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Covid-19 Pandemic Period in Turkish Society: A Study on Experiences, Phobia and Coping with Coronavirus

Türk Toplumunda Covıd-19 Pandemi Süreci: Deneyimler, Fobi ve Koronavirüs ile Başa Çıkma Üzerine Bir Çalışma

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ÖZET

Amaç: Bu çalışmanın amacı, Türkiye toplumunda COVID-19 salgını sırasında koronavirüs ile ilgili deneyimleri, fobileri ve başa çıkma yöntemlerini incelemektir.

Yöntem: Tanımlayıcı tipteki bu çalışma, Türkiye'nin farklı illerinde yaşayan bireylerle yapılmıştır. Çalışma 413 kişiyle online platformda gerçekleştirilmiştir. Veriler "Tanıtıcı Bilgi Formu" ve "COVID-19 Fobi Ölçeği" kullanılarak toplanmıştır.

Bulgular: Katılımcıların %45,9'u gelir düzeylerinin etkilenmediğini, %73'ü evlerinin dışında çalışmadığını ve %40,4'ü pandemi sırasında en çok kullandıkları bilgi kaynağının sosyal web siteleri olduğunu belirtmiştir. Başa çıkma yöntemlerine ilişkin açıklamaları; spiritüel yollar, ev içi iş-uğraş aktiviteleri, sosyal etkileşim, ekrana bağlanma, sanatsal-sportif-kültürel aktiviteler, kendine psikososyal yardım uygulamaları, kaçınma-yok sayma olmak üzere yedi başlık altında toplanmıştır. Katılımcıların "Covid 19 Fobisi Ölçeği" toplam puan ortalaması 47,09 ± 15,52 olarak belirlenmiştir. Pandemide ev dışında çalışma durumu ile cinsiyet ve medeni durum değişkenleri arasındaki ilişki olduğu saptanmıştır ($p<0,05$). Medeni duruma göre Covid 19 Fobisi Ölçeği'nin somatik ve sosyal alt boyut puan ortalamaları arasında anlamlı bir fark olduğu bulunmuştur ($p<0,05$).

Sonuç: Katılımcıların evde kaldıkları süreçle baş etmek için çoğunlukla ekrana bağlandıkları ve sanatsal-sportif-kültürel aktivitelere yöneldikleri belirlenmiştir. Katılımcıların Covid 19 fobisi düzeyi orta düzeyde bulunmuştur.

Anahtar sözcükler: Baş etme, Koronavirüs, Korku, Pandemi, Türk Toplumu.

ABSTRACT

Objective: The aim of this study is to examine the experiences, phobia and coping methods about the coronavirus during the COVID-19 pandemic in Turkish society.

Method: This descriptive study was conducted with individuals who were living in different cities in Turkey. The study was conducted by 413 individuals on online platform. The data were collected using an "Introductory Information Form" and the "COVID-19 Phobia Scale".

Results: 45.9% of the participants stated that their income levels were not affected, 73% did not work outside their homes, and 40.4% stated that the most used information source during the pandemic was social websites. Explanations on coping methods; spiritual paths are grouped under seven headings, namely, domestic work-occupation activities, social interaction, screen attachment, artistic-sportive-cultural activities, self-psychosocial help practices, avoidance-ignoring. The total score average of the participants in the "Covid 19 Phobia Scale" was determined as 47.09 ± 15.52. It was determined that there is a relationship between working outside the home and gender and marital status variables in the pandemic ($p <0.05$). A significant difference was found between the somatic and social sub-dimension mean scores of the Covid 19 Phobia Scale according to marital status ($p <0.05$).

Conclusion: It has been determined that the participants mostly tied to the screen to cope with the process of staying at home and focused on artistic-sporting-cultural activities. Covid 19 phobia level of the participants was found to be moderate.

Keywords: Coping, Coronavirus, Fear, Pandemic, Turkish Society.

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INTRODUCTION

The coronavirus disease (COVID-19) is a significant public health issue with acute respiratory tract disorder. It is known that the disease is transmitted through contact with infected droplets and its incubation period lasts from 2 to 14 days (1). It has been determined that infected people have disease symptoms such as fever, cough, sore throat, shortness of breath, fatigue. It is revealed that the disease table may proceed to organ dysfunctions and cause death among the individuals in the higher age group and with various chronic diseases (2). The World Health Organization reported that the COVID-19 pandemic has caused the deaths of over 2,3 millions people [08 February 2021] (3). It is known that the pandemic simultaneously caused the deaths of more than 26 thousand people in Turkey (4). Drastic measures taken across countries to prevent the spread of infection due to the quarantine (5), lifestyle changes such as eating habits, physical activity and sleep order (6), economic difficulties caused by the pandemic period (7), individuals' interaction barriers including within the family due to social isolation are regarded as the elements that constrain the society during the COVID-19 pandemic (8). Additionally, explanations about the disadvantages of having a chronic disease in relation to the COVID-19 (9), statements about the fact that the world will change after the pandemic (10), specialists' prediction about when the fight against the disease will be successful and to what extend the life will go back to normal require addressing the disease psychologically (11). Especially information with different content which is rapidly spread on social media deeply affects the social perception change process of individuals related to the pandemic (12). According to these characteristics, the COVID-19 infection is thought to cause fear among individuals in fields such as social, economic, psychological and health (13).

Phobias are anxiety disorders characterized with constant and excessive fear of an object or a situation (14). Individuals develop high-level cognitive, emotional or behavioral responses during pandemics like the COVID-19 pandemic, and significant disorders may occur in psychological functionality (15). Therefore, the COVID-19 pandemic may also lead to various anxiety and related phobic reactions. The number of studies about the psychological problems such as phobia that develops in societies during the COVID-19 pandemic in the national and international literature is limited (9, 11, 15-19). It was determined in a study that more than half of the participants graded the psychological effect of the pandemic as moderate and severe in the first phase of the COVID-19 pandemic (20). It is known that there are systems where individuals interact with changing environmental stimuli. Accordingly, it was stated that individuals either gave an adaptive response to changing environmental conditions or remained

ineffective (21). In line with this information, it is thought that the COVID-19 pandemic also effected the living conditions of individuals and changed their life experiences.

Duygun reported that individuals who stayed at home due to the pandemic spent this period by staying with their families, making purchases for their basic needs, turning to hobbies, improving their handicraft, and sparing more time on their personal care. It was reported in the same study that individuals who spent this period at home got various habits about self-sufficiency (22). In a relevant study, it was reported that physical activities of the individuals decreased and they displayed insufficient coping methods as a result of social isolation while staying at home (23).

The number of studies which examine the societies' life experiences, coronavirus phobia and coping skills during the COVID-19 pandemic in the literature are limited (9, 11, 15-20, 22, 23). This study was conducted to examine the experiences, phobia and coping methods about the coronavirus during the COVID-19 pandemic in the Turkish society.

Study Questions

What are the participants' features about the COVID-19 pandemic period?

How is the correlation between the participants' demographic characteristics and variables dependent to the COVID-19 pandemic?

How is the participants' COVID-19 phobia situation in terms of demographic characters?

Which coping methods participants used during the time they stayed at home due to the pandemic?

MATERIAL and METHODS

Type and Time of the Study

This descriptive study was conducted by collecting data from individuals who lived in different cities in Turkey through an online platform between August and September 2020.

Participants

The population of the study consisted of all adult people who lived in Turkey during the COVID-19 pandemic while the sample of the study included 413 individuals who met the inclusion criteria. The sample size was calculated with the Open Epi program and it was determined that reaching 384 individuals was enough for 95% confidence level.

The inclusion criteria were as follows:

Being 18 years old, being literate, not getting diagnosed with COVID-19 during the pandemic period, not being diagnosed with a mental disorder and not receiving treatment for it, having a computer, internet or smartphone belonging to them or their families so that they can answer the online survey questions, and volunteering to participate in the study.

Data Collection Tools

The data were collected using an "Introductory Information Form" and the "COVID-19 Phobia Scale" (CP19-S).

The Introductory Information Form: This form includes 10 questions formed to determine the individuals' sociodemographic characteristics and experiential information about the COVID-19 pandemic period. The question numbered 10 is an open-ended question formed to examine the individuals' coping methods against the difficulties they experienced during the time they stayed at home due to the COVID-19 pandemic.

The Covid-19 Phobia Scale (CP19-S): The COVID-19 Phobia Scale, which was developed by Arpaci et al. (2020) to measure the phobia that can develop against the coronavirus, is a five-point Likert type self-evaluation scale. The items in the scale are evaluated between 1 ("Completely disagree") and 5 ("Completely agree"). The items numbered 1, 5, 9, 13, 17 and 20 measure the Psychological subdimension, the items numbered 2, 6, 10, 14 and 18 measure the Somatic subdimension, the items numbered 3, 7, 11, 15 and 19 measure the Social subdimension and the items numbered 4, 8, 12 and 16 measure the Economic subdimension. While the subdimension score is obtained by the sum of points of the answers given to the items in that subdimension, the total C19P-S score is obtained by the sum of the points of the subdimensions and it varies between 20 and 100 points. Higher scores indicate highness in the subdimensions and the general corona phobia (15).

Ethical Principles

The researcher obtained necessary permissions to use the scale before conducting the study. The ethical approval of the Social Sciences and Humanities Research and Publication Ethics Committee was obtained to conduct the study (approval: 2020/509, date: 26 August 2020).

Statistical Evaluation of Data

The SPSS 20.0 statistical package program was used to analyze the data in this study. Number, percentage, mean values were used in the statistical analysis of the data. The answers given to the open-ended question were manually coded and gathered under general titles by the researchers, and expert opinions of three research associates were obtained.

Variables of the Study

Dependent Variables: Experiences in the COVID-19 pandemic, COVID-19 phobia, personal coping methods.

Independent Variables: Sociodemographic characteristics.

RESULTS

The mean age of the participants in the study group was 29.83 ± 9.36 years while the mean number of children was 0.72 ± 1.00. Of the participants, 68.5% were female, 55.8% were single, 74.9% had associate degree-bachelor's degree and 50.9% perceived their income as equal to their expense (Table 1).

Table 1. Sociodemographic Characteristics of the Participants

Descriptive characteristics	**$\bar{X}$ ± SD**	**Min-Max**
Mean age	29.83 ± 9.36	18-62
Mean number of children	0.72 ± 1.00	0-5
	Number	**%**
Sex		
Female	276	68.5
Male	127	31.5
Marital status		
Married	178	44.2
Single	225	55.8
Educational level		
Primary School-Middle School	4	1.0
High School	19	4.7
Associate Degree-Undergraduate	302	74.9
Postgraduate	78	19.4
Perceived income level		
My income is less than my expense	97	24.1
My income is equal to my expense	205	50.9
My income is more than my expense	101	25.1

$\bar{X}$ = Mean; SD = Standard deviation; Min = Minimum; Max = Maximum.

It was determined that the income levels of 45.9% of the participants were not affected during the pandemic, 73.0% of the participants did not work outside their houses during the pandemic, and 40.4% used social websites as the source of information the most during the pandemic (Table 2).

Table 2. The Participants' Features about the COVID-19 Pandemic Period

Descriptive characteristics	Number	%
Whether their income levels got affected during the pandemic		
Not affected	185	45.9
Positively affected	48	11.9
Negatively affected	170	42.2
Working outside the house during the pandemic		
Yes	109	27.0
No	294	73.0
The most commonly used source of information		
Social websites	153	40.4
News sites on internet	117	29.0
TV	114	28.3
Scientific publications	4	1.0
Hospitals	5	1.2

The correlation between the personal characteristics of the participants and variables dependent to the COVID-19 pandemic period was examined in this study (Table 3). A significant correlation was found between the state whether the participants income levels were affected during the pandemic, and the variables of sex, educational level and perceived income level ($p<0.05$). There was also a significant correlation between the participants' state of working outside the house during the pandemic and the variables of sex and marital status ($p<0.05$). Additionally, a significant correlation was found between the most commonly used source of information and the variables of marital status, educational level and perceived income level ($p<0.05$).

Although not presented on the tables, the participants' mean scores on the subdimensions of the CP19-S were as follows: 17.76 ± 5.86 on the psychological subdimension, 8.74 ± 3.95 on the somatic subdimension, 12.65 ± 4.63 on the social subdimension and 7.93 ± 3.39 on the economic subdimension. The total mean score of the participants on the CP19-S was 47.09 ± 15.52.

Table 3. The Correlation between the Participants' Demographic Characteristics and Variables Dependent to the COVID-19 Pandemic

Demographic characteristics		Sex		Marital status		Educational level				Perceived income level		
		Female	**Male**	**Married**	**Single**	**PS-MS**	**HS**	**AD-U**	**P**	**L**	**E**	**M**
Whether their income levels got affected during the pandemic	Not affected	125 67.6%	60 32.4%	84 45.4%	101 54.6%	-	5 2.7%	136 73.5%	44 23.8%	24 13.0%	101 54.6%	60 32.4%
	Positively affected	41 85.4%	7 14.6%	23 47.9%	25 52.1%	1 2.1%	-	35 72.9%	12 25.0%	8 16.7%	27 56.3%	13 27.1%
	Negatively affected	110 64.7%	60 35.3%	71 41.8%	99 8.2%	3 1.8%	14 8.2%	131 77.1%	22 12.9%	65 38.2%	77 45.3%	28 16.5%
Test and p value		**X^2=7.57; *p=0.023**		X^2 = 0.78; p=0.675		**X^2 = 18.21; *p=0.006**				**X^2 = 35.64; *p=0.000**		
Working outside the house during the pandemic	Yes	62 56.9%	47 43.1%	68 62.4%	41 37.6%	-	3 2.8%	79 72.5%	27 24.7%	21 19.3%	62 56.9%	26 23.9%
	No	214 72.8%	80 27.2%	110 37.4%	184 62.6%	4 1.4%	16 5.4%	223 75.9%	51 17.3%	76 25.9%	143 48.6%	75 25.5%
Test and p value		**X^2=9.32; *p=0.002**		**X^2 = 20.10; *p=0.000**		X^2 = 5.08; p=0.165				X^2=2.58; p=0.275		
The most commonly used source of information	Social websites	110 67.5%	53 32.5%	59 36.2%	104 63.8%	1 0.6%	7 4.3%	138 84.7%	17 10.4%	47 28.8%	79 48.5%	37 22.7%
	News sites on internet	79 67.5%	38 32.5%	61 52.1%	56 47.9%	-	7 6.0%	80 68.4%	30 25.6%	22 18.8%	55 47.0%	40 34.2%
	TV	79 69.3%	35 30.7%	51 44.7%	63 55.3%	3 2.6%	5 4.4%	81 71.1%	25 21.9%	27 23.7%	66 57.9%	21 18.4%
	Scientific publications	3 75.0%	1 25.0%	3 75.0%	1 25.0%	-	-	1 25.0%	3 75.0%	-	4 100.0%	-
	Hospitals	5 100%	-	4 80.0%	1 20.0%	-	-	2 40.0%	3 60.0%	1 20.0%	1 20.0%	3 60.0%
Test and p value		X^2 = 2.54; p=0.637		**X^2 = 11.37; *p=0.023**		**X^2 = 30.74; *p=0.002**				**X^2 = 18.05; *p=0.021**		

PS-MS= Primary school-middle school; HS = High school; AD-U= Associate degree-undergraduate; P = Postgraduate; L= Less than my expense; E = Equal to my expense; M = More than my expense; *p<0.05; X^2 = Chi square test.

The distribution of the participants' CP19-S total and subdimension scores according to their demographic characteristics was statistically analyzed (Table 4). It was found that married individuals got significantly higher mean scores on the somatic and social subdimensions compared to single individuals ($p<0.05$). There was no significant difference between the CP19-S total and subdimension mean scores in terms of the variable of marital status ($p>0.05$). It was determined that the participants' CP19-S total and subdimension scores did not significantly change based on the variables of sex, educational level and perceived income level ($p>0.05$). No significant correlations were found between the variables of age and number of children, and the CP19-S total and subdimension scores ($p>0.05$).

The participants' answers to the question "How did you cope with the difficulties you experienced during the time you stayed at home in the COVID-19 pandemic?" were coded and gathered under seven titles as spiritual paths, indoor work-occupation activities, social interaction, attachment to the screen, artistic-sportive-cultural activities, psychosocial support practices on oneself, and avoidance-ignorance. It was determined that the coping methods under the titles of "attachment to screen (watching TV, using the internet, etc. all the time)" and "artistic-sportive-cultural activities" were used the most based on the participants' statements (Table 5).

Table 4. Statistical Distribution of the Participants' COVID-19 Phobia Scale (CP19-S) Total and Subdimension Mean Scores in terms of Demographic Characteristics

Characteristic	Psychological		Somatic		Social		Economic		Total	
	Mean ± SD	Test value	Mean ± SD	Test value	Orthopedics ± SD	Test value	Mean ± SD	Test value	Mean ± SD	Test value
Sex										
Female	18.02 ± 6.01	t: 1.393	8.93 ± 3.80	t: 1.33	12.77 ± 4.69	t: 0.79	8.01 ± 3.33	t: 0.68	45.75± 15.70	t: 1.27
Male	17.18 ± 5.51	p: 0.16	8.34 ± 4.24	p: 0.18	12.38 ± 4.50	p: 0.42	7.75 ± 3.54	p: 0.49	45.66± 15.08	p: 0.20
Marital status										
Married	17.88 ± 6.06	t: 0.363 p: 0.71	9.18 ± 4.31	T: 1.93 ***p: 0.04**	13.30 ± 4.93	T: 2.50 ***p: 0.01**	8.19 ± 3.73	t: 1.37 p: 0.17	48.57± 16.71	t: 1.67 p: 0.09
Single	17.66 ± 5.72		8.40 ± 3.61		12.13 ± 4.31		7.72 ± 3.10		45.92± 14.44	
Educational level										
Primary School-Middle School	13.50 ± 9.88	F: 1.46 p: 0.22	8.75 ± 2.98	F: 0.76 p: 0.51	10.50 ± 7.18	F: 1.61 p: 0.18	5.50 ± 1.00	F: 0.95 p: 0.41	38.25± 20.27	F: 0.94 p: 0.41
High School	18.94 ± 6.21		9.36 ± 3.05		14.73 ± 4.91		8.42 ± 3.37		51.47± 14.57	
Associate Degree-Undergraduate	17.93 ± 5.90		8.57 ± 3.99		12.57 ± 4.61		7.87 ± 3.45		46.96± 15.07	
Postgraduate	17.02 ± 5.36		9.25 ± 4.00		12.55 ± 4.44		8.15 ± 3.26		46.98± 15.07	
Perceived income level										
My income is less than my expense	17.51 ± 5.52	F: 0.11 p: 0.89	8.45 ± 3.23	F: 1.70 p: 0.18	12.18 ± 4.39	F: 0.68 p: 0.50	7.87 ± 2.89	F: 0.01 p: 0.98	46.03± 13.94	F: 0.43 p: 0.64
My income is equal to my expense	17.86 ± 6.15		9.10 ± 4.36		12.85 ± 4.78		7.94 ± 3.61		47.76± 16.47	
My income is more than my expense	17.79 ± 5.64		8.31 ± 3.65		12.69 ± 4.56		7.96 ± 3.42		46.76± 15.04	
Age		r: -0.07 p: 0.13		r: 0.01 p: 0.78		r: 0.02 p: 0.68		r: -0.002 p: 0.96		r: -0.01 p: 0.69
Number of children		r: -0.03 p: 0.45		r: 0.03 p: 0.53		r: 0.05 p: 0.31		r: 0.007 p: 0.89		r: 0.01 p: 0.83

SD = Standard deviation; *p< 0.05; t = Independent t test; F = ANOVA; r: Pearson correlation.

Table 5. Findings Related to the Coping Methods that Participants Used During the Time They Stayed at Home due to the Pandemic

Titles	Sample statements	
*Spiritual paths (46 participants)	"I was grateful for every moment I was healthy." "I coped with patience and praying." "I prayed/worshiped." "I turned to spirituality."	"I focused myself on the moment I was living. I was not negatively affected at all. I think it was an important experience." "I learned many things about myself. It started to make me happy."
*Indoor work-occupation activities (97 participants)	"I am spending time in the kitchen. I am learning new recipes and cooking." "I turned to activities that I can do at home. Watching movies, doing puzzles, studying, etc."	"I do too much cleaning." "I distract myself by studying, reading books." I learned to make bread."
*Social interaction (68 participants)	"Talking with family members, chatting with friends on WhatsApp, surfing on the internet." "I strengthened my family communication. I spend much more time with my children."	"I called my relatives a lot on the phone." "I dedicated myself to my home and children." "I chatted a lot with my friends and played games on the internet." "I often talk to my loved ones."
*Attachment to screen (167 participants)	"There are no TV series I have not watched." "I am constantly following news and developments on TV." "I spend a lot of time on Instagram."	"I watched many movies." "I scroll through the internet all day long. I spend a lot of time on my phone."
*Artistic-sportive-cultural activities (143 participants)	"I spend time painting." "I calm myself by playing an instrument." "I started reading cinema history." "I spare time to myself, I paint, and I listen to calming music."	"Sport and entertainment activities help a lot." "I mostly read books." "I do yoga." "I focused my attention to learning a new language." "I do Pilates."
*Psychosocial support practices on oneself (77 participants)	"I read self-help books and I tried to reflect what I learned on my life." "I calmed myself through positive thoughts. I tried to get rid of negative thoughts." "I did breathe exercises and meditations. I helped me a lot."	"I watch self-help videos." "I spend my day doing activities that make me happy. I organize my life based on my interests." "I watch comedy series/movies." "I got new hobbies."
*Avoidance-ignorance (61 participants)	"I try to stay off the agenda." "I try not to think about it." "I do not follow news, I try to think other things than coronavirus."	"I sleep a lot." "I consume more alcohol." "I eat a lot." "I am not affected at all. I continue my life as I did before."

*The participants could have stated more than one coping methods in their statements.

DISCUSSION

Although infectious diseases have appeared throughout the history, the spread of the disease became easy with the globalization and global pandemics have occurred in the last years. This situation paved the ground for the appearance of numerous life changes by causing politic, economic and critical effects beyond being a health problem that affects societies (24, 25).

The COVID-19 pandemic caused restrictive measures that had a significant effect on the economy, including an increase in global unemployment (26). Goodell (2020) has reported that the COVID-19 pandemic might cause unprecedented economic damage to society (27). In the same study, it was specified that this pandemic has a global and destructive economic effect contrary to local disasters which cause economic responses. Most of the participants in the current study stated that their income levels were not affected due to the pandemic (Table 2). This finding obtained in this study might be related to the beginning of the macro effects of the pandemic on the society during the times when the study was conducted. Additionally, there was a correlation between whether the individuals' income levels were affected, and sex, educational level and perceived income level (Table 3; $p<0.05$). The participants whose income levels were negatively affected were women at the highest rate, university graduates and those with an equal income to their expense (Table 3). It laid too much burden on women due to the changes such as family members stay at home, education continues at home, decreasing social support due to virus-related worries, and traditional roles put on women. In societies where it is accepted that women are in charge of housework and children and men are in charge of earning a living for the family, the participation in indoor activities has become mostly the duty of women (28). In line with the risks caused by the COVID-19 pandemic and measures taken to take these risks under control, unpaid vacation and cease of employment might have affected women more. A study, which was conducted in the United States of America, examined the unemployment rates shortly before and after the pandemic period. Accordingly, it was revealed that the unemployment rate increased approximately 3-4 times in the society (29). The findings about the correlation between the economic status and educational level and perceived income level might explain the level of awareness created by the socioeconomic level.

The majority of the participants in the study group did not work outside the house during the COVID-19 pandemic (Table 2). Additionally, there was a correlation between the state of working outside the house during the pandemic, and sex and marital status (Table 3; $p<0.05$). Accordingly, those who did not have to work outside the house were mostly women and single

individuals (Table 3). The measures that employees will continue to work in flexible working hours, they will work at home, and education will be continued to be given in distant education by necessity, were taken in Turkey to take the spread under control as the virus spread across the entire world (30). The COVID-19 pandemic has brought a new working and education system in Turkey as well as in the world, and it has enabled the mandatory proliferation and testing of business and education activities carried out online. This finding of the study might be related to the fact that the individuals in the study group had a job that can be performed on computer at home or the fact that they were not working during the pandemic.

It was determined that the participants used social websites the most as a source of information during the pandemic in this study (Table 2). There was a correlation between the source of information used during the pandemic and marital status, educational level and perceived income level ($p<0.05$). The participants who stated to have used social websites to obtain information were mostly single individuals, university graduates and those with an income equal to expense (Table 3). Househ (2016) reported that social websites are an important channel to provide communication and encourage certain types of behaviors during previous pandemics (31). Similarly, it was determined that people tend to affectively use social media to get information about their health during the COVID-19 pandemic (32). It was found in a relevant study that people used social media platforms to share their ideas and the number of sharing tweets about the COVID-19 approached half million during the pandemic (33). The findings obtained from this study can be explained with the profile of the section of people who actively use social media.

To approach the COVID-19 pandemic psychosocially, emotions like fear included in this period should be considered and observed (34). It was found that the COVID-19 phobia somatic, social and economic subdimension mean scores of the individuals were low, while their psychological subdimension mean score and total COVID-19 phobia levels were moderate. Similar to the findings of the study, Metwally et al. (2020) found that somatic symptoms in relation to the panic disorder symptoms of school age children due to the COVID-19 pandemic were not common (35). In the same study, it was found that the item of "losing one of the family members, especially grandparents" which is related to the psychological subdimension of the coronavirus phobia, was the highest source of fear (97%). In a study by Tian et al. (2020) conducted in China, it was found that more than 70% of 1,060 participants had moderate or high level psychological symptoms (36). Unlike the findings of the present study, it is reported that the society takes various actions against the coronavirus in social areas.

Accordingly, it was reported that the society display behaviors such as rejecting to talk to even individuals who are not diagnosed with coronavirus and disapproving to eat in the same places with them (37). It is stated that the society is displeased about allowing healthcare workers to visit their homes (38). Additionally, economic factors due to coronavirus phobia arise from people's thoughts about running out of essential living materials such as food and cleaning materials (15). It was reported in a relevant study that food production has decreased during the COVID-19 pandemic, but the demand for physical and economic access to food has increased at the same time (39). Hobbs (2020) stated that people made panic purchases especially in the field of food during the COVID-19 pandemic (40). It was found in another study that the effect of the COVID-19 pandemic on economic and social live activities was significantly correlated to the symptoms of anxiety (41). This situation might be due to the economic, social and culture structure of the countries where the studies were carried out, their media management, and health policies.

The somatic and social subdimension scores of married participants were higher than that of the single participants in this study ($p<0.05$; Table 4). On the other hand, it was found that the general coronavirus phobia level and psychological and economic phobia levels related to the coronavirus did not change in terms of the marital status ($p>0.05$; Table 4). A relevant study determined that the anxiety, depression and health anxiety levels of the individuals did not change in terms of their marital statuses during the COVID-19 pandemic (18). Similarly, Wang et al. (2020) revealed that factors such as anxiety, depression and stress due to the COVID-19 pandemic were not affected from the individuals' marital status (20). Singh et al. (2020) examined the effect of the COVID-19 pandemic on the individuals' mental health and well-being levels and found that there were no significant differences in both parameters in terms of the participants' marital status (42). The fact that the somatic and social subdimension scores of married individuals were high in the present study might be due to the attitudes of Turkish society toward marriage. Accordingly, it is stated that each family member has roles suitable for their positions and established rules suitable for their roles (43). It is thought that the current perceptions of married individuals about "guardianship" affected their somatic and social subdimension scores in this study (44). It was found that there were no significant changes in the coronavirus phobia level based on sex, educational level, perceived income level, age and the number of children in this study ($p>0.05$). There are studies which report that there are no significant changes in the coronavirus phobia level based on sex (45), educational level, socio-economic level, age (46), and the number of children in the literatüre (17).

It was found that the individuals coped with the difficulties they encountered while staying at home due to the COVID-19 pandemic through spiritual methods, indoor work-occupation activities, social interaction, attachment to the screen, artistic-sportive-cultural activities, psychosocial support practices on oneself, and avoidance-ignorance methods (Table 5). The COVID-19 pandemic has become a global problem. It might be useful to start off from the actions that societies displayed against negative situations they encountered in the past in line with the literature and to address how people coped with stressful events to explain this problem. Eakman et al. (2016) reported that when encounter a negative situation for the society, most of the individuals displayed actions such as complying with friendship, social bonds, spiritual pursuits and responsibilities, and they coped with this period better compared to other individuals (47). Polizzi et al. (2020) stated that most people discovered a way to move forward with the rhythm of life in the face of the events that shook the World (19). Additionally, it is known that individuals may adopt ineffective coping methods after experiencing a traumatic event based on their ability to make negative evaluations about the trauma (48). It was found in a relevant study that some participants used more alcohol or narcotic substances than normal to cope with the pandemic period. It was reported in the same study that some participants also slept more than normal times (16). Similarly, Liang et al. (2020) found that young individuals in China also used negative coping methods during the pandemic (49). In addition to using the methods stated in the literature, the individuals participated in this study used the method of attachment to the screen the most (167 participants). This situation might be due to the cultural features of Turkish society, age groups of the participants in the study, and technological developments. Internet usage habits of Turkish society is one of the factors that shape the use of social network, which is a screen tool, in Turkey. Turkish society is ranked first in Europe and world in this platform, which is basically use to make friends (50). Previous studies have shown that the individuals' characteristics such as age and educational level significantly affect their pursuits in technology and related fields (51, 52). Considering that the pandemic period affected the free time of individuals, it may increase in activities such as watching TV and movies, playing computer games and surfing on the internet (53).

Limitations

The most important limitation of the study is that it was conducted with 413 people.

CONCLUSION

This study conducted with Turkish society, it has been determined that the participants mostly tied to the screen to cope with the process of staying at home. Also focused on artistic-sporting-cultural activities. Covid 19 phobia level of the participants was found to be moderate. This research contributes to the literature in terms of the experiences and efforts related to staying at home during the pandemic period and determining the level of fear of the Turkish society towards the pandemic.

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