The Effect of Covid-19 Phobia on The Health of Women Aged 15-49: An Empirical Study

15-49 Yaş Arasındaki Kadınların Sağlığına Covid- 19 Fobisinin Etkisi

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ABSTRACT

The research has been conducted as an empirical descriptive study to determine the effect of Covid-19 phobia on the health of women aged 15-49. The population of the research consisted of 5200 women between the ages of 15-49 living in Selim district of Kars, and the sample has been calculated as 358 women. "Descriptive Information Form" and "Covid-19 Phobia Scale" have been used to collect data. The number percentage calculations, t test, Mann Whitney-U test and chi-square significance tests have been used to evaluate the data. The average Covid-19 phobia score of women has been determined as 69.27±17.41 and has been found to be high. The Covid-19 phobia levels of women having the chronic diseases and married women have been found to be higher ($p<0.05$). The level of Covid-19 phobia experienced by women who did not do physical activity has been found to be higher ($p<0.05$). It has been determined that during the pandemic period, women's appetite increased, they gained weight, and their complaints after the Covid-19 disease still continue. This study determined the negative impact of high Covid-19 phobia on women's psychological well-being, social and physical health, and contributed to the scientific literature. In this respect, it is recommended that women be provided with access to accurate and reliable sources of information, that they be provided with education, and that the negative situations affecting their health be reduced.

Keywords: Anxiety, Covid-19 Phobia, Women's Health

ÖZ

Araştırma, Covid-19 fobisinin 15-49 yaş arası kadınların sağlığına etkisini belirlemek amacıyla ampirik tanımlayıcı bir çalışma olarak yapılmıştır. Araştırmanın evrenini Kars'ın Selim ilçesinde yaşayan 15-49 yaş arası 5200 kadın oluşturmuş, örneklemi ise 358 kadın olarak hesaplanmıştır. Verilerin toplanması amacıyla "Tanımlayıcı Bilgi Formu" ve "Covid-19 Fobi Ölçeği" kullanılmıştır. Verilerin değerlendirilmesinde sayı yüzdelik hesaplamaları, t testi, Mann Whitney-U testi ve ki-kare anlamlılık testleri kullanılmıştır. Kadınların ortalama Covid-19 fobi puanı 69,27±17,41 olarak belirlenmiş olup yüksek bulunmuştur. Kronik hastalığa sahip olan kadınlar ile evli olan kadınların Covid-19 fobi düzeyleri daha yüksek bulunmuştur ($p<0.05$).Fiziksel aktivite yapmayan kadınların yaşadıkları Covid-19 fobi düzeyi daha yüksek saptanmıştır ($p<0.05$). Pandemi sürecinde kadınların iştahlarının arttığı, kilo aldıkları, yaşadıkları Covid-19 hastalığı sonrası şikâyetlerinin hala devam ettiği belirlenmiştir. Bu araştırmada, yüksek Covid-19 fobisinin kadınların psikolojik iyi oluşlarına, sosyal ve fiziksel sağlığına olumsuz etkisi saptanmış olup bilimsel literatüre katkı sağlamıştır. Bu açıdan kadınların doğru ve güvenilir bilgi kaynaklarına ulaşmasının sağlanması, eğitim verilmesi ve sağlığını etkileyen olumsuz durumların azalması önerilmektedir.

Anahtar Kelimeler: Anksiyete, Covid-19 Fobi, Kadın Sağlığı

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INTRODUCTION

The Covid-19 disease, which first emerged in the world in 2019 in Wuhan, China, following a severe pneumonia epidemic of unknown etiology, has caused the start of a pandemic process, by infecting tens of billions of people all over the world.[1,2] The symptoms such as fever, dry cough, fatigue, joint pain, loss of appetite, shortness of breath, headache, sore throat, diarrhea and nausea are seen in infected people.[3] In this process, differences have occurred in the immune system's response to the virus due to the sex chromosomes and hormones of male and female individuals in the society.[4,5] Although there is equality between men and women in the number of cases, men constitute 52-58% of cases and 70% of deaths in Western Europe.[6,7] It is thought that both biological status and lifestyle (irregular nutrition, stress, disruption of sleep patterns, etc.) negatively affect men's immunity. Working under stress and in physically heavy jobs, having more responsibilities, presence a previous cardiovascular or metabolic disease, applying to the hospital later, using more alcohol, cigarettes and substances, and paying less attention to the hygiene rules increase the death rates of men.[5,7] Although the number of cases indicates that the epidemic affects men more, it is known that it affects women more due to the increased workload both at work and at home during the quarantine period.[7] During the pandemic period, women are more affected psychologically, familial, socially or economically than other family members. Women are negatively affected psychologically by coping with financial difficulties and are forced to make a living from the financial income of other members. During this period, women need more social and psychological support. Being separated from their social support systems (family, school, friends, work, etc.) makes this process more difficult for them.[8] Having many responsibilities of women such as child care at home, their responsibilities belonging to the housework, planning games and activities with their children, home shopping, elderly or patient care, providing compliance with the hygiene rules and managing the quarantine process show that they are at a higher risk of developing mental problems.[5,9] By stating that the rate of violence against women and girls increased in this process, the Executive Director of United Nations Women has described this situation as a shadow epidemic.[10] Not being able to see adequate emotional support at home cause increases the risk of anxiety, depression, fear and post-traumatic stress disorder in women, and being more of quarantine or high workload causes physical fatigue, fear, emotional discomfort and sleep disturbance.[7,11] Sharing on social media and watching programs about the Covid-19 disease broadcast on television for a long time have increased the state of fear and panic in women.[5] While the pathological fear, in which emotions are intense, cannot be controlled, and causes panic, is defined as a phobia, the situation in which the individual constantly thinks that he/she will die or has the fear of contracting the disease during the pandemic is called a specific phobia.[12] The corona phobia shows up women to misinterpret their emotions, deteriorate their psychological well-being and causes mental illnesses, fear of contracting a disease, negative emotions such as anger, violence and suicide.[11,12] While this psychological stress experienced by women reduces their positive emotions and subjective well-being, it also causes the psychological conflicts they experience to increase. In fact, women have stated that they experienced changes such as an increase or decrease in their weight in case of the stress or fear, that they stayed away from the physical activity and stayed at home for longer, and that they were afraid of establishing close relationships with people.[13] It is thought that this corona phobia experienced during the Covid-19 pandemic period affects women's health in every aspect, including physical, social and psychological.[7] In the literature, Rahman (2021) determined that medical school students and Covid-19 phobia are high in his study.[14] In the study conducted by Değirmen et al. (2022), it was found that nursing students' Covid-19 phobias

were different and their social and somatic anxiety were high.[15] Since no research has been found in the literature to determine the prevalence of Covid-19 phobia in women and the effects of the stress, anxiety and fear experienced on women's health, it was deemed necessary to conduct it in order to contribute to both international and national literature.

MATERIAL AND METHOD

Type of the Research

This study has been conducted as an empirical descriptive to investigate the effect of Covid-19 phobia on the health of women between the ages of 15-49.

Research design and participants

Selim district that is a small district of Kars and has a high incidence of Covid-19 of 5200 women between the ages of 15-49 constitutes the population of the research. The population of the sample was calculated with the "sampling method with known population". The sample size has been made by using the formula $n=Nxt^2xpxq/d^2(N-1)+t^2x(pxq)$[16] (p, q=0.50, t=1.96, d=0.05). As a result of the formula with 95% reliability and ±5 confidence interval, it has been calculated as 358 women. In this respect, women who were between the ages of 15-49, had no communication problems, were literate and lived in Selim district have been included in our research.

Data Collection Procedure of the Research

In our research, the data has been collected from the participants by ensuring the anonymity of the data using the prepared Google Form method. Before starting the survey, a face-to-face pilot study has been conducted on 20 women who were excluded from the scope. After the informed consent form was approved, women who agreed to participate in the study between 01.02.2021 and 28.03.2021 and met the criteria have been included.

Data Collection Tools of the Research

Information Form: The information form prepared as a result of the literature review consists of two parts and 44 questions. The first section includes 18 questions about women's socio-demographic characteristics, including their age, marital status, income status, family status, profession, spouse's profession, place of long-term residence and social security status, as well as their knowledge about Covid-19. The second part consists of 26 questions including information about women's health (number of miscarriages, age of menarche, habits, chronic disease status, Covid-19 disease status, medication use, physical exercise, diet, exposure to violence and type of violence applied, etc.).[12,17]

Covid-19 Phobia Scale: The scale developed by Arpacı et al. (2020) consists of 20 articles and 4 sub-dimensions on a 5-point Likert scale. It is called as Psychological sub dimension, Social sub-dimension, Psycho-somatic sub-dimension and Economic sub-dimension. The Cronbach alpha coefficient of the scale has been determined to be 0.92, psychological sub-dimension 0.87, psychosomatic sub-dimension 0.89, economic sub-dimension 0.90 and social sub-dimension 0.85. A high score obtained from the scale indicates that the participants have a high corona phobia. The highest score that the participants ill be able to receive is 100 and the lowest score is 20.[18]

Ethical Dimension of the Research

This study was performed in accordance with the principles of the Declaration of Helsinki. Ethical approval was obtained for the study from Kafkas University Faculty of Health Scıences Ethics Committee (Date: 04 December 2020, No:102). Moreover permission was obtained from the researcher for the scale used in the study.

Evaluation of the Data

The analysis of the data has been done in the "SPSS for Windows 22" package program. The data regarding women's sociodemographic information have been stated through the descriptive analysis. The

results of the study have been expressed as mean ± standard deviation or median and categorical variables have been expressed as number of cases and percentage. Tavakol and Dennick (2011) interpreted the Cronbach's alpha coefficient as unreliable when it is $0.00<\alpha<0.40$, as low reliability when it is $0.40<\alpha<0.60$, as highly reliable when it is $0.60<\alpha<0.80$, and as highly reliable when it is $0.80<\alpha<1.00$.[19] The suitability of the numerical data of the study to normal distribution was examined with Skewness and Kurtosis tests, Histogram and Q-Q Plot graphics. In the relevant literature, the results of the Kurtosis and Skewness values of the variables being between +1.5 and -1.5.[20] have been accepted as normal distribution. In comparison of paired groups, the independent t test has been applied for normally distributed data and Mann Whitney-U test has been applied for non-normally distributed data. The chi-square significance tests have been used in the comparisons. A value of $p<0.05$ has been considered statistically significant. It was found that the Cronbach's alpha coefficient of the sub-dimensions and total score of the Covid-19 phobia scale was highly reliable and the Skewness and Kurtosis values came from a normal distribution.

Limitations of the Research

When we look at the limitations of this study, the limitations are that it has been carried out in a short time period by sharing it via WhatsApp, SMS, e-mail and Instagram platforms, by using the online Google Form method. The research is limited to the answers given by the women between the ages of 15-49 who could be reached during this period.

RESULTS AND DISCUSSION

When we look at the socio-demographic characteristics of the women between the ages of 15 and 49 who participated in the research, it is seen that 60.1% are married, 38.5% are high school graduates, 58.4% have an income equal to their expenses, and 49.4% have a nuclear family type. It has been determined that 86% of women had social security and 51.1% were housewives. 85.6% of the married women participating in the study are not genetically related to their spouses, 47.9% of their spouses are high school graduates and 41.9% are self-employed. The average age of the women participating in the research has been stated as 31.49±9.69, the average age of their spouses as 41.63±9.36, the average age of women at first menstruation as 13.36±1.06, and the average age of marriage as 21.63±3.75. In the study, it has been found that 74.6% of women had regular menstrual cycles, 11.8% had miscarriages, 43.5% had 2 children, 79.1% did not have any habit, and 93.3% of those who had a habit smoked. It has been determined that 64% of the participants did not have a chronic disease, 21.9% of those with a chronic disease had hypertension and 58.6% were able to maintain their social life independently.

It has been found that 89.7% did not do physical activity during the pandemic, 40.5% ate 3 meals a day, 54.1% gained weight, 40.3% increased their appetite due to the change in their mood, and 46.9% went to a health institution when they had health problems. It was determined that 15.6% of women were subjected to violence during this period, 39.3% of those subjected to violence were subjected to violence by their spouses, and the most common types of violence were 67.5% verbal violence and 22.5% emotional violence. In the study conducted by Sidor et al., it was determined that there was an increase or decrease in weight due to a change in the individual's eating behavior and being at home for a long time increases cooking or consumption of ready-made food in cases of stress and fear.[13] In a study conducted, it has been found that 71.6% of the individuals increased their appetite, 80.9% decreased their physical activity level, and food intake increased by 55.7% after the Covid-19 epidemic, as a result of the mood change during the Covid-19 process.[21] The results of the studies stated are similar to the weight gain, increased appetite and decrease in physical activity of the women who participated in our research. It is thought that

the physical activities of women have decreased due to the restrictions imposed during the pandemic, and as the time spent at home increases, the need to consume more food with the idea of strengthening immunity and increasing levels of stress and fear.

It has been found that 79.6% of women had information about the coronavirus disease and the pandemic process, 47.2% learned from television and 79.9% did not have coronavirus disease. It has been stated that 50% of those who had coronavirus disease (n: 72) had the disease for more than 6 months and 86.1% of them were at home during the disease period. The symptoms seen in Covid-19 patients have been determined 12.7% as headache at most. The symptoms seen in Covid-19 patients have been determined headache, joint pain and weakness in 12.7%, fatigue in 12.5%, dry cough in 10.8%, fever in 8.5%, and nausea in 5.4%, shortness of breath in 5.0% and 4% diarrhea. In the study taking place in the literature, it has been found as dry cough in 76.5%, as fatigue in 32.5%, as headache in 17.7% and as the most common symptoms, the shortness of breath in 13.3% and diarrhea in 13.3% have been found as being the least common symptoms.[22] In a study conducted, the most common symptoms have been seen as dry cough in 63.1%, as fatigue in 46% and the least common symptoms have been seen as headache in 15.4%, as sore throat in 13.1%, as diarrhea in 12.9% and nausea in 10.2%.[3] According to these results, a similarity has been found between the most common symptoms and uncommon symptoms in our research and the studies mentioned. In addition, the fact that the fever was the most common symptom in the studies has been found to be different from the low incidence in our study.

It has been found that 77.8% of those who had this disease still had complaints, and the most persistent symptom was fatigue in 12.3% and the least ongoing symptom was vision problems in 0.5%. In a study taking place in the literature, 80% of the participants who had the Covid-19 disease still had complaints, and these complaints have been stated that they were seen as fatigue in 58%, as headache in 44%, as hair loss in 25%, as shortness of breath in 24%, as joint pain in 19%, as dry cough in 19%, as hearing loss in 15%, as insomnia in 11% and as sore throat in 3%.[23] The results of this study have been parallel to the continuation of the symptoms of the disease in our study. The differences have been detected among the symptoms commonly seen in women.

The average score of 358 women participating in the research from the Covid-19 phobia scale has been determined as 69.27 ± 17.41, the psychological sub-dimension average score as 22.57 ± 5.33, the psycho-somatic sub-dimension average score as 15.89 ± 5.86, the social sub-dimension average score as 18.18 ± 4.71, and the economic sub-dimension average score as 12.67 ± 4.78. In the study conducted by Yalçın et al., while the Covid-19 phobia score was 50.02 ± 15.80, the Covid-19 phobia score was found to be 47.09 ± 13.49 in the study conducted by Rahman et al.[11,14] In another study conducted, it has been stated that the Covid-19 phobia experienced by women was higher than men, by indicating that the Covid-19 phobia score of women was 46.70± 14.06 and that of men was 41.42±16.62.[24] In another study, it has been found that while the Covid-19 phobia score of women who were healthcare personnel was 55.66±14.71, the Covid-19 score of women who were not healthcare professionals was 52.39±16.24.[25] The risk of experiencing mental disorders increases in women as a result of the high stress they experience during the pandemic.[26] When it is look at from this perspective, according to the studies conducted, it is thought that the high Covid-19 phobia score of the women participating in our research negatively affects the psychological well-being and physical health of women.

When the comparison of the variable of having Covid-19 disease according to the socio-demographic and health characteristics is examined in Table 1, It was determined that 79.5% of those who are married, 79.4% of those whose income is equal to their expenses, 78.9% of those who have social security, 81% of unemployed women, 88.8% of women with regular menstrual periods, 81.6% of those who do not have a habit, 84.7% of those

whose appetite increases according to their mood and 82.8% of those who wait for their health problems to go away on their own do not get Covid-19. The difference between those who had regular menstruations and those who did not suffer from the Covid-19 have been found to be statistically significant (p = 0.028). A significant relationship has been found between those who experienced changes in appetite depending on their mood and whether they had the Covid-19 disease (p<0.05). In a study conducted, it has been stated that there was no change in the menstrual cycle in 72% of women with the Covid-19, it caused a prolongation in the menstrual cycle in 18%, the menstrual cycle was shortened in 3%, and the menstrual cycle was disrupted in 7%.[27] There is a similarity between our research and the study, and it has been determined that the women who did not have the Covid-19 disease did not change their menstrual cycle and continue it regularly.

Table 1. Comparison of the variable of having covid-19 disease according to socio-demographic and health characteristics of women (n=358)

Socio-Demographic and Health Characteristics		N	Status of passing the Covid-19 disease		p	X^2
			Yes	No		
Marital Status	Married	215	44(%20.5)	171(%79.5)		
	Single	143	29(%20.3)	114(%79.7)	.966	.002
Income status	Income less than expense	91	14(%13.4)	77(%86.6)		
	Income equal to expenses	209	43(%20.6)	166(%79.4)	.196	.259
	Income more than expenses	58	16(%27.6)	42(%72.4)		
Social Security Status	Yes	308	65(%21.1)	243(%78.9)		
	No	50	8(%16.0)	42(%84.0)	.406	.690
Employment Status	Yes	100	24(%24.0)	76 (%76.0)		
	No	258	49(%19.0)	209 (%81.0)	.291	.113
Menstruation Status	I have entered menopause	25	6 (%24.0)	19 (%76.0)		
	My periods are regular	267	46(%11.2)	221(%88.8)		
	My periods are irregular	66	21(%31.8)	45(%68.2)	**.028**	.155
Habit Status	Yes	75	21(%28.0)	54(%72.0)		
	No	283	52(%18.4)	231(%81.6)	.066	.384
Change in Appetite by Mood	My appetite decreases,	75	25(%33.3)	50(%66.7)		
	My appetite increases	144	22(%15.3)	122(%84.7)	**.006**	.302
	My appetite is not affected	139	26(%18.7)	113(%81.3)		
Status of Going to Normal Health Checks During the Pandemic Process	I go when I have a health problem	168	35(%20.8)	133(%79.2)		
	I don't go when I have a health problem	91	21(%23.1)	70(%76.9)		
	When I have a health problem, I expect it to go away on its own.	99	17(%17.2)	82(%82.8)	.590	.057

X^2=Chi Square Test, p<0.05

In Table 2, a statistically significant difference has been detected between the women's Covid-19 phobia score (p=0.038) and economic sub-dimension score (p=0.030) and the marital status variable (p<0.05). The married women's Covid-19 phobia score and economic subscale score have been found to be higher. In the studies taking place in the literature, no significant difference has been found in the stress and anxiety experienced between the coronavirus disease and the marital status variable.[28] When we look at the studies conducted in Turkey, there is no significant difference between the mood levels of football players according to their marital status, and the Covid-19 phobia of individuals who do sports regularly and their marital status.[11,29] Different results have been found from the results of these studies. It is thought that women fear of infecting their spouses and children and the difficulty of making ends meet during the pandemic period affect the Covid-19 phobia in women.

Table 2. Comparison of women's covid-19 phobia and sub-dimension scores by marital status variable

Scale	Marital status	N	X̄	Z	Mann- Whitney U	p
Covid-19 Phobia Score	Married	215	188.74	-2.073	13385.000	**.038**
	Single	143	165.60			
Psychological Score	Married	215	187.03	-1.692	13753.500	.091
	Single	143	168.18			
Somatic Score	Married	215	187.50	-1.796	13653.000	.072
	Single	143	167.48			
Social Score	Married	215	183.09	-.808	14600.500	.419
	Single	143	174.10			
Economic Score	Married	215	189.13	-2.165	13302.500	**.030**
	Single	143	165.02			

X̄=Mean, p<0.05

When Table 3 is examined, the women's Covid-19 phobia score (p= 0.002), psychological sub-dimension score (p= 0.003) and psycho-somatic sub-dimension score (p = 0.002) show statistically significant differences according to the variable of having a chronic disease (p<0.05). The Covid-19 phobia level score of the women having the chronic diseases ($\bar{X}$ = 73.05) is higher than those without chronic diseases ($\bar{X}$ = 67.13). The studies have shown that the people with the chronic diseases experience had more anxiety, stress, fear, anxiety and depression during the pandemic period and in case of Covid-19 disease, and it is stated that it negatively affected their psychological well-being.[22,30] In the studies conducted in Turkey, the Covid-19 fear levels of participants with the chronic diseases have been found to be higher.[26,31] The result of this study is in a character that it supports our research. In addition, it has also been stated that the mortality rate of people having the chronic diseases diagnosed with the Covid-19 was higher.[32] The fact that the women having the chronic diseases are more likely to have a more severe Covid-19 disease and have a higher death rate increases the Covid-19 phobia experienced by women. This situation negatively affects the lives, psychological well-being and health of the women who are in the pandemic process.

Table 3. T-test results of covid-19 phobia and sub-dimension scores according to the variable of having a chronic disease

Variables	Groups	N	X̄	SS	T Test		
					t	df	p
Covid-19 Phobia Score	Yes	129	73.05	6.20			
	No	229	67.13	7.73	3.123	356	**.002**
Psychological Sub-Dimensional Score	Yes	129	19.15	.32			
	No	229	17.63	.85	2.952	356	**.003**
Psycho-Somatic Sub-Dimensional Score	Yes	129	23.69	.97			
	No	229	21.86	.42	3.148	356	**.002**
Social Sub-Dimensional Score	Yes	129	16.89	.76			
	No	229	15.33	.85	2.432	356	**.016**
Economic Sub-Dimensional Score	Yes	129	13.31	.85			
	No	229	12.30	.71	1.929	356	.550

X̄=Mean, SS=Standard Deviation, p<0.05

When Table 4 is examined, a statistically significant relationship has been found between the physical activity during the pandemic and Covid-19 phobia score (p=0.039) (p<0.05). The Covid-19 phobia score of those who did not do physical activity has been detected to be high. In a study conducted, the fear of Covid-19 has been found to be lower in those who did physical activity than in those who did not.[33] In the

study conducted by Yalçın et al., it has been found that the phobia and anxiety levels of those who engaged in the physical activity were low.[12] When the studies conducted are examined, they are similar to the results of our research. It is stated that the Covid-19 phobia causes low life satisfaction, fatigue and reluctance in people during the pandemic period.[34] In this case, carrying out appropriate exercise programs and training allows them to manage stress and anxiety by increasing their quality of life. When considering all this situations, the expected result is that those who exercise will have lower Covid-19 phobia scores and anxiety levels.

Table 4. Comparison of women's health and covid-19 phobia level score

During the Pandemic Period	Covid-19 Phobia Score	N	X̄	Z	Mann-Whitney U	p
Weight gain status	Yes	165	177.7	-0.296	15634.00	.767
	No	193	180.9			
Regular physical activity	Yes	37	146.1	-2.069	4706.00	**.039**
	No	321	183.3			
The state of passing the corona virus disease	Yes	73	171.6	-0.725	9830.500	.468
	No	285	181.5			
Continuing complaint status despite having suffered from Covid-19 disease	Yes	56	39.45	-1.789	339.000	.074
	No	17	8.94			
Desire to be vaccinated against Covid-19	Yes	268	184.57	-1.600	10701.500	.110
	No	90	164.41			

X̄=Mean, p<0.05

In Table 5, it was found that the educational status and the Covid-19 phobia were significant in total and psycho-somatic terms (p<0.05). It was determined that women with a university degree or higher had lower mean total scores on the Covid-19 phobia scale and lower mean scores on the psycho-somatic, social and economic sub-dimensions than women with primary, secondary and high school degrees. Studies have found that primary school graduates experience the highest level of fear of coronavirus, while postgraduate graduates experience the lowest level.[26,35] A study conducted in Norway found that those with lower levels of education had higher fear of Covid-19.[36] A statistically significant relationship was found between the social security status of women and the total mean score of the Covid-19 phobia scale and the mean score of the psychological sub-dimension (p<0.05). In our study, it was found that the difference between the working status and the mean scores of the total and psychological, psycho-somatic and economic sub-dimensions of the Covid-19 phobia scale was statistically significant (p<0.05). In the study conducted by Altuntaş et al., it was found that the total score of the Covid-19 phobia scale and the scores of the psychological and psycho-somatic sub-dimensions were higher in those who were not employed compared to those who were employed.[37] Studies support the results of our research, and it is thought that the fact that women with low education levels and those who are unemployed have insufficient knowledge about Covid-19 disease and do not have social security increases the Covid-19 phobia experienced.

Table 5. Comparison of the total and sub-dimensions of the covid-19 phobia scale mean scores according to the characteristics of women

Fetaures			Psychological Sub-Dimension Score	Psycho-Somatic Sub-Dimension Score	Social Sub-Dimension Score	Economic Sub-Dimension Score	Covid-19 Phobia Total Score
Educational Status	Primary graduate	school	23.64±4.79	17.22±5.03	18.70±4.16	13.67±4.31	73.25±14.55
	Secondary graduate	school	22.94±5.53	16.98±5.77	18.69±4.71	13.59±4.35	72.21±17.09
	High graduate	school	22.79±5.07	16.57±5.81	18.73±4.52	13.27±4.67	71.38±16.89

Tablo 5. (Continued)

	University graduate and above	21.0±5.74	13.23±5.84	16.69±5.13	10.47±4.89	61.40±18.15
	Test and p value	F=3.980 p=.080	F=9.595 **p=.000** ***d<a,b,c**	F=4.373 **p=0.05** ***d<a,b,c**	F=9.712 **p=.000** ***d<a,b,c**	F=9.414 **p=.000** ***d<a,b,c**
Income Status	Income is less than expense	22.37±6.0	15.80±6.18	17.53±18.44	12.53±5.0	68.25±19.82
	Income equals expenses	22.59±5.0	16.01±5.82	18.24±18.18	12.77±4.69	69.84±16.49
	Income is more than expense	22.48±5.46	15.58±5.57	5.30±4.42	12.50±4.83	68.81±16.79
	Test ve p value	F=0.058 p=.944	F=0.138 p=.871	F=1.188 p=.306	F=0.121 p=.886	F=0.287 p=.751
Social Security Status	Yes	173.85	176.18	176.20	175.73	174.36
	No	214.31	199.97	199.84	202.72	211.17
	Test ve p value	U/C= 5959.50 **p=.010**	U/C=6676.50 p=.131	U/C=6683 p=.133	U/C=6539 p=.086	U/C=6116.50 **p=.020**
Working Status	Yes	21.44±5.53	14.86±6.02	17.40±5.02	11.70±5.02	65.40±18.39
	No	22.94±5.20	16.29±5.76	18.48±4.56	13.04±4.64	70.77±16.81
	Test ve p value	t=-2.343 **p=.020**	t=-2.045 **p=.042**	t=-1.885 p=.061	t=-2.324 **p=.021**	t=-2.538 **p=.012**
Habitual Status	Yes	22.62±5.99	15.53±6.22	18.16±5.05	12.32±4.96	68.64±19.08
	No	22.49±5.15	15.98±5.77	18.19±4.63	12.76±4.73	69.43±16.97
	value	t=0.190 p=.862	t= -0.598 p=.568	t=-0.50 p=.962	t=-0.713 p=.489	t=-0.353 p=.743
Menstruation Status	I have Entered Menopause	24.72±4.84	16.52±5.84	19.24±5.01	12.60±4.82	73.08±15.05
	My periods are regular	22.06±5.31	15.67±5.89	17.95±4.70	12.49±4.82	68.18±17.54
	My periods are irregular	23.54±5.32	16.54±5.78	18.72±4.61	13.40±4.58	72.22±17.39
	Test ve p value	F=4.407 p=.130	F=0.736 p=.480	F=1391 p=.250	F=0.970 p=.380	F=2.083 p=.126

(t=Independent t Test, F=One-way Anova Test, U/C=Mann-Whitney U Test, p<0.05) *Post-Hoc analysis was performed using the Tukey test to determine which answers caused the difference.

CONCLUSION AND RECOMMENDATIOS

As a result, the Covid-19 phobia levels experienced by women have been found to be high as 69.27±17.41 because they could not access accurate and reliable information during the pandemic. This situation negatively affects women's health in every aspect, including physical, psychological well-being and social. In fact, the women having the chronic diseases are found to have a higher risk of the Covid-19 phobia, and their lives are more negatively affected. Women do not engage in the physical activity due to the Covid-19 phobia they experience. Because the stress and fear they experience cause fatigue and reluctance in women. Women have stated that their appetite increased and they gained weight during the pandemic. The Covid-19 phobias have been found to be higher in the married women due to their greater responsibilities and the risk of transmitting the Covid-19 to their spouses or children. This situation negatively affects the woman's home, work and social life, by causing her to experience stress. It has also been determined that the women experienced more violence during the pandemic period. In order to prevent problems in women's access to health services during and after the pandemic, the Ministry of Health needs to develop appropriate solutions by improving technology, distribution and infrastructure in the health system. In order to increase the rate of physical activity, it is recommended that municipalities build exercise parks, walking areas or free gyms and support women in physical activity to prevent weight gain. The Ministry of Family and Social Policies and NGOs need to raise awareness among women about current violence prevention programs in order to take precautions in cases of violence against women. Access to accurate and reliable information should be provided to reduce the level of fear experienced by women. It is recommended that Ministries,

Municipalities and Civil Society Organizations cooperate to prevent women's health problems that will occur before and after the pandemic.

Declarations

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