



| Research Article / Araştırma Makalesi |

To Emerge or Not to Emerge? A Qualitative Inquiry on Basic Needs of Emerging Adults During the COVID-19 Pandemic

Belirmek ya da Belirmemek? COVID-19 Salgını Sırasında Beliren Yetişkinlerin Temel İhtiyaçları Üzerine Nitel Bir Araştırma

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Abstract

Purpose: This study explores the experiences of Turkish emerging adults during the early months of the COVID-19 pandemic as regards their needs.

Design/Methodology/Approach: In this context, 20 participants (10 males and 10 females) were recruited (March to April, 2020) using purposive snowball sampling in a phenomenological design. Data were collected via semi-structured online interviews and analyzed using interpretative phenomenological analysis.

Findings: We have explored several of the needs experienced by the participants (self-allocation, relational, physiological, career and physical). We also discovered some barriers (relational, physiological, educational, environmental, personal and financial) and facilitators (social support, technological support, physical facilities, educational support and personal traits) to address their needs. We finally asked what they do in order to fulfill their needs (behaviors for building relationships, behaviors for self-allocation, behaviors for career development, behaviors for physical health)

Highlights: In light of the findings, It is important to design intervention studies regarding mental health problems that may arise due to emerging adults not being able to meet their needs during the Covid-19 period. In addition, it is recommended that steps be taken in line with the needs of emerging adults by taking into account the findings of this study in the face of possible situations that may be encountered similar to the Covid-19 period.

Öz

Çalışmanın amacı: Bu çalışma, COVID-19 salgınının ilk aylarında Türkiye'deki beliren yetişkinlerin ihtiyaçlarına ilişkin deneyimlerini araştırmaktadır.

Materyal ve Yöntem: Bu bağlamda, 20 katılımcı (10 erkek ve 10 kadın), fenomenolojik bir tasarımda amaçlı kartopu örnekleme kullanılarak çalışmaya dahil edilmiştir (Mart-Nisan, 2020). Veriler yarı yapılandırılmış çevrimiçi görüşmeler yoluyla toplanmış ve yorumlayıcı fenomenolojik analiz kullanılarak analiz edilmiştir.

Bulgular: Katılımcılar tarafından deneyimlenen ihtiyaçların bir çoğu (kendine zaman ayırma, ilişkisel, fizyolojik, kariyer ve fiziksel) keşfedilmiştir. Ayrıca, ihtiyaçlarının karşılanmasına yönelik bazı engelleri (ilişkisel, fizyolojik, eğitimsel, çevresel, kişisel ve finansal) ve kolaylaştırıcıları (sosyal destek, teknolojik destek, fiziksel olanaklar, eğitim desteği ve kişisel özellikler) ortaya çıkardık. Son olarak, ihtiyaçlarını karşılamak için ne yaptıklarına ilişkin deneyimleri belirlemiştir (ilişki kurma davranışları, kendini zaman ayırma davranışları, kariyer geliştirme davranışları, fiziksel sağlık davranışları)

Önemli Vurgular: Bulgular ışığında, Covid-19 döneminde ortaya çıkan yetişkinlerin ihtiyaçlarını karşılayamamaları nedeniyle ortaya çıkabilecek ruhsal sağlık sorunlarına yönelik müdahale çalışmalarının tasarlanması önemlidir. Ayrıca Covid-19 döneminde benzer şekilde karşılaşılabilecek olası durumlar karşısında bu çalışmanın bulguları dikkate alınarak ortaya çıkan yetişkinlerin ihtiyaçları doğrultusunda adımlar atılması önerilmektedir.

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INTRODUCTION

The COVID-19 pandemic, the most serious public health issue of the past fifty years, has had a significant impact on millions of people in almost every aspect of life (World Health Organization, 2020). Measures introduced to contain the spread of the virus, including quarantine, mask usage, and social distancing, have highlighted the severity of the pandemic across the globe (Pakpour & Griffiths, 2020). These shifts in our lifestyles have reinforced the importance of psychological well-being. As a result, psychologists have been exploring the impact of the pandemic on the various psychological and social aspects of our lives.

A number of recent studies have highlighted the negative side-effects of the pandemic on the psychological and social dynamics of human life (Browning et al., 2021; Psychological Science Accelerator Self-Determination Theory Collaboration, 2022; Wang et al., 2021). Owing to the significant decrease in social interaction, people's lives have been physically, financially, and socially restricted. Circumstances such as separation from loved ones, the restriction of freedom, or uncertainty about the disease can have significant effects on mental health (Cao et al., 2020a).

Given that the subjective experience of each individual may differ under various conditions and contexts, it is important to contextualize the in-depth experiences of emerging adults in relation to their needs during the COVID-19 pandemic. Although extensive research has been carried out in this area, there is a clear lack of qualitative research exploring how the basic needs of emerging adults were or were not met during the height of the pandemic. In addition, much of the literature focuses on emerging adults from Western, Educated, Industrialized, Rich, and Democratic (WEIRD) societies (Henrich et al., 2010; Muthukrishna et al., 2020). In other words, few studies have focused on collectivist societies, as are found in Turkish culture (Arslan & Yildirim, 2021; Yildirim et al., 2021). In this context, this study aims to contribute to the existing literature by focusing on the needs of Turkish emerging adults in the early months of COVID-19 pandemic from an exploratory perspective.

Theoretical Framework on Needs of Emerging Adults

Some groups may be more vulnerable to psychological problems arising from the pandemic than others owing to exposure to problems that may be linked to changes in their environment (Uphoff et al., 2021). Emerging adults, who are defined as young people aged approximately 18 to 25 years who occupy a space between adolescence and young adulthood (Arnett, 2007; Schwartz et al., 2005), are one of the groups that have been greatly affected by the pandemic. Recent literature on the mental health of emerging adults during the pandemic has emphasized that they experience higher levels of anxiety, distress, and depression than other groups, and may turn to alcohol, substance use (Cao et al., 2020b; Huang & Zhao, 2020; Rossi et al., 2020; Wang et al., 2020; Zhao, 2020).

The quarantine measures that were imposed as a result of the pandemic not only enforced a psychological restriction on emerging adults but also prevented them from meeting their needs. There are various notable theories attested in the literature with regard to the needs of individuals, such as Self-determination Theory (Deci & Ryan, 2000; 2008), Choice Theory (Glasser, 1998), and Self-actualization Theory (Maslow, 1943; 1954). According to Deci and Ryan (2012), the individual's fundamental needs are *relatedness, autonomy, and competence*, whereas Maslow (1943) earlier proposed a hierarchical system that included *physiological needs, safety needs, love and belonging, esteem, and self-actualization*. However, the model was later expanded to include *cognitive, aesthetic and transcendence needs* (Maslow, 1954; 1970). Glasser (1998), on the other hand, listed basic needs as *survival, love and belonging, freedom, power, and fun*. When analyzed from a comparative perspective, all these theories share certain similarities. For instance, relatedness is like love and belongingness; survival is related to physiological needs; autonomy is connected with freedom; and competence can be affiliated with power and self-actualization. On the other hand, there are certain differences among these views. By way of example, although Glasser (1998) theoretically separates his perspective from that of Maslow by objecting to the semi-hierarchical classification of human needs and by assigning equal importance to the five basic needs, the theory of self-determination does not consider biological needs to be psychological needs. Moreover, Glasser (1998) prominently emphasized the need for fun compared with other theories, claiming that human beings seek various entertainments in order to motivate themselves.

Understanding the relationship between the basic needs of emerging adults and developmental tasks provides a clue to understanding the specific experiences of this group. For example; campus life is a great setting for the developmental tasks of emerging adults. It directly or indirectly serves to meet their basic needs: the process of identity formation, the establishment of material and emotional autonomy, the establishment of close and deep relationships, the finding of a romantic partner, the desire to belong to a group. In addition, students discover various internship and job positions on the campus. Unfortunately, individuals who are disconnected from campus life due to the pandemic have difficulty meeting these needs.

Many studies have emphasized the importance of meeting the basic needs of emerging adults in terms of well-being and life satisfaction (Antunes et al., 2020; Lederer et al., 2020; Matias et al., 2020; Sakan et al., 2020; Waselewski et al., 2020). Therefore, the needs that are prevented from being met as a result of preventive measures including social distancing and mandatory quarantine affect the life satisfaction and well-being of emerging adults (Brooks et al., 2020). Casale and Flett (2020) argue that in such cases it is more difficult to meet the requirements for survival. It is noteworthy that even those who generally feel more positive emotions are more prone to depression, anxiety, and stress when their basic psychological needs cannot be met as a result of the pandemic restrictions (Sakan et al., 2020). Meeting basic psychological needs contributes to the positive functioning and psychological well-being of emerging adults in various areas of life, such as work, education, and social life.

Emerging adults in Turkey experienced various difficulties in meeting their needs during the pandemic and were adversely affected by the imposition of restrictive measures. Turkish emerging adults living outside their hometowns were forced to leave their universities and return to their families. This created a new adaptation process, which comes with its own set of problems. For instance, Bulguroğlu et al. (2021) reveal that levels of physical activity among Turkish emerging adults were quite low and that levels of depression rose during the pandemic; this inevitably had an adverse effect on quality of life. In a study conducted by Acar et al. (2020), levels of anxiety among Turkish students were also found to be high. It has additionally been reported that there was a high rate of deterioration in sleep patterns, which is one of the biggest factors of psychological resilience in the Turkish population (Demir, 2020). According to Kürtüncü and Kurt (2020), the main issues negatively affecting emerging adults throughout the pandemic were the lack of face-to-face teaching, breakdowns in infrastructures of remote education, and intense affectivity experienced as a result of the restrictions. Some of the participants in this study explained that it was difficult for them to take course materials and equipment home with them when the restrictions were imposed. A study by Memiş-Doğan and Düzel (2020) has also demonstrated that students worried about becoming infected, or infecting their loved ones, with COVID-19, making many too afraid to enter crowded areas. Moreover, a recent study suggests that the psychological resilience levels of Turkish university students collapsed as a result of the pandemic (Çetin & Anuk, 2020). Participants in this study also highlighted that COVID-19 had negatively affected their forward thinking and future planning, their ability to meet their basic needs, and their general life satisfaction.

In the context of increasing levels of COVID-19-related stress (Farris et al., 2021), we hope that examining the experiences of Turkish emerging adults regarding their basic needs will make significant contributions to the literature. Therefore, the study aims to undertake an in-depth analysis of the experiences of Turkish emerging adults with regard to meeting their basic needs during the COVID-19 pandemic. This study aims to answer the following research questions:

- 1) How did emerging adults in Turkey describe their basic needs during the height of the COVID-19 pandemic?
- 2) What were the experiences of emerging adults with regard to meeting their basic needs during COVID-19?
- 3) How did the needs of emerging adults change during the pandemic compared with their needs before the pandemic?
- 4) How do emerging adults plan to meet their basic needs after the pandemic?

METHOD/MATERIALS

Participants and Procedure

This study aimed to explore the perceptions and experiences of Turkish emerging adults regarding their basic needs in the context of the COVID-19 pandemic. To achieve this, the Interpretative Phenomenological Analysis (IPA) method was used, which aims to provide detailed evaluations of individual experiences to assess how an individual makes sense of a particular phenomenon (Creswell, 2007; Moustakas, 1994). Before recruitment could take place, ethics approval was obtained from the National Ministry of Health and the university (Protocol Number: 200124/101). The study was performed in accordance with the ethical standards as laid down in the 1964 Declaration of Helsinki. To recruit eligible participants, criterion-based sampling was used, with the criteria being defined as follows: the participant must a) be an undergraduate student at any higher education institution; b) be between the ages of 18 and 28 years; c) not have any psychiatric clinical diagnosis; and d) participate in the study voluntarily. Prospective participants were contacted through course announcements, social media calls, and person-to-person communication. Those who were eligible to be recruited were included in the current study.

Based on the research questions, ten initial questions were prepared regarding the needs of emerging adults. These questions ranged from simple to complex and encompass the past as well as the future. After preparing the initial questions, three experts of counselling psychology were consulted. Pyett (2003) has recommended the use of pilot tests to maximize the expressiveness of the participants' different perspectives. Therefore, before the main interviews took place, a pilot test was conducted with two non-participant volunteers to ensure the comprehensibility of the questions. Finally, an informed consent form was provided. There were seven open-ended interview questions including demographic form and questions like "What facilitates/supports you in meeting your needs during the COVID-19 pandemic?" and "What makes it difficult for you to meet your needs?" The double-checked English translations of the materials are presented in Appendix 1.

Interviews were conducted with the participants using purposive snowball sampling. According to Onwuegbuzie and Collins (2007), it is appropriate to terminate recruitment if data collection begins to demonstrate redundancy or if it becomes too difficult to discover new information. In light of this, the first researcher felt that they had reached saturation in the seventh interview; the second researcher felt that saturation had been reached in the eighth interview. After completing their tenth interviews, both researchers terminated the recruitment process with a total of 20 emerging adults (10 males and 10 females; $M_{age} = 20.7$ years). Interviews were held online for public health reasons and were recorded using Zoom software (Zoom Video Communications Inc., 2020), with the data stored in a private shared drive. Before the recording, participants were informed of the scope of the research, voluntary participation, recording, and confidentiality. Participants were asked to declare out loud that they were voluntarily participating in this study. The interviews lasted between 20 and 45 minutes and were conducted in Turkish language. They were completed during the second month of lockdown in Turkey – between May 5 and June 5, 2020 (Campuses were closed on March 14).

The participants' demographics are presented in Table 1. None of the participants had contracted COVID-19 at the time of the interview. Participants were anonymized using pseudonyms to protect their confidentiality. No course credits or endorsement were provided for participation in research.

Table 1. The Demographics of the Participants

Participant ID	Gender	Age	Grade	Monthly Family Income (₺)	Place of Residence	People Lived With
P1	Male	22	Junior	4000	District	Parents
P2	Male	22	Junior	14000	City Centre	Mother and Older Brother
P3	Male	22	Sophomore	5000	City Centre	Mother
P4	Male	22	Senior	5500	District	Parents
P5	Female	20	Freshman	8000	District	Parents
P6	Male	18	Freshman	2000	Village	Parents
P7	Male	20	Sophomore	6000	District	Parents
P8	Male	28	Senior	5000	City Centre	Parents
P9	Female	21	Sophomore	5000	District	Parents
P10	Female	20	Sophomore	5000	City Centre	Parents
P11	Female	24	Junior	3500	City Centre	Parents
P12	Female	21	Freshman	2020	District	Parents
P13	Female	22	Junior	2700	Village	Parents
P14	Female	22	Junior	15000	City Centre	Parents
P15	Female	22	Junior	1500	City Centre	Parents
P16	Female	23	Junior	2.000	District	Parents
P17	Male	20	Freshman	3000	District	Parents
P18	Male	20	Freshman	1000	District	Parents
P19	Female	22	Sophomore	2800	City Centre	Parents
P20	Female	21	Freshman	5000	City Centre	Parents

Note. ₺: Turkish Lira

The reliability of the study was considered by establishing the following four criteria: (i) credibility; (ii) transferability; (iii) dependability; and (iv) confirmability (Lincoln & Guba, 1985). The preliminary analyses and meanings extracted from the data were sent to the participants in a report. On reading the report, the participants expressed their thoughts to the researcher by evaluating the completeness of the data, the adequacy of the analyses in reflecting their own reality, and whether the results related to their own perceptions and lives. The phenomenon being studied was again explained in detail. Meetings between researchers were held at short intervals to enable the research process to be critiqued through the comparison of the study results with the findings of previous studies to ensure credibility.

The research sample, setting, and process were clearly presented to ensure transferability. The study was undertaken using purposeful sampling within the framework of the inclusion and exclusion criteria. Participants' opinions were provided directly. Dependability was ensured through inter-coder consistency and by sending all the data collection tools, raw data, coding and inferences made during the analysis phase to two experts who were not involved in the study in any way. By taking the reflective comments of each researcher into consideration, the data were coded by each researcher separately to ensure confirmability. Finally, researcher triangulation was achieved by the inclusion of more than one researcher in the collection, analysis, and interpretation of the data.

Data Analysis

The aim of qualitative research is to generate data based on personal experiences (Sandelowski, 2004). The research was designed in the case study model. A case study is the description of a state or the presentation of themes related to a situation by collecting detailed and in-depth information about real life or a limited system through multiple sources of information (Creswell & Poth, 2018). All interviews were transcribed and the complete responses of the participants were read several times to enable the researchers to familiarize themselves with the data. A code sheet was created for the analysis. The raw data were initially coded separately and the findings were discussed to enable a consensus for the coding to be reached. The emerging code categories were analyzed by discussing marginal expressions or duplicate expressions in the code. When the coding process was complete, other researchers examined these codes and their hierarchical structure. After this, group discussion was conducted to decipher obscure statements. All researchers were included in the reporting.

FINDINGS

In this section, we summarized our findings in accordance with our research questions. As a result of data analyses, the needs of emerging adults are classified into five themes, namely, (i) self-allocation needs, (ii) relational needs, (iii) physiological needs, (iv) career needs and (v) finally physical needs. We tried to explain the needs of the participants in accordance with our research questions. In Table 2, we presented the themes of basic needs of our participants as a result of our analysis.

Table 2. The Basic Needs and Their Sub-Themes among Our Participants

Need Themes	Sub-themes	F _{pre-pandemic}	F _{met during}	F _{unmet during}
Self-allocation needs	Sightseeing	4	-	4
	Leisure time and hobbies	9	15	4
	Self-exploration	-	2	1
	Solitude	-	-	8
Relational needs	Need for hanging out	2	-	5
	Spending time with family of origin	6	9	-
	Spending time with friends	3	1	14
	Spending time with romantic partner	1	-	4
	Face-to-face interaction	-	-	5
Physiological needs	Exercising	2	1	4
	Relaxation	3	4	1
	Nutrition	1	1	4
	Regular sleep routine	1	1	-
	Personal care	-	1	1
	Walking	-	-	3
	Sexuality	-	-	1
Career needs	Career planning	3	1	1
	Studying	11	2	2
	Face-to-face education	1	-	4
Physical needs	Financial facilities	2	2	2
	Technological facilities	-	1	-

Self-allocation needs. It means devoting time, energy and resources to the individual's own well-being. In our analysis, the child themes of leisure time and hobbies, sightseeing, self-exploration and solitude emerged under the need for self-allocation. For instance, some stated that leisure time and hobbies was met during the pandemic by saying “[P16]: *I love cooking as a hobby, for example, I could find the opportunity right now. There was no such thing in the dormitory environment*” or “[P18]: *... watching some more movies at home and playing games*”. On the other hand, others indicate that they could not find a time for their hobbies due to the crowdedness of the house: “[P19]: *This process did not go well, we are a large family of ten people. I'm bored, I can't read a book*”. Participants also stated that they needed this time even before the pandemic. They wished to “[P3]: *...read books and watch movies and TV series*” or “[P7]: *...play online games*”. When we ask about their plans after the pandemic, we understand that this becomes clear with the expressions “[P19]: *I was thinking of going to dance class, I will go there. It can be a piano course, to relax and add something to myself*”.

None of the participants could meet their sightseeing need. They are restricted by the COVID-19 measures, although they “[P13]: *... need to travel*”. On the other hand, they were able to meet this need before the pandemic: “[P1]: *I am someone who likes to travel... I went to Cyprus and sought to continue*”. They are planning to “[P9]: *... travel, to see and to have fun.*” or “[P16]: *see new places*” in order to meet this need.

For self-exploration, two participants expressed that “[P10]: *I listened to myself, away from everything, about what kind of person I am and what I like. ... made it easier for me to take time for myself*” and “[P14]: *I needed to focus on living in the moment and postpone things. I learned that in the process*”. We understand by these statement that they had the time for self-exploration during the pandemic.

Regarding the solitude, they had difficulties in allocating time for themselves: (i) “[P4]: *I have been living on my own for four years, I am a person who is used to doing things on my own, after this time I can feel the difference when I return to my family. I mean, they are like my teacher, they had a negative impact on me*”, (ii) “[P19]: *Obviously we are in a very large family, I would like some calmness, I would love to listen to my head. We are a large family of ten people... there is a voice, it's a very troublesome environment*”, (iii) “[P5]: *I don't have a private space, my family came to where I live and we caught the pandemic together. The house is small. I don't have a private space*”. Although they do not specify some of their needs to express their current situation, the lack of self-allocation needs is again understood with their plans such as “[P17]: *... going on a picnic with friends*”, “[P3]: *... swimming freely*”, “[P10]: *going to a shopping mall*” or “[P16]: *... taking a vacation*”.

Relational needs. It is the need of an individual to share feelings, thoughts or experiences by interacting with other people and living things. Under this theme we encountered the need for spending time with family of origin, friends, romantic partner and hanging out. The need to be with the family is shaped during the quarantine measures as expected. The homesickness for family members was interpreted as dominant during the pre-pandemic period with the expression of “[P6]: *I felt the absence of*

them [his/her family members] because I was far from my family, and from time to time, it was not always possible to go back and forth". We concluded that

this need is satisfied for most participants during the pandemic with the expression of "[P4]: *I didn't get the opportunity to be with my family so much. it was school etc. I'm with them, having a good time. Everyone is together*". None of the participants stated that they need to see family members at this time.

Despite the restrictions, four participants met this need by contacting their friends: "[P1]: *... talking longer with my [their] friends*". However, most of them had difficulties in meeting this need. The expression of "[P9]: *I saw the importance of hugging and meeting with my friends. I suffered the most in terms of friendship and socialization. As I am a social person, I am a person who spends a lot of time with my friends. I missed them so much*" is an indicative of this finding. During the pandemic, fourteen of the participants emphasized that they needed to spend time with their friends, while only three people stated that this need was not met before the pandemic. This finding suggested that the pandemic dramatically influenced contact with friends. When we examined the plans, this need clearly came to the fore during the pandemic: "[P5]: *The first day I return to K tekli [Campus Location], I will not enter the house 24 hours a day. I don't care about walking either. I'm not going to sit anywhere with a friend and go home*". In addition to this, one participant said, "[P14]: *I am someone who interacts by touching a lot. I want to touch and contact comfortably [with his/her friends]*". Contrastingly, some planned to "[P16]: *...distance [himself/herself] from other people. It was a difficult process*": "*I understand who is our friend and not... thinking of maintaining social distancing with some of them*".

The conditions of the pandemic have also influenced the relationship with the romantic partner. One expressed that she needed to "[P13]: *... get together with my[his/her] boyfriend*", other said that "[P3]: *I can't see my girlfriend. If I could, I would bring time with him first*". Post-COVID plans show that they "[P8]: *... will be to meet with [their] girlfriend*" the need to spend time with their partners. Therefore, we infer that those romantic relationships during the COVID-19 are negatively afflicted.

One of the most expressed needs of participants was hanging out. They would like to "[P9]: *... spend time as... [they] wish*" or "[P17]: *... have fun*" with their social circle but "[they] *stuck at home, [they] ... cannot go out*". Additionally, some participants also seek "[P17]: *...face-to-face*" communication and sharing with their instructors. They claimed "[P1]: [they] *... miss [their] teachers*", "[P17] *... understood the value of [their] teachers in course[s]*".

Physiological needs. It means the basic requirements necessary to ensure the physiological well-being of the body. We have combined the needs of exercising, relaxation, regular sleep routine, nutrition, personal care, sexuality and walking under this theme. Exercising has emerged as an important endeavor for the participants both before and during the pandemic. While the expression "[P4]: *It will sound a little funny, but even though I am a senior, it is more about my sports life than my studies*" indicates that exercise is an important need for the participants before the pandemic, it is noteworthy that this need is restricted by the expression "[P16]: *... didn't do it at home*" during the quarantine. For instance, they could not satisfy their need to exercise during the quarantine. It "[P4] *... took [them] back psychologically and dragged [him/her] into a negative situation*". Only one participant stated that "[P1]: *Even if there is no gym, [he/she] try to do what [he/she] knows at home alone.*" We understand with the expression "[P4]: *It will sound a little funny, but even though I am a senior, it is more about my sports life than my studies*" that actually exercising is very important for them. Some also "[P4]: *... devote myself [themselves] to sports*" after the measures left out.

Another striking theme is the need of relaxation. It generally means physically resting and moving away from the rush of life. Some participants stated that they were away from the intense pace of the classes and expressed their comfort: "[P18]: *I was studying the lessons a lot, normally I didn't need much in this process, I relaxed a bit. I was very tired this semester, I didn't want to work, I had so much homework left. I'm having a really hard time though, even when doing homework*". Just one student indicated that he was not having a rest during the quarantine.

Regular sleep routine is also critical need for student's wellbeing. As expected, quarantine measures influenced student's sleep patterns. Although the participants did not directly express much about whether they could meet their sleep needs or not, they especially mentioned the irregular sleep pattern in the obstacles theme. For some reason, we can also infer that this is not a challenge unique to this period. For instance, one student also expressed "[P3]: [his/her] *sleep patterns were disturbed*" and therefore "*needed to fix*". Contrastingly, one points out that "[P12]: [he/she] *started to set my sleep schedule*".

Nutrition, like sleep need, plays a key role in the healthy functioning of the physiological cycle. In terms of nutrition, the participants did not have any difficulties in food deprivation because they were mostly with their families: One participant said, "[P3]: *My mother stayed at home when her business was closed (barista at the cafe) and I had no problem with food*". They just highlighted their concerns about gaining excessive weight: "[P18]: *We are at home, as you know, as someone who lost 15-20 kg before, I have a fear of gaining weight despite being careful...*". From this perspective, inactivity at home during quarantine indirectly influences nutrition.

Students reported that they had difficulty in paying attention to their personal care in this process: "[P20]: *Since I couldn't go out, I couldn't care about my personal care, I needed it. I need a hairdresser as a woman, my hair, nails are about personal care, personal hygiene*". In future, one plans to "[P18]: *tidy myself [himself/herself] up and go out, get my [his/her] hair cut*" when the quarantine measures are left out. There are also those who think that they can "[P20]: *...put more emphasis on cleanliness*" in this period compared to before COVID-19.

Unlike the exercising, some participants described that they wanted to move only by walking. The most important difference of these needs is that walking can be closely related to going out of the house and being outside: They “[P20]: *needed to breathe the most*”. Because they are “*am in a state of anxiety... not comfortable*”. Walking can give “*breath of both liberation and relief*”. They “[P18]: *...really miss[ed] the need to travel without thinking*”.

Finally, one of the participants stated that his need for sexuality was a problem: “[P2]: *Sex is missing. I don't have a girlfriend, I don't care about anyone, I just want it as desire satisfaction. It was there when I was in college, now it doesn't*”.

Career needs. Career needs are those that an individual needs for the position or status they want to achieve in the future. An example to this status could be a career or academic achievement. In our analysis, we have found three distinct child themes under career needs: Need for studying, need for career planning and face-to-face education need.

During the pandemic, interviewees educationally felt themselves lagged behind. “[P16]: *...school life was important to*” them. However, they felt that their “*...faith to the school is gone because they [university administration] couldn't manage the process well*”. They were expecting to be “[P8]: *...able to write something academically, doing research*” or “*attend to a language learning course*” just like before the pandemic. They could not “[P10]: *study(ing)*” as much as they “*have to*”. One was planning to go “[P2]: *Erasmus*” visiting. For some few, their academic responsibilities are “[P18]: *...relaxed a bit*”. They “[P4]: *...didn't do homework*” a lot. Interestingly, one stated that he changed his study habits positively during this period: “[P4]: *I was someone who didn't do homework, I definitely wouldn't do the homework at school... I'm doing full homework now. It's like that, that's the only [positive] change in my life*”. When these hard days over they would like to “[P16]: *...put(ing) [their] school life in order.*”

The need for career planning was also another emerging theme for our interviewees. We found that participants have the time they want to think or make decisions about their career development during this quarantine. They “[P4]: *...started to draw a path about them, as a [career] plan*”: “[P4]: *I had the opportunity to return to myself, I had the opportunity to think about what I would do next [in my life]*”. One depicted that “[P3]: *Before Covid-19, I had a need to define my career. I still think about it*”. On the other side, few states that they “*need[ed] to clarify... [their] career choice[s]*”. In addition, the pandemic disrupted the career development of a participant with its impact on his work life: “[P1]: *I also wanted to go to work and do the things I said I was tired of. These have increased my experience in my business life*”.

It turns out that the lack of face-to-face education reduces students' academic performance. “[P20]: *I could not get efficiency in distance education; I see face-to-face education more successful. In distance education, the lesson ended in 1 hour, in normal education we were working more, we could ask questions as we wanted, we could get information, I can get information by sending a message here, but I do not think it is as successful as face-to-face. This reduced my productivity, and I could not work hard with the stress of the pandemic*”. Talking about this need, an interviewee said: “*Our academic education has been interrupted; it has really suffered. Even though it is called distance education, I cannot get any efficiency at the moment*”.

Physical needs. This refers to the outsourcing requirements necessary to sustain the individual's life. We have found two needs under this theme: Financial and technological facilities. What we mean by the expression financial need is the monetary resource that is necessary for the survival of the individual. “[P9]: *For example, we can say money. We had to take a living by ourselves when we were in the university. I had the will to manage the money.*”, he said. They had financial difficulties due to the conditions in quarantine. Some “[P3]: *...took entrepreneurship training to earn money*”, some did “*not spend money, which prevented me [them] from having difficulties in accessing money*”, whilst some are “[P3]: *financially relieved*” due to the support of their families. Similarly, we encountered statements about the lack of technological facilities. We interpret this as a reflection of the unexpected announcements of quarantine restrictions nationwide and the inability of individuals to prepare themselves accordingly. Some participants had to leave their technological tools behind. Others could not access the internet, while a minority has a “[P9]: *...a computer at home*”.

Inhibitory Factors for the Needs

We examined the factors that make it difficult or prevent participants from meeting their needs during the pandemic. In general, we have classified these factors as (i) relational, (ii) physiological, (iii) educational, (iv) environmental, (v) personal and (vi) financial (Table 3). While barriers can prevent a single need in a situation, they can also prevent more than one need from being met.

Table 3. Barriers to the Needs During the Pandemic

Barrier Themes	Barrier Category	F
Educational barriers	Distance education	11
	Heavily assigned homework	4
	Lack of course resources	3
	Lack of access to libraries	3
	Deficiency of technological devices	3
	Attitudes of tutors	1
	Personal barriers	Negative emotions
Poor time-management		6
Procrastination behavior		3

Financial barriers	Lack of financial resources	4
Physiological barriers	Irregular sleep routine	3
	Immobility	1
	Disability	1
Environmental barriers	Lack of personal space	7
	Social distancing	4
	Chores	1
Relational barriers	Conflicts between family members	4
	Living with a chronically ill person	2
	Loneliness	1

Relational Barriers. It arises in essence from interactions with others. We also considered the lack of these interactions as a relational barrier. Therefore, conflicts between family members, living with a chronically ill person and loneliness sub-themes are showed up in our analysis. “[P12]: *I am affected by the arguments in the family, there are conflicts, but when it happens*” one said. The other reports that “[P7]: *We are stuck at home. We are unable to get along with the people at home. Everything has become possible with the family, even now we are at odds*”. Having a family member with a chronic illness at home prevents going out or socializing comfortably: “[P11]: *When I have a chronic patient at home, I am very restricted from going out.*”, “[P14]: *Because my sister also has asthma, there was a mandatory quarantine at home.*”. The presence of others is also essential to meet some needs: “[P17]: *I go to work in the parking lot, I could do sports there, actually, it's open space, but internally, I didn't feel like it afterwards, and being alone was also effective in this*”.

Physiological barriers. Physiological problems experienced by the participants prevent them from meeting their needs during quarantine. “[P15] *My time is usually spent sleeping, between insomnia and sleep. I don't sleep at night, I sleep during the day, there was a sleep problem*”. A recurring theme in our interviews was the immobility: “[P8]: *Although I would say the process is not bad, it would be better if there was a process where I could move more*”. Disability is another physiological barrier which participants experienced: “[P18]: *I injured my foot, it's an obstacle*”.

Educational barriers. These are factors that inhibit the educational development of participants. With the transition to distance education, students reported that they could not get efficiency in their academic development: “[P20]: *My internships turn into a trouble.*”. In addition to this, some participants also voiced heavily assigned homework: “[P18]: *I criticize that the teachers give a lot of homework just because they have time at home, in normal life, it was easier to do homework at this time, they overlooked it*”. Another common view amongst interviewees was lack of course resources. One claimed that “[P9] *I cannot study. The biggest factor that causes this is that all of my books left at the university, I brought here only one book*”. One also highlighted the lack of access to libraries “*I had a shortage of textbook resources during the course[s]*”. Especially, a student who has the habit of working in the library before the pandemic had difficulties in the pandemic: “[P10]: *Throughout my university life, I always worked outside the house in the library. Now it's hard to work at home, I always want to go to bed*”. It was expressed that the attitudes of some teachers in the lesson prevented the students' commitment to the lesson: “[P19]: *We have problems with the professors. [They are] Constantly scolding, threatening, scaring, 'why you don't come to classes?'. What's worse is, what stresses me is our professors. So, there is a constant pressure on us. My biggest issue is that we are in consistent conflict with the professors. I do not want to be ruled by them. They try to make something achieve with threats. I am a free-spirited person. So, I do not accept their imposition*”.

Environmental barriers. It describes other barriers that are not directly related to one's self or others. We have identified a number of subthemes under this theme: Lack of personal space, social distancing and chores. Participants state that they “[P19]: *do not have a personal room*” in their home. For some, it becomes so unbearable that they “[P15] *involuntarily hang out with them [family members.]*” after a moment. Another difficulty for the interviewees is mandatory social distancing. It has led to the inability to establish intimacy with loved ones: “[P16]: *Social distance is preventing me; I cannot be close to my parents*”. One participant also stressed that the excessive workload at home prevents him/her from dealing with her/his needs: “[P19]: *Because I am a female, housework such as cooking or wiping is expected. When I don't want to do it, it becomes a problem [for other family members]*”.

Personal barriers. One of the most critical barriers of the participants was their self-inhibiting barriers. It includes negative emotions, procrastination behavior and poor time management. Especially negative emotions like boredom, worry, hopelessness or stress impact their need satisfaction: (i) “[P18]: *...I can't find anything to do*”, (ii) “[P12]: *There are times when I see myself as a hopeless case. I don't want to do anything. My motivation is low.*”, (iii) “[P2]: *It always gets stuck in my head when I'm not studying and standing aside. I can't be comfortable with a responsibility on the side. I can't do anything about being irresponsible.*”, (iv) “[P5]: *I am a very anxious person in general. I'm constantly thinking about something involuntarily. I want to be alone with myself, but when I am alone, I involuntarily think negative thoughts. I had treatment on that, but I don't feel it's working*”. Procrastination is another factor that participants think is hindering them: “[P1]: *We are trying to study. However, there happens procrastination after a while. I cannot focus. I say [to myself]: 'I'll do it today, then, never mind! I'll do it later'. Then I'll play around with my friends. The next day: 'Okay, I will finish at least two of them [homework]. One of them seems to be over'. I say, 'I will start the second one!'. Then, I quit.*”. Participants have difficulty in meeting their needs due to the inability to plan the time: (i) “[P10]: *I spend a lot of time on the phone and social media, so, get more disengaged*”, (ii) “[P2]: *I have a bad day all day, when I don't follow my plans*”.

Financial barriers. Participants report financial barriers as hindrance. Participants or their families had difficulties due to the lack of financial resources: “[P19]: *Of course, financially. I am a student. I do not have my own money. I have a scholarship. Due the fact that there is no employee in the family, you have to give all the money you have to them. Unemployment also increased in this process. All of them are unemployed because my family is large*”. Lack of resource for technological devices also becomes a burden for them: (i) “*Internet connection is not always available*”, (ii) “[P19]: *because I did not have enough equipment, I could not study, I could not learn*”.

Facilitating Factors for the Needs

We have classified facilitative factors in five: (i) social support, (ii) technological support, (iii) physical facilities, (iv) educational support and (v) personal traits (Table 4). The first one is the most frequently mentioned one. Social support plays a role as a resilience-booster. Ten participants indicate the supporting contributions of their family: “[P1]: *The things that support my need are first of all the support of my family*”. As emerging adults, they also sought the supports of their peers: “[P5]: *My friends give moral support!*”. More importantly, three interviewees also validated that they had the support of their romantic partners. “[P3]: *My girlfriend is usually very supportive. Slightly more successful than me in many aspects.*”

Table 4. Facilitators for the Needs during the Pandemic

Facilitator Themes	Facilitator Category	F
Social support	Family support	10
	Peer support	6
	Partner support	3
Personal traits	Being psychological resilient	9
	Feeling energetic	1
Technological support	Having a computer	2
	Having an internet connection	4
Physical facilities	Being in a secure environment	4
	Having a broad environment	3
Educational support	Distance education	2
	Tutor support	1
	University support	1

Technological support. Technology also had a critical role during the pandemic. this theme, we had the codes of having a computer and having an internet connection. If participants have a device or a connection to the internet, they claim these help them “[P9]: *...prepare and upload assignments.*”

Physical facilities. Another salient factor for the participants was the theme of physical facilities. It includes being a secure environment and having a broad environment. Regarding the secure environment, one participant reported that he could move freely due to the low number of cases in his town. He “[P17]: *...live[s] in the sub-district, the cases were infrequent*”. This has “*relieved*” him. They “[P17]: *...were not very worried, ... were mentally healthier*” and “*...did not have any problems in this regard*”. The fact that the indoor living space was not narrow provided with the participants with elbow room during this process: (i) “[P15]: *Our house has a garden. I go there, regularly. It could have been worse if we were in the apartment. So, it's a good location. Detached house.*”, (ii) “[P19]: *Our house has an open garden although it's so small. We are trying to grow something in there. I'm always spending my time with the soil.*”

Educational support. Although the changes in higher education and training negatively influenced students by the pandemic. We have seen that some factors have boosted their well-being. These; distance education, tutor support and university support. Unlike face-to-face education, the distance education enabled students to pass the lessons notoriously. Interestingly, no one stated that distance education improved them academically: (i) “[P18]: *I think it will be easier to pass the lessons*”, (ii) “[P19]: *The only advantage is that you can cheat when they do the exam, there is no other advantage*”.

While the attitudes of some professors were hindering, certain teachers were quite supportive to the participants. “[P11]: *They determine our needs by using surveys*”. A few also mentioned that “[P11]: *The university bought Zoom for all professors. That's why they [our conversations] are not interrupted. They even sent laptops to students in need.*”

Personal trait. The characteristics of the individuals for hardships of the pandemic came forward as a protective factor. When we appeal what made it easier for the participants to cope with the difficulties in this period, one of the loud and clear responses we got was the emphasis on psychological resilience. They asserted that this made it easier for them to meet their needs: (i) “[P3]: *...gives me more or less an idea of what I should do*”, (ii) “[P2]: *I'm the ambitious type, I have to do it when I'm stuck. I sit and do it*”. On the other hand, having a positive mindset is also acknowledged by the participants: “*I try to be positive. I think of it as something that will pass. My life is going to get somewhere after that. So, I try not to let go of the strings*”. Likewise, one participant declared that she/he got rid of boredom by being energetic: “[P18]: *Of course, this is a factor in my energy. Even though I am very dull in this process, I always have a desire to do something. I have to do something.*”

What They Do to Meet the Needs?: Exhibited Behaviors

According to the need theories, a behavior or reaction is exhibited to eliminate the imbalance caused by needs. When we asked the participants what behaviors they exhibited in order to meet their needs, their responses were basically divided into four categories: (i) behaviors for building relationships, (ii) behaviors for self-allocation, (iii) behaviors for career development, (iv) behaviors for physical health (Table 5).

Table 5. Exhibited Behaviors for the Needs during the Pandemic

Behaviors Themes	Behaviors category	F
Behaviors for building relationships	Online conversation with friends	14
	Activities with family members	1
	Walking with friends	2
	Online gaming with friends	3
	Breeding a pet	2
	Behaviors for career development	Learning a foreign language
	Studying	5
	Taking courses	1
Behaviors for self-allocation	Cooking	1
	Reading	7
	Painting	1
	Surfing on the internet	3
	Writing poems	1
	Watching tv&movies	1
Behaviors for physical health	Exercising	2
	Go for a walk in the fresh air	3
	Isolating oneself	1

The participants exhibited various behaviors especially for self-allocation needs. For instance, leisure activities are the behaviors that the participants perform in order to rest and relax. Reading was one of the prominent leisure time activities. “[P17]: *I finished five or six books in a month and a half. This has helped me. I used to read normally, but not that often*”. One participant confirmed “[P17]: watch movies and TV series in English”. Some participants also reported that they surfed a lot on the Internet: “[P7]: *There were travel videos on YouTube. I watch them to travel in the future... I even followed accounts on social networks about books and talked to people.*”. A number of the interviewees has mentioned that they relied on hobbies for self-allocation needs. Some has “[P12]: *paint[ed]*” or endeavor on writing some pieces of “*poem*”.

Regarding the relational needs, participants mentioned their activities with their families, friends. They “[P9] *...make [made] both video and audio calls*”, online conversations or “[P2]: *play games like League of Legends and Counter Strike*” or “[P2] *...hiking*” with their friends. One participant “[P19]: *...built a tennis table*” or “[P19]: *...play[ed] okey*” to have fun with his/her family. While another one helped his/her parents in their business: “[P17]: *Due to my father's job, he is a tradesman, we have a parking lot company. I go to help; I voluntarily help them in there from morning until noon*”. Last but not the least, having a pet is a way to establish a relationship. (i) “[P8]: *We bought a cat. We breed some of the cats*”, (ii) “[P11]: *I go out to the garden and feed the cats and dogs*”.

Participants have preferred to strengthen their careers and increase their academic performance. For this, they have tried to “[P1]: *...improve(ing)... [their] language skills*” or “[P3]: *...took entrepreneurship training to earn money*”. Other than these, most of the participants indicates that they studied hard: “[P16]: *I try to focus on the lessons whenever I have the opportunity. I try to look at it even if it is not efficient. The notes uploaded and videos uploaded by the instructors.*”

Participants have engaged activities to protect their physical health as well. For instance, they took walking tours “[P3]: *...for short periods of time, even if it's 15-20 minutes. Just to get moving*”. Some preferred to “[P20]: *...take a coffee, go out to the terrace. At least try to take a breath... It is kind of welcomed*”. One has also asserted “[P17]: *...seriously... do sports inside the house*”. In an expected way, one interviewee was careful “*to isolate myself as much as possible*”.

DISCUSSION

The primary aim of this research study was to explore the experiences of Turkish emerging adults during the COVID-19 pandemic. In accordance with this aim, emerging adults' basic needs, the factors influencing these needs, and the exhibited

behaviors regarding these basic needs were identified. This is one of few qualitative research studies that specifically aims to investigate the needs-related experiences of emerging adults during the early days of the COVID-19 pandemic.

Participants described and experienced their needs in different ways during the COVID-19 pandemic. Given the individuality of each participant, the ways in which needs are met are variable. The pandemic, as a dominant factor, had an important impact on the ways in which needs were met compared with life before the pandemic. Participants encountered some newly emerging needs, as well as difficulties or conveniences in meeting the previously existing needs identified in the literature. Moreover, the plans that participants hope to implement when the pandemic ends have also informed the influence of the pandemic on meeting basic needs. Participants made efforts to meet their needs in all situations, whether in times of stress or in the absence of any negative conditions. Mark's (2018) concept of Reset Equilibrium Function offers one potential explanation for this. He highlights that human beings strive for stability, security, and adaptation to change in order to reach homeostasis and thereby survive. Such an interpretation adequately describes the behavior of the participants.

The most notable result that emerged from the analysis regards the classification of participants' basic needs. Five distinctive need themes emerged from the participants' responses: (i) self-allocation, (ii) relational, (iii) physiological, (iv) career, and (v) physical needs. Relational needs are in many ways similar to needs of relatedness (Deci & Ryan, 1985), love/belongingness (Glasser, 1998), or love/belonging (Maslow, 1970). In other words, like Mottern (2008), we propose that, in essence, an individual requires the presence of and interaction with others, regardless of their developmental stage. For instance, previous studies have suggested that, before the pandemic, relational needs were largely expressed by a desire to be with family (Demiral Yılmaz et al., 2020; Scharp et al., 2016; Thurber & Walton, 2012). However, during the pandemic, the focus for participants' relational needs switched to friends and romantic partners. Participants mentioned that they had experienced relationship problems during this period. This finding corroborates the ideas of Goodboy et al. (2021), thus suggesting that emerging adults experienced increasingly negative emotions in their interactions with their significant others. Lederer et al. (2021) support this finding by highlighting that university students experienced a lack of social attachment and belonging.

We defined physiological needs as basic organismal needs, such as breathing, drinking, eating, sheltering, moving, sleeping, searching for warmth, and having sex. This theme is similar to the most basic physiological needs outlined in Maslow's hierarchy of needs (Maslow, 1970) and the survival need in Choice Theory (Glasser, 1985). Organisms seek homeostasis in every aspect of their physiological needs to survive. The conditions imposed by the pandemic led to an imbalance, restricting the movement of organisms, and disrupting their sleeping patterns and eating habits. The participants were more inactive than normal, and some of them gained weight or felt uncomfortable as a result of being prevented from participating in sports. This finding is confirmed by other similar studies that have focused on exercise (Mandolesi et al. 2018; Matias et al. 2020), sleep (Blume et al., 2020), and personal hygiene (Aristovnik et al., 2020).

Career needs are broadly defined as educational and learning needs. In one respect, Maslow's cognitive needs may resemble Glasser's need for power. Addressing this need during the pandemic was curtailed by various factors. Dodd et al. (2021) reinforce our findings by indicating that the COVID-19 restrictions had a negative impact on studying; this was associated with low levels of well-being in the first few months of the pandemic. Our findings demonstrate that participants are concerned about how they would advance or progress in their careers. Consistent with this, Franchi (2020) has argued that the COVID-19 pandemic may have reduced students' confidence in their future employment prospects. A number of our participants also mentioned their lack of motivation, weakened concentration, and impaired memory, which made learning difficult for them, similar to the other research outputs (Al-Rabiaah et al. 2020; Lovric et al., 2020).

Self-allocation needs have some similarities, as well as some differences, with certain of the theoretical explanations. Despite its resemblance to Maslow's need for self-actualization, wherein self-actualization is described as the need for transcendence and the highest unachievable need, self-allocation is a self-care need that stipulates that people allocate time for their own well-being. Regarding the similarities, self-actualization reveals the inherent potential of a person and uses this potential in the best possible way (Maslow, 1970). The pandemic allowed more leisure time, which was often overlooked in pre-pandemic daily life. Studies have shown that during the pandemic, people found themselves turning to old hobbies that they rarely had time for before (Suh et al., 2021; Venkatesan, 2021); they also acquired new hobbies (Aristovnik et al., 2020). Old pastimes such as board games and puzzles (Butler, 2020), sewing (Smart, 2020), drawing, or reading novels (Antunes et al., 2020) have gained renewed recognition for their potential to support self-actualization. Similar to our findings on the desire for solitude, Raj and Bajaj (2021) suggest that people who were alone in quarantine sought and enjoyed private time to better organize their lives.

Physical needs refer to other emerging needs identified by the participants. These are the basic requirements relating to the technological and economic needs that are also instrumental in meeting all other needs (e.g., access to the internet or money). Pereira (2008) has posited technological need as a necessary addition to Maslow's five needs; this need was indeed regarded as prominent in individuals' lifestyles and spending habits in this study. Participants felt that their lack of money made it difficult to meet their needs. The lack of money among participants emerged as a constant theme—pressures caused by lack of money are felt during both pandemic and non-pandemic times. Other studies support this finding (Lenzen et al., 2020; Ozili, 2020; Son et al., 2020).

Meeting the needs of participants is a complex and multifaceted issue. For instance, students who could once interact with their peers and receive support during face-to-face education may have been deprived of support resources owing to the establishment of distance learning (Besser et al., 2020). Such a situation can create a sense of inequality of opportunity among

young people receiving education (Daniel, 2020). Destianingsih and Satria (2020) support this by stating that students do not actively participate in lessons when they are being taught by distance learning. Moreover, the negative emotions (such as anxiety, stress, boredom, or fear) experienced by our participants created a personal barrier that prevented them from focusing on their needs. Many studies have demonstrated that this experience is not unique to the participants of this study (Sun et al., 2020; Wang et al., 2021; Wasilewski et al., 2021). Other research has found that a lack of personal space has hampered the fulfillment of needs for emerging adults, as well as for adults (Epifanio et al., 2021), adolescents (Brazendale et al., 2017; Liu et al., 2020), and even children (Wang et al., 2020). Although some participants were able to find a private area outside their home, such as a garden or a roof garden, others could not find personal space as a result of crowded living quarters. This made it difficult for them to focus on their needs, such as the need for self-allocation. Consistent with the theoretical background (Kerr & Bowen, 1988), conflicts between emerging adults and family members in our findings were expected in terms of independence-seeking and self-differentiation.

Some factors contributing to the meeting of needs during the pandemic emerged during the course of this study. Just as the participants explained in their interviews, the social support of family members, peers, and romantic partners was considered to be a protective factor of mental health in similar studies (Grey, 2020; Saltzman et al., 2020; van den Berg et al., 2021). Again, psychological resilience as an internal facilitator is emphasized (Keener et al., 2021). This finding supports previous research into this topic demonstrating that levels of resilience play a part in participation in physical activity behaviors during the pandemic (Kekäläinen et al., 2021). It is also noteworthy that people who pray, exercise, have a stable sleep schedule, or seek support had higher levels of psychological resilience during the pandemic (Killgore et al., 2020). Although technology as an instrument mostly protects social relationships (Saltzman et al., 2020) or supports education (Cao et al., 2021; Riva et al., 2020), problematic use of the Internet has been observed (Amosun et al., 2021; Islam et al., 2020). Unsurprisingly, technological tools enabled our participants to communicate with their social circle and facilitated distance learning. Some studies have indicated that participating in gardening activities (McCunn, 2021) or living in greener areas (Theodorou et al., 2021) during lockdown improved psychological health by reducing COVID-19-related stress. Living in non-crowded environments, which are considered physical facilitators, indicated a lower risk of infection. Although living in a village is relatively safe in terms of risk of infection, emerging adults may have experienced problems in their education and socialization owing to the lack of facilities.

Within the context of the wider literature, this research shows that COVID-19 is an undeniably challenging process in terms of its effect on the mental health of emerging adults. In particular, the basic needs and associated factors of emerging adults have the potential to shed light on the post-COVID-19 recovery process. Although this research was conducted with a limited number of participants living in specific conditions in Turkey, this study can nevertheless contribute to a better understanding of emerging adults in other similar cultures. The COVID-19 pandemic has significantly impacted the fulfillment of individuals' basic needs, and these effects have taken on a different dimension, particularly in collectivist societies like Turkey. In such societies, where the community's needs are prioritized over the individual's, some personal needs have been neglected or delayed during this period, resulting in negative consequences for mental health. Although the strict measures implemented early in the pandemic (such as curfews and restrictions on public gatherings) were generally beneficial for public safety in collectivist societies, the psychological well-being of individuals was sometimes overlooked. Social isolation, in societies that emphasize strong interpersonal bonds, led to increased feelings of loneliness, anxiety, and depression (Xie et al., 2020). Social support mechanisms were activated in these communities to address the basic needs of individuals during the pandemic. For instance, collective efforts to provide food and medicine to the elderly and at-risk groups became widespread in Asian countries (Li & Wang, 2020). However, in collectivist societies, there may have been obstacles to addressing individual needs, as people were encouraged to prioritize societal interests, often resulting in the suppression of their personal needs.

CONCLUSION AND RECOMMENDATIONS

As a result of this research, it has been observed that adults who emerged during the Covid-19 period have difficulty in meeting some of their basic needs (self-allocation, relational, physiological, career, physical needs). In addition, factors that prevent them from meeting their needs (educational, personal, physiological, environmental, relational) and facilitate them (social support, personal traits, technological support, physical facilities, educational support) are noteworthy.

This research was limited to emerging adults who were not infected with COVID-19 during the lockdown. Therefore, in future work, researchers could design a longitudinal study by collecting data from this group after lockdown restrictions are lifted. In addition, emerging adults infected with COVID-19 might also form the focus of similar research; their experiences could then be combined with the results presented here. However, these participants were not included as they were difficult to reach. Sampling bias may have occurred since the first participants referred to the research with similar characteristics or people they know, and the sample was generally a small group. Although there were few concerns about the generalizability of the sample due to the nature of the qualitative research, we had difficulty in representing the participants from more rural settlements as most of our participants lived in urban areas. Therefore, making use of maximum diversity sampling in possible future studies may provide access to a diverse group. Additionally, an assistant interviewer could have been used in our research so that the probing questions could be asked better and the main interviewer would not miss the verbal and non-verbal details during the interview.

Considering this study's limitations, we present several suggestions for further studies. Mental health practitioners may wish to focus on practices that incorporate risk factors (e.g., loneliness, physical inactivity, poor communication skills) and protective factors (e.g., resilience, reframing, emotion regulation) for the mental well-being of emerging adults. Furthermore, counseling centers within higher education institutions may need to strengthen their infrastructure and their provision of expert help for virtual individual or group support. It is also advisable that scientifically tested self-help applications be developed for those who are hesitant about seeking help or those who do not have the opportunity to seek expert help. Finally, policymakers should develop policies that specifically address youth mental health and engage directly with youths and professionals. It is recommended that mental health professionals strengthen teletherapy and online support groups, increase access to psychological support services to eliminate the feeling of loneliness caused by reduced physical contact, organize online group therapies and community work to strengthen interpersonal ties, and offer personal development-focused workshops, meditation, and mindfulness practices to help emerging adults add meaning to their lives. On the other hand, it is recommended that policymakers expand digital access to mental health services during the pandemic, provide free or low-cost internet access to access these services, develop programs that encourage social solidarity, fund projects that will strengthen social ties such as neighborhood and volunteering through digital platforms, and organize incentive programs for distance education and acquiring new skills.

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Statements of publication ethics

We hereby declare that the study has not unethical issues and that research and publication ethics have been observed carefully.

Researchers' contribution rate

The study was conducted and reported with equal collaboration of the researchers.

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Before recruitment could take place, ethics approval was obtained from the National Ministry of Health and the university (Protocol Number: 200124/101).

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Appendix I

INFORMED CONSENT

Dear Participant,

This research aims to examine the basic needs of university students during the Covid-19 pandemic. Below, you will find various questions related to the scope of the study. We kindly request your sincere responses. There are no right or wrong answers, and we encourage you to provide detailed responses to some of the questions. Please do not hesitate to provide explanatory answers.

Individuals who are 18 years of age or older and are enrolled in regular undergraduate programs at universities are eligible to participate in this research. Participation in this study is entirely voluntary. The participation duration is expected to be between 45-60 minutes. The research consists of two phases: in the first phase, an online survey will be conducted, and in the second phase, interviews will take place. Interviews will be conducted through various platforms (Zoom, Skype, etc.) or by telephone and will be recorded. Your responses will be securely stored by the researcher. If you have any questions or feedback regarding the research, you can contact the responsible researchers via the provided email addresses. We thank you for dedicating your time and providing support to this research.

PARTICIPANT DECLARATION

I acknowledge that the research findings obtained from this study may be used, published, or shared for scientific purposes. I have not encountered any coercive behavior from the researchers regarding my participation in the study. I understand that I am under no obligation to participate, and there will be no repercussions if I choose not to. I have comprehensively understood all the explanations provided. After careful consideration, I have made the decision to participate in this research as a "participant."

A. Demographics Questions

1. Name:
2. Surname:
3. Age:
4. Gender:
 - a. Female
 - b. Male
 - c. Other
 - d. I do not want to specify
5. Department:
6. Grade:
 - a. Freshman
 - b. Sophomore
 - c. Junior
 - d. Senior
7. Monthly Income: (please write down in Turkish Lira)
8. Place of Residence:
 - a. Village
 - b. Town
 - c. District
 - d. City Centre
9. Who do you live with?
 - a. Only one parent
 - b. Parents
 - c. Siblings
 - d. Partner
 - e. Other

B. Open-Ended Interview Questions

- 1- What are your needs in the COVID-19 pandemic?
- 2- What were your needs in the pre-pandemic period?
- 3- Which of your needs were made easier to meet by the COVID-19 pandemic?
- 4- What facilitates/supports meeting your needs during the COVID-19 pandemic?
- 5- What do you do to meet your needs during the COVID-19 pandemic?
- 6- What makes it difficult for you to meet your needs?
- 7- If you manage to overcome the pandemic, what would you like to do first?