



TURKISH REPUBLIC OF NORTH CYPRUS

NEAR EAST UNIVERSITY

HEALTH SCIENCES INSTITUTE

**DETERMINING THE RELATIONSHIP BETWEEN THE EFFECT OF COVID-19
AND QUARANTINE PROCESS AMONG INTERNATIONAL STUDENTS IN
NORTHERN CYPRUS**

ABUBAKAR YAHAYA ADAMU

MASTER THESIS

NURSING DEPARTMENT

SUPERVISOR

PROF. DR.HATİCE BEBİŞ

NICOSIA 2020



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CONFIRMATION

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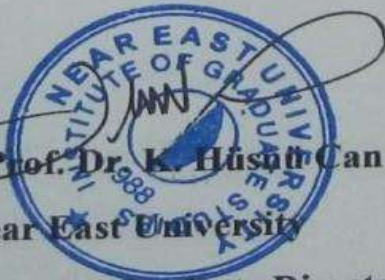
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The thesis study of Nursing Department graduate student **Abubakar Yahaya Adamu** with student number **20186023**, title **Determining the Relationship Between The Effect of covid-19 And quarantine process Among International students in northern Cyprus** has been approved unanimity/majority of votes by the jury and has been accepted as a Master of Nursing Education Department Thesis.

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STATEMENT (DECLARATION)

I hereby declare that this thesis study is my own study. I hereby declare that all information in this thesis has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this thesis.

I hereby declare that the Near East University, are allowed to store and make available electronically the present Dissertation.

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ABBREVIATIONS

OPT: Optional practical training

SARS: Severe acute respiratory syndrome

KKTC: Kuzey Kıbrıs Türk Cumhuriyeti

UNESCO: Educational Scientific And Culture Organization

WHO: World Health Organization

NIH: National Institution Of Health

CEO: Council Of Europe

HEIs: Higher Education Institutions

R-L-T: Roper – Logan - Tieney

PHNs: Public health nurses

CDC: Centers For Disease Control

DLA: Daily Living Activity

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ABSTRACT

YAHAYA ADAMU A, Determining The Relationship Between The Effect Of Covid-19 And Quarantine Process Among International Students In Northern Cyprus, Near East University, Institute of Health Science, Nursing Department, Master Thesis, Nicosia 2020

Objective: The aim of the research is to determine the relationship between the effect of covid 19 and quarantine process among international students Daily Living Activity (DLA) in Northern Cyprus. The aim of the research is to determine the relationship between the effect of covid 19 and quarantine process among international students Daily Living Activity (DLA) in Northern Cyprus. The continuous spread of Covid19 the pandemic reason to strict isolation measures and delays in starting schools, colleges, and universities across the country. While universities are closing campuses, it is important to consider that many international students do not have any other accommodation facilities outside those campuses and affected. In this lockdown period in Northern Cyprus applied restriction rules to physical distance, social isolation, and using gloves and mask. In the study aim to determine international students' coping strategies about the lockdown restriction rules. Questions were asked during lockdown that includes; Environment safety, Communication, Respiratory, Nutrition, Evacuation, Individual cleaning and dressing, Control of body temperature, Movement, Work and Entertainment, Expressing sexuality, Sleep and Rest, and Death.

Materials and methods: A cross-sectional (descriptive) study directed in the Nursing department Health Science Faculty of Near East University. A total of n=44 international students participated in the study.

Data Collection: Questionnaire was used to collect socio-demographic characteristics of individuals such as age, gender, educational status and the effect of covid 19 quarantine rules on students' daily life activities (46 questions). **Statistical analysis:** Data Analysis: Data analysis was analyzed for Windows (SPSS) (18.0). In the first part of the analysis, descriptive statistics such as number, percentage, mean, and standard deviation were used. Chi-square test, Kruskal-Wallis and Mann-Whitney-U test were used for comparisons. Data were evaluated with a 95% confidence interval

and 0.05% error. Ethical permission from Near East University Ethics Committee and approval from students. **Results and Discussion:** The aim of this research will be to determine the relationship between the effect of covid 19 and the quarantine process in northern Cyprus among international students.

The majority of the participants were female, most of the participants were university Undergraduate students and above female gave the highest rate (72.7%) compared to male with (27.3%) while age group 24 gave the highest of (68.2%) while age group 25 presented with lowest percentage of (31.8%) for marital status of single gave higher response with (95.5%) while married gave (4.5%). And lastly nationality showed that Zimbabweans has the highest with (47.7%) and Nigerians with the least (38.6%) and others ghanian Jordanian, labanese has (13.6%).

Students expressed that using mask, gloves, social and Physical Distance significantly affect most of their daily living activities; Respiration, Expressing sexuality, Work and Entertainment, Evacuation, Sleep and Rest, Individual cleaning and dressing, and Movement ($p \leq 0.05$).

Conclusion and Recommendation: Future research shows that universities should focus on how international students can use effective coping mechanisms in the quarantine process, such as mask use, hand washing, and social distancing.

The university's department of nursing faculty should meet for students to reach online system, invite students to meetings where they will discuss how to deal with the pandemic, and follow all rules to prevent the spread of covid19.

Keywords: Situation, between foreign students in northern Cyprus, impact of Covid-19, quarantine method.

YAHAYA ADAMU A,

Covid-19'un ve Karantina Sürecinin Kuzey Kıbrıs'taki Uluslararası Öğrencilerin Günlük Yaşam Aktivitelerine Etkisinin Belirlenmesi,

Yakın Doğu Üniversitesi, Sağlık Bilimleri Enstitüsü, Hemşirelik Anabilim Dalı, Yüksek Lisans Tezi, Lefkoşa 2020
Yakın Doğu Üniversitesi Sağlık Bilimleri Enstitüsü Hemşirelik Anabilim Dalı Yüksek Lisans Tezi, Lefkoşa 2020

ÖZET

Amaç: Araştırmanın amacı, Kovid 19'un karantina sürecinin Kuzey Kıbrıs'taki uluslararası öğrencilerin Günlük Yaşam Aktivitelerine (Daily Living Activity (DLA)) etkisinin belirlemektir. Covid'in 19'un sürekli yayılması, ülke genelinde salgın neniyle katı izolasyon önlemleri nedeniyle okulların, kolejlerin ve üniversitelerin yeniden başlamasında gecikmelere neden olmaktadır. Üniversiteler; kampüsleri kapatırken, pek çok uluslararası öğrencinin bu kampüslerin dışında başka konaklama tesislerinin olmadığını ve bundan etkilendiğini dikkate almaaları önemlidir. Kuzey Kıbrıs'taki bu tecrit döneminde fiziksel mesafe, sosyal izolasyon, eldiven ve maske kullanımına kısıtlama kuralları uyguladı. Bu çalışmada, uluslararası öğrencilerin kapanma dönemindeki kurallarla ilgili başa çıkma stratejilerini belirlemeyi amaçladı. Bu sorular şunları içeriyordu; Çevre güvenliği, İletişim, Solunum, Beslenme, Tahliye, Bireysel temizlik ve giyinme, Vücut ısısının kontrolü, Hareket, Çalışma ve Eğlence, Cinselliği İfade Etme, Uyku ve Dinlenme ve Ölüm.

Gereç ve yöntem: Bu çalışma, Yakın Doğu Üniversitesi Hemşirelik Fakültesi kesitsel titte tanımlayıcı bir çalışmadır. Çalışmaya toplam n=44 uluslararası öğrenci katılmıştır. **Verilerin Toplanması:** Anket Formu kullanılarak, bireylerin yaş, cinsiyet, eğitim durumu gibi sosyo-demografik özellikleri ve covid 19 karantina kurallarının öğrencilerin günlük yaşam aktivitelerine etkisi (46 soru) sorulmuştur **Verilerin Analizi:** Veri analizi, Windows için (SPSS) (18.0) analiz edildi. Analizin ilk bölümünde, sayı, yüzde, ortalama, standart sapma gibitanımlayıcı istatistikler

kullanıldı. Karşılaştırmalar için, Ki-kare testi, Kruskallwallis ve Manwitnay-U testi kullanıldı. Veriler %95 güven aralığı ve %0.05 hata ile değerlendirildi. Yakın Doğu üniversitesi Etik kurulundan, etik izin ve öğrencilerden onam alındı **Bulgular ve Tartışma:** Katılımcıların lisans öğrencileriydi ve yüksek oranda kadınlar (% 72,7) verdi, yaş gruplarında en yüksek oranı ise 24 yaş grubu (% 68,2) oluşturuyordu. Katılan öğrenciler en fazla Zimbabweans'ın (% 47.7), Nijeryalıların (% 38.6) dı. Öğrenciler maske, eldiven, sosyal ve Fiziksel Mesafenin, Solunum, Cinselliği İfade Etme, İş ve Eğlence, Tahliye, Uyku ve Dinlenme, Bireysel temizlik ve giyinme ve Hareket gibigünlük yaşam aktivitelerinin çoğunu önemli ölçüde etkilediğini ($p \leq 0.05$).

Sonuç ve Öneriler: Gelecekteki araştırmalar, üniversitelerin, uluslararası öğrencilerin karantina sürecinde maske kullanımı, el yıkama ve sosyal mesafe gibi etkili başa çıkma mekanizmalarını nasıl kullanabileceklerine odaklanmaları gerektiğini göstermektedir.

Üniversitenin hemşirelik fakültesi bölümü, öğrencilerin çevrimiçi sisteme erişmeleri için bir araya gelmeli, öğrencileri pandemiyle nasıl başa çıkacaklarını tartışacakları toplantılara davet etmeli ve covid19'un yayılmasını önlemek için tüm kuralları takip etmelidir.

Anahtar Kelimeler: Kuzey Kıbrıs'ta yabancı öğrenciler arasındaki durum, Covid-19'un etkisi, karantina yöntemi.

1. INTRODUCTION

Coronavirus disease 2019 (COVID-19) could be a rapidly emerging disease that has been classified a pestilence by the globe Health Organization (WHO) since the primary recording of what we now call COVID-19 infection in Wuhan, Hubei province, China on Dec 31, 2019. The disease has spread worldwide and met with a large kind of social distancing and quarantine policies the effectiveness of those responses is notoriously difficult to quantify as individuals travel, violate policies deliberately or inadvertently, and infect others without themselves being detected WHO (2019).

Moreover, the publicly available data on infection rates are themselves unreliable due to limited testing and even possibly under-reporting. Turkish Republic of Northern Cyprus, the impact of the deadly corona virus is likely to reverberate across higher education long after the outbreak is eventually brought under control, experts have warned, in the most affected areas, universities face the prospect of losing an entire semester or more. (Joyce L et al 2020).

With respect to the current COVID-19 observation of a developing number of universities around the globe have halted or surrendered all grounds, fields, classes, workshops, sports, (all through school and shut universities), and exercise. Various universities schools have attempted and rush to see various courses and exercises from eye to eye to online conveyance mode (Lau J, Yang & Dasgupta R, 2020).

The effects of covid-19 (the virus that causes corona virus 2 (SARS-COV-2)) have been negatively impacted on daily human life as we know and have seen (Sohrabi et al.). The World Health Organization (WHO) was rushed to inform the world about the effects of COVID-19 and its treatment on January 30, 2020 (C. Sohrabi, et al 2020). Specialists dis allow movement to forestall treatment of the ailment since leaving traffic can aggravate the ailment, as specialists suggest segregation and lessen versatility and interference between individuals (Al Jazeera 2020).

The challenge of COVID-19 pandemic creates a health problem that is unprecedented, and health workers are often at greater risk for treating patients more than anyone else, if they become infected, this would be a major health risk worldwide, if we consider that health workers are often unable to take action directly and must follow the rules set forth by the WHO, the same strategies that were first implemented. They are pushing the diagnostic imaging for asymptotic imperatives to online health workers as a way to educate people on ways to maintain their health so that a healthy person lives a good life (J.H. Tanne et al 2020). Human services labourers might be on

edge about contracting COVID-19 and this causes extra worry in effectively stressed working conditions. Emergency clinics must guarantee staff are adequately educated about COVID-19 malady and prepared in the utilization of defensive gear, disconnection and disease control measures earlier any contact with patients (A.J.Alsahafi et al 2016)

Based on the information that authorities offer to patients covid-19 can represent a danger to the strength of staff and even to different patients since when clinical staff travel to give specific consideration to uninsured patients it very well may be an indispensable piece of medicinal services laborers' closeness to their patients (J. Wong et al. 2020). Numerous nations around the globe have taken measures to forestall the spread of COVID-19 contaminations, remembering limitations for movement (inner and outside) by government authorities and general wellbeing authorities. They are committed to rewarding the sickness or the malady doesn't produce results in the network through humanitarian effort, or by devoting and illuminating individuals to work in their homes to forestall it (Bedford J et al.Lancet.2020).

The continuous spread of the epidemic, strict isolation measures and delays in starting schools, colleges, and universities across the country is expected to influence the mental health of college students. There have been reports on the psychological impact of the epidemic on the general public, patients, medical staff, children, and older adults (Chen Q et al 2020). There are many international students studying in universities for whom travel to their home is not possible in this critical situation. While universities are closing campuses, it is important to consider that many students do not have any other accommodation facilities outside those campuses, the COVID-19 crisis and international students. Mar;2020 (Cheng R.2020).

The most significant effect on the college network has been exploring various issues that have been organized, the National Fund for Healthcare Excellence in Healthcare by declaring the suspension of all. a non-COVID-19 investigation to permit experienced staff to act top to bottom research as they differ actually information on coming back to the principal line framework (DHSC issues guidance on the impact of COVID-19 on research funded or supported by NIHR, 21 mar 2020).

The Northern Cyprus Health Center has taken all necessary steps to identify covi-19 cases and to inform people of the virus-related events, as other countries have taken steps to shut down key investigations to provide staff special health care to carry out the important mission of the

community health research system, many health institutions have signed up (NIH Shifts Non-mission-critical Laboratory Operations to Minimal Maintenance Phase, National Institutes Of Health (NIH) (2020).

In this study, we will raise the awareness of the effect of COVID-19 and quarantine process among students. COVID -19 among students is significant distress from the viewpoint of this research a study like this reinforces the coping mechanisms among students. The result of this study will also assist in reinforcing the motivation theory and will add to the existing literature to be assessed by scholars, and offer aid to the student that seek empirical solutions in coping with COVID-19 and also what lead to COVID-19 in the student society. Hence, the outcome of the study will also benefit the health workforce of the chosen study area, which is Turkish republic of Northern Cyprus, and the same is expected to be yield of every student who seeks help in other to cope or get rid of covid19.

This study will help students to set an adequate framework especially the ones that would be targeted to achieve the pre-set goals and objectives. The outcome of this study finally will help students to get the best method to motivate their workforce installing permanent aid on how to cope or do away with COVID-19 through quarantine process.

1.1 AIM OF THE STUDY

The aim of the research is to determine the relationship between the effect of covid 19 and quarantine process among international students Daily Living Activity (DLA) in Northern Cyprus.

1.2 Research Questions

1. What is the effect of COVID-19 on students DLA?
2. Are the methods of coping with COVID-19 strategy (quarantine, mask, glove, social and physical distance) among students effectible use?
3. Is there any relationship between student social demographic data and DLA experience problems in this period?

1. GENERAL INFORMATION

COVID-19 has radically changed the educational landscape for millions of university students around the world, and international students have their own set of unique challenges. The numerous abrupt changes, alongside the ceaseless worry of the pandemic, may present emotional wellness challenges, especially if international university experience the ill effects from pre-existing mental health issues.

International students worry about things, for example, visa and graduation status; optional practical training (OPT) openings being more diligently to acquire or dropped; regardless of whether to return home (if that is even a choice because of outskirts closings); living a long way from friends and family and not having a solid encouraging group of people; finding a spot to live if quarters shut; and funds (many have lost positions and in certain nations banking administrations can't be gotten to because of shutdowns, so families will most likely be unable to send money).

2.1.Effect Of COVID-19 On Daily Life Activities

According to Anne D (2020) despite the quick and appropriate response to the COVID-19 outbreak, university and their student bodies were not prepared for prolonged campus closures and still face a variety of challenges going forward. Most campus closures have been enacted out of an "abundance of caution," as opposed to in light of affirmed cases. But even where no students have tested positive, college campuses are at a marked risk for virus transmission. Their different and dynamic populaces number in the thousands and live in nearness, making any "social distancing" measures difficult to enforce.

The coronavirus disease (COVID-19) pandemic has fundamentally changed our lives and the way society functions, likely having lasting effects. Without a doubt, trying to maintain a normal routine is difficult. It's even more challenging for individuals with chronic diseases and disorders, as the very support systems they need that is, the healthcare system are focusing resources and efforts toward looking after patients infected by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Coronavirus, which began at the end of 2019 in Wuhan, China, and soon spread to cause a pandemic, was first observed in Turkey (KKTC) on 11 March 2020. Following the first case, a

number of measures were taken to prevent the virus from spreading in Turkey: schools were closed on 12 March 2020 and individuals under the age of 20 were forced into lockdown (Turkish Science Academy, 2020). According to UNESCO data, education has been suspended in 188 countries as of April 8, 2020, depriving more than 90% of students (1,5 billion young people) of education worldwide (Lee, 2020).

2.2.COVID-19 Protection

The choice of different protective mechanisms, including face masks, gloves, hand sanitizer, respirators, social distance observation and lockdown, was a vexed issue with the current COVID-19 pandemic. COVID-19 guidelines issued by the WHO, the U.S. Centers for Disease Control and Prevention and other agencies have been consistent with the need for 1–2 m physical distance, but conflicting with the issue of respiratory protection with a face mask or respirator, all of these preventive measures are necessary for all individuals and communities to take action to avoid or eliminate COVID-19.

2.3. The Consequences Of Covid-19 On The Education System And Coping

Universities and college campuses specified by the Council of Europe (COE), 2020 are places where students live and study in close proximity to one another. They are bustling cultural hubs too, where students from nations around the world come together. The foundations of this unique ecosystem have been significantly impacted recently by the rapid spread of coronavirus (COVID-19) outbreak

In response to the COVID-19 pandemic, most educational institutions in KKTC were closed to staff from mid-March 2020 premises, teaching and assessment students being switched to online platforms, at least temporarily and with varying success. Usually this result was achieved through legislation governing public health. In most Member States, with relatively little autonomy, publicly funded schools are generally under the control of national or local governments.

But unprecedented public interest intervention on various aspects of the autonomy of higher education institutions (HEIs) has taken place: organizational, financial or academic, and from admission to graduation. Normal accreditation, assurance and evaluation processes, which are key to maintaining and improving the quality of higher education, have been put on hold or severely

diminished. Although some restrictions had been eased by June 2020, there are several legal issues that arise from the crisis.

2.4.The Psychological Impact Of The COVID-19 Epidemic On University Students

According to Torales et al., & Wang et al., (2020). With the global development of the outbreak of coronavirus disease (COVID-19), the psychological problems that accompany this pandemic have rapidly exacerbated its public health burden. Emerging research assessing COVID-19 mental health implications has identified an increased prevalence of moderate to severe self-reported depressive and anxious symptomatology among the general public. However, further research that investigates beyond the population level is required to understand the individualized disruption of lives and routines as a result of COVID-19, and its associated psychological impacts. Under normal circumstances, higher levels of psychological distress and negative academic consequences prevail for college students (American College Health Association, 2019).

As stated by Wickens (2011) a result of physical distancing measures implemented in response to COVID-19, tertiary education institutions have shifted to an online emergency learning format, which is expected to exacerbate students' academic stressors further. Based on research insights into the impact of academic disruptions on students, it is reasonable to risk reducing. Motivation of students towards studies, increased pressure to learn independently, withdrawal from daily routines and potentially higher dropout rates as direct consequences of these measures. Thus, increasing academic stressors in a population with increased levels of pre-existing stress and a potential reduction in the ability to rely on typical coping strategies such as family who themselves may be experiencing heightened distress the COVID-19 pandemic has placed an unprecedented mental health burden on students, which urgently requires further examination and immediate intervention.

2.5. Factor That Contribute To The Distress Of Students During The Pandemic

These preliminary findings highlight the multiple factors that contribute to the distress of students during this pandemic; however, much remains to be learned about the psychological impacts students face and what can be done to minimize their negative effects. A timely call for action is suggested for further research into the impact of COVID-19 on mental health amongst students. Priority Specifically educational progress, adaptations of habitual coping strategies, and approaches academic institutions have taken to reduce adverse academic and psychosocial outcomes. New evidence can help inform student-centered.

Support programs and mitigate the negative long-term consequences for student education and mental health. Given the persistent realities of the COVID-19 pandemic Measures now being taken to support a vulnerable student population will help mitigate the global mental health burden associated with this extraordinary period of disruption and uncertainty. To date, one published study has explored the impact of COVID-19 on student education and well-being (Cao et al., 2020).

University routines are essential mechanisms for coping with mental health problems particularly for young people. The length of the quarantine period, fear of infection, boredom, lack of information, being away from classmates and teachers, lack of personal space at home and family financial losses cause stress in children and adolescents (Brazendale et al., 2017; Wang, Zhang, Zhao, Zhang, & Jiang, 2020).

All these lifestyle changes can aggravate the effects on mental health of young people and even lead to a vicious cycle of problems (Brooks et al., 2020). No official data are available on the number of symptomatic and asymptomatic individuals who are positive for COVID-19 for under 18 years of age; children and adolescents may also be asymptomatic if infected (Cai et al., 2020). For this reason, adults and adolescents can react differently to the Epidemic. Studies evaluating the mental health of adolescents during the pandemic are limited in the literature.

2.6. What is the theory and model in nursing?

Theory - based discussion through nursing was never more highly regarded or even more full of life. With specific importance to that same writer, understandably, are also the conversations that actually occur on nursing theories. Also in United Kingdom, nursing models have always had ones doubters. Although, while critics easily seemed generally pro to anything 'educational' and immediately rejected nursing theories when based on the experts 'expert theorizing,' more initiatives introduced by Authors have made some serious donations to a current discussion, Global, also on early modern benefit including its key concepts besides healthcare.

Opinions focused mainly mainly also on useful need for models (Luker 1988, Kenny 1993), and yet ones location through professional nursing has been more and more getting discussed. Draper (1990) represented on the condition of a relationship between theories in British healthcare but also came to the conclusion, with respect to designs, which there was still a usually unquestioning implementation of US structures and those little management of healthcare. (1990 p. 254)

2.7. Why should nurses use theory / model in care plans?

How have nursing models been developed? Purely put a good mostly to modern American nurse theory, those who still seems a successful plan to deliver thinking, logically, regarding nursing. The reason to seek clarify a certain insidious issue, 'Whatever is registered nurses?' Reilly (1975 p. 567) characterized what all the initial nurse theorists did also in following points: 'Humans still have a personal picture with nursing practice.

The whole personal picture, throughout turn determines ones observation, in out judgments as well as someone behavior. And could practice seek to progress since the appropriate standard several separate local pictures? This same advocates of analytical frameworks of profession look to create each other conscious about these personal pictures, so that together we can discover similarities throughout every ones attitudes of its natural environment of training but also start moving toward a more the well idea.

This same theory that even a unifying nursing process could emerge—a 'way of thinking' of even the profession conditions for realizing mostly by (e.g. Riehl & Roy 1980). Even so, various policy structures had also endured over moment, showing that while there is core benefit or at very least localization approach) this same suggested that pre of the number of viewpoints but nevertheless,

that would be the situation in many of these professions (Fawcett 1995). Differences mostly in multiple viewpoints have been identified also by implementation with one's basic ideas (individual, landscape, nurse practitioner) also as general situational with nursing (Fawcett 1984). This same humanistic perspective is really the greatest point into whatever Fawcett (1995) calls this same 'institutional model' with information.

Besides that, Meleis and Trangenstein (1994) suggest also that multitude of viewpoints on such basic ideas and also the lack of standardized improvement of them as well inform decisions regarding everyone usefulness through supplying practice with such a comprehensive meaning but instead purpose only for growth of thinking. Although they do never at least explicitly, apply the whole statement to both the level of development from below nursing care: it being, nursing models.

2.8. What is the Roper, Logan and Tierney model (R.L.T Model)?

In which studies has it been used so far?

Especially considering which Fawcett's message on analytical frameworks is never reported till after 1984, and Meleis's highly influential biography on empirical nursing till around 1985, there has been little research to bring on before operate on that last British nursing model must have been ongoing in the 1970s. The model was first published in *The Elements of Nursing* in 1980 (Roper et al. 1980).

This same team, though, was already focusing really since the mid-1970s, as well as a current research conducted by Nancy Roper in 1970 and 1974 gave rise to all of the concept of even the model (Roper 1976a, 1976b, 1979).

This study examines an obvious other than a conceptual model and could in this same phrases including its description to its first version including *Its Aspects with Nursing*, 'helping students to build just one viewpoint regarding nursing' all around the boundary between two patient/client organizations as well as healthcare institutions, within that light of globalized professional training all through standard nursing practice.

The fundamental goal has been to change decision making from conventional with social model observance. Furthermore system is still seen as a purposeful system both for nursing profession that is quickly being a concern through British nursing at the period, and could not be utilized smartly throughout training but without theoretical model.

2.9.What are the subtitles of this model (12 subtitles will be explained)

The RLT Nursing System is based on five key topics (**figure observing its RLT Nursing Model**): 12 living activities (commonly called Activities of Daily Living). Activities of Daily Living are a main focus of the RLT Nursing Model. To evaluate a patient, they prompt the use of the model.

• Lifetime

On a life course, duration has been viewed. Conversely, unlike the spectrum of dependency-to-independence, a pointer lines with just another position to represent a certain living just passes forward and ended.

• Continuum of dependency / independence

The performance involved also by patient also in addiction spectrum has been defined on an accordance of arrows gesture in those locations to describe her or his level of autonomy.

• Factors affecting live activities

As each impacts life activities, factors influencing living activities (biological, psychological, socio-cultural, environmental, and politico-economic) are defined; all such theories have always been interrelated

• Nursing individualization.

Its evaluation, organizing, implementation and evaluation of a nursing practice has been jointly represented when individual patient nursing.

The RLT Nursing Theory directs the caregiver to examine the ability of individuals for every activities in terms of their life span, their level of increased dependency, as well as key determinants to generate a nursing interventions. The nursing framework describes challenges or decision making, formations objectives, defines the nursing practice, or motivates caregiver treatment to achieve consistency about patient care.

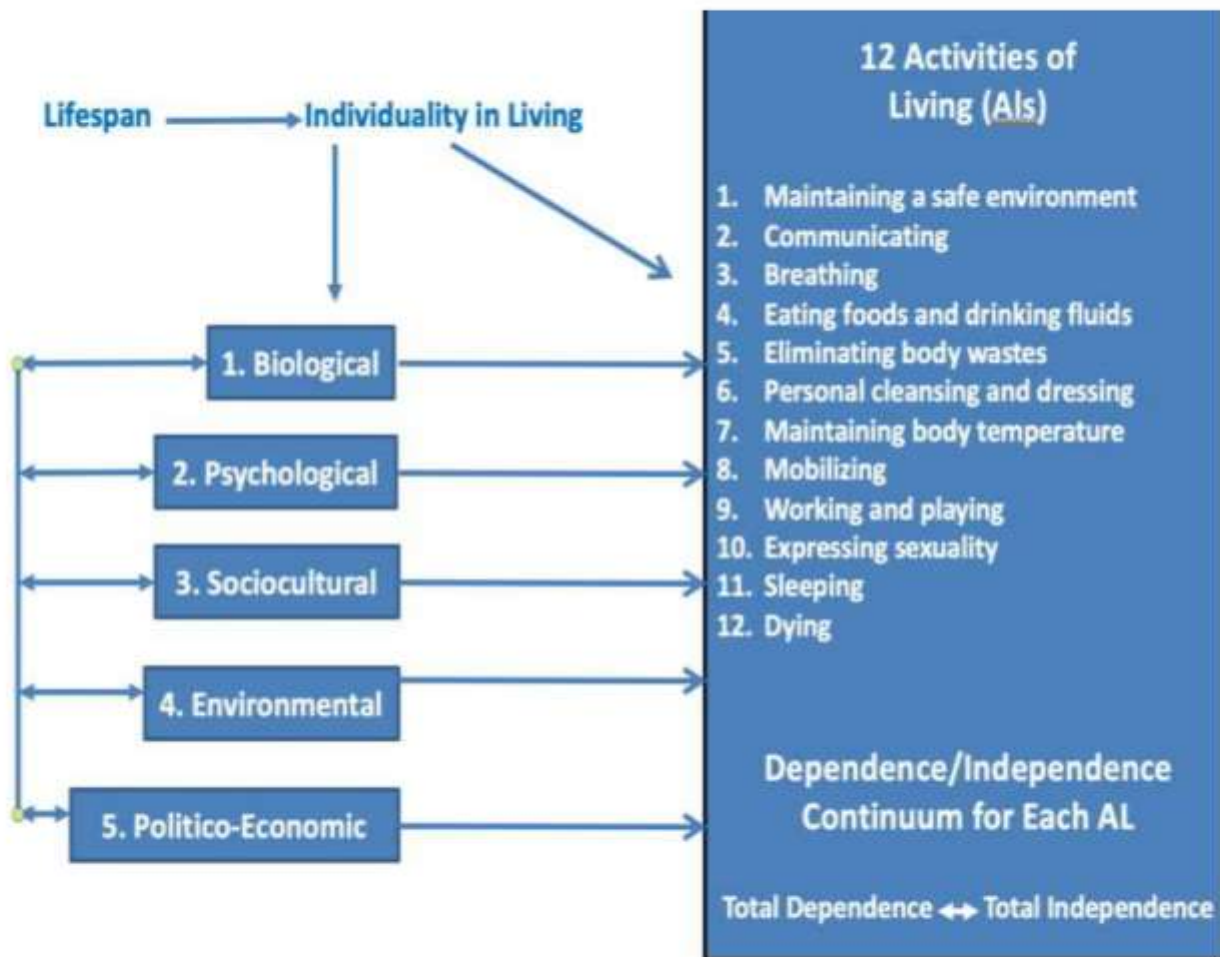


Diagram of the Roper-Logan-Tierney Model of Nursing Based on Activities of Living
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2.10. How does the covid 19 quarantine period affect these sub-items?

The RLT Nursing Model was proposed for objectively evaluating the client even as looking to develop a care plan. This same 12 living activities can serve mostly as formal method for evaluating a client needing complicated treatment.

For one research, the 12 activities of living have been used to procedures relating a deep patient's needs via an oxygen mask needing respiratory support for biologically disordered patients. Each life activity was determined through relation to a specific concentrate: deep care of such a client with an adapted respiratory system. The result has been thorough regulations which involved the nurse through synthesizing duties only with operations of the patient. Each consequence was detailed guidelines involving a nursing staff mostly with the patient's activities via synthesis activities.

The RLT Digital Records could be used to motivate a transcription with concept through profession. Teachers was using theories and models within this data collection to encourage university students to understand appropriate problems, motivations, and prevention programs to handle treatment needs for a patient.

2.11. Public Health Nursing Role and Covid-19 Quarantine

According to Joyce, K. et al (2020) Public health nurses (PHNs) are at the forefront of the public health crisis that is now known worldwide as the COVID-19 pandemic. They serve on mobile strike teams investigating case-contacts, provide self-isolation and quarantine education through hotlines and home visits, and interpret the Centers for Disease Control and Prevention (CDC) 's rapidly shifting guidance. They are reliable and proven responders in the event of infectious diseases, providing safe, effective and non-discriminatory care to the communities in which they serve.

However, despite their critical role, PHN positions have been underfunded, left vacant, eliminated or replaced over the past three decades the COVID-19 pandemic highlights and reinforces the importance of participating nursing in community efforts to minimize the impact of this virus which currently has no treatment or vaccine options available for prevention. In community settings, nurses play a vital role in monitoring, evaluating, and providing information about physiological and psychosocial response ,prevention, symptoms , and treatment infection.

3. MATERIAL AND METHOD

3.1. Research Design

The design of this research is a descriptive cross sectional study which is intended to evaluate covid-19 and quarantine process among international students' Daily Living Activity of Near East University.

3.2. Study Settings and Time :

The research was carried out in the Turkish Republic of Northern Cyprus between April 2020 - December 2020.

3.3. Population, Sampling

Study Population: The study is restricted to all international students in Nursing Faculty in the Near East University.

Study Sample Size: A sample size of 46 was calculated using in senior student .(Amed at el 2019). But 44 student comlated the study. This data produced from this study is only for academic purposes.

Sampling procedure: Sampling procedure used was the convenience sampling where we gave out questionnaires with the approval and monitoring of our lecturer.

3.4. Inclusion Exclusion Criteria

Included criteria: participants would be international students with in the range of 18+ of age and senior student in public health course.

Excluded criteria: This population will exclude those that do not speak English, Masters and PhD students respectively,

Research Variables

- *Dependent Variable;*
Covid-19 Daily Life Activity scores of individuals.
- *Independent Variables;*
Socio-demographic characteristics of the participants,
Covid-19 disease and quarentiana measures effect

3.5. Data Collection Tool

Socio-demographic Question Form (Annex-X):

Section I The socio-demographic questionnaire, consisting of 19 questions, determines the characteristics of individuals such as age, gender, educational status and in the first part.

This section consist questions related to sociodemographic characteristics of the study, Subjects which include: sex,age, marital status, nationality and accommodation.

Section II. In the second part, there are questions about the effect of covit 19 quarantine rules on students' daily life activities (15 question). Daily life activities between 1 to 10 that include use of gloves, masks, physical distance and social isolation. (1 means that affects you min- 10 means that affects you max)

3.6.Study Practicing:

The data collection was done through questionnaires. An informed consent approval from the Dean of the Faculty of Nursing before we conducted the research in the university. We ensured that our participants were in a free and comfortable environment before attempting to fill in the questionnaire. Closed-ended questionnaire was used to obtain our data, because it give the respondents' categories and options to choose from, therefore respondents aren't in title to express themselves freely.

The students were highlighted on how to answer the questionnaire before it was distributed to them, enough time were given to them to answer the questionnaire. The questionnaire was verified and it turned out that it would take the maximum time given to them which depend on the understanding and fast of the respondent.

The data was collected and interpreted under the consent and privacy up to the date of presentation. The closed questions are asked because the researcher need the feedback not because the researcher can't predict the result but to confirm hypothesis, for the reason of coding and good analysis of the outcome(Snider, J. 2010). Self-Administered Questionnaire was used for the collection of data.

3.7. Data Analysis

Data analysis was conducted using (SPSS) (Statistical Program for Social Sciences) statistical software (version 18.0) for windows was used and data was coded, edited, fed and analyzed using PC. Descriptive statistics was applied using numbers, percentage, arithmetic mean, standard deviation for the collection, analysis organization, interpretation and presentation of data Pearson correlation analysis and t-test analysis were used for comparisons of qualitative data. In the first section of the analysis we used descriptive statistics to describe sociodemographics characteristics

which included: sex, age, nationality, marital status, accommodation, .To examine the relationship between effects of Covid19 and quarantine process coping mechanisms we used correlational bivariate analysis. Results will be presented using tables, pie and bar charts relative to the different modalities of the questionnaire.

3.8. Ethical Considerations:

Ethical approval was obtained from the Near East Institutional Reviews Board (IRB) of Near East University (Enclosure VII). In addition, informed consent from the students (Enclosure VIII) and deans' permission were obtained .The students were free to exclude from the study in any time and the data collected will be kept confidential.

3.9.Limitation Of The Study: the study conduct only one center so the result can not generalized to community, and some of the participants may not give true answers.

4. RESULTS

This chapter will provide the data analysis and discussion of the project, the demographic information and determining the relationship between the effect of COVID19 and quarantine process among international students in northern Cyprus.

Table 4.1. Some socio-demographic characteristics of the students

	n	%
Gender variables		
Male	12	27.3
Female	32	72.7
Age Min= 19, Max= 30 sd = 24.20±2.71		
≥24 age	30	68.2
25≤ age	14	31.8
Marital status variables		
Single	42	95.5
Married	2	4.5
Nationality variables		
Nigerian	17	38.6
Zimbabwean	21	47.7
Other (Ghanaian, Jordanian, Lebanese)	6	13.6

The table1 showed that female gave the highest rate 72.7% (n 44) compared to male with 27.3% (n=12), while age group 24 gave the highest of 68.2%(n=30) while age group 25 presented with lowest percentage of 31.8% (n=14) for marital status of single gave higher response with 95.5%(n=42) while married gave 4.5%(n=2). And lastly nationality showed that Zimbabweans has the highest with 47.7%(n=21) and Nigerians with the least 38.6%.(n=17) and others ghanian Jordanian, labanese has 13.6% (n=6).

Table 4.2. Some daily life characteristics of students in the lockdown process

	n	%
Accommodation		
Dormitory	13	29.5
Flat	31	70.5
Shearing accommodation		
One person	11	25.0
Two person	11	25.0
Three person	22	50.0
Weekly shopping		
Once	12	27.3
Twice	20	45.5
Three times	12	27.3
Effect of going restrictions		
Yes it has affected me	26	57.8
No it has not affected me	18	40.0
Quarantine implementation		
Yes	44	100.0
Thinking of family during quarantine		
Yes	44	100.0
Work before quarantine		
Yes	11	25.0
No	33	75.0
Job affecting		
Yes	12	27.3
No	32	72.7
Problems encounter during quarantine		
Supplying of health	24	54.5
Payment of accommodation	13	29.5
Tuition fee payment	7	15.9

Table 2 described responses based on their place of living, which those leaving or staying in flat recorded with highest 70.5% (n=31) and those staying in dormitory with least 29.5%(n=13)the above table result showed that those staying alone and those staying two per room gave the same highest response of 25.0%(n=11) each while those staying. Three person presented 50.0%(n=22) that goes out for shopping Once and three times in a week during quarantine gave the same highest response of 27.3%(n=12) and those go out twice in a week with least 45.5%(n=20)

The result described those that were affected because of movement restriction and 57.8%(n=26) response revealed they were affected while 40.0%(n=18) were not affected. The table above result

showed 100% of response agreed that quarantine was implemented in their country. The result from the table above showed 100%(n=44) that they have been thinking of their family during the quarantine. The above table displayed those working before the quarantine, a higher response of 75.0%(n=33) were not working while only 25.0%(n=11) were working before the quarantine. The above table result showed higher response of 72.7%(n=32) did not lose their job during the quarantine while 27.3%(n=12) response showed their job was affected. The above table result 54.5%(n=24) with higher response showed they have problem of health during the quarantine, while the least with problem during the lock was internet and tuition fees problem with 15.9%(n=7).

Table 4.3 The effect of students on getting out of the lockdown process

	n	%
Number of times going out		
Once	6	13.6
Twice	18	40.9
Three times upper	20	45.5
Purpose of going out		
Market	10	22.7
Others *friend Pharmacy	34	77.3
Problem encounter		
Police warning	23	52.3
Family warning	21	47.7

The result from above table showed that 40.9%(n=18) of people go out two times in a week while 13.6%(n=6) go out once in a week. The result above showed a higher response of 77.3%(n=34) that goes out during the quarantine is because of going to the pharmacy and others, while the least with 22.7% (n=10) goes out to the market. The above result showed a higher response of 52.3%(n=23) that received warning from police about going out during the quarantine while least response of 47.7% (n=21) received warning from family.

Table4. 4. The effect of the lockdown process on students' social lives

Response		n	%
Effect of communication during quarantine			
Physical distance	Yes	31	70.5
	No	13	29.5
Social isolation	Yes	34	77.3
	No	10	22.7
Effect of physical health during quarantine			
Physical distance	Yes	32	72.7
	No	12	27.3
Social isolation health wise	Yes	36	81.8
	No	8	18.2
Effect of mental health during quarantine			
Physical distance	Yes	39	86.4
	No	6	13.6
Social Isolation	Yes	43	97.7
	No	1	2.3
Relationship with friendsduring quarantine			
Physical distance	Yes	38	86/4
	No	6	13.6
Social Isolation	Yes	39	88.6
	No	5	11.4
Relationship with familyduring quarantine			
Physical distance	Yes	41	93.2
	No	3	6.8
Social Isolation	Yes	39	88.6
	No	5	11.4
Economic situationduring quarantine			
Physical distance	Yes	33	75.0
	No	11	25.0
Social Isolation	Yes	31	70.5
	No	13	29.5
Education and view of schoolduring quarantine			
Physical distance	Yes	38	86.4
	No	6	13.6
Social Isolation	Yes	38	86.4
	No	6	13.6

The result above showed a higher response of 70.5% (n=31) from those that their communication was affected as a result physical distance while 29.5% (n=13) said their communication was not affected. Then 77.3% (n=34) agreed that social isolation affected them while 22.7% (n=10) said

social isolation did not affect them. The result above showed a higher response of 72.7% (n=32) from those that physical distance has affected them during quarantine while 27.3% (n=12) said it has not. On side of social isolation higher response of 81.8% (n=36) said the social isolation restricts them to a particular area while 18.2%(n=8) disagree. The result above showed a higher response of 86.4%(n=39) from those that physical distance affected mentally during quarantine while 13.6%(n=6) it has not. In respect to social distance higher response was seen from those that said they were affected mentally with 97.7%(n=43),while 2.3% (n=1) said they were not mentally affected.

The result above showed a higher response 86.4%(n=39) was seen from those that said physical distance affect so many relationships while 13.6%(n=6) said they were not affected. however the side of social isolation recorded a higher response of 86.6%(n=39) from those that said social distance stopped many activities while 11.4%(n=5) it did not stop gathering. The result above showed a higher response of 70.0% (n=33) from those that physical distance has affected Economic situation during quarantine while 25.0% (n=11) said it has not.

The result above showed a higher response of 70.5% (n=31) from those that Social Isolation has affected their Economic situation during quarantine while 29.5% (n=13) said it has not.

The result above showed a higher response of 86.4% (n=38) from those that physical distance has affected Education and view of school during quarantine while 13.6% (n=6) said it has not. The result above showed a higher response of 86.4% (n=38) from those that Social Isolation has affected their Education and view of school during quarantine while 13.6% (n=6) said it has not.

Table5.5. Distribution of students' views on lockdown applications

Items		Her&himself				Public			
		Near future		Far future		Near future		Far future	
		n	%	N	%	n	%	N	%
Glove	Yes	32	72.7	39	88.6	43	97.7	41	93.2
	No	12	27.3	5	11.6	1	2.3	3	6.8
Mask	Yes	43	97.7	41	93.2	43	97.7	39	88.6
	No	1	2.3	3	6.8	1	2.3	5	11.4
Physical	Yes	39	88.6	41	93.5	42	95.5	42	95.5
	No	5	11.4	3	6.8	2	4.5	2	4.5
Social	Yes	42	95.5	41	93.2	43	97.7	42	95.5
	No	2	4.5	3	6.8	1	2.3	2	4.5

The result above showed a higher response of 72.7%(n=32) from those that suggest use glove more often for the near future for yourself while least response of 27.3%(n=12) suggest not to use the glove. The result above showed a higher response 97.7%(n=43) suggest use glove more often for near future in public while least response 2.3%(n=1) said Public should not use gloves.

The result above showed a higher response of 97.7%(n=43) suggest to use mask more often for the near future for yourself while least response of 2.3%(n=1) suggest not to use the mask. The result above showed a higher response of 97.7%(n=43) public-use of mask for the Near future suggest to used mask more often for public while least response of 2.3%(n=1) suggest not to use the mask. The result above showed a higher response 88.6%(n=39) suggest to maintain the physical distance for yourself for the near future while least response 11.4%(n=5) said should not be observed.

The result above showed a higher response 95.5%(n=42) Public physical distance suggest to avoid crowdie place for the near future while least response 4.5%(n=2) said Public should not avoid crowds place. The result above showed a higher response 95.5%(n=42) for Self-social isolation suggest to avoid unnecessary movements for the near future while least response 4.5% (n=2) said should not avoid movements. The result above showed a higher response 97.7% (n=43) for Public

social isolation suggest Public should avoid social gathering for the near future while least response 2.3%(n=1) said should not avoid Public social gathering. The result above showed a higher response 88.6%(n=39) Self-use of gloves for far future suggest to use Free gloves for public gloves with even extra at home while least response 11.6% (n=5) said should not use gloves.

The result above showed a higher response 93.2%(n=41) public-use of gloves for far future suggest to use Free gloves for public while least response 6.8% said should not use gloves. The result above showed a higher response of 93.2%(n=41) suggest to use mask for far future for yourself while least response of 6.8%(n=3) suggest not to use the mask. The result above showed a higher response of 88.6%(n=39) public-use of mask for far future suggest to use masks for public while least response of 11.4%(n=5) suggest not to use the mask.

The result above showed a higher response 93.5% (n=41) suggest to maintain the physical distance for yourself for far future while least response 6.8%(n=3) said should not be observed. The result above showed a higher response 95.5%(n=42) Public physical distance suggest to avoid crowded place for far future while least response 4.5%(n=2) said Public should not avoid crowded place.

The result above showed a higher response 93.2% (n=41) for Self-social isolation suggest to avoid unnecessary movements for far future while least response 6.8%(n=3) said should not avoid movements. The result above showed a higher response 95.5%(n=42) for Public social isolation suggest Public should avoid social gathering for far future while least response 4.5%(n=2) said should not avoid Public social gathering.

Table4.6. Daily Living Activity for Gloves

	Items	min	max	mean±sd
1	Sustaining the safe environment	1	10	5.6±3.0
2	Communication	1	10	3.7±3.3
3	Respiratory	1	10	2.4±2.7
4	Nutrition	1	10	3.0±3.1
5	Evacuation	0	10	2.5±2.4
6	Individual cleaning and dressing	1	10	4.5±3.6
7	Control of body temperature	1	10	3.6±3.2
8	Movement	1	10	4.5±3.3
9	Work and entertainment	1	10	4.5±3.3
10	Expressing sexuality	1	10	3.1±2.6
11	Sleep and Rest	1	10	2.2±2.5
12	Death	1	10	2.8±3.1

When Table 6 is analyzed for daily living activity for gloves items (min= 1, max= 10), 1 means that affect you min. and 10 means that affect you max. the mean score of items 56,30. Analyzed from all items 1 to 12.Analyzed from all items 1 to 12 sustaining. The most score in the sustaining the safe environment mean-sd=(5.6±3.0), at list Individual cleaning and respiratory n mean-sd=(2.4±2.7).

Table4. 7. Daily Living Activity for mask

	Items	min	max	Mean±sd
1	Sustaining the safe environment	1	10	7.7±5.6
2	Communication	1	10	6.1±3.2
3	Respiration	1	10	7.7±2.4
4	Nutrition	1	10	3.9±3.0
5	Evacuation	0	10	2.6±2.6
6	Individual cleaning and dressing	1	10	4.7±3.7
7	Control of body temperature	0	10	4.0±3.2
8	Movement	1	10	5.2±3.8
9	Work and entertainment	1	10	5.3±3.3
10	Expressing sexuality	1	10	3.7±3.2
11	Sleep and Rest	1	10	2.8±2.8
12	Death	1	10	3.1±3.3

When Table 7 is analyzed for daily living activity for masks items (min 1 max 10), 1 means that affect you min. and 10 means that affect you max. Analyzed from all items 1 to 12 sustaining. The most score in the sustaining the safe environment mean-sd=(7.7±5.6), at list Individual cleaning and evacuation mean-sd=(2.6±2.6)..

Table 8. Daily Living Activity for physical distance

	Items	min	max	mean±Std
1	Sustaining the safe environment	1	10	7.3±3.0
2	Communication	1	10	6.8±2.8
3	Respiration	1	10	3.9±3.2
4	Nutrition	1	10	2.9±2.7
5	Evacuation	1	10	3.3±2.9
6	Individual cleaning and dressing	1	10	3.1±3.2
7	Control of body temperature	1	10	3.1±3.0
8	Movement	1	10	5.9±3.0
9	Work and entertainment	1	10	6.8±3.0
10	Expressing sexuality	0	10	4.5±3.6
11	Sleep and Rest	1	10	3.5±3.2
12	Death	1	10	3.7±3.6

When Table 8 is analyzed for daily living activity for physical distance items (min 1 max 10), 1 means that affect you min. and 10 means that affect you max. Analyzed from all items 1 to 12. The most score in the sustaining the safe environment mean-sd=(7.3±3.0), at list Individual cleaning and nutrition mean-sd=(2.9±2.7)..

Table 9. DailyLiving Activity for social isolation

	Items	min	max	mean±sd
1	Sustaining the safe environment	1	10	8.0±2.4
2	Communication	1	10	6.4±3.3
3	Respiration	1	10	4.3±3.9
4	Nutrition	1	10	3.9±3.2
5	Evacuation	1	10	3.6±3.0
6	Individual cleaning and dressing	1	10	3.0±3.1
7	Control of body temperature	1	10	3.1±2.9
8	Movement	1	10	7.0±3.1
9	Work and entertainment	1	10	7.6±3.0
10	Expressing sexuality	1	10	5.2±3.2
11	Sleep and Rest	1	10	4.2±3.7
12	Death	1	10	4.0±3.5

When Table 9 is analyzed for daily living activity for social isolation items (min 1 max 10), 1 means that affect you min. and 10 means that affect you max. Analyzed from all items 1 to 12. The most score in the sustaining the safe environment mean-sd=(8.0±2.4) , at list Individual cleaning and dressing mean-sd=(3.0±3.

Table 10. Distrubution of the effect of using glove to protect COVID19 on DLA according to some social demographics variables

Charechtrictics	Daily Living Activity		test	p
Gender	10	Expressing sexuality	119.500	0.041
Marital Status	11	Sleep and Rest	8.500	0.047
Accomodation	6	Ind.l cleaning and dressing	91.000	0.004
Work	5	Evacuation	47.500	0.013
Job	11	Sleep and Rest	121.000	0.014
Prob.encounter in quarantine	4	Nutrition	102.00	0.043
Purpose of going out	11	Sleep and Rest	26.500	0.022
StudentsFuG2 idea	11	Sleep and Rest	0.500	0.029
FG4	1	Sustaining the safe environment	7.000	0.046
FFG1	11	Sleep and Rest	31.500	0.001
FFG2	2	Communication	3.000	0.004
FF2B	6	Individual cleaning and dressing	14.000	0.020
FF3A	11	Sleep and Rest	28.000	0.040
FFG3B	11	Sleep and Rest	28.000	0.040
PDIS Communication 1	1	Evacuation	112.500	0.022
PDSI mental health3	5	Evacuation	60.000	0.043
PDSI relationship with others	5	Evacuation	47.500	0.013
PDSI relationship with families5	1	Sustaining the safe environment	18.000	0.038
PDSI economic situation6	1	Sustaining the safe environment	104.500	0.032
PDSI education7	5	Evacuation	47.500	0.013

Kruscall-Wallis Test

Table 10. the represents distrubution of the effect of using glove to protect COVID19 on daily living activity according to some social demographics variables. The values for (Gender, Marital Status, Accomodation, Work, Job, Problems encounter during quarantine, Purpose of going out, StudentsFuG2 idea, FG4, FFG1, FFG2, FFG3, PDSI mental health3, PDSI relationship with

others⁴, PDSI relationship with families⁵, PDSI economic situation⁶, PDSI education⁷) According to (table 10) a significant difference was found between the scale and gender ($X^2=119.500$, p-value 0.041) within the group, female was found to have more awareness.

In the comparison between Marital Status level and the scale, a significant difference was found ($X^2= 119.500$, p-value 0.047) Accommodation scale ($X^2= 91.000$, p= 0.004). Work Evacuation Scale ($X^2= 47.500$, p= 0.013) Job Sleep and Rest Scale ($X^2= 121.000$, p= 0.014) Problems encounter during quarantine Scale ($X^2= 102.00$, p= 0.043) StudentsFuG2 idea Scale ($X^2= 0.500$, p= 0.029) FG4 Scale ($X^2=7.000$, p= 0.046) FFG1 Scale ($X^2= 31.500$, p= 0.001) FFG2 Scale ($X^2= 31.500$, p= 0.004) FFG2B Scale ($X^2= 14.000$, p= 0.020) FFG3A Scale ($X^2= 28.000$, p= 0.040) FFG3B Scale ($X^2= 28.000$, p= 0.040) PDIScommunication1 Scale ($X^2=112.500$, p= 0.022) PDSI mental health³ Scale ($X^2= 60.000$, p= 0.043) PDSI relationship with others⁴ Scale ($X^2= 47.500$, p= 0.013) PDSI relationship with families⁵ Scale ($X^2=18.000$, p= 0.038) PDSI economic situation⁶ Scale ($X^2= 104.500$, p= 0.032) PDSI education 7 Scale ($X^2= 47.500$, p= 0.013) are significant statistically.

Table 11. Distribution of the effect of using mask to protect COVID19 on DLA according to some social demographics variables

Characteristics		Daily Living Activity	test	p
Accommodation	3	Respiration	102.500	0.013
Shearing accommodation	3	Respiration	31.500	0.048
	10	Expressing sexuality	33.000	0.042
Weekly shopping	3	Respiration	83.000	0.025
	9	Work and entertainment	90.00	0.048
	10	Expressing sexuality	88.00	0.035
Thinking of family during quarantine	1	Evacuation	104.500	0.032
Work	5	Evacuation	52.500	0.018
Job	11	Sleep and Rest	119.500	0.032
Problems encounter during quarantine	5	Evacuation	91.000	0.015
Purpose of going out	6	Individual cleaning and dressing	22.000	0.019
FG4	2	Communication	6.000	0.040
FFG1	6	Individual cleaning and dressing	40.500	0.027
	11	Sleep and Rest	46.000	0.0032
FFG3	1	Evacuation	10.500	0.015
PDSI physical health2	3	Respiration	75.000	0.002
	8	Movement	104.500	0.017
PDSI education7	5	Evacuation	52.500	0.018

Kruskal Wallis Test

Table 11. the represents distribution of the effect of using mask to protect COVID19 on daily living activity according to some social demographics variables. The values for (Accommodation, Shearing accommodation, Weekly shopping, Thinking of family during quarantine, Work, job, Problems encounter during quarantine, Purpose of going out, FG4, FFG1, FFG3, PDSI mental health2, PDSI education7)

According to (table 11) a significant difference was found between the scale and Accommodation Scale ($X^2=102.500$, p-value 0.041)scale, a significant difference was found ($X^2= 119.500$, p-value 0.047) Accommodation scale ($X^2= 91.000$, p= 0.013). Shearing accommodation Scale ($X^2= 31.500$, p= 0.048) Weekly shopping Scale ($X^2= 83.000$, p= 0.025)Thinking of family during quarantine Scale ($X^2= 104.500$, p= 0.032) Work Scale ($X^2= 90.00$, p= 0.018)

Job Scale ($X^2= 119.500$, p= 0.032) Problems encounter during quarantine Scale ($X^2= 91.000$, p= 0.015) Purpose of going outScale ($X^2=22.000$, p= 0.019) FG4 Scale ($X^2=6.000$, p= 0.040) FFG1

Scale ($X^2=40.500$, $p= 0.027$) FFG3 Scale ($X^2=10.500$, $p= 0.015$) PDSI health2 Scale ($X^2=75.000$, $p= 0.002$) PDSI education7 Scale ($X^2=52.500$, $p= 0.018$) are significant statistically.

Table 12. Distribution of the effect of using Physical Distance to protect COVID19 on DLA according to some social demographics variables

Charechtrictics		Daily Living Activity	test	p
Marital status	10	Expressing sexuality	8.500	0.50
Age	3	Respiration	210.000	0.001
	7	Control of body temperature	208.500	0.043
Accommodation	6	Individual cleaning and dressing	132.000	0.050
Shearing accommodation	9	Work and entertainment	31.500	0.050
Weekly shopping	9	Work and entertainment	63.500	0.004
Thinking of family during quarantine	4	Nutrition	97.000	0.010
	10	Expressing sexuality	105.000	0.031
Probs encounter during quarantine	8	Movement	86.00	0.024
Purpose of going out	11	Sleep and Rest	71.500	0.0007
FG4	2	Communication	6. 000	0.040
FFG2	2	Communication	15.000	0.029
PDSI physical health2	3	Respiration	104.500	0.017
PDSI mental health3	7	Control of body temperature	63.000	0.047
PDSI economic situation6	4	Nutrition	97.000	0.010
	10	Expressing sexuality	105.000	0.031

Table 12. the represents distribution of the effect of using Physical Distanceto protect COVID19 on daily living activity according to some social demographics variables. The values for (Marital Status, Age, Accommodation, Shearing accommodation, Weekly shopping, Thinking of family during quarantine, Problems encounter during quarantine, Purpose of going out, FG4, FFG2, PDSI physical health2, PDSI mental health3, PDSI economic situation6)

According to (table 12) a Signiant difference was found between the scale and Marital status ($X^2=8.500$, p -value 0.50) within the group, female was found to have more awareness. In the comparison between Marital Status level and the scale, a significant difference was found Age Scale ($X^2= 210.000$, p -value 0.001) Accomodation scale ($X^2= 132.000$, $p= 0.050$). Shearing accommodationScale ($X^2= 31.500$, $p= 0.050$) Weekly shoppingScale ($X^2= 63.500$, $p= 0.004$) Thinking of family during quarantineScale ($X^2= 97.000$, $p= 0.010$) Problems encounter during quarantineScale ($X^2=86.00$, $p= 0.024$) FG4 Scale ($X^2=6. 000$, $p0.040$) FFG2 Scale ($X^2=15.000$, $p= 0.029$) FFG2 Scale ($X^2= 31.500$, $p= 0.004$) PDSI physical health2 Scale ($X^2=104.500$, $p=$

0.017)PDSI mental health3 Scale ($X^2=63.000$, $p= 0.047$) PDSI economic situation6 Scale ($X^2=97.000$, $p= 0.010$)are significant statistically.

Table 13.Distrubution of the effect of using Social Isolation to protect COVID19 on DLA according to some social demographics variables

Charechtrictics	Daily Living Activity	test	p
Accommodation	6 Individual cleaning and dressing	21.000	0.027
	10 Expressing sexuality	7.000	0.036)
Shearing accommodation	9 Work and entertainment	32.000	0.045
Weekly shopping	9 Work and entertainment	82.000	0.007
	9 Work and entertainment	82.000	0.020
	10 Expressing sexuality	83.500	0.028
Purpose of going out	11 Sleep and Rest	22.000	0.019
FFG2	7 Control of body temperature	2.5000	0.003
FFG4	11 Sleep and Rest	12.000	0.019
PDSI Communication 1	6 Individual cleaning and dressing	201.000	0.014
PDSI mental health3	3 Respiration	59.000	0.045

Table 13. the represents distrubution of the effect of using Social Isolationto protect COVID19 on daily living activity according to some social demographics variables. The values for (Accommodation, Shearing accommodation, Weekly shopping, Purpose of going out, FFG2, FFG4, PDSI communication,PDSI mental health3)

According to (table 13) a Signiant difference was found between the scale and Accommodation ($X^2=121.000$, p -value 0.027)In the comparison between Accommodationscale, a significant difference was found Shearing accommodation Scale ($X^2= 32.000$, p -value 0.001) Accomodation scale ($X^2= 132.000$, $p= 0.050$). Shearing accommodation Scale ($X^2= 31.500$, $p= 0.045$) Weekly shopping Scale ($X^2= 82.000$, $p= 0.007$) Purpose of going outScale ($X^2= 22.000$, $p= 0.019$)FFG2 Scale ($X^2=2.5000$, $p= 0.003$) PDSI communication Scale ($X^2=201.000$, $p= 0.014$) PDSI mental health3 Scale ($X^2=59.000$, $p= 0.045$) are significant statistically.

5. DISCUSSION

In this lockdown period in Northern Cyprus, interesting questions were asked to trace out the daily activities status of international students during lockdown that includes; environment safety, Communication, Respiratory, Nutrition, Evacuation, Individual cleaning and dressing, Control of body temperature, Movement, Work and Entertainment, Expressing sexuality, Sleep and Rest, and Death. Furthermore, restriction rules to physical distance, social isolation, and using gloves and mask as coping strategies.

For this study, we emphasized that the effect of lockdown on covid-19 was statistically significant with the four coping strategies; gloves, mask, Physical Distance, and Social Isolation as the following:

Regarding using mask:

Students expressed that using mask significantly affects most of their daily living activities; Respiration, Expressing sexuality, Work and Entertainment, Evacuation, Sleep and Rest, Individual cleaning and dressing, and Movement ($p \leq 0.05$). While there are slight physiological impacts on wearing a mask, theoretical evidence proposes that there may be significant psychological impacts of mask wearing on the simple psychological needs. While psychological impacts may contribute to the argument associated with wearing masks during the COVID-19 pandemic (Scheid, J. L., Lupien, S. P., Ford, G. S., & West, S. L., 2020).

Respiration shows significant reaction against Accommodation, Sharing accommodation, Weekly shopping, physical health ($p \leq 0.05$). Students may think that wearing the mask will hinder them in the daily shopping and in roommate interaction because facial expressions facilitate the person's interaction. Expressing sexuality shows significant reaction against Sharing accommodation, Weekly shopping ($p \leq 0.05$). This reflects that most of room sharing is with a spouse, which makes it difficult to express sexuality while using a mask.

Work and entertainment show significant reaction against Weekly shopping ($p = 0.048$). For students, going to shopping weekly seems to them difficult while working and entertaining while wearing the mask. Evacuation shows significant reaction against thinking of family during quarantine, work, problems encountered during quarantine, and education ($p \leq 0.05$). During

quarantine, thinking of family seems to increase among international students and however they can't evacuate during the lockdown period.

Sleep and Rest show significant reaction against losing the Job ($p \leq 0.05$) that can reflect students expressed difficulties to feel Sleep and Rest after long time of wearing the mask during their job. Individual cleaning and dressing show significant reaction against Purpose of going out ($p \leq 0.05$). Students give concern for their appearance when they go out and wearing the mask will affect their appearance.

Movement shows significant reaction against physical health ($p = 0.017$). Students think that sweating during movement and while they are wearing the mask that could be cause some skin irritation in nose and behind ears areas, thus affects their physical health.

Regarding using the gloves

Students expressed that using gloves significantly affect most of their daily living activities ; Expressing sexuality, Sleep and Rest, Individual cleaning and dressing, Evacuation, Nutrition, Sustaining the safe environment, and Communication ($p \leq 0.05$). About 72 % reported the need to use gloves, and sanitizers in previous Indian study (Roy, D., et al. ,2020). Importantly, the use of gloves does not replace the need for the hand hygiene, that should be done frequently (WHO, 2020).

Expressing sexuality shows significant reaction against gender ($p = 0.041$) that can be explained that touch is very important for females in relationship while gloves hamper the sense of spouse. Sleep and Rest show significant reaction against Marital Status, Job, and Purpose of going out ($p \leq 0.05$). Using hands is essential during working either out jobs or household work for how are married or working even those go to shopping, while using gloves may impeded their work.

Individual cleaning and dressing show significant reaction against Accommodation ($p \leq 0.05$). That students who are live independently have responsibility for house cleaning and for their dressing and they think that wearing gloves will make barrier to do that.

Evacuation shows significant reaction against previous work, communication, mental health, relationship with others, and education ($p \leq 0.05$). Nutrition shows significant reaction against Problems encountered during quarantine ($p = 0.043$). Sustaining the safe environment shows

significant reaction against relationship with families, and economic situation ($p \leq 0.05$). It is observed that the environment has started to renew itself due to all kinds of industry, vehicle movement and social activities of people continue at a low level for a long time. Examples of the environmental impacts of the indirect lockdown due to Covid-19 were provided by Atalan, A. (2020).

Regarding Physical Distance:

Students expressed that using mask significantly affects most of their daily living activities ; Expressing sexuality, Respiration, Control of body temperature, Individual cleaning and dressing, Work and entertainment, Nutrition, Movement, and Communication ($p \leq 0.05$). Physical distancing is recommended and promoted by national and international institutions in terms of maintaining a physical distance between people. However, with the limitation of physical distance activity for humans during the COVID-19 pandemic this will face a variation of mental and psychological difficulties that have become a human practice (Arđan, M., Rahman, F. F., & Geroda, G. B. ,2020).

Expressing sexuality show significant reaction against Marital status, Thinking of family during quarantine, economic situation ($p \leq 0.05$). international students who are married and away from their partners may feel that the Physical Distance affects their sexuality expression, especially during the lockdown they can't travel to their countries. In almost 90% of the world, social isolation is applied in some way, people do not go out on the streets, workplaces are closed, flights are banned, people are dismissed. In terms of the extent of destruction in the economy during the pandemic and the speed of the expected recovery after the pandemic; at what level and when the outbreak will be brought under control, how long the current social distance/isolation-oriented measures will be loosened and when it will begin to normalize in the expansionary economic measures already taken by Atalan, A. (2020).

Respiration show significant reaction against Age and physical health ($p \leq 0.05$) that reflects students in youth feel uncomfortable to keep Physical Distance which resulted of respiration problems. The same thing reflecting the significant reaction of Control of body temperature against Age and mental health ($p \leq 0.05$). Individual cleaning and dressing show significant reaction against Accommodation ($p = 0.050$). for students who are live in accommodation used to look classy and during lockdown the Physical Distance will prevent that.

Work and entertainment show significant reaction against Sharing accommodation and Weekly shopping ($p \leq 0.05$). students used to close distance during work and entertainment for who sharing the room or met during the weekly shopping and during this period and they have to keep distance they face some difficulties.

Nutrition show significant reaction against thinking of family during quarantine and PDSI economic situation⁶ ($p \leq 0.05$). that can explained by students think the physical distance make them worry about their family, thus affects their appetite. In addition to increasing the food prices in North Cyprus during this period also affects their nutrition.

Movement show significant reaction against Problems encounter during quarantine ($p = 0.024$), which seems logically that during quarantine was not allowed for students to move. For international student Communication show significant reaction against far future ($p \leq 0.05$) because of they thinking in future and difficulty to continue in life with difficulty of communication with keeping a Physical Distance all time.

Regarding Social Isolation:

Students expressed that using mask significantly affect most of their daily living activities ; Individual cleaning and dressing, Expressing sexuality, Work and entertainment, Sleep and Rest, Control of body temperature, and Respiration ($p \leq 0.05$). studies recommended to be made to prevent health concerns in people with social isolation linked to COVID-19 pandemic (Sepulveda-Loyola, et al ,2020).

Individual cleaning and dressing show significant reaction against Accommodation and communication ($p \leq 0.05$). in communication students used to look neatly packaged and they think in social isolation that will be useless.

Expressing sexuality show significant reaction against Accommodation and Weekly shopping ($p \leq 0.05$). for students that seems logical for who are live in Accommodation and doing Weekly shopping and because of Social Isolation their Expressing sexuality will be difficult or impossible. The same thing seems logical in Work and entertainment which show significant reaction against Sharing accommodation and Weekly shopping ($p \leq 0.05$). in social isolation students spent most of their time in sleeping which may lead them to find reason to going out, thus, significantly affect the Sleep and Rest ($p \leq 0.05$). The same thing seems logical in Respiration to show significant

realization against the mental health ($p=0.045$) which affected by the social isolation and resulted of Respiration problem. The type of house where students live during the lockdown period have been shown high affects for those living in flat house (70.5%) moreover for those living with more one persons (75%). Which reflects the high risk of transmission threat related to high change of socialization. While 57.8% of students reported that they have affected from the restriction rules, the most affects was thinking of their family (100%). That may related to thinking of students about major fetal event happened at the time they away from their families. While 25% of students were working before the lockdown, lockdown affects all of them. The result seems logical that they loss or have difficulty to continue work as previous because of lockdown.

Most students have economic problems during the lockdown which they had been come across with Supplying of health (54.5) and Payment of accommodation problems (29.5). That may explained difficulty to many transfer problem from their family and some of them report that they had a problem with their jobs and may losing it at that period. In addition to price increase in North Cyprus during that period. The low affects of Tuition fee payment (15.9) that the students think that payment is one time for the whole semester which they passed this problem before the lockdown event.

The students represent high percentage to leaving the house during the lockdown period, two times or more (86.4%) and that was mostly for un-urgent reasons such as; meet friends (77.3%). That shed light for students low awareness, cynicism, and ignorance. However, they experience some warning problem from both Police and Family, this reflect that students may show some commitments if they receiving a warning from influential persons.

Social isolation was mass-effects for all DLA from the perception of students during the lockdown, especially for the mental health (97.7%) and Relationship with their family (93.2%). However, the social isolation strongly affects others DAL; students's communication (77.3%), physical health Relationship with friends (88.6%), Economic situation (75%) , education (86.4%). That obviously show that the daily activities of individuals connected to their feelings of freedom and without any restriction. While lockdown Impede the students physical activities but they reported extreme mental and family worrying, that lockdown had negative impacts on individual's psychological status for international student who are in foreign country, away from their family and waiting uncertain future.

During the lockdown period, students perform some protection measures (e.g. Glove, Mask, Physical distance, Social isolation). This study shows students give value to wearing the mask (97.7%) and social isolation (95.5%) as self-protection and they give less value for using gloves during this period. As a Public protection, students give value for all protection measures as same (97.7%) during this period and next period. In general student's perspectives during this period is higher for using protection measures than for next period. Students for this period show better commitment to protection measures especially wearing the mask to globally concern and restriction rules during this period and they think that will be less concern and less restrict in next period.

Gloves is high affects for Social safety (5.6 ± 3.0) that they consider it as a social barrier. In addition to work and entertainment, Movement, and Individual cleaning and dressing (4.5 ± 3.3) that they consider the gloves paralyzed them to hand movements during work and entertainment, and unsuitable appearance with their dressing. Mask is the highest effects of all protection measures on students DLA table (7) and its obviously noted in Social safety (7.7 ± 5.6) and Respiration (7.7 ± 2.4). students recognized the importance of mask as a protect measure and they applied it during that period. Thus, they realised its barriers especially in difficulties to breath and socially communicate while they wearing it. Physical distance is strong affects the daily Social safety (7.3 ± 3.0) and Communication (6.8 ± 2.8). that seems to be logical which students face difficulty to communicate with each other and their teacher ...etc of persons with a distance that touch and close body languages is important in communication. Social isolation is one of strong affect on individual daily living activities and students reported that social isolation affects their social safety (8.0 ± 2.4), their work and entertainment (7.6 ± 3.0) and their daily movement (7.0 ± 3.1). Students living with lockdown event and they forced by governments to be isolated (e.g stop public transportation, closing resturents, and closing all instates) which they realize the social barriers, movement barriers and working difficulty during that period

6. CONCLUSION-RECOMANDATION

6.1.CONCLUTION

A higher response of 70.5% (n=31) from those that their communication was affected as a result physical distance while 29.5% (n=13) said their communication was not affected. A higher response of 72.7% (n=32) from those that suggest use glove more often for the near future for yourself while least response of 27.3% (n=12) suggest not to use the glove, a higher response 88.6% (n=39) suggest to maintain the physical distance while least response 11.4% (n=5) said should not be observed, a higher response of 95.5% (n=42) Public physical distance suggest to avoid crowdie place while least response 4.5% (n=2) said Public should not avoid crowds place, higher response 95.5% (n=42) for Self-social isolation suggest to avoid unnecessary movements least response 4.5% (n=2) said should not avoid movements.

The result above showed a higher response 97.7%(n=43) for Public social isolation suggest Public should avoid social gathering while least response 2.3%(n=1) said should not avoid Public social gathering, the result above showed a higher response 88.6%(n=39) Self-use of gloves for far future suggest to used Free gloves for public gloves with even extra at home while least response 11.6% (n=5) said should not use gloves. 93.2% (n=41) public-use of gloves for far future suggest to used Free gloves for public while least response 6.8% (n=3) said should not use gloves. 93.2% (n=41) suggest to use mask for far future for yourself while least response of 6.8% (n=3) suggest not to use the mask. 88.6% (n=39) public-use of mask for far future suggest to used masks for public while least response of 11.4% (n=5) suggest not to use the mask. 93.5% (n=41) suggest to maintain the physical distance for yourself for far future while least response 6.8% (n=3) said should not be observed. This study focuses on the effect of covid19 and quarantine process among international students ways of coping This paper focuses on a community response to COVID19.

The manuscript provides a new model, nursing care in response to pandemics model to depict the current global pandemic. we see that the most important finding brought to view are that university students face a lot of challenges to cope in the course of their studies.

6.2.RECOMONDITAON

The current findings shows that the schools need focus on the educating students about how they can use effective coping methods like the use of mask, washing of hand ,social distance rather than the maladaptive coping during quarantine process.

The university psychology department should not wait for students approach their offices but they should invite students to a meetings in which they discuss with students on how to cope during the pandemic and following all rules to help prevent the spread of covid19 .

Further studies should also focus on if the students make use of the psychologist at school whenever they have depression symptoms.Another intervention is to have students with the nurses for more education on how to stop the spread of the virus.

Our current findings enable the necessity of expanding the interventions that reduce the use of maladaptive coping in students and the increase in reinforcement of adaptive coping.The research would impart the future intervention in relation to COVID19 and quarantine process among international students depression and the related coping skills used by university students.A great deal of development work is needed to address the many content gaps we have identified in this linkage study.

Future research shows that universities should focus on how international students can use effective coping mechanisms in the quarantine process, such as mask use, hand washing, and social distancing. The university's department of nursing faculty should meet for students to reach online system, invite students to meetings where they will discuss how to deal with the pandemic, and follow all rules to prevent the spread of covid19.

REFERENCES

- A.J. Asahafi, A.C. Cheng *Int j Environ Res Pbl Health*, 13 (2016). Knowledge, attitudes and behaviours of healthcare workers in the kingdom of Arabia to MERS coronavirus and other emerging infectious diseases. *Al Jazeera*, (Internet). (Cited 2020 Mar 20). *14*(10), 1152
- Amed M at el (2019). Development Of An E-Survey Application To Deal With Complexities Involved In Electronic Surveys With Emotions In Higher Education Institutes. *Research Gate*
- American College Health Association. (2019). American Collage Health Association: National Collage health assessment II: Reference group executive summary spring 2019. American Collage Health Association.
- Amoneta Beckstein (2020) How are international students coping with the Covid-19 pandemic. *Pub; world university ranking*.
- Anne Dennon (2020): Coronavirus Impacts on Students and Online Learning Published on December 15, 2020 no.P
- Bedford J, Enria D, Giesecke J, et al. *Lacet*. (2020). COVID-19: towards controlling of a pandemic – *The Lancet*.
- Brazendale, K., Beets, M. W. , Weaver, R. G. , Pate, R R. , Turner-McGrievy, G. M. Kaczynski, A. T. , von Hippel, P. T. (2017). Understanding differences between summer vs. School obesogenic behaviors of children: The structured days hypothesis. *International Journal of Behavioral Nutrition and Physical Activity*, 14(1), 100 10. 1186/s12966-017-0555-2 (PMC free article) (PubMed) (CrossRef) (Google Scholar)
- Brooks, S. K. , Webster, R. K. , Smith, L.E., Woodland, L. , Wessely, S. , Greenberg, N. , &
- Rubin, G. J. (2020). The Psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet*, 395(10227), 912-920. 10. 1016/s0140-6736(20)30460-8 (CrossRef (Google Scholar)

C. Sohrabi, Z. Alsafi, N. O'Neill, M Khan, A. Kerwan, A. Al-Jabir, et al. World Health Organization declares global emergency: a review of the 2019 novel coronavirus (COVID-19), 71-76

Cai, J. , Xu, J. , Lin, D. , Yang, Z. , Xu, L. , Qu, Z. , ... Zeng M. (2020). A case series of children with 2019 novel coronavirus infection: Clinical and epidemiological features. *Clinical infectious diseases: an official publication of the Infectious Diseases Society of America*, ciaa198 10.1093/cid/ciaa198 (PMC free article) (PubMed) (CrossRef) (Google Scholar)

Cao, W., Fang, Z., Hou, G., Han, M., Xu, X., Dong, J. Zheng, J. (2020). The Psychological impact of the COVID-19 epidemic on collage students in China. *Psychiatry Research*, 287, Article 112984.

Chen. Q, Yang, 2020). The psychological impact of the COVID-19 epidemic on collage students in China. Council of Europe (COE) , 2020) The consequences of COVID-19 On the education system: the legal perspective [https://www. Aljazeera.com/news/2020/03/coronavirus-travel-restrictions-border-shutdowns-country-200318091505922.html](https://www.aljazeera.com/news/2020/03/coronavirus-travel-restrictions-border-shutdowns-country-200318091505922.html) *Int. Surg.*, 76 (2020Apr), pp. 71-76.

J. Wong, Q. Y. Goh, Z. Tan, S. A. Lie, Y. C. Tay, Ng, et al. *Can J Anesth Can d'anesthesie* (2020) Preparing for a COVID-19 Pandemic: a review of operating room outbreak response measures in a large tertiary hospital in Singapore, 10. 1007/s12630-02001620-9.

J.H. Tanne, E. Hayasaki, M. Zastrow, P. Pulla, Smith, A.G. Rada, *BMJ* (2020) Physical health Among people with serious mental illness in the face of COVID-19: Concerns and mitigation strategies.

Joyce .K.Shawn M. Lisa .C. (2020) A call to action for public health nurses during the COVID-19 Pandemic.

Joyce Lau, John Ross (2020). Universities Brace for lasting impact of coronavirus outbreak NIH shifts non-mission-critical laboratory operation to minimal maintenance phase, national institutes of health (NIH) (2020).

Shevlin, M. , McBride, O. , Murphy, J. Miller, J. G. , Hartman, T. K. , Levita, L. , Mason, L. , Mrtinez, A. P. , McKay, R. , & Stocks, T. V. (2020). Anxiety, depression, traumatic stress, and COVID-19 related anxiety in UK general population during the COVID-19 pandemic (preprint).

Retrieved from psyarxiv.com/hb6nq. (Google Scholar).

Snider, J , (2010, Feb. 10). Commentary the cult of statistical pyrotechnics, education week 29(21),20–21.

Torales, J., Higgins, M. O., Castaldelli-maia, J. M., Ventriglio. A. (2020). The outbreak of COVID-19 coronavirus and its impac on global mental health. International journal of social psychiatry. Advanance. Online publication.

Wang, C., Pan, R., Wan, X., Y., Xu, L., Ho, C. S., Ho, R. C. (2020). Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus diseases (COVID-19) epidemic among the general population in china international journal of environment research and public health, 17(5), article 1729.

Wickens, C. M. (2011). The academic and psychosocial impact of labor unions and strikes on university campuses. In poulsen, M. E. (Ed), higher education: teaching, internationalization and students issues (pp. 107-133). Nova Scotia publishers.

World health organization (2019). Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV.

Herdman, T. H., & Kamitsura, S. (Eds.). (2018). NANDA international nursing diagnoses: Definitions and classification 2018-2020 (11th ed.). Stuttgart, Germany: thieme center for disease control and prevention (2020). Implementation of mitigation strategies for communities with local COVID-19 transmission. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/download/community-mitigation-strategy>. Pdf. 1.Luker K. (1988) Do models work? Nursing Times 88(5), 27–29. Marriner-Tomey A. & Alligood M.R. (1998) Nurse Theorists and Their Work 4th edn. Mosby, St Louis.

Draper P. (1990) The development of theory in British nursing: current position and future prospects. Journal of Advanced Nursing 15, 12–15.Luker K. (1988) Do models work? Nursing Times 88(5), 27–29. Marriner-Tomey A. & Alligood M.R. (1998) Nurse Theorists and

Their Work 4th edn. Mosby, St Louis.

Riehl J. & Roy C. (1980) *Conceptual Models for Nursing Practice*. Appleton-Century-Crofts,

New York. Fawcett J. (1995) *Analysis and Evaluation of Conceptual Models for Nursing* 3rd edn.

F.A. Davis, Philadelphia.

Meleis A.I. & Trangenstein P.A. (1994) Facilitating transitions: redefinition of the nursing

mission. *Nursing Outlook* 42, 255–259.

Reilly D. (1975) Why a conceptual framework? *Nursing Outlook* 23, 566–569.

N., Logan W. & Tierney A. (1980) *The Elements of Nursing: A Model for Nursing Based on a*

Model of Living 1st edn. Churchill Livingstone, Edinburgh.

APENDIX1.

QUESTIONARE

Dear Students,

Imagine yourself having a home visit as a public health nurse. Thinking that working with individuals and families that have the same characteristics as you. The first questions of the questionnaire include data collection questions related to COVID-19. According to these experiences, what would you recommend to the individual, family and society in the near and distant future as a public health nurse.

Name / Surname:

School Number:

Gender: Male Female

Age: 18-20 21-25 26-29 30+

Marital status: Single Married Engaged

Nationality: Nigerian Zimbabwean Ghanaian Jordanian Lebanese
Other:.....

Accommodation Type: Dormitory Flat

How many people do you share? 1 2 3 4 5+

How often do you go shopping in a week? 1 2 3 4 5+

How did this frequency affect you?

Is quarantine implemented in your country? Yes No

Have you ever been concerned about your family? Yes No

Did you work before quarantine? Yes No

Did you have to quit your job during the quarantine? Yes No

Which of the following did you have financial problems? (You can mark more than one.)

- To supply healthy food
- Paying home/dorm rent
- Internet communication bills
- Paying tuition fees
- Other:.....

How many times a week do you go out?

- 1 2 3 4 5+

And for what purpose.

- Friends
- To the gas station
- Market
- Pharmacy

Did you have problem because you went out?

- People warned
- Police warned
- Security guard warns
- My family warned

aily Life Activities

Please indicate your exposure between 1 to 10 in the section below that include use of gloves, masks, physical distance and social isolation.

(1 means that effects you min. / 10 means that effects you max)

How these 4 factors effect your Daily life activities?	Factors			
	Use of Gloves	Use of Masks	Physical Distance	Social Isolation
1. Sustaining the Safe Environment				
2. Communication				
3. Respiratory				
4. Nutrition				
5. Evacuation				
6. Individual Cleaning and Dressing				
7. Control of body temperature				
8. Movement				
9. Work and Entertainment				
10. Expressing Sexuality				
11. Sleep and Rest				
12. Death				

1. How did physical distance and social isolation affect you in the quarantine process?

a. *Your communication with yourself*

Physical distance

Social isolation

b. *Your physical health*

Physical distance:

c. *Mental health*

Physical distance:

Social isolation

d. *Your relationship with your friend*

Physical distance:

Social isolation:

e. *Your relationship with your family*

Physical distance:

Social isolation:

f. *Your economic situation (school fee, rent, internet, food, etc.)*

Physical distance

g. *Your education and your view of school*

Physical distance:

Social isolation:

2. Did you have difficulty using gloves during the quarantine process? (accessing, wearing, using long hours and disposal of gloves) How many/long times did you use same gloves? Write your observations and experiences.

How successful do you find yourself in using gloves? (score 1-10): ...

How successful do you think other people in using gloves? (score 1-10):

3. Did you have difficulty using masks during the quarantine process? (accessing, wearing, using long hours and disposal of masks) How many/long times did you use same masks? Write your observations and experiences.

How successful do you find yourself in using masks? (score 1-10): How successful do you think other people in using masks? (score 1-10):

4. If you had provided public health nursing services, how would you suggest solutions to the problems you wrote above?

For the Near Future Suggestions	
Use of Gloves Yourself	
2. Public	
Use of Masks Yourself	
1. Public	
Physical Distance Yourself	
2. Public	
Social Isolation Yourself	
2. Public	
For the Far Future Suggestions	
Use of Gloves 1. Yourself	
1. Public	
Use of Masks 1. Yourself	
2. Public	
Physical Distance 1. Yourself	
2. Public	
Social Isolation Yourself	
1. Public	



**YAKIN DOĐU ÜNİVERSİTESİ
BİLİMSEL ARAŞTIRMALAR ETİK KURULU**

ARAŞTIRMA PROJESİ DEĐERLENDİRME RAPORU

Toplantı Tarihi : 28.05.2020
Toplantı No : 2020/79
Proje No :1089

Yakin Dogu Üniversitesi Hemşirelik Fakültesi öğretim üyelerinden Doç. Dr. Hatice Bebiş'in sorumlu araştırmacısı olduğu, YDU/2020/79-1089 proje numaralı ve "Determining the effect of covid 19 quarantine process applied in TRNC on daily life activities of international students:qualitative study" başlıklı proje önerisi kurulumuzca online toplantıda değerlendirilmiş olup, etik olarak uygun bulunmuştur.


Prof. Dr. Rüştü Özur

Yakin Dogu Üniversitesi
Bilimsel Araştırmalar Etik Kurulu Başkanı

APENDIX3- ETHICS COMITEE PERMISSION

APENDIX-TURNETEN

6

ORIGINALITY REPORT



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