

ORIGINAL ARTICLE

CITIZENS OBTAINING PSYCHOSOCIAL SUPPORT DURING THE COVID-19 PANDEMIC IN UKRAINE: A CROSS-SECTIONAL STUDY

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ABSTRACT

The aim: To investigate the obtaining of psychosocial support by citizens during the COVID-19 pandemic in Ukraine using a cross-sectional study assessing the socio-demographic characteristics of the respondents.

Materials and methods: It was developed and used the authors' questionnaire "Socio-psychological support during the COVID-19 pandemic in Ukraine". Data processing used Nonparametric Mann-Whitney analysis of variance and one-way Kruskal-Wallis analysis of variance (SPSS 26.0).

Results: The study was conducted from October 2020 to May 2021 and sampled 100 individuals. Significant differences in the studied features are revealed. *Gender:* women have a more prosperous and broader range of contacts to discuss fears and anxieties during quarantine; suffer more from emotional loss; have more need to be heard and to be taken care of, with no criticism; are more experienced in professional psychological help obtaining; communicate with internal migrants more often. *Age:* young respondents (19-24 y.o.) suffer more from pandemic losses in the areas of spirituality and friendship; however, more often and more effectively use the means of online psychological support; older respondents are more likely to receive support from an important community and through meditation. *Living conditions:* living alone, citizens experience more pandemic stress, suffer from losses in personal life and friendship, and consider participation in challenge activities as the most convenient form of support. *Place of residence:* living in the rural areas is associated with a narrow circle of citizens' contacts to discuss their plans for leisure; more significant damage from pandemic losses in health; lack of support in the form of understanding themselves and their conditions. *Education:* higher education affects a broader circle of communication; more minor financial losses; willingness to share traumatic stories for art therapy. *Financial satisfaction* promotes the exchange of ideas between users of online psychological support.

Conclusions: The identified conditionality of psychosocial support obtaining by socio-demographic indicators can be used in the development of psychosocial support interventions during a pandemic for Ukrainian citizens by the public and private sectors, particularly in creating specialized smartphone applications, adapting playback theatre in the online space, creating gender-sensitive online programs to integrate IDPs into local communities.

KEY WORDS: mental health, telehealth, sex differences, art therapy, community participation

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INTRODUCTION

The daily lives of people in the context of the COVID-19 pandemic have undergone inevitable changes. For some, these changes proved to be cardinal and destructive, and for others, temporary and insignificant. However, for most people, pandemic losses and quarantine restrictions have actualized fears, confusion, and the search for support [1]. There has been an increase in stress, anxiety, panic, depression, sleep disturbances, and symptoms of post-traumatic stress disorder [2]. The value of freedom in individual decisions ceased to dominate because the life and health of those around them have become dependent on the daily behavior of everyone [3]. During the pandemic, there has increased the need to expand social capital, to use community and family resources to promote psychosocial well-being [4]. Accordingly, the role of psychosocial support became crucial.

UNICEF defines *psychosocial support* as assistance to individuals and communities in treating psychological

wounds, the restoration of social structures after an emergency or critical event. Timely and adequate psychosocial support prevents the transformation of distress into disorders and diseases, helps people cope with everyday challenges, restore normal life, meet the community's needs [5].

Most protocols in various psychological fields emphasize the importance of psychosocial support during the COVID-19 pandemic [6, 7]. In particular, it is about adapting traditional means of psychological work (such as art therapy) to the online format [8, 9]. An example of such work in Ukraine is the volunteer project "Art Vitamins" implemented by the NGO "Art Therapeutic Association" [10].

In Ukraine, the pandemic deployment appeared alongside the continuing crisis consequences of the hybrid war. In particular, vulnerable groups, including internally displaced persons (IDPs), lacked financial and social resources. During the quarantine restrictions and social isolation, there was a spread of initiatives for the population's remote psychological support, primarily in the education system

Table I. Empirical values by Mann-Whitney U test, Kruskal-Wallis H test block of questions “Communicative field of personality during the COVID-19 pandemic.”

Dependent variables	Grouping variables					
	Sex, U (p)	Age, H (p)	Place of residence, H (p)	Living condition, H (p)	Education, H (p)	Financial satisfaction, H (p)
Social contacts to discuss fears and anxieties in the field of study/work	474,5 (0,042)					
Social contacts to discuss plans for vacation and leisure activities			14,635 (0,006)		9,497 (0,023)	
Feelings about studying/working during adaptive quarantine					8,002 (0,046)	

[11, 12]. There were also made attempts to systematize different approaches to provide psychological assistance during a pandemic in Ukraine [13]. However, to build effective strategies for psychosocial support of Ukrainian citizens in the context of the COVID-19 pandemic, there is still a lack of research on the specifics of obtaining such support.

THE AIM

To investigate the obtaining of psychosocial support by citizens during the COVID-19 pandemic in Ukraine using a cross-sectional study assessing the socio-demographic characteristics of the respondents.

MATERIALS AND METHODS

The study is based on the concept of personality's socio-psychological support by T.M. Tytarenko [14]. It is developed the online authors' questionnaire “Socio-psychological support during the COVID-19 pandemic in Ukraine” (Google Forms) using modifications of standardized methods for the following block of questions[15]:

1. Communicative field of personality during the COVID-19 pandemic
2. Loss experience support
3. Online psychological support
4. Psychological support by playback theatre
5. Community support

Many studies of psychosocial support trace certain trends in the relationship between the level of its obtaining and demographic indicators, so they were included in the questionnaire: gender; settlement; education; living conditions; occupation/ profession; level of financial satisfaction. Answer options were added to all indicators (except occupation).

The data was collected randomly via the Internet and by the “snowball” method. Original (interval, nominal) scales were recoded into the appropriate ordinal scales; the unreadable data were excluded from the analysis. The normality of the distribution of the collected data was not confirmed, so we used the nonparametric Mann-Whitney

analysis of variance and one-way Kruskal-Wallis analysis of variance (are not related to the characteristics of the variables' distribution). Data processing used the statistical software SPSS 26.0.

RESULTS

The study was conducted from October 2020 – May 2021. The sample consisted of 100 individuals, 84 women and 16 men. The largest age group was 19-24 y.o. (44%) and 25-45 y.o. (41%), the rest (46-70 y.o.) – 15%. Almost half of the respondents (45%) indicated that they live in Kyiv, about 37% are city residents from different regions, and the rest (almost 19%) were residents of villages and urban-type settlements. Most respondents have a complete higher education (51%), almost 38% have an incomplete higher/secondary special education, 5% have only secondary education, and 7% have a scientific degree. Almost 30% of respondents live with their parents; about 19% live only with a partner; 17% – in full families, with a partner and a child/ children; 12% live alone; the rest live with cohabitants/ friends (10%), with a large family (8%), or with a child/ children (6%). Almost 28% of the sample are rather dissatisfied with their finances, and the other 25% are rather satisfied, almost an equal number of absolutely satisfied (13%) and dissatisfied (14%) with their current financial condition.

As a result of non-parametric analysis of variance, we obtained statistically significant differences in the level of expression of the ordinal variable (questionnaire scales) and key socio-demographic indicators .

Following *Block 1. Communicative field of personality during the COVID-19 pandemic* (Tab. I), women have a more intense and expanded communication environment than men to discuss their fears and anxieties caused by quarantine restrictions. Residents of villages and urban-type settlements and respondents with secondary and secondary special education have a narrower communication environment to discuss their own recreation/ leisure plans. Respondents with higher education are also more likely to report positive feelings about studying/ working during quarantine restrictions.

Table II. Empirical values by Mann-Whitney U test, Kruskal-Wallis H test block of questions "Loss experience support."

Dependent variables	Grouping variables					
	Sex, U (p)	Age, H (p)	Place of residence, H (p)	Living condition, H (p)	Education, H (p)	Financial satisfaction, H (p)
Stress	360** (0,003)			12,714* (0,048)		
Emotional sphere	426* (0,019)					
Health sphere			9,478* (0,05)			
Spiritual sphere		7,456* (0,024)			9,335* (0,025)	
Financial sphere					7,945* (0,047)	13,3* (0,01)
Friendship sphere		6,081* (0,048)		14,291* (0,027)	9,425* (0,024)	
Personal growth sphere					9,074* (0,028)	
Intellectual sphere				13,31* (0,038)		
Personal life, love relationships				19,09** (0,004)		
Professional activity (work)						9,578* (0,048)
Professional psychological help	326** (0,001)					
Help and support of mentors, coaches				13,593* (0,035)		
Support from a meaningful community		6,494* (0,039)				
Opportunity to mourn openly, without condemnation and instructions	307 (0,000**)					
Face-to-face consultation with specialists	411 (0,012*)					
Online support	450,5 (0,031*)					
Participation in the group or individual challenges				14,524* (0,024)		
Meditation		8,06* (0,018)				
The need to understand me and my states by close people	355** (0,002)					
The need to be heard	436,5* (0,021)					
The need to show negative emotions without condemnation	351,5** (0,002)					
The need to be around and not being lectured	398,5** (0,007)					
The need for love	411** (0,008)					
The need to be believed in	425,5* (0,015)					
The need to be surrounded by attention and care	468* (0,047)					

The need to learn to love yourself	423* (0,014)		
The need for help to accept the loss correctly	400,5** (0,009)		
The need to better understand you and your condition		10,56* (0,032)	
The need to have precise, practical action algorithms, instructions on "what and how to do, when"		11,234* (0,024)	
The need to acquire skills to cope with stress		10,577* (0,032)	8,589* (0,035)
The need to be not disturbed by all sorts of household trifles and to be left alone		10,631* (0,031)	
The need to learn to control own emotions			10,598* (0,014)
Reading popular scientific literature on psychology and self-development	397,5** (0,008)		
Participation in various psychological forums on specialized sites	401,5** (0,008)	9,77* (0,044)	
Subscription to the accounts of famous psychologists on Instagram and Facebook	341,5** (0,001)		
Participation in a psychological support group	492* (0,044)		16,848* (0,01)
Varieties of losses	472,5* (0,029)		

* $p \leq 0,05$; ** $p \leq 0,01$.

According to *Block 2. Loss experience support* (Tab. II), women during pandemic quarantine are more stressed than men; are more likely to suffer from emotional loss; have more significant variability and the number of losses in general [16]. Women, if they had the opportunity, are more likely to seek professional psychological help and have more experience in this, in particular in the following forms: reading popular science literature on psychology and self-development, participation in psychological forums on specialized sites, subscription to the accounts of famous psychologists on Instagram and Facebook, participation in psychological support groups. Women find the following forms of support more convenient and necessary while loss experiencing: the opportunity to mourn openly, without condemnation and criticism (crying, shouting, screaming, swearing, whining), face-to-face consultation with specialists (nurse, psychologist, social worker), and online support (specialized applications, chats, Internet services, YouTube channels). Women also need more of their loved ones to understand them better and their condition and desire to be heard and listened to. They have a greater need to express "negative emotions" without fear or condemnation. Women need their loved ones to be around, love, believe in them, surround them with attention and care, calm them down and give hope, teach them to love themselves, and help them accept the loss correctly.

Respondents living in villages and urban-type settlements are more affected by the loss of health than those living in cities. Respondents from rural areas and regional

centers are more focused on the result of support as an understanding of themselves and their state. Village residents also need more practical, precise algorithms of action, instructions on "what and how to do when..." during the experience of loss. Respondents living in rural areas and regional centers have more requests for stress management skills obtaining. Whereas the representatives of the capital and regional centers, compared to the periphery residents, expect more support during the loss experiencing by not being disturbed in all sorts of household chores and by being left alone.

Among the representatives of the youngest group (19-24 y.o.), the spiritual sphere and the sphere of friendly relations turned out to be more damaged by losses than among the representatives of the older age groups. Meanwhile, the oldest respondents (46-70 y.o.) prefer to receive support when experiencing the loss from an important community (church, organization, significant group). Also, for the older generation, in comparison with the younger, the most convenient, practical, and necessary during the loss period is outlined such support as meditation (seeking support in their internal resources).

Respondents living alone or with children experience more stress than those living with partners, parents, or family. Also, those living alone suffered the most from losing friendship and personal life (love relationship). Those who live alone or with their parents were more sensitive to losses in the intellectual sphere. Singles and those living with children are more likely to seek the support and assistance

Table III. Empirical values on (by) Mann-Whitney U test, Kruskal-Wallis H test block of questions "Online psychosocial support."

Dependent variables	Grouping variables					
	Sex, U (p)	Age, H (p)	Place of residence, H (p)	Living condition, H (p)	Education, H (p)	Financial satisfaction, H (p)
How often do you get the advice you really need using the online means of psychosocial support?	441* (0,022)				9,768* (0,021)	11,123* (0,025)
How often do you get suggestions in an online community about how to deal with personal problems?	396** (0,006)	8,463* (0,015)			10,521* (0,015)	
I am glad to be in an online community where I get psychosocial support.		10,693** (0,005)		14,587* (0,024)		
How often do you confide about your problems with other members in an online community?		11,915** (0,003)				9,605* (0,048)
How often do you use the means of online psychosocial support you have mentioned?		6,591* (0,037)				

* $p \leq 0,05$; ** $p \leq 0,01$.**Table IV.** Empirical values by Mann-Whitney U test, Kruskal-Wallis H test block of questions "Psychological support by playback theatre."

Dependent variables	Grouping variables					
	Sex, U (p)	Age, H (p)	Place of residence, H (p)	Living condition, H (p)	Education, H (p)	Financial satisfaction, H (p)
Desire to tell a story to an audience			12,524 (0,014)		9,546 (0,023)	
Having a specific story					8,536 (0,036)	

* $p \leq 0,05$.**Table V.** Empirical values by Mann-Whitney U test, Kruskal-Wallis H test block of questions "Community support."

Dependent variables	Grouping variables					
	Sex, U (p)	Age, H (p)	Place of residence, H (p)	Living condition, H (p)	Education, H (p)	Financial satisfaction, H (p)
Communication of community residents with internally displaced persons	445* (0,024)					
Reasons for changing the place of residence of community residents						10,148* (0,038)

* $p \leq 0,05$.

of mentors or coaches. The same two categories of respondents (single and with children) more often than those living with families, consider the most convenient, practical, and necessary during the period of loss such a form of support as participation in group or individual challenges (accepting challenges, completing new, complicated, non-standard, original tasks to test yourself). Respondents living in complete families with partners and children have more experience participating in a psychological support group (for example, a support group for people whose relatives have died, who have lost their job, betrayed, or so).

Respondents without higher education suffer more from losses in the spiritual sphere, friendly relations, and person-

al growth; financially dissatisfied respondents – from losses in the financial sphere and professional activity (sphere of work). The category of respondents with a scientific degree, compared to others, differs in that their financial sphere is the least damaged by the pandemic losses. During the loss period, respondents with secondary education seek psychological support as more skills to cope with stressful situations and learn to control their emotions.

Block 3. Online psychological support (Tab. III). The youngest respondents (19-24 y.o.), more often than the respondents of older age groups, use online psychological support in general. They also more often find solutions to their problems through online means of psychological

support, listen more often to the problems of other users, and are more willing to visit the community where they receive online psychological support.

Women are more likely to get the ideas they needed and find solutions to their problems through online psychological support.

Unlike respondents who live in a large family, single people are more likely to visit the community of online psychological support.

Respondents with secondary, secondary special education more often find solutions to their problems and get the ideas they needed due to online psychological support.

In online psychological support, more financially satisfied respondents are also more likely to get the ideas they needed and listen to other users' problems.

Block 4. Psychological support by playback theatre (Tab. IV). Residents of cities are more willing to tell stories from their own lives at a playback theatre performance than residents of villages and small towns. Respondents with higher education are more willing to tell a story to an audience and are more likely to have a specific story to play on stage.

Block 5. Community support (Tab. V). Women are more likely to communicate with IDPs than men, which confirms intensive communication between women and internally displaced persons. Respondents who are unsatisfied with their finances more often consider changing the place of residence of community members as a positive life strategy.

DISCUSSION

The COVID-19 pandemic and socio-demographic indicators are a particular background for the opportunities for Ukrainian citizens to receive psychosocial support. The factors of female gender and elder age are partially confirmed as in the study on increasing fears of COVID-19 [17].

The part of gender in psychosocial support obtaining is quite significant; however, since women predominate in the sample composition (84%), it is necessary to pay attention to the limited reliability of results distribution. In this case, supportive interventions should be adapted to the female audience but create conditions for greater involvement of men.

Age is also an influential factor in obtaining psychosocial support during a pandemic. Trends for youth in online involvement, and focus on personal and community resources in older respondents must also be considered when organizing face-to-face and remote psychosocial interventions.

Respondents' living conditions and residence status are also crucial for psychosocial support obtaining. The audience of people living alone or with children should be focused on by non-governmental civic initiatives to develop structured and exciting group activities for better social integration. Better ability to use information resources in an urban environment can be a factor that improves the overall performance of citizens to receive psychosocial support, so psychosocial interventions should be directed primarily to the periphery citizens, becoming the prerogative of the public sector.

Separately, we can talk about the importance of education and financial satisfaction factors in psychosocial support obtaining. The data on the needs during pandemic losses experiencing in people without higher education can be interpreted as a request to develop precise algorithms for self-help, which the governmental and public sectors can disseminate. Better involvement in online interventions for those satisfied with their finances can be provided by monetizing procedures.

CONCLUSIONS

Segregation of the sample in obtaining psychosocial support during the COVID-19 pandemic by socio-demographic characteristics of sex, age, place, and residence status, education, satisfaction with financial security contains valuable material for building a strategy of supportive interventions by public and governmental sectors for various categories of Ukrainian citizens. The selected most sensitive to psychosocial interventions socio-demographic groups should be regarded as those ready to be involved in supportive environments at the workplaces and outside them. Particular attention should be paid to the identified psychological requests of the population to receive various forms of psychosocial support in both online and offline formats. The prospect of implementing the obtained results can be the creation of specialized smartphone applications, an online adaptation of playback theatre, development of gender-sensitive online programs for the IDPs' integration into local communities.

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The Authors declare no conflict of interest

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