

RESEARCH ARTICLE

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“Is the fear of coronavirus bigger than the reality of coronavirus?” The Correlation between the fear of Covid-19 Experienced by Women in The Postpartum Period and the Level of Depression and Social Support

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Abstract

Objective: This study has been carried out aiming to determine the correlation between the fear of COVID-19 experienced by women in the postpartum period and the postpartum depression and the level of perceived social support, and the factors affecting the fear of COVID-19.

Methods: The data of this cross-sectional and correlation-seeking study was collected through an online questionnaire conducted between February and April 2021. The introductory information form, the Fear of COVID-19 Scale (FCV-19S), Edinburgh Postpartum Depression Scale (EPDS) and Multidimensional Scale of Perceived Social Support (MSPSS) were used for data collection in the study. Continuous variables were reported as mean±standard deviation and categorical variables were reported as numbers and percentages (%).

Results: It has been determined in the study that 65.1% of women experienced the fear of COVID-19 in high level. A statistically significant difference has been found between the women's age, education level, and their fear of their infants being infected with the coronavirus and the fear of COVID-19 ($p<0.05$). It has been discovered that as women's fear of COVID-19 increases, so does the risk of postpartum depression.

Conclusion: It becomes more of an issue to monitor the level of the fear of coronavirus and postpartum depression and to plan appropriate interventions for the purpose of protecting and maintaining maternal health during the pandemic process.

Keywords: COVID-19; depression; fear; postpartum period

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INTRODUCTION

The 'COVID-19 disease' was recognized as an international public health issue by WHO and declared as a pandemic on 30 January 2020 (1, 2). The thought of people getting sick, dying, or losing their beloved ones has affected the whole world population due to the rapid spread of the pandemic, heavy effects of the virus on the body, high mortality rates (3), healthy people and even infants and children getting infected (4).

Women are also afraid of being exposed to the coronavirus due to the risks they are exposed to during the pandemic, reproductive health such as pregnancy, childbirth and postpartum (5). Fear and uncertainty caused by COVID-19 may increase the risk of progressing depression among women in the postpartum period (6, 7). The psychological effect of COVID-19 as well as the associated lockdown measures have also become a source of concern for mothers' mental health (8-10).

Social support lowers the risk of depression, assisting in the care of the infant and the mother and increasing mothers' feeling of competence in the mothering role (8). However, mothers may not receive adequate care, support, and assistance due to the measures taken during the pandemic process and keeping the social distance (8, 11). Studies conducted on the relevant subject are important in terms of assessing the psychosocial health of mothers, guiding postpartum care services, improving

services and raising awareness among the health professionals during the pandemic. This study has been carried out to determine the correlation between the fear of COVID-19 experienced by women in the postpartum period and the level of postpartum depression and perceived social support, and the factors affecting the fear of COVID-19.

Hypotheses of the Study

H1: As women's fear of COVID-19 increases, so does the risk of postpartum depression.

H2: As the perceived social support level of women increases, the fear of COVID-19 decreases.

H3: There is a correlation between the fear of COVID-19 experienced by women and postpartum depression, perceived social support level

H4: Sociodemographic and obstetric attributes of women affect their fear of COVID-19.

H5: Some attributes of women associated with COVID-19 infection affect their fear of COVID-19.

METHODS

Study Design and Sample

The study is descriptive and cross-sectional. Participants were recruited through the Google Forms between February and April 2021. No sample selection was made in the study and the study was conducted with 284 women who agreed to participate in the study. Sample

selection was not made in the study and 284 women who met the inclusion criteria were included in the sample. In the post-study power analysis (PostHoc) conducted to examine the power of the sample, it was discovered that the sample had a 99% power at a 95% confidence interval with a 0.40 effect size (G * Power 3.0.10). The inclusion criteria are as follows: i- being between the ages of 18-45, ii- being in the first 6 months postpartum, iii- having no defined psychiatric illness.

Data Collection Tools

The introductory information form, the Fear of COVID-19 Scale (FCV-19S), Edinburgh Postpartum Depression Scale (EPDS) and Multidimensional Scale of Perceived Social Support (MSPSS) were used for data collection in the study.

Introductory Information Form: This form includes sociodemographic questions, obstetric attributes and pandemic process.

The Fear of COVID-19 Scale (FCV-19S): The validity and reliability of the Fear of COVID-19 Scale developed by Ahorsu et al. (12) and its adaptation into Turkish were performed by Bakiroglu et al. (13). The scale is a self-assessment, five-point Likert scale having seven items. The scale yields a score ranging from 7 to 35. The cut-off point for fear related to COVID-19 was determined as 16.5 (14), and responses above the cut-off value were defined as extreme fear. Cronbach's alpha value was determined to be 0.88 in the study

conducted in the Turkish sample (12). Cronbach's alpha value of the scale was found to be 0.89 in our study.

Edinburgh Postpartum Depression Scale (EPDS): The scale developed by Cox et al (15), whose validity and reliability were adapted into Turkish by Engindeniz et al (16) determines the risk of postpartum depression. The scale is a self-assessment, four-point Likert type scale having 10 items. The higher the score, the more severe the postpartum depressive symptoms. Cronbach's alpha value was determined to be 0.79 in the study conducted in the Turkish sample (16). Cronbach's alpha value of the scale was found to be 0.90 in our study.

Multidimensional Scale of Perceived Social Support (MSPSS): Multidimensional Scale of Perceived Social Support was developed by Zimet et al. in 1988 (17). The validity and reliability studies of the revised form of the scale whose adaptation into Turkish was performed by Eker and Arkar (18), were carried out by Eker et al. in 2001 (19). The MSPSS consists of 12 items and is a seven-point Likert type scale. Each item is given a score ranging from 1 to 7. The obtained score being high indicates a high level of perceived social support while low scores indicate that there is no perceived support or there is a lack of support (18, 19). Cronbach alpha values were found to be 0.91 by Zimet et al., (17) and 0.92 by Eker et al. (19). Cronbach's alpha value of the scale was found to be 0.95 in our study.

Ethical Principles

Written approval (Date: 04.12.2020 Decision No: 21/10775) was obtained from the Ethics Committee of the relevant University before starting the study. Written permission (Date: 31/12/2020; Decision No: T1255-44) was obtained from the Ministry of Health in order to conduct the study. In addition, all participants were informed about the study at the beginning of the online questionnaire and their consent was obtained. The study was based on the principles of the Declaration of Helsinki (2013).

Data Collection

Before the links for the forms were sent out to the women, data collection forms were administered to 10 women who were not included in the sample group and the forms were finalized. The data of the research was collected through electronic surveys created through Google Forms between February and April 2021. During the pandemic, where direct contact was reduced as much as possible due to the physical distance rules, the participants were invited to the research via social media groups (WhatsApp groups, public forums, Twitter and Facebook accounts). All participants were informed about the study at the beginning of the online survey and their consent was obtained. No names, Internet Protocol (IP) addresses, or other identifying information were collected; thus, participants' responses were anonymous, and no personal

information was attached to the data. All questions had to be completed before submission.

Statistical Analysis

Analysis of the data collected was performed using the Statistical Package for Social Science (SPSS) version 25.0. Continuous variables were reported as mean±standard deviation and categorical variables were reported as numbers and percentages (%). The Pearson's chi-square test or Fisher's exact test were used to compare the categorical variables between the groups. Multivariate logistic regression was used to analyze the influencing factors of fear of COVID-19. Pearson's correlation coefficients were calculated to assess the correlations. Simple linear regressions were used to determine the effect of fear of COVID-19 on postpartum depression. In this study, the FCV-19S categories (and scores of <16.5, scores of ≥ 16.5) were used as categorical variables. The level of acceptable significance was set at $p < 0.05$.

RESULTS

73.9% of women are between the ages of 20-34. 59.5% of the women have stated that they have a bachelor's degree or higher education, 87.3% of them have a nuclear family, 87.7% of them had an intended pregnancy, 63.0% of them gave birth by cesarean section, 51.6% of them had issues from time to time during the pregnancy process. When the FCV-19S cut-off score in the study was set at 16.5, it was

determined that 65.1% of women (185 women) experienced a high level of fear of COVID-19. In the study, a statistically significant difference was found between the age and education level of women and their fear of COVID-19 ($p < 0.05$; Table 1).

No significant difference was determined between the women's status of getting infected with COVID-19, taking COVID-19 test and loss of a beloved one due to COVID-19, and their COVID-19 fear levels ($p > 0.05$). A statistically significant difference was found between the fear of their infant getting infected with COVID-19 and their COVID-19 fear levels ($p < 0.05$; Table 2).

According to multivariate logistic regression analysis, women aged 19 and younger are 0.092 times less likely to have the fear of COVID-19 than those aged 35 and older (OR=0.092; 95% CI: 0.010~0.844). Likewise, the fear of COVID-19 among women who are primary school graduates is 0.433 times less than women having a bachelor's degree or higher education. (OR=0.433; 95% CI: 0.210~0.894). The fear of COVID-19 has been found to be 10 times higher in women who extremely experience the fear of their infants getting infected with COVID-19 compared to those who do not experience it (OR=10.108; 95% CI: 1.921~53.194; Table 3).

The mean score of the participant women obtained from the FCV-19S scale was

determined as 19.51 ± 7.20 , from the EPDS scale as 10.82 ± 6.84 . While the mean score of women obtained from the MSPSS scale was found to be 60.00 ± 17.46 , the mean score of family support obtained from MSPSS sub dimensions was 22.20 ± 5.78 , the mean score of friend support was 19.92 ± 6.65 , and the mean score of receiving special person support was 18.79 ± 7.21 . A weak, positive and statistically significant correlation has been determined between the mean score of women obtained from the FCV-19S scale and the mean EPDS score ($r = 0.310$; $p < 0.05$). It has been determined that there is no statistically significant correlation between the mean score of FCV-19S scale and the total score of MSPSS scale, family support, friend support and special person support sub dimensions ($p > 0.05$; Table 4).

A statistically significant difference has been found between the mean score of women obtained from the EPDS scale and their levels of fear of COVID-19 ($p < 0.05$). The mean score of the EPDS scale obtained by women with high COVID-19 fear levels has been found to be higher. It has been determined that there is no statistically significant difference between the total score of the MSPSS scale, family support, friend support and special person support sub dimensions and the levels of the fear of COVID-19 ($p > 0.05$; Table 5).

Table 1. Comparison of the fear of COVID-19 according to sociodemographic and obstetrics variables

Descriptive characteristics	Normal fear (FCV- 19S<16.5) n=99 (%34.9)	High fear (FCV-19S≥16.5) n=185 (%65.1)	Total n=284	Test statistics	p value
	n(%)	n(%)	n(%)	χ ²	p
Age (years)					
≤19	10(10.1)	1(0.5)	11(3.9)	16.921	<0.001
20-34	65(65.7)	145(78.4)	210(73.9)		
≥35	24(24.2)	39(21.1)	63(22.2)		
Educational status				9.219	0.010
Elementary	26(26.3)	23(12.4)	49(17.3)		
High school	23(23.2)	43(23.2)	66(23.2)		
University and higher	50(50.5)	119(64.3)	169(59.5)		
Employment				0.457	0.499
Employed	44(44.4)	90(48.6)	134(47.2)		
Not employed (Housewife)	55 (55.6)	95(51.4)	150(52.8)		
Family type				2.775	0.96
Nuclear	82(82.8)	166(89.7)	248(87.3)		
Extended	17(17.2)	19(10.3)	36(12.7)		
Income level				1.557	0.459
Income is less than expenses	22(22.2)	30(16.2)	52(18.3)		
Income is equal	48(48.5)	97(52.4)	145(51.1)		
Income is more than expenses	29(29.3)	58(31.4)	87(30.6)		
Presence of social support				2.797	0.94
Yes	57(57.6)	125(67.6)	182(64.1)		
No	42(42.4)	60(32.4)	102(35.9)		
Relationship with the spouse*				4.029	0.134
We get along well	79(79.8)	148(80)	227(79.9)		
We do not get along sometimes	19(19.2)	27(14.6)	46(16.2)		
We do not get along at all	1(1)	10(5.4)	11(3.9)		
Prepregnancy depression history				0.497	0.481
Yes	38(38.4)	79(42.7)	117(41.2)		
No	61(61.6)	106(57.3)	167(58.8)		
Intended pregnancy				0.092	0.762
Yes	86(86.9)	163(88.1)	249(87.7)		
No	13(13.1)	22(11.9)	35(12.3)		
Number of abortion				0.083	0.773
No	78(78.8)	143(77.3)	221(77.8)		
Yes (≥ 1)	21(21.2)	42(22.7)	63(22.2)		
Number of pregnancies				4.796	0.091
1	33(33.3)	86(46.5)	119(41.9)		
2	39(39.4)	55(29.7)	94(33.1)		
≥3	27(27.3)	44(23.8)	71(25.0)		
Number of deliveries				3.489	0.175
1	66(66.7)	138(74.6)	204(71.8)		
2	27(27.3)	33(17.8)	60(21.1)		
≥3	6(6.1)	14(7.6)	20(7.0)		

Table 1. Comparison of the fear of COVID-19 according to sociodemographic and obstetrics variables (Continued)

Descriptive characteristics	Normal fear (FCV- 19S<16.5) n=99 (%34.9)	High fear (FCV- 19S≥16.5) n=185 (%65.1)	Total n=284	Test statistics	p value
Number of living children					
1	41(41.4)	102(55.1)	143(50.4)	4.970	0.083
2	42(42.4)	58(31.4)	100(35.2)		
≥3	16(16.2)	25(13.5)	41(14.4)		
Mode of delivery					
Vaginal	40(40.4)	65(35.1)	105(37.0)	0.768	0.381
Cesarean section	59(59.6)	120(64.9)	179(63.0)		
Postpartum month					
0-2 months	27(27.3)	51(27.6)	78(27.5)	0.003	0.999
3-4 months	29(29.3)	54(29.2)	83(29.2)		
5-6 months	43(43.4)	80(43.2)	123(43.3)		
Evaluation of the pregnancy process					
I had a very difficult process	21(21.2)	43(23.4)	64(22.6)	0.533	0.766
I had problems from time to time	50(50.5)	96(52.2)	146(51.6)		
I experienced a very comfortable pregnancy process	28(28.3)	45(24.5)	73(25.8)		
Evaluation of the delivery process					
It was a very comfortable delivery	32(32.3)	58(31.4)	90(31.7)	0.164	0.921
At medium level	44(44.4)	80(43.2)	124(43.7)		
It was a very bad experience	23(23.2)	47(25.4)	70(24.6)		

Note: The bold values indicate statistically significant at $p < 0.05$.

Abbreviations: FCV-19S: Fear of COVID-19 Scale,

*Fisher's exact

Table 2. Comparison of some attributes of women associated with COVID-19 infection with their fear levels of COVID-19

Characteristics	Normal fear (FCV- 19S<16.5) n=99 (%34.9)	High fear (FCV- 19S≥16.5) n=185 (%65.1)	Total n=284	Test statistics	p value
	n(%)	n(%)	n(%)	χ^2	p
Getting infected with COVID-19					
Yes	14(14.1)	24(13.0)	38(13.4)	0.076	0.783
No	85(85.9)	161(87.0)	246(86.6)		
Taking COVID-19 test					
Yes	37(37.4)	73(39.5)	110(38.7)	0.118	0.731
No	62(62.6)	112(60.5)	174(61.3)		
Loss of a beloved one due to COVID-19					
Yes	16(16.2)	42(22.7)	58(20.4)	1.698	0.193
No	83(36.7)	143(77.3)	226(79.6)		
Fear of her infant getting infected with COVID-19*					
Extremely	41(41.4)	125(67.6)	166(58.5)	21.679	<0.001
Occasionally	51(51.5)	58(31.4)	109(38.4)		
Never	7(7.1)	2(1.1)	9(3.2)		

Note: The bold values indicate statistically significant at $p < 0.05$.

Abbreviations: FCV-19S: Fear of COVID-19 Scale,

*Fisher's exact

Table 3. Significant risk factors associated with FCV-19S among women. (Logistic regression)

Variables	β	SE	Wald	p values	OR	% 95 CI	
						Lower	Upper
Constant	0,650	1,447	0,202	0,653	1,916		
Age (years)							
≤19	-2,382	1,129	4,454	0,035*	0,092	0,010	0,844
20-34	0,053	0,319	0,027	0,869	1,054	0,564	1,969
≥35	Reference						
Educational status							
Elementary	-0,837	0,369	5,128	0,024*	0,433	0,210	0,894
High school	-0,151	0,3350	0,203	0,652	0,860	0,446	1,658
University and higher	Reference						
Fear of her infant getting infected with COVID-19							
Never	Reference						
Extremely	2,313	0,847	7,455	0,006*	10,108	1,921	53,194
Occasionally	1,335	0,849	2,474	0,116	3,801	0,720	20,067

Abbreviations: CI, confidence interval; SE, standard error; β , regression coefficient.

Hosmer Lemeshow Test= 3.738 p=0.712, -2 Log likelihood =328.172, Cox & Snell R Square =0.129, Nagelkerke R Square =0.177

Table 4. The mean scores obtained by women from the fear of COVID-19 Scale, EPDS, MSPSS, and the correlation between the scales

	Mean \pm SD	1	2	3	4	5	6
1-FCV-19S	19.51 \pm 7.20	1					
2-EPDS	10.82 \pm 6.84	0.310**					
MSPSS and its sub dimensions							
3-MSPSS total score	60.00 \pm 17.46	0.008	-0.379**				
4-Family Support	22.20 \pm 5.78	0.048	-0.305**	0.823**			
5-Friend Support	19.92 \pm 6.65	0.028	-0.385**	0.937**	0.691**		
6-Special Person Support	18.79 \pm 7.21	-0.046	-0.319**	0.898**	0.554**	0.792**	1

Note: Correlation is significant at the 0.05 level (2-tailed), $r < 0.2$ very weak correlation, $r = 0.2-0.4$ weak correlation, $r = 0.4-0.6$ moderate correlation, $r = 0.6-0.8$ strong correlation, $r = 0.8 >$ very strong correlation Abbreviations: FCV-19S: Fear of COVID-19 Scale, PDS, Edinburgh Postnatal Depression Scale, Multidimensional Scale of Perceived Social Support (MSPSS)

** p<0.001

Table 5. Comparison of the mean scores obtained by women from the EPDS, MSPSS according to their levels of fear of COVID-19

Characteristics	Normal fear (FCV-19S<16.5) n=99 (%34.9)		High fear (FCV-19S≥16.5) n=185 (%65.1)		Test statistics	p value ^a
	Mean	\pm SD	Mean	\pm SD	t	
EPDS	9.07	6.40	11.76	6.90	0.241	0.001
MSPSS and its sub dimensions						
MSPSS total score	59.89	19.03	61.47	16.58	3.396	0.487
Family Support	21.89	6.29	22.36	5.49	3.705	0.521
Friend Support	19.43	7.39	20.13	6.22	6.267	0.466
Special Person Support	18.46	7.53	18.98	7.05	1.891	0.568

Note: Correlation is significant at the 0.05 level (2-tailed). Abbreviations: FCV-19S: Fear of COVID-19 Scale, PDS, Edinburgh Postnatal Depression Scale, Multidimensional Scale of Perceived Social Support (MSPSS)

^at test for independent group

DISCUSSION

The current pandemic emergency, as well as local governments' restrictive measures to prevent the spread of coronavirus infection, have a negative effect on mothers and may increase the likelihood of developing symptoms of fear, anxiety, and depression (9, 10). This study has been carried out aiming to determine the correlation between the fear of COVID-19 experienced by women in the postpartum period and the postpartum depression and the level of perceived social support, and the factors affecting the fear of COVID-19.

Being a disadvantaged group, women experience high levels of fear of coronavirus (13). It has been determined in our study that more than half of the women experience fear of COVID-19. Guvenc et al. (20) have reported in their study that 66% of puerperant women have the fear of getting infected with COVID-19. The mean score of the mothers' fear of COVID-19 scale was found to be 19.51 ± 7.20 in our study. Matsushima et al. (21) have shown that the mean score of fear of COVID-19 in pregnant and postpartum women was 17.53 ± 5.12 . In their study where they researched the postpartum fear of COVID-19 and its correlation with breastfeeding, Uzun et al. (22) reported that the mean score of the fear of COVID-19 in the puerperant women was 18.00 ± 4.30 . The mean score of the fear of COVID-19 in our study was found to be higher than in other studies. The reason for this

situation can be explained by the fact that Turkey was experiencing the second wave of the COVID-19 pandemic, heavy restrictions were imposed, and the number of cases reached the highest level at the time our study's data was collected. It can be said that women who witnessed the negative effects experienced in the first wave of the pandemic, spent their puerperium periods in the second wave, causing them to experience more fear of COVID-19. Additionally, Broche-Pérez et. al (23) reported that the reason why women experience more fear of the pandemic is that anticipating that the disease will have a negative impact on the health of their family members and friends. It was determined in our study that the fear levels of COVID-19 were higher in mothers who extremely had the fear of their infant getting infected with COVID-19. In this direction, it can be said that the high level of the fear of coronavirus of mothers is also affected by the fear of their infant getting infected in our study.

As a person becomes older, worsening of COVID-19 disease, hospitalization, and mortality rates increase (24). It was found in our study that age affected the fear of COVID-19 and that women aged 19 and younger had less fear of COVID-19 than women aged 35 and over. Kalafatoglu and Yam (25) reported that the fear of COVID-19 in individuals aged 31-45 was higher than the fear of COVID-19 in those aged 18-30. Individuals aged 24-28 reported much higher anxiety over COVID-19

than those aged 18 and under, according to Turktemiz et al (26). This circumstance can be attributed to the developmental phases and needs of those individuals. According to Erikson's Theory of Stages of Psychosocial Development, these age ranges coincide with Identity Achievement (12-19 years), Intimacy vs. Isolation (20-30 years), and Generativity vs. Stagnation (30-60 years). The period of identity achievement carries the characteristics of individuals to take more risks, to have contradictory behaviors and to appear strong-fearless (27). Individuals in the other stages, on the other hand, have developmental needs such as forming social bonds, working and being productive. Individuals in this age range may have a higher fear of COVID-19 due to the necessity of addressing these needs.

It is emphasized in the literature that higher levels of anxiety and depression are encountered in people with higher education levels (28, 29). It was determined in our study that mothers having a bachelor's degree or higher education experienced more fear of COVID-19 than mothers who graduated from primary school. Similar to our study result, Uzun et al. (22) demonstrated that mothers having higher education levels had a higher fear of COVID-19 score. It has been stated in other studies conducted that there is a positive correlation between educational level and the fear of COVID-19 (28, 29). Salari et al. (30) reported in the study they conducted that issues

such as fear, anxiety and depression were common in individuals having high educational levels, which may be due to the high awareness of this group about their own health.

The risk of transmission of COVID-19 infection at birth and in the postpartum period, the fact that relatives are not admitted to the hospital after birth, and being deprived of social support resources due to restrictions make the puerperium period more difficult. This leads to increased anxiety and depression (8, 11). Sun et al. (31) shown that there is the correlation between COVID-19 and depression and 34% of women were affected by postpartum depression. Likewise, it was reported in a similar study that the COVID-19 pandemic had an effect on postpartum depression and increased the rates of depression in puerperant women (32). The mean score of the Edinburgh Postnatal Depression Scale of the women was found to be 10.82 ± 6.84 in our study. Guvenc et al (20) reported that women's Edinburgh Postnatal Depression Scale mean score was 10.42 ± 5.81 , which was similar to our findings. Fear and uncertainty caused by COVID-19 enhance the risk of progressing depression among women in the postpartum period (20, 22). It was determined in our study that as women's COVID-19 fear levels increased, so did their depression risks. It was reported in a study that women who fear the transmission of COVID-19 infection to themselves or their infants had a higher risk of postpartum

depression (20). In this regard, the fear of the coronavirus can be considered a significant risk factor for the development of postpartum depression.

In our study, no significant correlation was found between the COVID-19 fear levels of women and their levels of perceived social support. It has been reported in other studies conducted that there is no difference between the fear of COVID-19 and the level of perceived support (21, 33). According to this result obtained from our study, the fact that spouses stayed at home within the scope of pandemic measures as a result of the implementation of strict isolation and stay-at-home measures at the time the study was conducted, and that some health institutions continued to provide training with virtual support classes on birth preparation and postpartum care may have helped to meet the formal and informal support needs of women.

Limitations and strengths

An internet-based questionnaire was used in the study. Therefore, volunteer mothers participated in the study. Furthermore, the data collected from the study are cross-sectional data and another limitation is that it does not provide long-term results regarding the fear of COVID-19, postpartum depression, and perceived social support. Individuals may also respond differently to the questionnaire depending on the stage of the COVID-19 pandemic; on the other hand, data in our study were collected in

a short time and before vaccination, which may affect the research variables, in order to minimize differences and changes in restrictions due to COVID-19. Despite its limitations, our study provides important insights into mothers' levels of the fear of COVID-19, depression, and social support during the COVID-19 pandemic. The current study presents findings that can guide the determination of policy recommendations and intervention strategies for the protection and improvement of maternal health in the postpartum period.

CONCLUSION

Mothers in the postpartum period are a vulnerable group, having a high risk of depression and the fear of coronavirus, and they require social support to get through this period in a healthy way. The fear of coronavirus of mothers and its correlation with the risk of postpartum depression has been strongly correlated in this study. For this reason, health professionals should assess the fear of coronavirus and depression levels of mothers in the postpartum period; should plan initiatives to reduce their fear levels and depression risks and continue to strengthen social support.

Ethics Committee Approval: This study was approved by Nevşehir Hacı Bektaş Veli University Ethics Committee (Date: 04.12.2020 Decision No: 21/10775).

Author Contributions:

Concept: P.C, P.U.Ö, Design: P.C, P.U.Ö, Data Collection and Processing: P.C, P.U.Ö, A.S.A.K, Analysis or Interpretation: P.C, Writing: P.C, P.U.Ö, A.S.A.K.

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