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ORIGINAL ARTICLE

Comparison of Coronavirus-19 Phobia Levels in Adult Age Groups

Yetişkin Yaş Gruplarında Koronavirüs-19 Fobi Düzeyinin Karşılaştırılması

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ABSTRACT

Objective: COVID-19 pandemic is known to negatively affect the health of people at all ages. There are many factors that affect the pandemic process and the resulting phobia level in humans. The aim of this study is to compare the coronavirus-19 phobia levels and the factors affecting it between adults under the age of 65 and individuals over the age of 65 who applied to the cardiology policlinic.
Materials and Methods: In this descriptive cross-sectional study, 443 individuals over the age of 18 admitted to the cardiology outpatient clinic of Aydın State Hospital between November 01, 2020-April 01, 2021 were included. The information form developed by the researchers and the draft scale was applied to those who volunteered to participate in the study. The data were obtained by face-to-face interview technique, paying attention to social distance and hygiene rules.
Results: The gender and age distribution of the participants; 60.5% were male, 39.5% female, with a mean age 53.9 ± 16.7 (min. 18-max. 95). The mean of CP19-S total scores was 55.5 ± 11.3. According to the results obtained from the study, it was found that patients ≥ 65 years of age (50.57 ± 9.82) had a higher level of coronavirus-19 phobia compared to patients under <65 years of age (66.13 ± 5.65) (p<0.001).
In the study, a significant correlation was found between phobia and level of education, income living together, and use of harmful habits and the level of phobia (p <0.05).
Conclusion: In this study, it was determined that the level of COVID-19 phobia in individuals over, 65 years of age is higher than that in adults under 65 years of age. Providing closer social and psychological support to individuals over the age of 65 regarding the COVID-19 pandemic will make a significant contribution to decrease phobia levels.

Keywords: Pandemic; Coronavirus; Phobia; Elderly; Adult

ÖZ

Amaç: COVİD-19 salgını, her yaştan insanın sağlığını olumsuz etkilediği bilinmektedir. İnsanlarda fobi süreci ve sonunda ortaya çıkan fobi düzeyini etkileyen birçok faktör yer alır. Bu çalışmanın amacı kardiyoloji polikliniğine başvuran 65 yaş altı yetişkinler ile 65 yaş üstündeki bireylerin koronavirüs-19 fobi düzeyi ve bunu etkileyen faktörlerin karşılaştırılması amaçlanmaktadır.
Yöntem: Tanımlayıcı kesitsel türdeki bu çalışma Aydın Devlet Hastanesi kardiyoloji polikliniğine başvuran 18 yaş üstü 443 birey ile yürütülmüştür. Araştırma verileri 01 Kasım 2020 – 01 Nisan 2021 tarihleri arasında araştırmacılar tarafından geliştirilen bilgi formu ve taslak ölçek ile veriler toplanmıştır. Veriler bireylerle sosyal mesafe ve hijyen kurallarına dikkat edilerek yüz yüze görüşme tekniği ile toplanmıştır.
Bulgular: Katılımcıların cinsiyet ve yaş dağılımı %60,5 erkek, %39,5 kadın, ortalama yaş 53,9±16,7 (min. 18-maks. 95) idi. CP19-S toplam puanlarının ortalaması 55,5±11,3 olarak bulundu. Araştırma ile elde edilen sonuçlara göre ≥65 yaş ve üstündeki hastaların (50,87±9,82), <65 yaş altındaki hastalara (66,13±5,65) kıyasla koronavirüs fobi düzeyinin yüksek olduğu bulunmuştur (p=0.001).
Araştırmada ayrıca gelir durumu, eğitim durumu, birlikte yaşama durumu ve zararlı alışkanlık kullanma durumları ile fobi düzeyi arasında anlamlı bir farklılık bulunmuştur (p<0.05).
Sonuç: Bu çalışmada 65 yaş üstündeki bireylerin koronavirüs (COVID-19) fobi düzeyinin 65 yaş altı yetişkinlere kıyasla daha yüksek olduğu belirlendi. 65 yaş üstü bireylere COVID-19 pandemisi konusunda daha yakın bir sosyal ve psikolojik destek sağlanması fobi düzeylerindeki azalma açısından önemli bir katkı sağlayacaktır.

Anahtar Kelimeler: Pandemi, Koronavirüs, Fobi, Yaşlı

Introduction

Infectious diseases, which emerged as an epidemic and turned into a pandemic and became a global epidemic, have left permanent traces in the history of humanity and social civilization, and have led to the shaping of history (1). Although different epidemics have appeared before, it seems that the world was caught unprepared for the coronavirus epidemic. The epidemic is not limited to a certain age group, but continues to affect the lives of people in all age groups, leaving people with physiological, sociological and economic difficulties (2). The restrictions and sanctions imposed during the epidemic caused many people to stay at home and to be exposed to much social isolation. This process has caused fear, panic and stress in humans (3, 4). The World Health Organization (WHO) also expressed its concern about the predicted consequences of the pandemic in terms of psychosocial and mental health (5). Responses to the COVID-19 pandemic, according to the Inter-Agency Standing Committee (IASC); fear of catching an epidemic and death, refraining from applying to health institutions, fear of losing one's job, fear of staying in quarantine,

fear of losing and being separated from their relatives due to the epidemic, and the state of feeling helpless and alone due to social isolation (6). It is observed that the massive fear of COVID-19, called coronaphobia, causes many permanent mental and emotional disorders such as stress, anxiety, depressive symptoms, insomnia, denial, anger, and global phobia in different age strata of society (7-10). The increase in the number of critical cases and death rates with age caused the elderly to be in a higher risk group compared to other age groups (11, 12). The theories suggest that this condition develops because of increasing age-related comorbidities (13, 14). There are many studies in the literature stating that the probability of being exposed to negative physical and mental events in elderly individuals is higher than in other age groups, even outside of pandemic conditions (11, 15, 16).

Detecting early signs of COVID-19 phobia is important for providing timely psychological support to individuals exhibiting the condition at higher risk levels (17). The fact that the COVID-19 pandemic, which emerged as a new problem, caused extreme fear, anxiety and reactions, caused it to be considered as a "special phobia" type. Since there is no psychometrically robust assessment scale to measure the level of phobia in COVID-19 in the literature, Arpaci et al. developed the "COVID-19 Phobia (CP19-S) Scale" because they contributed to future research and enrich future studies on coronavirus (18).

In a study by Wang et al. on 1210 people aged 12-59 years in China to examine the impact of the COVID-19 epidemic, they found that young people were affected more psychologically by the epidemic and felt more stressed, anxious, intolerant and depressed than other adults (19). Hossain et al., in the study they conducted on 2157 people aged 13-88 to determine their COVID-19 phobia levels, they found that COVID-19 phobia was more common in female and elderly individuals (20). In the study they conducted on 130 elderly people over 65 years of age to examine the effect of the pandemic process on the elderly, Cihan and Durmaz found that having to comply with social isolation rules increased the phobia level and loneliness of elderly individuals (21). Today, cardiovascular diseases are the leading causes of mortality and morbidity (22). It has been stated that people with any heart disease complaints have an increased level of mental anxiety if they are exposed to stress and unwanted stimulation (23).

Roest et al. (2010) stated that anxiety is a risk factor for coronary heart disease (CHD) and cardiac mortality (24). Studies have shown that psychosocial risk factors increase the risk of developing heart disease and affect the clinical course and prognosis of the disease. It has also been explained that long-term exposure to psychological risk factors hinders patients' adherence to treatment and quality of life (25). It has been specifically stated that individuals should be examined in terms of psychosocial risk factors to perform the rehabilitation in the treatment process of cardiac patients healthily (26). Therefore, we planned to conduct this study on patients (<65 and ≥65) who applied to the cardiology outpatient clinic with a cardiac complaint and disease. The study is important in terms of comparing the results by determining the level of phobia in young and old individuals who are exposed to the psychological and social effects caused by the pandemic. There are no studies that compare the level of coronavirus phobia in young and older people in Turkish society. In our country, there is a need for studies to compare the level of coronavirus phobia between the young and the elderly.

In this study, the coronavirus COVID-19 phobia level in patients over the age of 18 who applied to the cardiology outpatient clinic was compared with those over the age of 65.

Research Questions:

1. What is the level of COVID-19 phobia in patients aged 65 and over?

2. Is there an age-related difference in the level of phobia?

3. Do the socio-demographic characteristics of an individual affect the level of COVID-19 phobia?

Methods

This research is a descriptive and cross-sectional study, and it was conducted to examine the effect of COVID-19 phobia level in adult age groups in patients who applied to the cardiology policlinic.

In 2019, approximately 50.000 patients over the age of 18 applied to the Aydın State Hospital cardiology outpatient clinic. Considering the 95% confidence interval, the sample size of the patients who applied to the cardiology outpatient clinics of Aydın State Hospital, met the criteria specified in the study limitations, and agreed to participate in the study, was determined by Epi-Info Ver. Calculated using the 3.01 calculation module. The formula n=[DEFF*Np(1-p)] / [d²/Z²1-a/2 *(N-1) +p*(1-p)] was used to determine the number of people to be included in the sample (27). The t value of alpha (0.05) infinite degrees of freedom was taken as 1.96 and the deviation amount was chosen as d= 0.05 and the sample size was determined as 382. Considering the data losses that may have occured during the research process, 443 samples were included in the study. The sample of the study was selected by random sampling method among the patients who were over 18 years old, had mental ability to understand and answer questions, had no vision and hearing problems, could communicate verbally, volunteer to participate in the research, and admitted to the cardiology outpatient clinic with any complaint. The research data were obtained by considering the patients who applied to the cardiology outpatient

clinic between November 1, 2020 and April 1, 2021 and met the specified criteria.

Data Collection

The questionnaire prepared by the researchers and the coronavirus 19 phobia scale (CP19-S) was completed in approximately 20 minutes by paying attention to social distance and hygiene rules. Research data were collected by face-to-face interview method.

The questionnaire form used to collect data in the research consists of two parts. In the first part of the questionnaire, there is an introductory questionnaire consisting of 16 questions in which the socio-demographic characteristics, health status and habitual characteristics of the patients participating in the study were evaluated.

In the second part, CP19-S with 20 questions developed by Arpaci et al. was used to measure the level of phobia of the participants against the coronavirus.

COVID-19 Phobia Scale (CP19-S)

CP19-S was developed by Arpaci et al. The validity and reliability of the scale were made and the Cronbach Alpha value was found as 0.925. Permission was obtained from the scale owner.

Scale Evaluation Principles

The scale consists of 20 items and four sub-dimensions: "Psychological", "Somatic", "Social" and "Economic". The psychological sub-dimension consists of 6 items, the somatic sub-dimension 5, the social sub-dimension 5 and the economic sub-dimension 4 items. The CP19-S is a five-point Likert-type self-assessment scale developed to measure the phobia that might develop against the coronavirus, ranging from "strongly disagree" to "strongly agree". The sub-dimension scores are obtained by the sum of the answers given to the items belonging to that sub-dimension; the total (CP19-S) score was obtained by adding the sub-dimension scores. The distribution of points varied between 20 and 100 points. High scores indicate a high level of sub-dimensions and general coronaphobia (Table 1).

Permissions and Approvals

Written permission was obtained from Aydın Adnan Menderes University Faculty of Medicine, Non-Interventional Clinical Research Ethics Committee (dated 19.10.2020 and numbered 04/04) for data collection, and informed signed consent was obtained from the people in the research sample by providing verbal information about the purpose of the study.

Table 1. COVID-19 Phobia Scale (CP19-S) Sub-Dimension Concept Explanations

COVID-19 Phobia Scale (CP19-S) Sub-Dimensions	**Scale Items**	**Point Distribution**
Psychological		
Fear of catching the virus, relatives being infected, news of death caused by the virus, uncertainties about the virus, the rate of spread of the virus, people's insensitivity to the virus	1, 5, 9, 13, 17, 20	6-30
Somatic		
Abdominal and chest pains, trembling of hands and feet, difficulty sleep	2, 6, 10, 14,18	5-25
Social		
Suspecting that people are coughing and sneezing, spending excessive time cleaning their hands, severely reducing social relationships, fear of contracting viruses from others	3, 7, 11, 15,19	5-25
Economic		
Fear of running out of food and cleaning supplies and constantly checking them	4,8,12,16	4-20
Total Points		20-100

Statistical Analysis

The data were analyzed with the SPSS 21.0 program in a computer environment. Continuous variables are given as mean ± standard deviation, categorical variables as numbers and percentages. Pearson's chi-square test was used to compare independent categorical variables.

In the comparison of the variables obtained from the measurement between the 2 groups, the t-test was used for independent groups, one-way ANOVA was used for the comparison of more than 2 groups, and the Bonferroni test was used as the post-hoc test. Significance level was accepted as $p<0.05$.

Results

Of the 443 participants, 268 (60.5%) were male, 175 (39.5%) were female, and the mean age range of the sample was 53.9±16.7. 68.62% of the participants were between the ages of 18-64 and 31.38% were in the age range of ≥65 years.

When the descriptive characteristics of the individuals included in the study are examined; 68.62% were <65 years old, 31.38% ≥65, 39.5% male, 60.5% female. The educational status of the participants was 8.58% literate, 49.66% of them are primary school graduates, 8.35% are secondary school graduates, 20.77% are high school graduates, 11.96% are university graduates, 73.14% are married and 26.86% are single. Demographic information is given in Table 2. 6.84 ±

2.41 for economic sub-dimension, it is 66.13 ± 5.65 in total (Table 3).

Table 2. Distribution of Demographic Characteristics

Variables	Subgroups	n	%
Gender	Female	175	39.5
	Male	268	60.5
Age	<65	304	68.62
	≥65	139	31.38
Marital status	Married	324	73.14
	Single	119	26.86
Education	Literate	38	8.58
	Primary school	220	49.66
	Secondary School	37	8.35
	High school	92	20.77
	University	53	11.96
	Graduate	3	0.68
Economic situation	Income equals expense	338	76.3
	Income less than expenses	105	23.7
Coexistence Status	With wife	328	74.04
	With kids	26	5.87
	With relatives	11	2.48
	Alone	78	17.61
Harmful Habit	Not using	307	69.3
	Using	136	30.7

According to the general and sub-dimension scores of the COVID-19 phobia scale, the mean scores for individuals under the age of <65; 21.58 ± 4.06 for psychological sub-dimension, 7.44 ± 1.47 for somatic sub-dimension, 15.56 ± 3.69 for social sub-dimension, 5.99 ± 1.86 for economic sub-dimension, it is 50.57 ± 9.82 in total.

Average scores for individuals aged ≥65 years and above, according to the general and sub-dimension scores of the COVID-19 phobia scale; 28.19 ± 1.96 for psychological sub-dimension, 9.16 ± 1.12 for somatic sub-dimension, 20.18 ± 2.19 for social sub-dimension, 6.84 ± 2.41 for economic sub-dimension, a total of 66 .13 ± 5.65 (Table 3).

Table 3. Distribution of General and Sub-dimension Scores of the COVID-19 Phobia Scale by Socio-Demographical Characteristics of the Individuals Participating in the Study.

Scale Sub-Dimensions						
Variables	**Su-bgroup**	**Psychological**	**Somatic**	**Social**	**Economic**	**Total**
Gender	Female	23.34±4.62	7.95±1.58	16.67±3.97	6.77±2.24	54.73±11.23
	Male	23.86±4.72	8.0±1.59	17.23±3.89	6.84±2.41	55.93±11.39
	p	**0.255**	**0.757**	**0.141**	**0.759**	**0.277**
Age	<65	21.58±4.06	7.44±1.47	15.56±3.69	5.99±1.86	50.57±9.82
	≥65	28.19±1.96	9.16±1.12	20.18±2.19	6.84±2.41	66.13±5.65
	p	**<0.001**	**<0.001**	**<0.001**	**<0.001**	**<0.001**
Education	Literate	25.24±4.31	8.55±1.48	17.79±3.71	7.61±2.66	23.65±11.06
	Primary school	24.79±4.55	8.28±1.60	17.79±3.97	7.23±2.28	7.98±11.19
	Secon-dary School	24.16±4.27	8.0±1.26	17.78±3.27	6.95±2.74	17.0±10.41
	High school	21.49±4.24	7.35±1.48	15.68±3.67	5.92±2.01	6.82±10.15
	University	21.19±4.31	7.45±1.52	14.91±3.50	6.0±1.96	55.45±9.71
	p	**<0.001**	**<0.001**	**<0.001**	**<0.001**	**<0.001**
Marital status	Married	23.83±4.56	8.04±1.59	17.11±3.85	6.83±2.27	55.81±11.09
	Single	23.14±4.98	7.84±1.57	16.70±4.12	6.78±2.55	54.45±11.98
	p	**0.170**	**0.243**	**0.336**	**0.831**	**0.268**
Economic situation	Income equals expense	24.13±4.67	8.09±1.57	17.33±3.89	6.98±2.33	56.53±11.21
	Income less than expenses	22.14±4.40	7.64±1.60	15.97±3.91	6.32±2.31	52.08±11.15
	p	**<0.001**	**0.010**	**0.002**	**0.013**	**<0.001**
Coexis-tence Status	With wife	23.89±4.57	8.04±1.58	17.15±3.86	6.83±2.26	55.91±11.09
	With kids	2.08±4.22	8.50±1.47	18.73±3.70	7.42±2.24	60.73±10.47
	With relatives	19.09±3.39	6.91±1.30	13.18±3.09	5.45±1.36	44.64±8.01
	Alone	22.50±4.83	7.73±1.58	16.33±3.98	6.73±2.73	53.29±11.82
	p	**<0.001**	**0.017**	**<0.001**	**0.134**	**<0.001**
***Harmful Habit**	Not using	22.39±4.33	7.61±1.54	16.35±4.01	6.29±2.32	52.65±10.79
	Using	24.20±4.73	8.15±1.58	17.28±3.86	7.04±2.32	56.66±11.37
	p	**0.111**	**0.722**	**0.373**	**0.951**	**0.201**

**Harmful Habit: Smoking -Alcohol*

Discussion

The COVID-19 pandemic, which emerged at the end of 2019 and affected almost the whole world in the first quarter of 2020, continues to affect people of all ages in society. The epidemic has caused fear, anxiety and panic in all age groups. Doshi et al. found the prevalence of fear of COVID-19 as 45.2% in their study (28). Similar results were obtained in another study (29).

When we examined the scale used in our study in terms of sociodemographic variables, some results were obtained. According to these results, we found that those aged ≥65 years or older had a higher level of coronavirus phobia compared to individuals aged 66.13 ± 5.65 <65 years. 50.57 ± 9.82 (p□0.001) (Table 3).

In the subgroup analyzes, no significant difference was found between the level of coronavirus-19 phobia and gender in the comparisons made in terms of male and female genders in individuals under the age <65 years and in individuals aged ≥65 years and above. Unlike our study, Hossain et al., in their study, found that the level of COVID-19 phobia is more common in female and elderly subjects than in male and elderly subjects (20). In other studies, it has been stated that women are in the group more vulnerable to COVID-19 phobia and have a higher level of fear of COVID-19 (28, 30-32). Bisth et al., in their study to measure the fear and stress dependence of COVID-19 in 339 people aged 18-80, found that the level of phobia caused by COVID-19 was independent of gender and age group, and the phobia level of all people participating in the study was the same. The findings of this study support our findings (3). The result of this study is similar to our study and reveals the fact that the level of fear due to COVID-19 does not depend on gender and that all people feel the same fear.

When all age groups were examined in our study, it was found that there was a statistically significant difference between education status and COVID-19 phobia level. Our study shows that as the level of education increases, the level of COVID-19 phobia may decrease (p<0.001). In a similar study conducted in India, they stated that those with low education levels were at high risk of COVID-19 phobia (28).

In the study of Cihan and Durmaz to determine the coronavirus phobia level of the >65 age group, they found that an increase in education level reduces the level of phobia. The result of this study supports our study (21).

It was observed that marital status did not make a significant difference in coronavirus phobia level scores (p>0.05). Gokkaya et al. when they examined the relationship between marital status and coronavirus phobia in adults, they obtained results that supported our study (33). The same result was obtained in a similar study (34). In their study of adults, Doshi et al. found that married individuals had higher COVID-19 phobia scores (28). In Gencer's (2020) study, it was stated that the coronavirus fear levels of those who are single are higher than those who are married (35). Another study emphasized that being single was associated with higher stress, anxiety, and depression outcomes during the coronavirus pandemic.(36). It can be thought that the difference in our study is due to sociodemographic characteristics.

We found that there was a significant difference between income status and coronavirus phobia level in all age groups (p<0.001). In a study conducted to examine the effect of income status on the level of coronavirus phobia in Turkey, it was found that the phobia levels of those with low income status were higher (21). This result shows parallelism with our study. It has been stated that people with low economic status are careless and more reluctant to take measures for public health. It has been stated that especially elderly patients may experience financial difficulties during epidemics such as the coronavirus, which may affect their mental health problems (15).

It was found that there was a statistically significant difference between living together and the level of coronavirus phobia in all age groups (p<0.001). It was determined that people living with their "children" had the highest phobia levels, and people living with "relatives" had the lowest phobia level. Individuals who must live with their children have a higher level of phobia compared with other social situations. The fear that the risk of transmission of the disease may increase due to the high number of family members (children and / or grandchildren), the presence of fear of contracting the disease, and the presence of children and / or grandchildren to personal hygiene and social isolation. The possibility of unintentionally displaying an irresponsible attitude may have affected the level of phobia. In their study, Arpacıoğlu et al. (2021) determined that people living with their spouse and children had higher fear of COVID-19 than those living alone (37). In our study, the rate of living with "relatives" was low. Mari et al. (2020), on the other hand, revealed that the perceived stress level of the people living with their relatives during the epidemic was higher than those living with their spouses or children (38). Considering the possibility that those who live with their relatives are generally composed of people whose family members are not alive, living with their relatives who are related to them by blood, their level of independence decreases compared to those living with their family members and they are exposed to undesirable changes in their status in the family. This could be a reason for the low.

There was no significant difference between harmful habit status and coronavirus phobia level (p=0.201). In a study by Chen (2020) to examine the effect of smoking behavior in the COVID-19 epidemic, it was found that smokers have high levels of anxiety, stress and mood (39). In another study, it was determined that approximately half of the people who smoked

before the pandemic stopped smoking during the pandemic period (40). Gritsenko et al. in another study, they found that people with tobacco, alcohol and substance addictions have high levels of coronavirus-19 phobia (41). When the results obtained from the studies are compared with our study, the existence of a negative relationship has emerged. The use of harmful habits (cigarettes/alcohol) may have a negative effect on people, causing individuals to have a careless attitude and approach toward the pandemic process.

Conclusion

The main reason for the level of phobia may be the poor adaptation of the elderly to the changing living conditions compared to other adults and the fact that they are in a more risky group against infectious diseases in epidemics such as coronavirus that turned into a pandemic in a short time.

In our study, the level of phobia developed against coronavirus was evaluated. There was a significant correlation between the coronavirus phobia levels of elderly individuals and the total scores of the coronavirus 19 phobia (CP19-S) scale. The intense coverage of COVID-19 in the visual and audio media, and the first initiation of social isolation and restrictions over the age of ≥65 years may be associated with an increase in the level of phobia. In the study, it was revealed that the population who suffered the most intense damage from the social and psychological aspects of the pandemic was the elderly. Providing social and psychological support to the elderly in the pandemic and providing rehabilitation services during the disease process can reduce the level of phobia that may occur during the pandemic period. It is thought that it will be useful to conduct similar studies on the subject in the future.

Ethical Issues in Research

This research was conducted in accordance with the principles of the Declaration of Helsinki (2013 revision). Permission for the study was obtained from the Adnan Menderes University Faculty of Medicine Non-Invasive Clinical Research Ethics Committee (2020-04). The research was conducted within the framework of ethical principles, and written and verbal consent were obtained from the participants after explanations regarding the research were made.

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Research Limitations

The research was carried out in a single center.

Authors Contributions

Conception or design of the work: T.A, Ç.A; Data collection: T.A; Data analysis and interpretation: Ç.A, F.Ş; Drafting the article: F.Ş, Ç.A, T.A; Critical revision of the article: F.Ş; Final approval of the version to be published: F.Ş, Ç.A,T.A.

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Disclosure statement

The authors report no conflict of interest concerning the materials or methods used in this study or the findings specified in this paper.

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