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The Effects of Coronavirus Phobia and Anxiety States on Parents' Attitudes Towards Their Preschool Children

Okulöncesi Çocuğu Olan Ebeveynlerin Koronavirüs Fobisi ve Anksiyete Durumlarının Çocuklarına Yönelik Tutumlarına Etkisi

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ABSTRACT

Objective: This study aimed to evaluate the effects of coronavirus phobia and anxiety states of the parents with preschool children on their attitudes towards their children

Methods: It was carried out descriptive cross-sectional study. The sample of the study was composed of 275 parents of preschool children in Turkey in winter 2021. During the data collection period, a 'Descriptive Information Form, COVID-19 Phobia Scale, Beck Anxiety Scale, and Parental Attitude Scale' were generated on Google forms, and the link was sent to the parents through social media.

Results: Mean score of the parents from Beck Anxiety Scale was 33.40±9.97 and their mean score from COVID-19 Phobia Scale was 53.22±15.28. According to Parental Attitude Scale, mean democratic attitude score of the parents was 73.73±6.09 and mean protective attitude score was determined as 30.55±5.98. A positive correlation was found between Beck Anxiety Scale and COVID-19 Phobia Scale ($r = .461$; $p = .000$).

Conclusion: Severe anxiety and a moderate level of COVID-19 phobia were detected among the parents in the study. Moreover, anxiety and COVID-19 phobia were found to be positively correlated with authoritarian and protective parental attitudes. To support and follow children and parents by the nurses in physiological and psychological aspects through innovative approaches is very important.

ÖZ

Amaç: Bu çalışmada okul öncesi çocuğu olan ebeveynlerin koronavirüs fobisi ve anksiyete durumlarının çocuklarına yönelik tutumlarına etkisini incelemek amaçlanmıştır.

Yöntem: Kesitsel ve tanımlayıcı tipte bir araştırmadır. Araştırmanın örneklemini 2021 yılı kış mevsiminde, Türkiye'de okulöncesi çocuğu olan 275 ebeveyn oluşturmuştur. Veri toplama sürecinde; araştırma hakkında bilginin verildiği açıklayıcı metin ile birlikte Tanıtıcı Bilgi Formu, Koronavirüs-19 Fobisi Ölçeği, Beck Anksiyete Ölçeği ve Ebeveyn tutum Ölçeği Google formlar üzerinden oluşturulmuş ve linki ebeveynlere sosyal medya aracılığı ile ulaştırılmıştır.

Bulgular: Ebeveynlerin Beck Anksiyete Ölçeği puan ortalaması 33.40±9.97, Koronavirüs 19 Fobisi Ölçeği puan ortalaması 53.22±15.28'dir. Ebeveyn Tutum Ölçeği'ne göre ebeveynlerin demokratik tutum puan ortalaması 73.73±6.09, koruyucu tutum puan ortalaması 30.55±5.98 belirlenmiştir Beck Anksiyete Ölçeği ve Koronavirüs 19 Fobisi Ölçeği arasında pozitif yönde korelasyon ($r = .461$; $p = .000$) saptanmıştır.

Sonuç: Çalışma sonuçlarına göre ebeveynlerde şiddetli anksiyete semptomları ve orta derece koronavirüs korkusu olduğu tespit edildi. Anksiyete ve koronavirüs fobisi ile otoriter ve koruyucu ebeveyn tutumu arasında pozitif yönde bir ilişki saptandı.

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GİRİŞ

Coronavirus (COVID-19), which was first detected in the capital city of the Hubei region of China, Wuhan in December 2019, was announced as a pandemic by World Health Organization (WHO) (Hong, Wang, Chung, Chen 2020; Ludvigsson, 2020; WHO, 2020). It has been accepted as a global epidemic and causes changes in the behaviors, lifestyles, and habits of the people by taking the whole world under influence in a very short time (Akbas and Dursun, 2020; Akturk, 2020).

Mothers were obliged to stay at home with their children with the closure of schools during the COVID-19 pandemic. Therefore, their domestic roles have been changed and they have to deal with homework, courses, and activities of their children in the scope of distance education. Moreover, they are required to do housework alone and to maintain more hygiene. In addition, the workloads of the employed mothers have been added to their daily routines and this has made the process more complicated (Aktürk, 2020; Yeasmin et al., 2020). The responses of the individuals affected directly or indirectly may vary because of a pandemic. It has been estimated that individuals may experience fear and anxiety regarding health conditions of their own and beloved ones, their sleeping and eating patterns may change, they cannot concentrate on their work and their chronic health problem may be worsened if present and their consumption of alcohol, tobacco or other drugs may increase (Centers for Disease Control and Prevention, 2020; Uzun, Karaca and Metin, 2021). In the study by Wang et al., being a woman and student, having symptoms suggestive of COVID-19 and perceived health state were found to be correlated with higher anxiety and depression rates (Wang, 2020). The change in the routine habits of individuals and the continuation of the uncertainty about the course and consequences of the pandemic cause individuals to experience anxiety, fear, and anger (Arpaci, Karataş and Baloğlu, 2020; Brown, Doom, Lechuga-Peña, Watamura and Koppels, 2020; Demirutku, 2020; Drouin, McDaniel, Pater and Toscos, 2020). During this period, these psychological and social changes are thought to affect the behaviors and attitudes of the parents towards their children. In the literature, it has been determined that parents experience negative emotions such as fear, despair, unhappiness, and fatigue during the pandemic process, their attitudes towards their children have changed partially, and they are more protective and authoritarian in this process (Arslan-Dikme and Gultekin, 2021; Connell and Strambler, 2021; Kay and Saglam, 2021; Ildeniz, 2021; Lee and Ward, 2020). This study aimed to examine the effects of COVID-19 phobia and anxiety states on parents' attitudes towards their preschool children.

METHODS

Research Design

A descriptive, cross-sectional study was conducted between December 2020 and May 2021 in Turkey.

Population and Sample

The universe of the study included parents of preschool children in Turkey. The sample consisted of mothers who were selected by non-probability accidental sampling method, agreed to participate in the study, and filled out the data completely. The sample of the study was composed of 275 parents who were contacted through social media, who approved to participate, and who provided data completely. The inclusion criteria of the study were approved to participate, being able to read and write in Turkish, and filling the necessary forms completely.

Data Collection

Written permission via online was taken from the authors to use the scales. During the data collection period, a "The Descriptive Information Form, COVID-19 Phobia Scale, Beck Anxiety Scale, and Parental Attitude Scale" were generated on Google forms along with a descriptive text including information about the study; and the link was sent to the parents through social media (Facebook, Twitter, Instagram, mail, etc.). The study was conducted with the parents who approved to participate in the study based voluntarily.

Data Collection Tools

Data of the study were collected by using "The Descriptive Information Form, COVID-19 Phobia Scale, Beck Anxiety Scale, and Parental Attitude Scale".

The Descriptive Information Form, which was generated by the researchers, included 18 questions regarding sociodemographic characteristics and the COVID-19 process (Arpaci et al., 2020; Brown et al., 2020; Demirutku, 2020; Drouin et al., 2020).

COVID-19 Phobia Scale (C19P-S) is a 5-point Likert type self-assessment scale, which was developed to measure phobia developed against COVID-19 and includes 20 items. The total score of the scale varies between 20 and 100. The high scores indicate a high level of phobia for COVID-19. The scale demonstrates convergent and discriminant validity and internal consistency. Internal consistency coefficients for the sub-scales range from 0.85 to 0.90. Cronbach alpha for the overall scale was 0.926 (Arpaci et al., 2020). Cronbach's alpha reliability coefficients for this study were found as 0.94.

Beck Anxiety Scale (BAS) was developed by Beck et al. (1988). Turkish adaptation of the scale was carried out by Ulusoy et al. (1998), and it was determined to have an adequate level of validity and reliability. BAS assesses the incidence of anxiety experienced by the individual. It is a self-assessment scale that includes twenty-one items and is scored between 0-3. To what extent the feeling of distress disturbs the individual is questioned by the questions asked. The range of scores is 0-63. The high score obtained from the scale shows the level of anxiety

experienced by the individual. The cut-off point of this scale is 17 points. A result of 8-15 points shows mild anxiety, 16-25 shows moderate anxiety, and 26-63 shows severe anxiety (Beck, Epstein, Brown and Steer, 1988; Ulusoy, Şahin and Erkemen, 1998). The Cronbach's alpha value for this study was 0.92

The Parental Attitude Scale was developed by Demir and Sendil (2008) to measure the behaviors of parents towards their children aged between 2-6 years old. This scale is applied to the parents with of preschool children, and it is a 5-point Likert type scale including 4 subscales as democratic (17 items), authoritarian (11 items), protective (9 items), and permissive (9 items) and 46 items. The score is obtained for each subscale by calculating them separately. Having a high score from a subscale means to adopt the behavior style represented by that subscale. When internal consistency coefficients were examined to detect the reliability of PAS, Cronbach's alpha reliability coefficients were found as 0.83 for democratic subscale, 0.76 for authoritarian subscale, 0.75 for overprotective subscale and 0.74 for permissive subscale (Demir and Sendil, 2008). Cronbach's alpha reliability coefficients for this study were found as 0.85 for democratic subscale, 0.76 for authoritarian subscale, 0.82 for overprotective subscale and 0.73 for permissive subscale.

Data Analysis

IBM SPSS (Version 22.00) package program was used for the analysis of data. Descriptive statistics of data were carried out with frequency and percentage distributions based on the demographic characteristics of the mothers. The conformity of data to normal distribution was analyzed by the Shapiro-Wilk test. Accordingly, data were compared by using the Mann-Whitney U test and Kruskal Wallis test because of non-normal distribution. The correlations between scale scores were analyzed by Spearman correlation analysis.

Ethical Considerations

This paper involves human research. It was approved by the Social Sciences and Humanities Research and Publication Ethics Committee of Ondokuz Mayıs University (date:12/25/2020, number:20209003). Consent was obtained from all participants via google forms after they were informed about the purpose and method of the study. The permissions of the scales used in the study were obtained from the authors via e-mail.

RESULTS

Among the parents who participated in the study, 96.7% were women, and the mean age was 33.31 ± 3.66 years old. 96.7% of the parents were married, and 64.7% had a university degree. While 74.5% of the parents were working, the ratio of the ones working during the pandemic was 46.2%. It was also determined that the mean age of the children was 3.97 ± 1.3 years old (Table 1).

It was found that 74.9% parents have severe anxiety, 25.1% parents have moderate anxiety levels. The mean BAS score of the parents was 33.40 ± 9.97 and the mean C19P-S score was 53.22 ± 15.28 (Table 2). It was analyzed whether there were statistically significant differences between mean BAS and C19P-S scores were analyzed based on sociodemographic characteristics. As a result of this analysis, statistically significant differences were found between scale scores of the parents who had a chronic disease and who had a family member diagnosed with COVID-19 ($p \leq 0.05$) (Table 1). Based on Parental Attitude Scale, mean scores of the parents were found as 73.73 ± 6.09 in democratic attitude and as 30.55 ± 5.98 in protective attitude (Table 2).

Based on the results of correlation analysis, a positive correlation was found between BAS and C19P-S ($r = .461$; $p = .000$). Moreover, positive correlations were detected between BAS and PAS-Authoritarian attitude ($r = .206$; $p = .001$) and C19P-S and PAS-Protective attitude ($r = .273$; $p = .000$) (Table 3).

Table 1. Sociodemographic Characteristics of the Parents

		X±SD	Min. - Max.	
Age		33.31±3.66	25-45	
Child's age		3.97±1.3	2-6	
		N (%)	BAS	C19P-S
Sex	Women	266 (96.7)	33.43±9.97	53.06±15.04
	Men	9 (3.3)	32.22±10.63	58.00±21.74
	p*		0.63	0.66
Family type	Core	246 (89.5)	33.71±10.06	53.27±14.84
	Large	29 (10.5)	30.72±8.96	52.82±18.90
	p*		0.11	0.57
Marital status	Single	9 (3.3)	33.54±10.09	53.35±15.22
	Married	266 (96.7)	29.22±3.66	49.55±17.35
	p*		0.31	0.38
Education	Secondary school	5 (1.8)	32.6±14.67	60.80±21.82
	High school	42 (15.3)	31.80±10.70	51.83±14.23

	University	178 (64.7)	34.36±9.95	54.15±15.36
	Postgraduate	50 (18.2)	31.38±8.70	50.36±15.28
	p**		0.85	0.40
Working status during the pandemic	Working	153 (55.6)	33.17±9.63	53.23±15.28
	Not working	122 (44.4)	33.72±10.55	53.42±15.84
	p*		0.91	0.92
Chronic disease status	Yes	40 (14.5)	38.55±10.65	54.37±18.15
	No	235 (85.5)	32.52±9.61	53.03±14.77
	p*		0.00	0.83
Chronic disease status of the child	Yes	19 (6.9)	33.00±8.93	46.15±16.95
	No	256 (93.1)	33.42±10.06	53.75±15.05
	p*		0.89	0.21
Having a family member diagnosed with COVID-19	Yes	32 (11.6)	39.15±12.05	50.40±12.54
	No	243 (88.4)	32.64±3.44	53.60±15.59
	p*		0.00	0.37
Having a family member tested for COVID-19	Yes	111 (40.4)	34.70±10.88	51.96±14.05
	No	164 (59.6)	32.51±9.25	54.08±16.04
	p*		0.15	0.36

*Mann Whitney U Test, **Kruskal Wallis Test

Table 2. Mean Scores of BAS, C19P-S, and PAS

	N (%)	X±SD	Min-Max
Beck Anxiety Scale (BAS)		33,40±9,97	21.00-68.00
Moderate	69 (25.1%)	22.89±1.58	
Severe	206 (74.9%)	36.50±8.72	
COVID-19 Phobia Scale (C19P-S)		53.22±15,28	20.00-97.00
Less than 65	212 (77.1%)	45.64±13.90	
More than 65	63 (22.9%)	55.50±14.90	
Parental Attitude Scale (PAS)			
Democratic Attitude		73.73±6.09	55.00-83.00
Protective Attitude		30.55±5.98	15.00-45.00
Permissive Attitude		22.66±5.06	9.00-41.00
Authoritarian Attitude		21.78±4.67	14.00-36.00

Table 3. The Correlations between BAS, C19P-S, and PAS

Spearman	Correlation	BAS	C19P-S	Democratic	Protective	Permissive	Authoritarian
BAS	r		.461**	-.116	.067	.238**	.206**
	p		.000	.055	.266	.000	.001
	n		275	275	275	275	275
C19P-S	r	.461**		-.122*	.273**	.085	.213**
	p	.000		.043	.000	.162	.000
	n	275		275	275	275	275
Democratic Attitude	r	-.116	-.122*		.037	-.131*	-.535**
	p	.055	.043		.545	.030	.000
	n	275	275		275	275	275
Protective Attitude	r	.067	.273**	.037		.128*	.154*
	p	.266	.000	.545		.034	.011
	n	275	275	275		275	275
Permissive Attitude	r	.238**	.085	-.131*	.128*		.164**
	p	.000	.162	.030	.034		.006
	n	275	275	275	275		275
Authoritarian Attitude	r	.206**	.213**	-.535**	.154*	.164**	
	p	.001	.000	.000	.011	.006	
	n	275	275	275	275	275	

** Correlation is significant at 0.01 level (2-tailed).

* Correlation is significant at 0.05 level (2-tailed).

DISCUSSION

In our study, it was determined that most parents showed severe anxiety, and some parents had moderate level of COVID-19 phobia. Similarly, in the study by Ebrahim et al. (2020) including 306 individuals, parents were found to exhibit COVID-19 associated anxiety (Ebrahim, et al., 2020). Adibelli and Sümen (2020) stated in their study that 79.7% of the parents were scared and excited due to COVID-19 (Adibelli and Sümen, 2020). Moreover, Brown et al. (2020) reported that 68.9% of the parents showed COVID-19-related anxiety and 86.3% showed depressive symptoms (Brown et al., 2020). While 49.6% of the parents were found to exhibit severe anxiety in the study by Drouin et al. (2020), 39.9% of the parents were found to show severe anxiety in the study by Lee et al. (2021) (Drouin et al., 2020; Lee, Ward, Chang and Downing, 2021). In another study, it was also determined that anxiety of the parents, who lost their jobs, were more, and anxiety levels of the children of parents, who showed severe anxiety, were also high (Lee et al., 2021). Health-related crisis may be affected by many factors. Factors such as hygiene habits and economic conditions of the individuals, social meetings, adequacy and availability of healthcare system, and affordability of healthcare services by the state have been reported to have an impact on anxiety levels (Fiorillo and Gorwood, 2020; Lin et al., 2021; Wind and Komproe, 2012). Based on our results, the concern that individuals may have to take their own precautions due to their thoughts as national and international measures are not sufficient in the scope of COVID-19 or the increase in the number of people diagnosed with COVID-19 at specific times was suggested to be a possible reason of the severe anxiety seen among the parents.

When the relationship between anxiety of the parents and their sociodemographic data was examined. Only individuals who had a chronic disease and who had a family member diagnosed with COVID-19 have severe anxiety. It is thought that the diagnosis of COVID-19 in a family member, the state of being affected by the disease of the person, the fact that the patient may infect himself, his spouse or child with the disease may cause anxiety in parents (Dalton, Rapa and Stein, 2020; Dubey, Dubey, Ghosh and Chatterjee, 2020; Hu et al., 2020). Moreover, talking about COVID-19 all day, following news from social media, and searching for COVID-19-related information on the internet may cause an increase in the anxiety (Gao et al., 2020).

The COVID-19 phobia of parents was found moderate. The reason why parents experienced COVID-19 phobia at a moderate level despite having severe anxiety may be interpreted as their careful follow-up and practice regarding measures for protection from COVID-19 and their limitations in social lives. Özkan and Geçkil (2022) studied that mothers' fear of COVID-19 was 19.37 ± 5.84 . Suffren et al. (2021) showed that parental COVID-19 fear was 14.6 ± 5 . Jeffs et al. (2021) found that 47.7% of parents have moderate fear. The study is similar to the literature. There were little studies examining mothers' fear of COVID-19 in literature. It was limited to discuss the study.

Although parents were generally found to adopt democratic and protective attitudes based on the study results, mean BAS scores of the parents were determined to have a negative correlation with democratic attitudes and a positive correlation with authoritarian attitudes. Moreover, C19 P-S was found to have positive correlations with protective and authoritarian attitudes. When the study of Deater-Deckard (1998) was examined, it was found that parents who had a high level of parental stress were more authoritarian and tough, and they were less sensitive to their children (Deater-Deckard, 1998). In the previous studies, it was reported that individuals with a high level of parental stress exhibited more punitive attitudes and parent-child interaction was found to be negatively affected (Crnic, Gaze and Hoffman, 2005; Hong et al., 2020; Kay and Saglam, 2021; Lee and Ward, 2020; Liu and Wang, 2015; Wang et al., 2020). Kay and Saglam (2021) were determined that the attitudes of parents changed during the pandemic process and they adopted more protective attitude (Kay and Saglam, 2021). In Ildeniz's (2021) master thesis, it was determined that parents adopt an authoritarian attitude to those with high parenting stress during the pandemic process. Lee and Ward (2020) showed that financial worries and social isolation because of pandemic affected parenting behaviors (Lee and Ward, 2020). Parents, who experienced severe anxiety and had COVID-19 fear, might have shown a protective and authoritarian attitude towards their children during the pandemic. Parents, who are internally responsible for ensuring the adaptation of their children to the changes occurring in all areas of life, might have adopted these attitudes in order to protect their children from the physiological, psychological, and social effects of COVID-19 through some rules. Parents are considered to adopt authoritarian and protective attitudes in order to alleviate these effects.

CONCLUSION

Based on the study results, parents were found to have severe anxiety and a moderate level of COVID-19 phobia. Anxiety and COVID-19 phobia were found to be positively correlated with authoritarian and protective parental attitudes. It is thought that severe anxieties are a motivating power in adapting to the precautions taken for protecting from COVID-19 and decrease COVID-19 phobia in the parents. It is also considered that the parents, who generally show a democratic attitude, exhibit authoritarian and protective attitudes during this period in order to protect their children and support them to adapt changes in life.

It is recommended to support and follow children and parents by the nurses in physiological and psychological aspects through innovative approaches such as telehealth. Parents should be provided online training enabling them to have healthy communication with their children due to the changing roles and increasing responsibilities at pandemic process. Parents should be allowed to express their concerns and fears and they should be taught proper coping skills with anxiety during the pandemic.

Author Contributions

Concept and design: H.U., D.Z., H.B.Y., Z.B. Data collection: H.U., D.Z., S.A.S. Data analysis and interpretation: H.U., D.Z., S.A.S. Writing manuscript: H.U., D.Z., S.A.S., H.B.Y., Z.B. Critical review: H.B.Y., Z.B.

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