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## Being A Mother During The Covid-19 Pandemic

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### Makale Bilgileri

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### Öz

**Amaç:** Araştırma pandemide anneler ve çocuklarında gözlemedikleri duygu durum ve davranışları belirlemek amacıyla tanımlayıcı olarak yapılmıştır.

**Yöntem:** Araştırma online Kasım 2020-Mart 2021 aylarında yapılmıştır. Örneklem seçimine gidilmemiş, gönüllü anneler çalışmaya dâhil edilerek 398 anneye ulaşılmıştır. Veriler hazırlanan anket formu ve koronavirüs-19 fobisi ölçeğiyle toplanmıştır. Verilerin değerlendirilmesi, SPSS20.0 paket programı ile yapılmış, verilerin analizinde tanımlayıcı istatistikler kullanılmıştır.

**Bulgular:** Araştırmada annelerin koronavirüs-19 fobisi puan ortalaması 49,75±15,69'dur (min-max 20-100). Annelerin; %72,9'u çocuklarının sağlığına yönelik kaygı yaşadığını ve %19,1'i çocuklarını ihmal ettiğini düşündükleri belirtmişlerdir. Pandemide annelerin %45,0'ı çocuklarında korku ve %83,4'ü can sıkıntısı yaşadığı; %74,9'nun çocuklarının bilgisayar/telefon/tablet gibi teknolojik aletleri kullanımına ve %59,8'i birlikte yemek yapmaya yöneldiklerini belirtmişlerdir. Annelerin pandemi sürecinde %82,9'u çocuklarını sağlıklı beslemeye çalıştıkları, %53,3'ü çocuklarını aile dışındaki insanlarla görüşmelerini kısıtladıkları, %69,1'i çocuklarını COVID-19 dan korumak için eve gelen her şeyi temizledikleri saptanmıştır.

**Sonuç/öneriler:** Sonuç olarak; pandemi süresinde annelerin çocuklarında can sıkıntısı, tahammül seviyesinde azalma, korku ve öfke gibi olumsuz duygu durumlarını gözlemedikleri belirlenmiştir. Aynı zamanda annelerin koronavirüs-19 fobisinin orta düzeyde olduğu saptanmıştır. COVID-19 farkındalığının artırılabilmesi için çalışmalarının toplum bazında artırılması önerilir.

### Article Info

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### Abstract

**Purpose:** The research was conducted as a descriptive study to determine the mood and behaviors observed by mothers and their children during the pandemic.

**Method:** The research was conducted online between November 2020 and March 2021. Sample selection was not made, volunteer mothers were included in the study and 398 mothers were reached. The data were collected with the prepared questionnaire and the coronavirus-19 phobia scale. Evaluation of the data was made with the SPSS20.0 package program and descriptive statistics were used in the analysis of the data.

**Results:** The mean score of coronavirus-19 phobia of mothers in the study was 49,75±15,69 (min-max 20-100). Your mothers; 72,9% stated that they had anxiety about their children's health and 19,1% stated that they thought they neglected their children. In the pandemic, 45,0% of mothers experienced fear in their children and 83,4% experienced boredom; 74,9% stated that their children tended to use technological devices such as computers/phones/tablets and 59,8% of them stated that they tended to cook together. It was determined that 82,9% of mothers tried to feed

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their children healthily during the pandemic process, 53,3% restricted their children to contact people outside the family, and 69,1% cleaned everything that came to their house to protect their children from COVID-19.

Conclusion/recommendations: In conclusion; It was determined that during the pandemic, mothers observed negative emotional states such as boredom, decrease in tolerance level, fear and anger in their children. At the same time, it was determined that the mothers' phobia of coronavirus-19 was moderate. In order to increase awareness of COVID-19, it is recommended to increase its activities on a community basis.

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## 1. INTRODUCTION

During the COVID-19 pandemic, children have experienced anxiety, worry, panic and fear for themselves, their loved ones, their families, friends and relatives (Jiao et al., 2020). Managing this anxiety process of children is among important responsibilities of parents and to do this, parents must first of all control their own levels of anxiety and fear as adults (Demirbaş & Koçak, 2020). Being under the risk of contracting the disease, not knowing exactly when the pandemic will end, uncertainty about the social and economic difficulties that may be experienced during the pandemic and most importantly our concerns about how to protect ourselves and our families in this process can cause us to experience intense stress and anxiety (Amakiri et al., 2020). During this process in which many different emotions are experienced, it is inevitable for mothers who spend the whole day at home to reflect their emotions to the lives of their children (Mazza et al., 2020). When the factors related to positive social behaviours in children and adolescents are examined, parental attitudes and behaviours can be seen as an important factor (Demirbaş & Koçak, 2020). Children and mothers experienced physical, psychological, social and similar problems caused by COVID-19 period such as closing of schools and nurseries, working mothers' having difficulties in meeting the care needs of children and adapting to the new normal (Başaran & Aksoy, 2020). During the COVID-19 pandemic period, children may feel emotions such as anger, worthlessness, fear, sadness, guilt and anxiety and they may reflect these emotions to their immediate circle in different ways (Usta & Gökcan, 2020). Therefore, individuals who can reach children directly and instantly, who can closely observe the reactions of children and who can provide the initial support to children are the family members (Çaykuş, 2020). Being a mother during the COVID-19 pandemic requires an extra power in addition to all the precautions taken against the virus. Studies conducted have shown that women had increased workload during the pandemic period (Ünal et al, 2021). No similar studies were found in literature in which the emotions

and behaviours mothers observed in their children during the COVID-19 pandemic were associated with coronavirus phobia. The present study is important in terms of being a guide to other studies that will be conducted on this issue. For this reason, the aim of the present study is to determine the effects of difficulties, fears and prohibitions brought by the pandemic period on mothers.

## 2. METHOD

**Type of research:** The present study was planned as a descriptive study to find out the emotions and behaviours mothers observed in their children and COVID-19 phobia levels of mothers during the COVID-19 pandemic.

**Setting and time of the research:** Google form was used to collect data in the study. The forms sent via social media (WhatsApp) between November 2020 and March 2021 were filled by the mothers who volunteered to participate in the research.

**Population and sample of the research:** Mothers living with their children constituted the population of the study. No sample selection was made and as a result of the power analysis conducted by using G\*Power 3.0.10 program, a sample size of at least 351 cases was found to be sufficient with a power of 85%, 5% margin of error and  $d=0,15$  effect size ( $N=351$ ) (Karkin et al., 2021a). 398 mothers were included in the research group randomly. While COVID-19 phobia levels of the sample were dependent variables of the study, socio-demographic characteristics were the independent variables.

**Criteria for inclusion and exclusion from the study:** Women who have a child/children under the age of 18 and who agree to participate in the study in an interactive environment.

**Data Collection (Data collection instruments):** A questionnaire prepared by the researchers and Coronavirus-19 Phobia Scale were used in data collection.

**Questionnaire;** The questionnaire consists of a total of 14 questions, 9 with a single answer and 5 with multiple answers, on socio-demographic characteristics of mothers and emotions and behaviours of mothers and their children during the COVID-19 pandemic period (Başaran & Aksoy, 2020; Demirbaş & Koçak, 2020; Wang et. All, 2020; Usta & Gökcan, 2020).

**Coronavirus-19 Phobia Scale (C19P-S);** Coronavirus-19 Phobia Scale, which was developed by Arpacı et al. (2020) to measure phobia that may develop for coronavirus, is a 5 Likert type scale consisting of 20 items of four factors as psychological, psycho-somatic, social and economic. Items 1, 5, 9, 13, 17 and 20 in the scale measure the psychological factor, items 2,

6, 10, 14 and 18 measure the psycho-somatic factor, items 3, 7, 11, 15 and 19 measure the social factor, while items 4, 8, 12 and 16 measure the economic factor. Minimum possible score from the scale is 20, while the maximum possible score is 100; in terms of the factors, minimum possible score is 6, while the maximum possible score is 30 for the psychological factor; minimum possible score is 5, while the maximum possible score is 25 for the psychosomatic factor; minimum possible score is 5, while the maximum possible score is 25 for the social factor and minimum possible score is 5, while the maximum possible score is 20 for the economic factor. High total scale and factor scores indicate an increase in the level of coronavirus-19 phobia. Cronbach Alpha reliability coefficient was found as 0.92 for total scale score, as 0.88 for psychological factor, as 0.90 for psychosomatic factor, as 0.90 for social factor and as 0.85 for economic factor (Arpacı et al., 2020).

**Data Assessment:** Statistical analysis of the data was conducted with Statistical Package for Social Sciences (SPSS 20.0) package program. Level of significance was  $p < 0.05$ . Number, percentage, mean, standard deviation were used to determine the descriptive characteristics regarding the information in the questionnaire. Mann Whitney U and Kruskal Wallis test analyses were conducted for the relationship between coronavirus-19 phobia scale scores of the mothers and the variables.

**Ethical considerations:** Permission was obtained from the ethics committee for the research with the decision number: 2020/78. Verbal consent was obtained from all mothers who agreed to participate in the study. Data were collected via google form (<https://forms.gle/98YgzpNikwsbThws6>).

**Limitations of the study:** The fact that the study was conducted with mothers who lived with their children constitutes the limitation of the study. Study results can be generalized only to the groups on which the study was conducted.

### 3. RESULTS

**Table 1** Distributions of some descriptive characteristics of mothers. (n=398)

<b>Descriptive characteristics</b>		
<b>Age</b>	<b>X±SD</b> 37,52±7,42	<b>Min- Max</b> 17-53
<b>Number of children</b>	<b>X±SD</b> 1,86±0,79	<b>Min- Max</b> 1-6
	<b>n</b>	<b>%</b>
<b>Educational status</b>		
Primary education	29	7.3
Secondary education	23	5.8
High school	57	14.3
Higher education	289	72.6
<b>Employment status</b>		
Employed	266	66.8
Unemployed	132	33.2
<b>Concern about children's health in the pandemic</b>		
Yes	290	72.9
No	43	10.8
Partly	65	16.3
<b>Do you think you are neglecting your child</b>		
Yes	76	19.1
No	191	48.0
Partly	131	32.9
<b>How do you feel</b>		
Good	98	24.6
Moderate	247	62.1
Bad	53	13.3

Table 1 shows some of the descriptive characteristics of the mothers included in the study. Mean age of the mothers included in the study is 37,52±7,42 years (min-max=17-53) and the mean number of children they have is 1,86±0,79 (min-max=1-6). It was determined that 72.6% of the mothers were graduated from higher education and 66.8% were not working. It was found that only 10.8% of the mothers did not have concerns about the health of their children, 19.1% thought they neglected their children and 13.3% felt bad (Table 1).

**Table 2.** Distribution of emotional states mothers observed in their children during the COVID-19 pandemic (n=398)

<b>Characteristics and variables</b>	<b>n</b>	<b>%</b>
<b>Fear</b>		
Yes	179	45.0
No	219	55.0
<b>Anger</b>		
Yes	94	23.6
No	304	76.4
<b>Boredom</b>		
Yes	332	83.4
No	66	16.6
<b>Decrease in tolerance</b>		
Yes	184	46.2
No	214	53.8
<b>Insecurity</b>		
Yes	53	13.3
No	345	86.7
<b>Inattention</b>		
Yes	55	13.8
No	343	86.2
<b>Sleeplessness</b>		
Yes	77	19.3
No	321	80.7
<b>Introversion</b>		
Yes	29	7.3
No	369	92.7
<b>Joy</b>		
Yes	16	4.0
No	382	96.0
<b>Happiness</b>		
Yes	17	4.3
No	381	95.7

Table 2 includes information about the emotional states mothers observed in their children during the COVID-19 pandemic period (n=398). It was found that during the COVID-19 pandemic, 45.0% of the mothers observed fear in their children, 23.6% observed anger, 83.4% observed boredom, 46.2% observed decrease in tolerance, 13.3% observed insecurity, 13.8% observed inattention, 19.3% observed sleeplessness. It was also found that 7.3% of the

mothers stated they observed introversion in their children, while 4.0% observed joy and 4.3% observed happiness in their children (Table 2).

**Table 3.** Distribution of behaviours mothers observed in their children during the COVID-19 pandemic (n=398)

<b>Characteristics and variables</b>	<b>n</b>	<b>%</b>
<b>Studying</b>		
Yes	91	22.9
No	307	77.1
<b>Reading</b>		
Yes	121	30.4
No	277	69.6
<b>Watching TV</b>		
Yes	229	57.5
No	169	42.5
<b>Using computer /phone/tablet etc.</b>		
Yes	298	74.9
No	100	25.1
<b>Junk food consumption</b>		
Yes	49	12.3
No	349	87.7
<b>Doing sport</b>		
Yes	66	16.6
No	332	83.4
<b>Engaging in activities such as drawing/painting</b>		
Yes	147	36.9
No	251	63.1
<b>Playing musical instrument/listening to music</b>		
Yes	122	30.7
No	276	69.3
<b>Engaging in activities such as chess</b>		
Yes	52	13.1
No	346	86.9
<b>Engaging in activities such as cooking</b>		
Yes	238	59.8
No	160	40.2
<b>Not engaging in any activity</b>		
Yes	39	9.8
No	359	90.2

Table 3 includes distribution of behaviours mothers stated their children engaged in during the COVID-19 pandemic (n=398). It was found that 22.9% of the mothers stated their children engaged in studying during the COVID-19 pandemic, 74.9% engaged in using

technological devices such as computer/phone/tablet, 12.3% engaged in consuming junk food (chips, coke, chocolate, etc.), 16.6% engaged in doing sports, 59.8% engaged in cooking with their mothers, while 9.8% did not engage in any activities (Table 3).

**Table 4.** Distribution of practices mothers made to protect their children's health during the COVID-19 pandemic (n=398)

<b>Characteristic and variables</b>	<b>n</b>	<b>%</b>
<b>For protecting the health of children</b>		
Those who did not do anything	7	1.8
Those who made practices	391	98.2
<b>Healthy eating</b>		
Yes	330	82.9
No	68	17.1
<b>Vitamin support</b>		
Yes	186	46.7
No	212	53.3
<b>Avoiding taking to hospital</b>		
Yes	267	67.1
No	131	32.9
<b>Restricting the child from seeing others</b>		
Yes	212	53.3
No	186	46.7
<b>Restricting the child from going outside</b>		
Yes	263	66.1
No	135	33.9
<b>Keeping the child away from coughing/sneezing people</b>		
Yes	214	53.8
No	184	46.2
<b>Restricting the child from eating junk food</b>		
Yes	98	24.6
No	300	75.4
<b>Cleaning everything taken home from outside</b>		
Yes	275	69.1
No	123	30.9
<b>Cleaning more than normal</b>		
Yes	284	71.4
No	115	28.6

Table 4 includes the distribution of the practices mothers made in order to protect the health of their children during the COVID-19 pandemic (n=398). It was found that 82.9% of the mothers stated they tried to make their children eat healthy food to protect their health during the COVID-19 pandemic, 46.7% gave vitamin support, 67.1% avoided taking their



children to hospital, 66.1% restricted their children from going out, 69.1% cleaned everything that came home from outside and 71.4% cleaned more than normal, while 1.8% stated that they did not do anything (Table 4).

**Table 5.** Corona virus 19 phobia scale score distribution (n=398)

Scale	n	Number of items	X±SD	Min-Max	Cronbach Alpha	Cronbach Alpha
<b>Covid 19 phobia scale score</b>	398	20	49,75±15,69	20-100	0,93	0,92*
<b>Psychological factor</b>	398	6	17,74±6,55	6-30	0,89	0,88*
<b>Psycho-somatic factor</b>	398	5	10,38±4,01	5-25	0,83	0,90*
<b>Social factor</b>	398	5	13,17±4,32	5-25	0,72	0,90*
<b>Economic factor</b>	398	4	8,45±3,410	4-20	0,79	0,85*

(Cronbach Alpha: Covid 19 phobia=0.92\*, Psychological factor=0.88\*, Psycho-somatic factor=0.90\*, Social factor=0.90\*, Economic factor =0.85\* Arpacı et al., 2020)

Table 5 shows information about Coronavirus-19 phobia scale and scale factor scores of the mothers. In the study, minimum Coronavirus-19 phobia scale score was taken as 20, while maximum score was taken as 100, and the mean score was found as 49,75±15,69. Cronbach alpha value was found as 0.93. Mean score of psychological factor was 17,74±6,55 (min-max = 6 – 30) and Cronbach alpha value was 0.89. Mean score of psycho-somatic factor was 10,38±4,01 (min-max = 5 – 25) and Cronbach alpha value was 0.83. Mean score of social factor was 13,17±4,32 (min-max = 5 – 25) and Cronbach alpha value was 0.72. Mean score of economic factor was 8,45±3,4,10 (min-max = 5 – 25) and Cronbach alpha value was 0.79.

**Table 6.** Coronavirus-19 phobia scale mean scores of mothers in terms of some variables  
(n=398)

Characteristics and variables	Coronavirus-19 phobia scale mean score	
<b>Employment status</b>		
Employed	51,83±15,17	<b>Z=3,97</b>
Unemployed	45,57±15,95	<b>p=0.00</b>
<b>Educational status</b>		
Primary education	45,86±15,37	KW=3,00 p=0.30
Secondary education	46,52±16,06	
High school	50,91±17,10	
Higher education	50,17±15,40	
<b>For protecting the health of children</b>		
Those who did not do anything	49,93±15,71	<b>Z=1,76</b>
Those who made practices	40,00±11,69	<b>p=0.78</b>
<b>Healthy eating</b>		
Yes	50,45±15,32	<b>Z=3,97</b>
No	46,37±17,12	<b>p=0.00</b>
<b>Avoiding taking children to hospital</b>		
Yes	51,37±16,17	<b>Z=2,83</b>
No	46,47±14,15	<b>p=0.00</b>
<b>Cleaning everything taken home from outside</b>		
Yes	51,62±16,07	<b>Z=3,50</b>
No	45,58±13,99	<b>p=0.00</b>
<b>Cleaning more than normal</b>		
Yes	51,75±15,92	<b>Z=3,75</b>
No	44,79±13,98	<b>p=0.00</b>
<b>Educational status</b>		
Primary education	45,86±15,37	KW=3,00 p=0.30
Secondary education	46,52±16,06	
High school	50,91±17,10	
Higher education	50,17±15,40	
<b>Concerns about children's health</b>		
Yes	52,51±16,13	<b>KW=2,00</b> <b>p=0.00</b>
No	38,26±11,70	
Partly	45,06±10,80	
<b>Do you think you are neglecting your child</b>		
Yes	53,63±16,70	<b>KW=2,00</b> <b>p=0.01</b>
No	47,66±14,74	
Partly	50,56±16,04	
<b>How do you feel</b>		
Good	42,66±12,37	<b>KW=2,00</b> <b>p=0.00</b>
Moderate	51,58±15,41	
Bad	54,36±18,39	

Level of significance was  $p < 0.05$

In Table 6, the coronavirus-19 phobia scale score of working mothers, mothers who take any action to protect their children's health, mothers who avoid taking their children to the hospital, mothers who clean everything coming from outside, and mothers who clean more than normal was found to be higher and statistically significant. ( $p<0.05$ ). It was also found that Coronavirus-19 phobia scale mean scores were higher in mothers who were concerned about the health of their children than those of mothers who were partly concerned and mothers who were not concerned ( $53,63\pm16,70$ ), in mothers who thought they neglected their children during the COVID-19 pandemic than in mothers who thought they partly neglected and those who thought they did not neglect ( $53,63\pm16,70$ ) and statistically significant correlation was found between these characteristics and mean coronavirus-19 phobia scale scores ( $p<0.05$ ). In addition, mean coronavirus-19 phobia scale scores of mothers who felt bad were higher when compared with mothers who felt moderate and good ( $54,36\pm18,39$ ) and statistically significant difference was found between these characteristics and mean coronavirus-19 phobia scale scores ( $p<0.05$ ). It was found that there were no significant differences and correlations between mothers' level of education and coronavirus-19 scale scores ( $p>0.05$ ).

#### **4. DISCUSSION**

This study was conducted to reveal the moods, behaviors and fears that mothers observed in their children during the COVID-19 period, and the results were discussed in this part of the study. It was found that during the COVID-19 pandemic, 45.0% of the mothers observed fear in their children, 23.6% observed anger, 46.2% observed decrease in tolerance, 13.3% observed insecurity, 13.8% observed inattention, 19.3% observed sleeplessness (Table 2). Similarly, in the study conducted by Zabcı and Karadeniz during the pandemic process, it was stated that 35.3% of the children had fear and anxiety, 25.2% had sleep problems, 22.7% had anger and irritability, and 16.8% had some physical reactions ( Zabcı and the Black Sea, 2021). In the study conducted by Özyürek and Çetinkaya, it was stated that during the pandemic process, 51.2% of the children had deterioration in sleep and nutrition patterns, and 13.4% of the children had irritability and 4.3% had tantrums (Özyürek & Çetinkaya, 2021). Overall coronavirus-19 phobia scale mean score of the mothers was  $49,75\pm15,69$ , which showed a moderate level of coronavirus-19 phobia (Table 5). In studies conducted, mean score from the overall scale varied between 47.09 and 57.09 and this score was found to be

moderate (Karkin et al., 2021a; Karkin et al., 2021b; Oktay, 2021; Rahman, 2021). When the studies are evaluated, it can be said that coronavirus-19 phobia is effective in all groups.

When the mothers in the study were evaluated in terms of factors, it was found that they had moderate level of psychological and social factor mean scores and low level of psycho-somatic and economic factor mean scores (Table 5). In a study conducted on adults, Turan et al. found low economic and psycho-somatic factor mean scores (Turan et al., 2020); in a study conducted by Celenay et al. moderate psychological and social factor mean scores and low economic and psycho-somatic factor mean scores were found (Celenay et al., 2020). In another study, it was found that the participants had high level of psychological factor scores, while they had moderate level of scores from the other factors (Gökmen & Sariboğa, 2021). In a study conducted by Delibaş, similar to the results of our study, moderate psychological and social factor mean scores and low psycho-somatic and economic factor mean scores were found (Delibaş, 2021). In addition to similar results, the differences found can be considered as differences in the populations and the times when the studies were conducted (different times of the pandemic).

In this study, no significant difference was found between mothers' level of education and coronavirus-19 phobia scale mean scores (Table 6). In two different studies conducted by Karkin et al., no significant difference was found between the scale scores of women who had a high school level or lower education and women who had university level of education (Karkin et al., 2021b). It can be said that level of education does not affect corona phobia.

In the study, coronavirus-19 scale scores of mothers who worked during the pandemic period, those who made practices to protect their children's health, those who paid attention to healthy eating, those who avoided taking their children to hospital, those who cleaned everything that came from outside, those who cleaned more than normal, those who were concerned about their children's health, those who thought they neglected their children, and those who felt bad had significantly higher mean coronavirus-19 scale scores (Table 6,  $p < 0.05$ ). In another study, it was found that pregnant women had higher coronavirus-19 phobia than women who were not pregnant (Karkin et al., 2021a). In a report published by World Health Organization, it was stated that men had higher COVID-19 related mortality rates than women, while women's health was more negatively affected than men (WHO, 2020). At the same time, women worldwide are much more likely to work as unpaid family

workers in housework than men (UN Women, 2020). During the pandemic, situations such as the legal support of women who became mothers to run their business from home (R.G, 2021), the ban on going out for those under the age of 20, distance education, absence of a caregiver or third person helping before the pandemic, and the desire to provide more hygiene brought about by the qualification of motherhood at home increased responsibilities of mothers at home (Akbaş & Dursun, 2020). In another study conducted by Öztürk et al., it was found that mothers spent their time at home by taking care of their children and doing their routine housework during the pandemic (Öztürk et al., 2020).

In this study, coronavirus-19 scale scores of mothers who had concerns about the health of their children, those who thought they neglected their children and those who felt bad during the pandemic had significantly higher coronavirus-19 phobia scale scores ( $p < 0.05$ ) (Table 6). In studies conducted, it was found that parents experienced concerns about the health of their children during the pandemic (Çerçi, 2020; Avan et al, 2021; Kalçık & Altan, 2021; Baltacı t al, 2021). It was stated that parents who thought they neglected their children before the COVID-19 pandemic period had the opportunity to spend more time with their children during the quarantine periods, and that there were improvements in the relations between children and parents (Avan, 2021). It is very important to reveal all the responsibilities of women during the pandemic period, to determine the anxiety and fear levels of women who are mothers, and to raise awareness for women to cope with the difficulties of the pandemic.

## **5. CONCLUSION AND RECOMMENDATIONS**

Our study has limitations. Data collected during the unstable process of the pandemic may vary as it includes volunteering participants and may not reflect corona phobia in the general population. There are no other studies related to the coronavirus phobia of maternal behaviours in a pandemic, similar to our study. Our study functions as a guide for other studies on the subject and there is a need for multicentre long-term studies on this subject. As a result, our study findings show that during the pandemic period, mothers' fears of coronavirus have turned into phobias.

- It was determined that the mothers of the pandemic process experienced coronaphobia at a moderate level. This situation has positive or negative

consequences on mothers' behaviors towards child health. In future studies, it is recommended to examine the effects on mothers with qualitative and quantitative research by considering different variables,

- evaluate mothers' state of being affected by the process in various dimensions and providing the necessary support in the efforts to return to normal life,
- implement a multidisciplinary approach, including public health nurses, in order to prevent COVID-19 phobia by taking protective measures, especially during the pandemic period, and to cope with the coronavirus phobia.

### **CONFLICT OF INTEREST**

There is no conflict of interest between the authors, there is no person, institution or organization providing financial support.

### **AUTHOR CONTRIBUTIONS**

Study concept/ design: B.A., A.Ç. and N.K.B Data Collection: A.Ç. and N.K.B Data analysis and interpretation: A.Ç. and N.K.B The writing phase and critical thinking: B.A., A.Ç. and N.K.B

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