

THE FEAR OF COVID-19 IN THE CONTEXT OF GENDER IN TURKEY

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Abstract

The purpose of this study is to investigate whether the pandemic of Coronavirus disease (COVID-19) is experienced differently by men and women in terms of gender. The COVID-19 Fear Scale was administered to 265 participants using a web-based data collection method. In order to examine the effects of fear on women's emotions, 10 participants were given official web-based interview forms. Qualitative data were analyzed with SPSS 25 Program and t-test. Descriptive analysis was performed with the data collected by interview forms and the theme of fear of COVID-19 was examined with 9 codes. A significant difference was found between the COVID-19 fear levels of men and women ($p<0.05$). As a result of the descriptive analysis, the emotional reflections of fear of COVID-19 in women were found to be anxiety, fear, restlessness and harmony/normalization. In terms of gender, women's fear of COVID-19 was higher than men. Women who cannot participate in public environments, live dependent on their spouses, and have problems in seeking support for pregnancy and emergencies are more afraid of COVID-19 and reflect this fear on their emotions.

Keywords: Anxiety, COVID-19, Emotions, Fear, Female, Gender, Pandemic

TÜRKİYE'DE TOPLUMSAL CİNSİYET BAĞLAMINDA KORONAVİRÜS (COVID-19) KORKUSU

Öz

Bu çalışmanın amacı Koronavirüs hastalığı (COVID -19) pandemisinin toplumsal cinsiyet bağlamında kadın ve erkek tarafından farklı deneyimlenip deneyimlenmediğini araştırmaktır. Web tabanlı veri toplama yöntemi ile 265 katılımcıya Koronavirüs (COVID -19) Korkusu Ölçeği uygulanmıştır. Araştırmanın nicel verileri ile karşılaştırabilmek ve korkunun kadınların duygularındaki

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yansımalarını ortaya çıkartabilmek için 10 katılımcıya web tabanlı görüşme formu uygulanmıştır. Nicel veriler SPSS 25 Programı ve t testi ile analiz edilmiştir. Görüşme formu ile toplanan verilerle betimsel analiz yapılmış ve COVID-19 korku teması 9 kod ile incelenmiştir. Kadın ve erkeklerin COVID-19 korku düzeyleri arasında anlamlı bir farklılık bulunmuştur ($p < 0,05$). Betimsel analiz sonucunda kadınlarda koronavirüs korkusunun duygusal yansımaları: kaygı, korku, huzursuzluk ve alışma/normalleştirme olarak bulunmuştur. Cinsiyet bağlamında kadınların COVID-19 korkusu erkeklerden daha yüksekti. Kamusal ortamlara katılmayan, eşine bağımlı yaşayan, hamilelik ve acil durumlar için destek arayışında sorun yaşayan kadınlar, COVID-19'dan daha fazla korkmaktalar ve bu korkuyu duygularına yansıtılmaktadırlar.

Anahtar Kelimeler: Kaygı, COVID-19, Duygular, Korku, Kadın, Cinsiyet, Pandemi

Introduction

In the world of globalization, nations have been facing disorganization and risk. War, pandemics or natural disasters that occur in one part of the world spread quickly to the whole world and become a global problem that threatens humanity. Many problems, such as war, pandemics, immigration, natural disasters or economic crises lead to uncertainty and fear. Uncertainty is a difficult and unbearable situation for a person. A person who worries about his/her health, family and future feels desperate and anxious against an invisible virus. The danger of COVID-19 causes fear in humans. Men and women are affected by COVID-19 at different levels. When death rates in the world due to COVID-19 are examined, it is seen that deaths caused by the virus are higher in men than women. But women are influenced more intensely by COVID-19 in social, economic and psychological aspects. In this study we analyzed the relationship between COVID-19 as a pandemic and gender using a risk society approach.

The relationship between gender and fear of COVID-19 draws more attention with the restriction of women's participation in public environments. Women have difficulties in access to healthcare services. There are several studies showing that women feel a deeper fear of COVID-19 in situations requiring healthcare service, such as pregnancy. It is assumed that there is a direct relationship between fear of COVID-19 and dependency of the woman on her husband. It has been observed in many studies that women experience fear of COVID-19 more intensely than men since female poverty becomes more apparent during a pandemic. At the same time, the domestic workload of women has increased with the lockdowns.

The importance of this study is that it analyzes the presence of different levels of fear in males and females caused by COVID-19, which has recently caused a worldwide pandemic. Based on the hypothesis that males and females are affected by COVID-19 at different levels and they develop different levels of fear, the aim of this study was to investigate whether females develop more fear of COVID-19.

1. CONCEPTUAL AND THEORETICAL FRAMEWORK

In this part of the study, risk society, fear, gender and COVID -19 concepts are explained. At the same time, numeric data are used to show that the mortality rates caused by COVID -19 differ between males and females. Reflections of fear of COVID -19 on women's emotions are explained and the hypothesis and question statement of the study are expressed to be able to show the relationship between gender and fear of COVID -19.

1.1. Risk Society

Today, the global world interwoven with chaos, disorder and uncertainties should be examined again with a different sociologic approach (Aslan, 2020: 275). Beck has tried to explain society and to remedy blockages in social structure conceptually with "Risk Society" and "reflexive modernization" theoretic approaches. According to Beck, today's societies are exposed to kinds of risks that they have not faced in previous centuries and which are results of the modernization process (Çuhacı, 2007: 130). With reference to the starting point of the Risk Society concept, the principal work of Ulrich Beck is *Die Risiko gesellschaft* (Risk Society). Beck, in his study, tries to ground the thesis that classical industry has turned into a risk society (Richter, 2017: 102). At the same time, Beck explains the reflexive modernization concept with risk society theory as a remedy for the gridlocks of modern societies (Koçak and Memiş, 2018: 7). The most important feature of the risk society is that risks and negative effects of industrial development cause more and more social problems. Beck completed his study shortly before the Ukraine/Chernobyl disaster and considered this disaster as validation of the Risk Society theory (Richter, 2017: 102). Today the common point that individuals meet in the risk society is "anxiety". The concept of "anxiety" incorporates feelings of anxiety and fear caused by uncertainties (Çakı and Altundere, 2017: 151). Uncontrolled proliferation of information in the risk society and its unconscious use and irresponsibility cause many problems. Just as ignorance negatively affects the emergence of critical thinking necessary for the development of society, misuse of excessive information creates greater risks with wrong decisions of the people (Turkan-İpek, 2018: 68). With reference to this point, according to Beck, ecologic and social risks can be eliminated only through individual responsibility ethics (Tutar, 2019: 97). COVID-19 emerged at one end of the world and spread all over the world in a short time and became a threat to humanity. The world has been faced with chaos and disorder due to COVID -19. Closed economies, lockdowns and changing social relationships in order to be protected from COVID-19 bring along many risks. COVID-19 has spread throughout the world by means of developments in transport systems.

1.2. Fear

Fear is not a reaction to the situation we are in at that moment, but a reaction to the thoughts we develop about this situation. Fear involves a thought of danger, and as a result of this thought, it is a feeling that produces behaviors of protection and escape (Gençgöz, 1998: 9-10). Fear can emerge sometimes in the form of danger of life and sometimes as theft of individual information, depending on trust (Koçak and Memiş, 2018: 3). When examining the difference between fear and anxiety, while fear is associated with already existing concrete threats and dangers, anxiety is associated with events likely to happen in the future. For example, meeting a wild animal in the forest or a probable explosion, pandemic, disaster or being threatened and attacked by other people creates feelings of fear in individuals (Şahin, 2019: 119). In other words, fear is a feeling that is caused by thoughts of individuals. Since there is “danger” in the structure of these thoughts, a reaction of fear is produced. Thus, different individuals facing similar situations may give different reactions due to their different thoughts. But most of the time, as the individual feeling the fear is not aware of the fact that this fear is caused by his/her own thoughts, he/she doesn't choose to produce an effective solution and carries his/her fears to a crisis, extending to desperation. The crisis encountered can decrease the individual's quality of life by increasing his/her escape behaviors (Gençgöz, 1998: 9). Anxiety in an individual can sometimes be caused by an objective event. For example, emotional reactions observed in individuals who face concrete dangers such as earthquake, flood, drought, war, death of one's relative, losing one's job, being attacked or being raped are examples of objective anxiety (fear). But if individuals experience continuous restlessness, anxiety and unrest even under normal conditions, anxiety disorders start to emerge (Şahin, 2019: 120). Anxiety creates pressure on individual attitudes, behaviors, emotions and thoughts and with this pressure it prompts him/her to behave abnormally. Anxiety is actually a state of worry (Aktan, 2018: 50). Feelings of fear and anxiety are intensively experienced by individuals in the pandemic environment. The concrete danger of COVID-19 creates anxiety in people.

1.3. Gender and COVID-19

The concept of gender involves social and cultural norms related to manhood and womanhood imposed on individuals by the society and expected from individuals. Reflection of this concept in society consists of roles attributed to women and men (Yılmaz, 2013: 143). In other words, we can call gender an identity created socially and culturally more than a physical gender. Basic premises of the social gender norms that make up this identity and affect the individual from birth till death, is the family environment where the first step of life is taken, together with religious life and socialization (Yeter, 2015: 207). In the patriarchal society, the woman is the cherished and the man is the cherisher, namely he is the absolvent. In

patriarchal societies boys are identified with many different heroes and they may be braver in daily life for this reason. On the other hand, girls are like miniature women, in other words they are exposed to the most traumatic crises of life but despite this victimhood, they are defined with moral perfection, fragility and grace (Alpan, 2018: 82). Social gender roles attributed to women or men make a reference to the more powerful one in terms of gender. Men are usually unwelcomed if they cry in public, and in such circumstances, they are imputed as “a man being like a woman”, a criticism in one sense (Sekmen, 2017: 828). In social relations, girls and boys are manipulated to different ways of behavior. Their attentions are turned to different objects, they are referred to with different words, they are exposed to different activities, they are even exposed to different social and economic sanctions in this regard (Dil, 2017: 59). We can establish a direct relationship between gender and fear of COVID-19 since in patriarchal society, the woman is more fragile and the man is more fearless. The woman is the one under man’s protection or cover. Furthermore, the woman is the one who cannot participate in public spaces and who has to live in private spaces during the COVID-19 process.

COVID-19, which spread throughout the world from the Huanan Seafood Wholesale Market in Wuhan, China in December 2019, and which causes pulmonary disease, has deeply affected the world. The spread of COVID-19 in a short time from China, first to Far East countries and Europe, and then to almost the whole world, has led to great fear and panic worldwide (Gürçayır-Teke, 2020: 6). Sociologically, COVID-19 has spread to the whole world as a global biologic threat of death by exceeding all traditional, established identities, patterns and limits in a short time (Özcan, 2020: 866). The risk has not been limited to China.

It has been observed that the course of the COVID-19 disease has been different for males and females. It can be understood from the statistics of different countries that the COVID-19 mortality rate is much higher in males than females.

Table1. COVID 19 Fatality Rate by Gender¹

<i>Gender</i>	<i>Death Rate confirmed cases</i>	<i>Death Rate all cases</i>
Male	4.7%	2.8%
Female	2.8%	1.7%

When examining Table 1, it can be seen that the COVID-19 death rate for all cases is 2.8% for males and 1.7% for females. The COVID-19 death rate for males is much higher than females. But females experience the effects of COVID-19 more negatively in their social relationships. Since the beginning of the COVID-19 pandemic, working women have been obliged to create public space in their private space. It has been observed that maternity and role expectations arising from this status have entered

¹ <https://www.worldometers.info/coronavirus/coronavirus-age-sex-demographics/> 29.10.2020

into the process of redefining distance education, home working applications and role expectations based on the maternity status, which have been diversified and multiplied (Zeybekoğlu-Akbaş and Dursun, 2020: 92). Two hypotheses for the quantitative part of the research and one question statement for its qualitative part were developed in order to analyze the relationship between risk society, COVID-19 and gender:

H0: Fear of COVID-19 differs significantly between men and women.

H1: Fear of COVID-19 does not differ significantly between men and women.

Question Statement: Is the fear of COVID-19 reflected in the emotions, behaviors and attitudes of women?

This study was conducted by adapting methodological pluralism to be able to test the hypotheses developed within the study and find a response to the research question.

2. METHODS

A mixed-methods research design consists of using a combination of methods and techniques with both quantitative and qualitative approaches, considering them as a whole. In mixed-methods design the question of the research is better understood and answered in detail via qualitative and quantitative data acquisition (Alkan, Şimşek and Armağan-Erbil, 2019: 562). This study was designed with a mixed method. The aim of the study was to examine the relationship between gender and fear of COVID -19. In the context of gender, due to the difficulty of examination of fear of COVID-19 by adapting only quantitative methods, an interview form was also used. Thus, a quantitative approach was supported by a qualitative approach. Convenience sampling method was used to collect data in the research. The formal interview form was composed of one question including the Coronavirus (COVID-19) fear.

2.1. Data Collection Tools

In order to detect whether fear of COVID-19 differentiates by gender, the Demographic Data Form, Fear of COVID-19 Scale and Fear of COVID-19 Interview Form were used to collect data.

2.2. Fear of COVID-19 Scale

The Fear of COVID-19 Scale was adapted to Turkish by Bakioğlu, F., Korkmaz, O., and Ercan, H. (2020) with validity and reliability studies. We obtained permission via e-mail to use the Fear of COVID-19 Scale in the study. The Fear of COVID-19 Scale is a five-item Likert-type scale that consists of a unique subscale and seven questions. In the scale, the participants indicate their level of agreement as: (1) strongly disagree, (2) disagree, (3) neither agree nor disagree, (4) agree, (5) strongly agree. The

minimum score possible for the Fear of COVID-19 Scale is 7, the maximum score is 35. The higher the score is the greater the fear of COVID-19.

2.3. Fear of COVID-19 Interview Form

The Fear of COVID-19 Interview Form was developed by the researcher to compare the quantitative results of the research following literature scanning. It consists of one question and it aims to explore the underlying reasons for COVID-19 fear in the participants or expressions reflected in their behaviors. The question is: “What do you feel (anxiety, worry, fear, etc.) when you hear news or conversations about COVID-19?”

2.4. Demographic Data Form

Besides the Fear of COVID-19 Scale and Fear of COVID -19 Interview Form, the participants were given a demographic data form. The demographic data form consists of 6 items about gender, marital status, educational year, income level, age and whether they had any chronic disease.

2.5. Analysis of Data

Quantitative data of the research (Fear of COVID-19Scale) was subjected to SPSS 25 Program and t-test to determine whether there was a significant difference between female and male participants in terms of Fear of COVID-19 total scores. Data collected from 10 female participants via the Fear of COVID-19 Interview Form was subjected to descriptive analysis to support the quantitative data and 1 theme was divided into 9 codes.

Table2. Test of Homogeneity of Variance

	Levene Statistic	df1	df2	Sig.
Based on Mean	,003	1	263	,954
Based on Median	,007	1	263	,933
Based on Median and with adjusted df	,007	1	262,524	,933
Based on trimmed mean	,003	1	263	,960

H₀: No difference between the variants.

H₁: There are differences between the variants.

As a result of Test of Homogeneity of Variance analysis p value was found as p=.954. This result shows that there is no difference between the variants. The variants are homogeneous.

Table3. Tests of Normality

Gender	Kolmogorov-Smirnova			Shapiro-Wilk		
	Statistic	df	df	Statistic	df	Sig.
Female	,061	199	,70	,990	199	,160
Male	,068	66	,200	,970	66	,108

H₀: Variant distribution is normal.

H₁: Variant distribution is not normal.

As a result of Tests of Normality analysis, p value was found as p=.160. This result shows that the variant distribution is normal. As a result of test of homogeneity and test of normality, it was decided that t test could be performed on the data of the research.

2.6. Study Group

The study group was reached with a web-based electronic survey. The electronic survey was kept active between 28.10.2020 and 05.11.2020. The Fear of COVID-19 Interview Form was applied to 10 participants.

Table4. Demographic Data

Variable		f	%
Gender	Female	199	75.1
	Male	66	24.9
	Total	265	100
Marital Status	Married	70	26.4
	Single	185	69.8
	Divorced	8	3.0
	Widow	2	.8
	Total	265	100

When examining Table 4: 199 participants were male (75.1%) and 66 participants were female (24.9%). 70 of the participants were married (26.4%), and 185 of them were single (69.8%), 8 participants were divorced (3%) and 2 participants were widows.

In this research, easily accessible case sampling was preferred to collect qualitative data. Because there were lockdown limitations due to the coronavirus (COVID-19) pandemic. The researchers had no other chance of qualitative sampling.

3. RESULTS

This part is composed of demographic data of the participants, quantitative data obtained from the participants and analysis of these data.

3.1. Quantitative Results

The Fear of COVID-19 Survey was designed to measure whether the Fear of Coronavirus differentiates significantly between females and males. It was applied to 265 participants. Quantitative results are given in Table 5.

Table 5. Independent Group t Test Applied to Detect Whether Fear of Coronavirus (COVID -19) Scale Scores Differentiate in Terms of Gender Variable

Score	Groups	N	\bar{x}	SS	$Sh_{\bar{x}}$	t Test		
						t	Sd	p
Fear of Coronavirus (COVID -19)	Female	199	19.035	5.981	.424	2.946	263	0.004
	Male	66	16.545	5.852	.720			

When examining Table 5, a significant difference was found between females and males as a result of the t test applied to detect whether Fear of COVID-19 differentiates between participants in terms of gender ($t=2.946$; $p=0.004$). Females’ fear of COVID-19 is greater than males.

3.2. Qualitative Results

10 participants were given an interview form consisting of one question to measure their fear of COVID-19. 1 theme and 9 codes were created from the responses of the participants to the question “What do you feel (anxiety, worry, fear, etc.) when you hear news or conversations about COVID-19?” Theme, codes, participants who expressed an opinion and their frequencies are given in Table 4.

Table 6. Reflections of the Fear of Coronavirus

<i>Theme</i>	<i>Codes</i>	<i>Participants Who Express an Opinion</i>	<i>f</i>
Reflections of the Fear of Coronavirus	Restlessness	Participant 1	1
	Fear	Participant 1, Participant 5, Participant 6, Participant 10	4
	Worry	Participant 1, Participant 3, Participant 5, Participant 8, Participant 9, Participant 10	6
	Tension	Participant 1	1
	Uncertainty	Participant 2	1
	Anxiety	Participant 2	1
	Adapting-Normalizing	Participant 3, Participant 4, Participant 7	3
	Desperation	Participant 6	1
	Sadness	Participant 9	1

As seen in Table 6, most of the participants expressed that they felt “worry” (6/10) to the question:“What do you feel (anxiety, worry, fear, etc.) when you hear news or conversations about COVID-19?”. This is followed by “fear”, while 3/10 of the participants declared that they adapted to COVID-19 and the situation was normalized.

3.3. Expressions of Fear of COVID-19 and Emotion in Females

Emotions are usually expressed to the people around us through facial expressions, body language and personal distance. While some emotions are universally expressed in similar ways, some emotions are expressed culturally in different manners. Theories explaining human emotions are listed as: James-Lange Theory, Cannon-Bard Theory, Schachter-Singer Theory, Facial Feedback Theory and Lazarus Theory (Çapan, 2019: 198). Emotions (happiness, sadness, fear, astonishment, etc.) are inseparable parts of our individual and social lives. Our colloquial language is a basic tool that reflects our inner world to our environment. In this context, there are emotional expressions in all languages to reflect the individuals’ state of mind (Kalenderoğlu ve Arslan, 2017: 503). On the other hand, fear can be explained as a sudden and undesirable behavior and emotional reaction against a situation or danger with or without a certain reality (Helvacı, 2019:

24-30). Anxiety is expressed as an irrational state of fear occurring in the inner world of the individual (Kaya, Polat ve Değerli, 2017: 55). Emotions such as worry, desperation, anxiety, uncertainty and restlessness create tension in humans. While some people experience conflict against the fear they face, sometimes behaviors such as adaptation and habituation may occur.

Participant 1 expressed his/her restlessness, fear and worry about the spread and increase of coronavirus and that he/she feels tension during a conversation about coronavirus, as:

“First of all, I feel restless, afraid and worried as it increases and spreads day by day. I am also stressed when I hear any conversation.” (Participant 1, Single, between age 18-24, no chronic disease, high school graduate)

Participant 2 expressed that coronavirus leads him/her to anxiety and uncertainty about the future, as:

“I feel uncertainty and my anxiety increases about what can happen in the future.” (Participant 2, Single, between age 18-24, no chronic disease, high school graduate)

Participant 3 expressed that coronavirus is now a part of life and that it has been normalized depending on this situation, as:

“This type of conversation has started to sound normal and I feel worried that it sounds normal.” (Participant 3, Single, between age 18-24, no chronic disease, high school graduate)

Participant 4 expressed that coronavirus now is a concept heard every moment of life and it has become a pattern with anxiety, as:

“Coronavirus has now become a situation which we hear, talk and worry about every moment of our lives.” (Participant 4, Single, between age 18-24, no chronic disease, high school graduate)

Participant 5 expressed that he/she worries about conversations about coronavirus on behalf of himself/herself, his/her family and his/her beloved ones, as:

“I feel worried for my family and loved ones as I watch the news about coronavirus. I am afraid something will happen to them.” (Participant 5, Single, between age 18-24, has chronic disease, high school graduate)

Participant 6 expressed that coronavirus creates fear and desperation in himself/herself, irresponsible behavior of people increases his/her worries and he/she is anxious that the virus will not end, as:

“I feel fear and desperation. As I think about unconscious behaviors of people, I get the idea that this will not end. Everybody talks but the number of people who go into action to end this process, to protect themselves is unfortunately low.” (Participant 6, Single, between age 18-24, no chronic disease, high school graduate)

Participant 7 expressed that he/she got used to the fear of coronavirus, and the anxiety and worry which he/she felt at the beginning was replaced by adaptation as:

“Especially at first I was much more worried and upset. Although nowadays I feel great anxiety, fear and worry with the increase of cases, I feel like I and we (as a society) necessarily got used to this situation.”(Participant 7, Single, between age 18-24, no chronic disease, high school graduate)

Participant 8 expressed that coronavirus has caused worry and anxiety about himself/herself and the future of humanity, as:

“I feel worry more than fear when I hear news about coronavirus. Because it is a pandemic, balances are changing and this leads me to worry about the future of humanity.” (Participant 8, Single, between age 18-24, no chronic disease, high school graduate)

Participant 9 expressed that coronavirus exhausts his/her hopes and hinders his/her social relations, at same time it leads to social distancing, as:

“When I hear news about coronavirus, I sometimes think that it may be promising news. But I start to worry when I hear that breaking news are mostly more alarming news. The possibility of meeting the virus when I go into a social environment frightens me.” (Participant 9, Single, between age 18-24, no chronic disease, high school graduate)

Participant 10 expressed that he/she is afraid due to the high risk of being infected by coronavirus and concern that the measures taken will not be enough and at the same time his/her concern about the future of his/her children in case he/she gets infected by coronavirus, as:

“I feel fear and worry. I am worried because I am not sure about the way coronavirus is transmitted and whether the measures I have taken will be enough to be protected. I am afraid because I don't know what my children would do, what they would experience and whether I would transmit the disease to them in case I am infected by coronavirus.” (Participant 10, Married, between age 35-44, no chronic disease, university graduate)

In the world, mortality from COVID-19 is higher in males. However, females are more afraid of the coronavirus. COVID-19 creates various emotions in females. First of all, women are more afraid of and worried about COVID-19. Secondly, uncertainty when COVID-19 will end causes restlessness and tension. Besides other negative emotion expressions like anxiety and sadness, the extended time causes behaviors like habituation and perception of COVID-19 as a part of life by women. When qualitative data of the research were analyzed, feelings of fear and anxiety converged on one side and feelings of worry, uncertainty and hopelessness on the other side. Normalizing Coronavirus (COVID-19) and getting used to it are clustered as positive feelings.

Conclusion

COVID-19 is the most important reflection of the risks created by globalization in today's world. The pandemic that has emerged from one end of the world is threatening all humanity. The common point where Risk Society Theory and COVID-19 meet is the anxiety, worry and fear that arise in people. When the statistics of countries on COVID-19 are examined, it is observed that the male mortality rate is higher than for females. But many other studies show that social, economic and psychological reflections of COVID-19 leave deeper effects on women. When we scan the literature about COVID-19 and women, it is seen that women's participation in public space is restricted significantly and they face problems in accessing healthcare and emergency services.

H0 Hypothesis (fear of COVID-19 differs significantly between men and women) was validated at the end of the study. The question statement of the research (is the fear of COVID-19 reflected in the emotions, behaviors and attitudes of women?) was answered. It was concluded that fear of COVID-19 is reflected in the emotions, behaviors and attitudes of women. From the quantitative analysis obtained from the survey data and descriptive analysis results obtained from the interview forms, it was seen that the results were consistent with each other.

In a study performed by Gebhard, Regitz-Zagrosek, K. Neuhauser, Morgan and L. Klein (2020) on the effect of gender on COVID-19 results in Europe, data by gender for COVID-19 in some European countries were analyzed and it was reported that the number of cases by gender was similar but the virus had more severe results in aged men. Death-to-case ratio is highest for males with previous cardiovascular disease. It was concluded that the mechanisms explaining the decreased death-to-case ratio in women are now uncertain. In this study we achieved similar results as Gebhard, Regitz-Zagrosek, K. Neuhauser, Morgan and L. Klein (2020), who showed that women are biologically more resistant to COVID-19. As a result, their death rates are lower than men.

In a study conducted by Walter, L. A., and McGregor, A. (2020) on Sex- and Gender-specific observations and implications for COVID-19, it was demonstrated that biologically, males are more susceptible to an increased severity of infection and the effects of estrogen and testosterone on the immune system response and engagement differ, resulting in a less robust immunologic response in males and subsequent increased morbidity and mortality from viral respiratory illnesses. In addition, the X chromosome carries the largest number of immune-related genes in the human genome, perhaps also contributing to females' superior immune response (female preponderance of autoimmune diseases). We obtained similar results in our study as the study of Walter, L. A., and McGregor, A. (2020). Statistics show that females are biologically more resistant to COVID-19 and accordingly they have lower death rates.

Broche-Pérez, Fernández-Fleites, Jiménez-Puig, Fernández-Castillo, and C. Rodríguez-Martin (2020) performed a cross sectional web-based survey with 772 participants. They concluded that female participants experience, on average, a greater fear of COVID-19 compared to male participants. They reported that the gender of the participants significantly affected the level of fear of COVID-19 and that females experience the fear of COVID-19 at medium and high levels. When compared with a low-level of fear, the possibility of a woman with a medium-level of fear is 3.13 times a man and the possibility of a woman with a high-level of fear is 3.45 times a man. Similar results were found in our study as the research of Broche-Pérez, Fernández-Fleites, Jiménez-Puig, Fernández-Castillo, and C. Rodríguez-Martin (2020). Female participants experience greater fear of COVID-19.

In the cross-sectional study performed by Mohammadpour, Ghorbani, Khoramnia, Ahmadi, Ghvami, Maleki (2020) with 403 participants over the age of 18 who were exposed to COVID-19 in Kermanshah, Iran, a significant relationship was found between social distance and gender, and people who observed social distancing reported higher levels of fear of COVID-19 ($p < 0.001$). No significant relationship was found between handwashing behavior and gender variables, marital status and education ($p > 0.05$). In relation to fear of COVID-19, marital status and anxiety had a positive relationship with fear of COVID-19. However, self-judgment was negatively related to fear of COVID-19 ($p < 0.05$). We obtained similar results in our study as the study of Mohammadpour, Ghorbani, Khoramnia, Ahmadi, Ghvami, Maleki (2020). Women's inability to participate in public space and their higher observance of social distancing rules leads to greater fear of COVID-19.

In the study conducted by Evcili and Demirel (2020): Effects of COVID -19 Pandemic on Female Health and an Assessment on Suggestions, it was reported that the quarantine process and social isolation may lead to the exposure of women to gender-based violence in the home environment. It has been argued that the quarantine process increases the economic and social problems faced by women. We obtained similar results in our study as the study of Evcili and Demirel (2020). Quarantine and increased exclusion from public space also bring social, psychological and economic problems and these problems increase the fear of COVID-19.

In the context of gender, women's fear of COVID-19 is higher than men's. Women who cannot participate in public environments, who live dependent on their husbands and who face problems in requesting support for pregnancy and emergencies are more afraid of COVID-19 and they reflect this fear in their emotions. COVID-19 is more severe in male patients, and this is explained by the hormone estrogen. Perhaps the fear of COVID-19, which we detect in women, pushes them to more protection, and therefore the disease is observed less frequently and mildly in women.

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Annex 1. Information of Participants in Formal Interviews

<i>Participant</i>	<i>Marital Status</i>	<i>Age</i>	<i>Income Level</i>	<i>Existence of a chronic disease</i>	<i>Education Level</i>
Participant 1	Single	18-24	0-2.600 TL	No	High School Graduate
Participant 2	Single	18-24	0-2.600 TL	No	High School Graduate
Participant 3	Single	18-24	0-2.600 TL	No	High School Graduate
Participant 4	Single	18-24	0-2.600 TL	No	High School Graduate
Participant 5	Single	18-24	0-2.600 TL	Yes	High School Graduate
Participant 6	Single	18-24	3.501-5.000 TL	No	High School Graduate
Participant 7	Single	18-24	0-2.600 TL	No	High School Graduate
Participant 8	Single	18-24	0-2.600 TL	No	High School Graduate
Participant 9	Single	18-24	0-2.600 TL	No	High School Graduate
Participant 10	Married	35-44	5.001-7.500 TL	Yes	University Graduate