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An Investigation of COVID-19 Anxiety and Subjective Well-being of Emerging Adults in Terms of Different Variables

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Abstract

Due to the COVID-19 pandemic crisis, higher education unexpectedly turned-on an online distance learning. It is expected that this situation would have an influence on the subjective well-being of emerging adults' university students. Based on this assumption, in this study, we investigated the coronavirus anxiety and subjective well-being of the native Turkish-speaking, emerging adults' university students according to some of sociodemographic variables in order to detect a situation and make an intervention plan in the COVID-19 pandemic crisis. The study was conducted with N = 220 (113 women and 97 men) the native Turkish-speaking emerging adults from different parts of Turkey and Northern Cyprus (The island of Cyprus is located in the Eastern Mediterranean, south of Turkey) universities. Data was collected via an online survey package of The Socio-demographical Information Form, The Subjective Well-Being Scale, and The Coronavirus Anxiety Scale. As the subjective well-being level of emerging adults who are participating in this study increases, coronavirus anxiety decreased during the COVID-19 pandemic process. This study offers suggestions for the intervention plans that can be made to increase the subjective well-being of emerging adults in higher education during the COVID-19 crisis and in the new normal. Thus, the practitioners who are working with emerging adults at higher educations are recommended to consider these study results (*e.g.*, the importance of social support during the pandemic process, the duration of quarantine, psychiatric diagnoses) in their subjective well-being studies for this group.

Key Words: COVID-19 pandemic process, coronavirus anxiety, subjective well-being, emerging adults.

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Introduction

With the end of 2019, the corona virus (COVID-19) pandemic, which has had an effect all over the world and in Turkey and Northern Cyprus since March 2020, has had serious social, economic, and psychological consequences for humanity. This is evidently a crisis for human life [United Nations (UN), 2020a; World Health Organization (WHO), 2020]. Because of the pandemic process is fraught with uncertainty, it has a detrimental impact on many people's daily lifes, while it is also causing of increasing anxiety (Peteet, 2020; Salari *et al.* 2020). Coronavirus anxiety refers to a person's anxiety level and dysfunctional thoughts as a result of the pandemic (Koç & Arslan, 2021). There is evidence that the COVID-19 pandemic is asssociated with the high levels of anxiety (Ahorsu *et al*., 2020; Elmer, Mepham, & Stadtfeld, 2020; Rajkumar, 2020; Zandifar &, Badrfam, 2020; Wang *et al.,* 2020). Due to the pandemic, people had to social distances in their social life. It should be noted that the rate of spread of the virus and the rate of human-to-human transmission also putted pressure on interpersonal conncetions. As a results of the lack of knowledge about how long the pandemic will run and when it is going to end, this uncertainty arises the anxiety level of individuals. Moreover, the individual's life appears to be drastically disrupted by the outbreak, as everyday contacts are replaced by prolonged loneliness and isolation (Armigate & Nellums, 2020). Also, the feeling of anxious and stressed in every day of the pandemic has negative effects on the subjective well-being (Çiçek & Almalı, 2020; Güloğlu, *et al.* 2020). Subjective well-being (SWB) includes people's cognitive evaluations about themselves and their lifes (Diener, 2000; Pavot & Diener, 2008). Also, SWB is an adaptation of human environment (Lazarus & Halkçı, 1984). According to the hedonistic perspective the SWB is a balance between the positive-negative emotions and life satisfaction in both cognitive and affective evaluations of the individuals (Diener, 2000; Diener, Suh, Lucas & Smith, 1999). Negative feelings like as concern for the future, dread of losing family and loved ones, and stress are common during pandemic process, which generate difficulties with long-term emotional consequences (Avcı, 2021). Although, the impacts of the COVID-19 pandemic on individuals should be studied throughout life, this current study focused on university students who are in emerging adulthood which is also recognized to be the most vulnerable developmental stage for mood and anxiety disorders (Kessler, 2005). Emerging adulthood is defined as a period of instability due to various issues such as, love, education and work (Arnett, 2004). Many events and changes impact on this developmental stage, which is the transition period from adolescent to adulthood, in a positively and/or negatively (Arnett, 2000; Arnett, 1998; Arnett & Taber, 1994).

During the COVID-19 lockdown, the educational institutions' efforts to provide for students' educational demands through the distance education model compelled university students to continue their studies as an online. As in many countries, these changes due to the COVID-19 epidemic have affected university students who are in emerging adulthood and studying in Turkey and Northern Cyprus (Cyprus is an island in the Eastern Mediterranean to the south of Turkey). In Turkey, on March 16, 2020 (BBC News, 2020) and in Northern Cyprus, on March 10, 2020 (Turkish Republic of Northern Cyprus, Ministry of National Education (TRNC-MNE), 2020) the education at all levels was suspended. Then, on March 23, 2020, more than half of Turkey's universities (64%) started to the online education model (Higher Education Institution, (HEI) 2020a,). This situation caused for the university students to live away from the social environment and forced them turned back to their homes and stayed with their families According to the Kujawa, and collagues (2020) the emerging adults have higher psychological impacts than adults, because of the pandemic changes and declines in their professional and educational lifes during the COVID-19 pandemic process. Smilarly, the psychological maladjustment caused by the COVID-19 pandemic is higher in emerging adults compared to other developmetal stages.

(Barari and et al. 2020). For these reasons, the authors anticipated that this global pandemic will influence on the subjective well-being of the university students who are at emerging adulthood. As a result, the major goal of this current research is to look at the link between the coronavirus (COVID-19) anxiety and the subjective well-being of university students who are at emerging adulthood.

The well-being of students depends on recognizing the importance of balance between psychological, social, emotional and physical aspects in their academic life (Flinchbaugh, Moore, Chang, & May, 2012). Also, the resources, psychic energy and subjective well-being of an individual are in a dynamic equilibrium (Headey & Wearing, 1991). This equilibrium involves a high degree of physical well-being, physical resources, psychological well-being, freedom of movement, and positive relationship with others (Herzlich, 1974). On the other hand, in this pandemic process students may have difficulty maintaining this equilibrium. To illustrate; the students faced with corona virus anxiety (Khoshaim *et al*, 2020; Muyor-Rodríguez, Caravaca-Sánchez, Fernández-Prados, 2021) because of online education their workloads have increased even more, due to online education screen time on the computers increased also, they had to stop as a part time working, as well as their socio-economic level change (UNESCO, 2020; Kohls an et al. 2020). Students who are unemployed may suffer not only economically, but also in terms of social distance, psychological and physical well-being (Brand, 2015). Based on these informations in the literature review, the second purpose of this current study is to examine the coronavirus anxiety and the subjective well-being levels of university students who are at emerging adulthood in terms of various socio-demographic variables during the COVID-19 pandemic process. This study shed lights on the understanding of anxiety and well-being levels of students as a result of the COVID-19 pandemic in crisis settings in several higher education institutions in Northern Cyprus and Turkey. As a result, the practitioners in this field (particularly psychologists and psychological counselors who are working in the universities psychological counseling and guidance centers) can develop the intervention plans based on these data, which will support to university students in developing institutional policies to improve their well-being during this global crisis period. Therefore, the authors generated these research questions for this study as follows.

The Research Questions

Research Question 1 (Q1): Is there a statistically significant relationship between corona virus anxiety and subjective well-being among native Turkish-speaking emerging adults of university students?

Research Question 2 (Q2): Are there significant differences of corona virus anxiety and the subjective well-being of among native Turkish-speaking emerging adults of university students according to their sociodemographic variables?

Method

Design of The Study

Quantitative research techniques were used in this study. The current study was a cross-sectional type survey research which aimed to investigate the coronavirus anxiety and the subjective well-being levels of university students who are the native Turkish-speaking and at the emerging adulthood developmental stage.

Study Group

The study group took part in an online survey and consists of *N=380* the native Turkish-speaking emerging adults who are studying at studying in different higher institutions in Turkey and Northern Cyprus at the spring semester of the 2020-2021 academic year. When the research was carried out, the participants continued their education and training in their hometown with

online education. Before the start of the study, inclusion criteria was established, and partcipants were selected based on these criteria. Participants who did not match the inclusion criteria and gave the random answers to an online survey question were removed from the data set during the data cleaning process, lastly the analyses were conducted by using a total of *N*=210 Turkish-speaking emerging adults who are aged from 18 to 25 (97 women, 113 men). Table 1 shows the socio-demographic characteristics of the participants.

The inclusions criteria of the participants in this study were;
1. To be student at universities in Turkey and Northern Cyprus,
2. Speak Turkish in mother languange
3. Be in the emerging adult developmental stage, which includes the age range of 18 to 25 years

Table 1. *Distribution of Participants by Their Demographic Variables*

Variables		*N*	%
Geographical Region	Turkey	91	48.1
	Northern Cyprus	109	51.90
	Total	210	100.0
Gender	Women	97	46.2
	Men	113	53.8
	Total	210	100.0
The grade level in which participants are enrolled	Prep School	2	1.0
	Undergraduate 1st year	17	8.1
	Undergraduate 2nd year	30	14.3
	Undergraduate 3rd year	56	26.7
	Undergraduate 4th year	84	40.0
	Undergraduate 5th year	3	1.4
	Undergraduate 6th year	2	1.0
	Master	15	7.1
	PhD	1	.5
	Total	210	100.0
Scholarship	Full scholarship	50	23.8
	50% scholarship	77	36.7
	75% scholarship	49	23.3
	No scholarship	14	6.7
	Other	20	9.5
	Total	210	100.0
Perceptions of participants their family economic level	Low income	5	2.4
	Below middle	32	15.2
	Middling	116	55.2
	Uper middle	51	24.3
	Wealthy	6	2.9
	Total	210	100.0
Social media usage	Yes	209	99.5
	No	1	.5
	Total	210	100.0
Internet access at participants home	Yes	182	86.7
	No	28	13.3
	Total	210	100.0

As shown in the Table 1, the native Turkish-speaking emerging adults who are university students participated in the current study from Northern Cyprus more than Turkey universities. The majority of the sample, *n*=84, (40%) consisted of the undergraduate fourth-year students. When the type of the participants' scholarship in their universities 36.7% of them have 50% scholarship. Also, the most of participants (55,2 percent of them) perceived their economic status, is in the middle from the society. Moroever, the almost 99.5% of the participants stated that they used the social media and 86.7% stated that they had an internet connection in their homes.

Table 2. *Distribution of Particpants Related to Variables of Their Mental Health and COVID-19 Process*

		N	%
Have you had any psychiatric diagnosis previously?	Yes	4	1.9
	No	206	98.1
	Total	210	100.0
Have you been in quarantine during COVID-19?	Yes	87	41.4
	No	123	58.6
	Total	210	100.0
		Min.-Max.	$\bar{x}\pm SD$
The number of days in quarantine		1.00-40.00	11.21±5.63
		N	%
Who do you live with more during the pandemic process?	With my family	133	63.3
	With my roommate	54	25.7
	Alone	23	11.0
	Total	210	100.0
Have you ever experinece the COVID-19 disease?	Yes	36	17.1
	No	174	82.9
	Total	210	100.0
Has anyone in your family or close network experinece the COVID-19 disease?	Yes	123	
	No	87	41.4
	Total	210	100.0
How many times do you spend in front of the screen during the COVID-19 pandemic process?	1-3 hours a day	27	12.9
	4-6 hours a day	77	36.7
	7-9 hours a day	79	37.6
	More than 10 hours a day	27	12.9
	Total	210	100.0

Table 2 presents the majority of emerging adults (98, 1 %) in this research, they had never received a psychiatric diagnosis previously. Also, during the COVID-19 pandemic, more over half of the participants (58,6%) did not stay in the quarantine. Participants with COVID-19 positive test results spend at least one day and up to 40 days in quarantine, with an average stayed of 11 days. In addition, 63,3 % particpants said that they lived with their family during the COVID-19 outbreak, 25,7 % particpants said that they lived with their roommate, lastly, 11% lived alone in their room or dormitory. In addition, the most of particpants (58,6 %) experienced COVID-19 test results positive in a 3-likert type scale (1=with my family, 2=with my roommate, and 3=alone). Besidies, 58.6 percent of particpants stated their family members or their close relatives experienced COVID-19 positive test result. Finally, in general, 36.7 %

of participants reported that they were on the screen (TV, computer, tablet and mobile phone) between 4 and 6 hours a day.

Data Collection Materials and Equipment

The Subjective Well-being Scale

The Subjective Well-being Scale was originally develepted in Turkish by Tuzgöl-Dost (2005). The validity and reliability study of the Subjective Well-being Scale were conducted with university students, finally the scale has 46 items and measures personal judgements life satisfaction as well as expressing of positive and negative feelings. Participants' response the scale items in a five-point Likert-type "(5) =Completely appropriate", and "(1) = Not at all appropriate" for each statement. There are 26 positive and 20 negative statements in the scale. Negative items are: 2, 4, 6, 10, 13, 15, 17, 19, 21, 24, 26, 28, 30, 32, 35, 37, 38, 40, 43 and 45. The sample item for negative statements is "The number of activities I enjoy in my life is low". Example item for positive statements is "I like to make plans for the future". Considering the scoring of the scale, the negative items in the scale are scored in reverse order. The lowest score that can be obtained from the scale is 46, and the highest score is 230. A higher score indicates a higher level of the subjective well-being. In the Tuzgöl-Dost (2005) study Cronbach Alpha reliability coefficient of this scale was α= .93'tür. As a result of the confirmatory factor analysis to determine the validity of the scale, the factor loads were found between .32 and .63 (Tuzgöl-Dost, 2005). In the current study Cronbach Alpha reliability coefficient of the scale was α= .94.

The Coronavirus Anxiety Scale-Short Form

The Coronavirus Anxiety Scale-Short Form was originally developed in English by Lee (2020). The Turkish adaptation of the scale was done by Biçer, Çakmak, Demir and Kurt (2020) for adults. The scale provides the identification of possible dysfunctional anxiety cases related to the crisis during the COVID-19 pandemic process. The scale is scored in Five-Likert type (0) = "Never", (1) = "Rarely, less than a day or two", (2) = "A few days", (3) = "More than 7 days", and (4) = "Almost in the last two weeks or every day" is scored. The scale consists of 5-item in a-factor and the sample item of the scale is: "I felt dizzy and lightheaded or like I was going to pass out when I read or heard the news about the coronavirus". In the Turkish adaptation of the scale Cronbach Alpha reliability coefficient was found α= .93 (Biçer, Çakmak, Demir & Kurt, 2020). In the current study Cronbach Alpha reliability coefficient of the scale was found α= .902.

Socio-demographical Information Form

The Socio-demographical Information Form was established by the authors through brainstorming to acquire the socio-demographic information of the participants. The forum comprises a total of 25 open-ended and multiple-choice questions about the demographics, inclusion criteria questions, mental health, and the challenges participants have had as a result of the COVID-19 pandemic process. The sample questions in this form are "Has anyone from your family or relatives experience the COVID-19 test result as a positive?", "Who do you live with more during the COVID-19 pandemic?"

Data Collection Process and Analyses

This study was accepted on 09.09.2021 with reference number -020-7252 by the Scientific Publication and Ethics Committee of Cyprus International University inwhich the authors are affiliated. The authors used the European Union General Data Protection Regulation (2018), the American Psychological Association (2017), and the Turkish Psychological Association (2004) ethical standards and develop an online survey that consist of an Informed

Consent Form, Debriefing Form, and the scales, which was distributed via the Google survey account and the link address of which was shared on various social media accounts. during the COVID-19 pandemic voluntary participation in the internet network was offered for one month between on July and on August 2021, in Turkey and Northern Cyprus. After completing the form, the participants were given the options of receiving a gift card. The collected data was statistically analyzed by using the Statistical Package for Social Sciences (SPSS 26) software. Nonparametric methods which are Kruskal Wallis test ve Mann Whitney U test were used for measurement values that were not suitable for normal distribution. In all tests, the error rate (alpha=0.05) was computed, and the difference between the groups was judged statistically significant at p<.005.

Findings

Descriptive Statistics

The descriptive statistics of the current study are given below.

Table 3. *The Subjective Well-Being and Coronavirus Anxiety Levels of Participants (N=210)*

Variables	$\bar{x}$	*SD*	Minimum	Maximum
The Subjective Well-being	172.73	25.78	116.00	229.00
The Coronavirus Anxiety	8.18	4.14	5.00	24.00

As shown in Table 3, the subjective well-being (172,73 ± 25,78) and coronavirus anxiety (8,18 ±4,14) levels of the Turkish-speaking emerging adulthood individuals were moderate.

Findings Relating to The Coronavirus Anxiety and Subjective Well-being

Table 4. The *Sperman Correlation Analysis Results for the Relationship Between The Subjective Well-Being Scale and The Coronavirus Anxiety Scale Total Scores*

Variables	$\bar{x}$	*SD*	1	2
1. The Subjective Well-being	172.73	25.78	1	
2. The Coronavirus Anxiety	8.18	4.14	-.347	1

As a result of this study, it was determined that there was a negative, moderate, statistically significant relationship between the subjective well-being and coronavirus anxiety (r=-.347) for the Turkish-speaking emering adults in this study (p<0.05). As a consequence, in this study while the subjective well-being of the Turkish-speaking emerging adults improved, their coronavirus anxiety reduced during the COVID-19 pandemic.

Findings Relating to the Differences Between The Coronavirus Anxiety and Socio-demographic Variables

The Coronavirus Anxiety and Gender

Table 5. *The Mann Whitney-U Test Results for Determining the Variation of the Coronavirus Anxiety Scale Total Scores by Gender Variable*

Variables		$\bar{x}$	*SD*	Median	ÇADA	Z	*p*
The Coronavirus Anxiety	Women	8.45	3.97	7.00	6.00	-1.637	0.102
	Men	7.95	4.28	6.00	5.00		
	Total	8.18	4.14	6.00	5.00		

The Mann Whitney-U Test was applied to determine whether the difference between the groups according to the gender of the Turkish-speaking emerging adults of the Coronavirus Anxiety Scale total score was significant, and it was determined that the difference between the groups according to the gender of the Coronavirus Anxiety Scale scores of the emerging adults participating in this study was not significant (p>0.05), (*Please see,* Table 5).

The Coronavirus Anxiety and The Study Year of Emering Adults

Table 6. *Kruskall Wallis Test Results for the Difference of the Coronavirus Anxiety Scale Total Scores by The Class Year and Perceived Income Variables*

	Variables	***N***	$\bar{x}$	***SD***	**Median**	**ÇADA**	X^2	***p***
The Coronavirus Anxiety	Preparatory School	2	7.00	2.83	7.00	4.00	4.505	.720
	Undergraduate 1st year	17	6.76	2.84	6.00	1.00		
	Undergraduate 2nd year	30	8.20	3.54	6.50	7.00		
	Undergraduate 3rd year	56	9.09	4.73	7.00	6.50		
	Undergraduate 4th year	84	7.90	4.17	6.00	5.00		
	Undergraduate 5th year	3	9.33	6.66	6.00	12.00		
	Undergraduate 6th year	2	8.00	0.00	8.00	0.00		
	Master	15	8.07	3.94	6.00	7.00		
	PhD	1	5.00	.	5.00	0.00		
	Total	210	8.18	4.14	6.00	5.00		
Perceived Income	Low income	5	10.60	4.56	10.00	3.00	6.915	.140
	Below middle	32	9.53	4.92	8.00	9.00		
	Middling	116	7.78	4.04	5.50	5.00		
	Uper middle	51	7.86	3.51	6.00	5.00		
	Wealthy	6	9.33	5.16	7.50	10.00		
	Total	210	8.18	4.14	6.00	5.00		

In the study, the Kruskall Wallis test was applied to determine whether the total score of the Coronavirus Anxiety Scale was significant according to the year of the class of university students in the emerging adulthood who spoke Turkish in their native language. The results indicated that the difference between the groups of the Coronavirus Anxiety Scale scores was not significant according to the year of the class of emerging adults who are participating in this study (*Please see,* Table 6, p>0.05).

The Coronavirus Anxiety and Perceived Income

In Table 6, the Kruskall Wallis test was used to determine whether the total score of the CoronaVirus Anxiety Scale was significant according to the perceived income of the Turkish-speaking emeriging adults who participated in this study. The results revealed that the difference between the groups according to the perceived income and participants' coronavirus anxiety scores was not significant (p>0.05).

Tablo 7. *Kruskall Wallis Test Results for the Difference of the for the Difference of the Corona Virus Anxiety Scale Total Scores, Their Psychiatric Diagnosis Statues and COVID-19 Test Result*

	Variables	***N***	$\bar{x}$	***SD***	**Median**	**ÇADA**	**Z**	***p***
Psychiatric Diagnosis	Yes	4	8.44	4.22	6.00	6.00	-1.488	0.137
	No	206	6.50	3.17	5.00	1.50		
	Total	210	8.18	4.14	6.00	5.00		
	Variables	***N***	$\bar{x}$	***SD***	**Median**	**ÇADA**	**Z**	***p***
The COVID-19 Test Result	Yes	36	9.33	4.36	9.00	7.00	4.862	0.027
	No	174	7.94	4.07	6.00	5.00		
	Total	210	8.18	4.14	6.00	5.00		

The Coronavirus Anxiety and Psychiatric Diagnosis

In the current study, the Mann Whitney-U Test was applied to determine whether the difference between the groups of of the Turkish-speaking emering adults of the Corona Virus Anxiety Scale total score was significant according to their psychiatric diagnosis. The findings showed that the difference between the groups was not significant according to the psychiatric diagnosis of the participants ($p>0.05$). This shows that emerging adults with or without a psychiatric diagnosis may have corona virus anxiety (*Please see,* Table 7).

The Coronavirus Anxiety and Coronavirus Test Results

A Kruskall Wallis analysis was conducted to determine whether the total score of the Coronavirus Anxiety Scale was significant between the groups according to the corona virus disease status of the emering adults. According to the findings, it was determined that the difference between the participants' anxiety about the corona virus and the corona virus disease was significant ($p<0.05$). Accordingly, it was seen that the coronavirus anxiety of the participants who got the corona virus disease was higher than the participants who did not get the corona virus (*Please see,* Table 7).

The Coronavirus Anxiety and Quarantine Status of Participants

Table 8. *Mann Whitney U Test Results for the Difference of the Total Score of the Coronavirus Anxiety Scale According to the Situation in Quarantine of Participants*

	Variables	***N***	$\bar{x}$	***SD***	**Median**	**ÇADA**	**Z**	***p***
Coronavirus Anxiety	Yes	87	8.36	4.14	6.00	6.00	-0.827	0.408
	No	123	8.06	4.15	6.00	5.00		
	Total	210	8.18	4.14	6.00	5.00		

The Mann Whitney-U Test was applied to determine whether the total score of the Coronavirus Anxiety Scale was significant or not, according to the quarantine status of the Turkish-speaking emerging adults in the study and the findings showed that the difference between the groups according to the quarantine status of the emerging adults in the coronavirus anxiety scores was not significant ($p>0.05$), (*Please see,* Table 8).

The Coronavirus Anxiety and Duration of Quarantine

The sperman correlation analysis performed to determine that the relationship between the total score of the Corona Virus Anxiety Scale and the duration of quarantine (the number

of days) of participants in the study. The findingd preserved that here was a positive, low-level significant relationship (p<0,05). Thus, as the duration of quarantine of emerging adults who participated in the current study increases, their coronavirus anxiety increases accordingly.

The Coronavirus Anxiety and People Stayed During The COVID-19

Table 9. *Kruskall Wallis Test Results Related to Differences Between The Coronavirus Anxiety Scale Total Scores and The People Stayed During COVID-19 Lockdown*

	Variables	***N***	***x̄***	***SD***	**Median**	**ÇADA**	**X^2**	***p***	**Group Differences**
Coronavirus Anxiety	With my family	133	7.83	4.00	6.00	5.00	7.340	.025	Alone> With Family
	With my roomate	54	8.15	4.04	6.00	5.00			
	Alone	23	10.26	4.73	10.00	6.00			
	Total	210	8.18	4.14	6.00	5.00			

The Kruskall Wallis test was applied to determine whether the total score of the Coronavirus Anxiety Scale of Turkish-speaking emerging adults was significant compared to the people staying together during the lockdown in the study, and a significant difference between the groups was found (p<0.05). Therefore, the corona virus anxiety of the emerging adults in this study who were stayed alone during the COVID-19 lockdown was higher than the emeriging adults who stayed with their family and roommate (*Please see,* Table 9).

Findings Relating to the Differences Between The Subjective Well-being and Socio-demographic Variables

Table 10. *The Mann Whitney-U Test Results for Determining the Variation of the Subjective Well-being Scale Total Scores by Gender Variable*

	Variables	***x̄***	***SD***	**Median**	**ÇADA**	**Z**	***p***
The Subjective Well-being	Women	174.14	26.00	176.00	45.00	-0.850	0.395
	Men	171.51	25.65	175.00	44.00		
	Total	172.73	25.78	175.00	43.00		

The Subjective Well-being and Gender

In the Table 10, the Mann Whitney-U Test was applied to determine whether the difference between the groups according to the gender of the Turkish-speaking emering adults who participated in this study iwas significant, and the total score of the Subjective Well-being Scale and it was determined that the difference between the groups according to the gender of the Subjective Well-Being Scale total scores was not significant (p>0.05).

Table 11. *Kruskall Wallis Test Results for the Difference of the Subjective Well-beig Scale Total Score by The Class Year and Perceived Income Variables*

	Variables	***N***	***x̄***	***SD***	**Median**	**ÇADA**	**X^2**	***p***
The Subjective Well-being	Preparatory School	2	173.00	12.73	173.00	18.00	10.932	0.142
	Undergraduate 1st year	17	182.65	22.97	184.00	31.00		
	Undergraduate 2nd year	30	179.10	26.49	183.00	46.00		
	Undergraduate 3rd year	56	169.39	29.80	169.50	54.50		
	Undergraduate 4th year	84	171.35	22.85	173.50	37.00		

	Undergraduate 5th year	3	170.00	25.00	170.00	50.00		
	Undergraduate 6th year	2	141.00	0.00	141.00	0.00		
	Master	15	171.53	26.41	176.00	39.00		
	PhD	1	205.00	.	205.00	0.00		
	Total	210	172.73	25.78	175.00	43.00		
	Variables	***N***	***x̄***	***SD***	**Median**	**ÇADA**	**X²**	***p***	**Group Differences**
The Subjective Well-being	Low income	5	156.00	16.08	147.00	29.00	41.766	0.000	Upper
	Below middle	32	148.34	16.73	146.00	11.00			Middle>
	Middling	116	176.42	24.37	178.50	30.50			Below
	Uper middle	51	180.76	24.02	184.00	33.00			Middle
	Wealthy	6	177.00	36.45	162.00	69.00			Upper
			172.73	25.78	175.00	43.00			Middle>
	Total	210							Middling

The Subjective Well-being and The Study Year of Emering Adults

The Kruskall Wallis test was used to determine whether the total score of the Subjective Well-Being Scale was significant according to the study year of the Turkish-speaking emerging adults who participated in this study, and it was determined that the difference between the groups according to the subjective well-being scores was not significant (p>0.05).

The Subjective Well-being and Perceived Income

The Kruskall Wallis test was applied to determine whether the total score of the Subjective Well-Being Scale was significant according to the perceived income of the Turkish-speaking emerging adults who participated in this study, and it was determined that the difference between the groups according to the subjective well-being scores of the participants was significant (p<0.05). Thus, it is seen that the subjective well-being of the participants whose economic status is above average is higher than that of the participants whose economic status is below average and moderate.

Table 12. *Kruskall Wallis Test Results for the Difference of the for the Difference of the Subjective Well-being Total Scores, Their Psychiatric Diagnosis Statues and COVID-19 Test Result*

	Variables	***N***	***x̄***	***SD***	**Median**	**ÇADA**	**Z**	***p***
The Subjective Well-being	Yes	36	182.47	29.03	186.50	37.00	6.748	.009
	No	174	170.71	24.67	172.00	42.00		
	Total	210	172.73	25.78	175.00	43.00		

The Subjective Well-being and Coronavirus Test Results

A Kruskall Wallis analysis was conducted to determine whether the total score of the Subjective Well-being Scale total score was significant between the groups according to the coronavirus disease status of the emering adults. According to the findings, it was determined that the difference between the participants' anxiety about the corona virus and the corona virus disease was significant (p<0.05). Accordingly, it was seen that the subjective well-being of the participants who got the corona virus disease was lower than the participants who did not get the corona virus (*Please see,* Table 12).

Table 13. *Mann Whitney U Test Results for the Difference of the Total Score of the Subjective Well-being Scale According to the Situation in Quarantine of Participants*

	Variables	***N***	***x̄***	***SD***	**Median**	**ÇADA**	**Z**	***p***
The Subjective Well-being	Yes	87	175.75	24.85	177.00	41.00	-1.383	.167
	No	123	170.59	26.31	173.00	45.00		
	Total	210	172.73	25.78	175.00	43.00		

The Subjective Well-being and Quarantine Status of Participants

The Mann Whitney-U Test was applied to determine whether the total score of the Subjective Well-being Scale total scores was significant or not, according to the quarantine status of the Turkish-speaking emerging adults in the study and the findings displayed that the difference between the groups according to the quarantine status of the emerging adults in the subjective well-being scores was not significant (p>0.05), (*Please see,* Table 13).

Table 14. *Kruskall Wallis Test Results Related to Differences Between The Subjective Well-being Scale Total Scores and The People Stayed During COVID-19 Lockdown*

	Variables	***N***	***x̄***	***SD***	**Median**	**ÇADA**	**X^2**	**p**	**Gruop Differences**
The Subjective Well-being	With my Family	133	175.06	24.58	179.00	41.00	7.478	0.024	With My family> Alone
	With my room mate	54	172.67	26.23	171.00	53.00			
	Alone	23	159.39	28.51	152.00	36.00			
	Total	210	172.73	25.78	175.00	43.00			

The Coronavirus Anxiety and People Stayed During The COVID-19

The Kruskall Wallis test was applied to determine whether the total score of the Subjective Well-being Scale of Turkish-speaking emerging adults was significant compared to the people staying together during the lockdown in the study, and a significant difference between the groups was found (p<0.05). Therefore, the subjective well-being of the emerging adults in this study who were stayed alone during the COVID-19 lockdown was lower than the emeriging adults who stayed with their family and roommate (*Please see,* Table 14).

Results and Discussion

This study was conducted as a descriptive survey with the Turkish-speaking university students from different parts of Turkey and Northern Cyprus; who are in emerging adulthood during the COVID-19 pandemic. The current study investigated the association between participants' corona virus anxiety and the subjective well-being levels, as well as their diffrences in terms of several socio-demographic characteristics. First of all, the results of the study are limited to the data of the participants in this study. Also, the majority of the participants are emerging adults who are continuing their studies on a scholarship and have a medium economic status. This situation may affect the subjective well-being levels of the participants. Humanistic approaches (Fromm 1976 and Maslow 1954) stated that item values such as income negatively affect a person's subjective well-being levels. Smilarly, McBridge (2001) argued tht factors such as money are crucial in determining an individual's subjective well-being. According to a systematic review research, the income level of individuals is a predictor in their subjective well-being (Cummins, 2000). the findings of this study and the literature review results are similar. Many students have returned to their homes when institutions in Turkey and Northern Cyprus implemented distant and online education methods during the COVID-19 pademic

[Higher Education Planning Supervision and Accreditation Board (YÖDAK Broad), 2020 and HEI, 2020b]. The majority of the participants in this current study are staying with their families during the COVID-19 pandemic. This can be an important social support factor for their corona virus anxiety and the subjective well-being levels. The guidance framework emphasized that social support is an important step that can be taken for students in the COVID-19 pademic crisis (Reimers & Schleicher, 2020). Also, the studies results showed that perceived social support from the family reduces anxiety, (Mersin & Öküz, 2014; Öztürk, 2014) and increases the subjective well-being levels (Saddique, Chong, Almas, Anser & Munir, 2021; Sarriera, Bedin, Abs, Calza & Casas, 2015). For this reason, the authors anticipated that the moderate average values of coronavirus anxiety and subjective well-being of emerging adults who participated in this current study may be explained by this reason.

The findings of the current study showed that there was a negative relationship between emerging adults' coronavirus anxiety and the subjective well-being. As the level of anxiety increases, the level of subjective well-being decreases. The literature review results support this finding. Research findings have been revealed that the COVID-19 pandemic not only increases people's anxiety, but also reduces their subjective well-being (Paredes, Apaolaza, Fernandez-Robin, Hartmann, & Yañez-Martinezc, 2021; Rosen, Weinberger & Rosenzweig, 2020, Kachanof, Bigman & Kapsaskis, 2021). Foa, Fabian, and Gilbert (2022) assessed individuals' weekly mood six months before and eighteen months after the COVID-19 pandemic. The assessment results indicated that after the pandemic the negative emotions such as, stress and anxiety (that is the affective dimention of subjective well-being) increased. On the other hand, happiness, energy inspiration and optimism decreased. Accordingly, the results of this study smilar with literature results.

Within the context of this study result indicated that coronavirus anxiety level was not significant according to the gender of participants. The author anticipated that the COVID-19 epidemic process is a crisis with uncertainty that may affect all individuals. Smilarly, Guo, and collagues (2020) found that the effect of the COVID-19 pandemic did not differ according to male and female students, they experienced similar stress and negative emotions due to the epidemic. Also, Cao, Huang and Zhao (2020) found smilar results. On the contrary, Gencer (2020) found that women's fear of the coronavirus is higher than men's fear of the coronavirus. Bakioğlu, Korkmaz, and Ercan, (2020) stated that found that women have a higher fear of coronavirus. This finding is consistent with the various research results showing that women have higher levels of anxiety and risk perception (Ekiz, Ilman & Dönmez, 2020, Biçer, Çakmak, Demir & Kurt 2020; Özdin & Özdin, 2020). Another outcome of this study was that there were no differences between the corona virus fear and education level among emerging adults who participated in the study. This is an expected result by the authors. Because the COVID-19 pandemic came without notice, students' educational levels are unlikely to influence their concern. However, the last year students had lower levels of fear than other classes during the COVID-19 pandemic (Khoshaim et al. 2020). This situation is thought to be due to uncertainties such as finding a job and future anxiety among senior students. Unexpectedly, this study found no difference between coronavirus anxiety and perceived economic income. However, Bareket-Bojmel, Shahar and Margalit, (2020) stated that COVID-19 pandemic process causes an economic crisis in many people and therefore increases the level of anxiety. Smilarly, astudy result showed the anxiety is a risk factor for university students whose families have low economic income during the pandemic (Irfan et al. 2021). Another conclusion of this reseach was that there was no difference in anxiety levels between those with and without coronavirus anxiety or mental diagnoses. Individuals with chronic medical conditions who are under psychiatric supervision experience an increase in anxiety symptoms (Pilan et al. 2021). Also, the COVID-19 pandemic process triggers the symptoms of individuals with mental health disorders. For example, After the COVID-19 pandemic, the emerging adults' mental health

prpblems such as sleep problems, somatic symptoms, aggression, substance abuse, repetitive thoughts and behaviors, psychosis, memory problems, suicide attempts increased (Alghamdi, 2022). Despite all this, it is thought that the reason why no difference was observed in this study may be due to the fact that emerging adults are in the most risky developmental period in anxiety disorders (Kessler, 2005). Therefore, whether the individual was diagnosed or not may not have made a difference in the level of anxiety in this study.In addition, in this study, a significant difference was found between corona virus anxiety and the state of having corona disease. Smilarly, Fu and Wang (2022) Fu and Wang (2022) stated that there is a relationship between the perception of the risk of the coronavirus and anxiety. According to this, the emerging adults who have a perception of high-risk disease are more anxious. Another outcome of this study was that the coronavirus anxiety rised based on the length of time emerging adults spend in quarantine. Smilarly, Mary-Krause, Herranz, Héron, Andersen, El Aarbaoui, and Melchior (2021) reported that there was an increase in the symptoms of depression and anxiety in individuals during the quarantine period. Although, the United Nations (UN) (2020b) stated that the the COVID-19 pandemic had a negative impact on the well-being of women and girls, in this study, there was no difference between the subjective well-being levels of the participants according to their genders. This can be explained by limitations of the number the current study sample. There was also no difference between the study year and the subjective well-being of emerging adults in the current study result. This is also expected finding by the authors. It is awell-known this global crisis impact on all of the humanity. As it has been revealed in many studies in the literature, there is a positive relationship between income and subjective well-being (Diener, 2000; Diener, & Oishi, 2000; Diener & Ryan, 2009).

Another finding of this current study is that the subjective well-being of students whose economic status is above average is higher than that of students whose economic status is below average and moderate. According to the Li and collagues (2022) income has moderator and mediator roles on subjective well-being. Also, in the lirtature review there is a significant corelation between subjective well-being and health. Accordingly, a meta-analysis study found that the higer subjective well-being was releted with health people in developing countries (Ngamaba, Panagioti & Armitage, 2017). Therefore, the subjective well-being of the students who were infected with the corona virus disease, which is the finding of this study, was found to be higher than the students who did not get the coronavirus disease. On the other hand, there was no difference between how long they stayed in quarantine and their subjective well-being levels. The authors assumed that this situation is due to the decrease in the subjective well-being levels of the participants who contracted the corona virus disease. As mentioned above, the social support is an important factor to increase subjective well-being (Siedlecki, Salthouse, Oishi, & Jeswani, 2014) Similarly, in this current study, the participants with families during the COVID-19 pandemic process were found to have higher subjective well-being than those who were alone.

Recommendations

Limitation of the Study and Future Implications

The most important limitation of this study is the number of the study group. This might be linked to the preference for acquiring study data using an online way. During the pandemic process, university students reported that they had problems with the internet and technology. (Han & Demirbilek, 2021). Althought, the 86.7% of current study group stated that they had internet access at home, it is anticpated that the population, which was not included in the study, experienced this problem. In addition, the data of this study were collected only from university students in emerging adulthood who study at different educational institutions in Turkey and Northern Cyprus. In contrary, it is expected that emerging adults who are educated and work in

low-income jobs or unemployed, known as the forgotten half (Halperin, 1998) in the literature on emerging adulthood, are also expected to be included in the study groups in future research. Although the number of the study group of this research is limited, it has been revealed that as the subjective well-being of the students in the emerging adulthood period that appears during the pandemic period, their anxiety about the coronavirus will decrease. Researchers can provide participants internet access to provide generalizable results in future studies. Because the demographic features of the participants are mainly middle-class, it might be good to address this element in future researches. Because subjective well-being was discovered to be a significant determinant for anxiety in this study, practitioners at higher education institutions should establish intervention plans to improve students' subjective well-being. The school psychologists and counselors should reach and support all students through online counseling methods. In addition, universities need to facilitate students' access to these online services and make them visible. In addition to the services provided regarding school health practices, programs on increasing subjective well-being should be standardized. Therefore, these programs can be realized based on the basic philosophy or assumptions of rational emotional behavioral therapy (ADBT) and cognitive behavioral therapy approaches (CBT) (Corey, 2004). Because, as it is known, subjective well-being is based on the cognitive evaluations of the individuals (OECD, 2013). As a result, cognitive distortions throughout this phase (Beck, 1963) will lead to unpleasant emotions and an increase in anxiety (Garnefski, Boon, & Kraaij, 2003; Ingram & Kendall, 1987; Şimşek, Koçak, & Younis, 2021). his incident emphasizes the need of cognitive rehabilitation (Zarrabian, & Hassani-Abharian, 2020; Kar, Menon, & Arafat, 2020). Furthermore, it is critical for subjective well-being that interpersonal relationships are favorable during this era, so that individuals may see events positively and meet their needs (Erylmaz, 2014). As a result, subjective well-being-based psycho-educational programs can be designed in this manner. Subjective well-being programs may be implemented to students not only during the crisis phase, but also during this period, known as the new normal, to help them adjust, and it is advised that the university administration expand educational possibilities in this area.

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