groups. Unlike others, mutual support obligations such as those in P2 appear to amplify negative social capital effects. On the other hand, the support relationship established apart from familial obligations, as in P3, who only provides support, may be linked to a more positive social impact and shared cooperation values. Additionally, being independent or a volunteer when providing support has benefits such as reduced stress (Inagaki and Orehek, 2017). Relationships with social contacts outside the family may have facilitated more distant and controlled actions within the household.

5. Limitation

This study has some limitations. First of all, this study has a theoretical framework that synthesizes the resource-focused capital perspective and the PMT approach. Various capital perspectives will have additional explanations. Second, the cross-sectional nature of the study limits causality. Third, since it was aimed to analyze the social support relationships and its reflections on compliance during the pandemic period, it was not measured whether these relationships that formed the profiles existed before. It only allows to understand the relationships during the pandemic period, therefore, it is not known whether there is a problem in accessing pre-existing social resources. We recommend that future studies test and compare support relationships and risk factors before and after the crisis. Additionally, the frequency of contact was not measured.

However, it can be assumed that the frequency will occur to the extent permitted by the pandemic restrictions.

Conclusion

This study has important implications for the development of coordinated responses and support systems during similar crises. The first step in new approaches that envisage community participation and involvement in the management of crises and disasters is to define the profiles that recognize the society through characteristics such as economic and social structure and social connectivity. Profiling is important after the event to understand the effects of the crisis (Johnston et al, 2022). Considering that capital for participation and adaptation will become increasingly useful and necessary, with the prediction that global threats such as the pandemic will occur (Alfano, 2022), it is important to define profiles and provide infrastructure for the plans and implementations targeting the profiles.

Our results confirm that groups with lower social capital are more maladaptive in responding to crisis measures than those with higher capital. An important result is that the responses in conditions of mutual family support relationships are more negatively associated with factors based on social resources. In collectivist societies such as Türkiye, promoting altruistic attitudes and social obligations may do more to increase the effectiveness of measures (Yong and Choy, 2021). Additionally, profiles whose support is limited to family may need formal support such as profiles those who lack support. More importantly, efforts to improve the capital stock and increase resilience in society must be spread across large social units. Participatory models such as strengths and asset-based community development are increasingly preferred and can be effective in crises such as the COVID-19 pandemic (Luo, 2021). Solidarity relationships that are more intense locally can contribute to the well-being of individuals and communities when supported by local/official social support mechanisms.

The potential of social capital to require collective action and socially responsible behavior in times of crisis should be recognized (Bartscher et al, 2021). However, these networks may not be sustainable in the long run and cannot address long-term social exclusion (Yong and Choy, 2021; Çakır, 2002). Therefore, it is very important to implement crisis- and profile-specific action plans that ensure rapid response to the needs of all parties involved in cooperation and support relations. This policy can help mitigate the long-term effects of crises and reduce the post-crisis costs of social programs.

In conclusion, this study sheds light on the complex dynamics between support relationships and compliance during the COVID-19 pandemic. The findings highlight the importance of tailored interventions and support systems for different profile groups and call for protective measures to address the challenges faced by individuals and communities. However, for similar capital patterns and cultures, more research is needed to explore the limitations and develop the recommendations provided in this study.

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