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Covid 19 Phobia from Turkey Perspective

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Abstract

The social, political, economic and psychological effects of the Covid-19 pandemic, which first appeared in China and affected the whole world, suddenly affected our lives. The Covid 19 pandemic affected individuals psychologically as well as physically. Along with loneliness, which occurs along with social isolation, many problems such as anxiety, fear and phobia have often become noticeable. Accordingly, it is important to study and uncover the consequences caused by the pandemic.

In light of these findings, the main aim of the study was to investigate the phobia developed against covid-19 in terms of various variables. The study's working group consists of adult individuals in the 18-65 age range. As a data collection tool, the 'Covid-19 phobia scale' was used to measure the phobia that participants may have developed against Covid-19 with the personal information form. The scale consists of 4 sub-dimensions. These are psychological phobia, somatic phobia, social phobia, and economic phobia. The height of the total score taken from these lower dimensions and the entire scale indicates the height of the phobia developed against covid-19.

As a result of the research, the hypotheses of the study were confirmed. In this context, it was revealed in the analysis results that the phobia developed against corona virus 19 differed significantly depending on gender, age, educational level and occupational status.

According to the results obtained, some recommendations were presented to the researchers for the studies to be carried out after that.

Key Words: Corona Virus, Virus, Covid 19, Epidemic, Phobia.

Introduction

The COVID-19 virus, which occurred in 2019, is contained within the beta coronavirus family, and has soon taken over the whole world, and is now considered a global epidemic.

Declared as epidemic pandemic (World Health Organization [who], 2020; Koçak & Harmancı, 2020). This virus is primarily causing respiratory infection, affecting the physical and mental health of individuals and can produce long-term results (Almond & Mazunder, 2005; Bozkurt, Zeybek & Aşkın, 2020). Concerns, fears and stress have emerged, especially since the Covid-19 outbreak was observed in the early days of cases in people (Rajkumar, 2020; Bozkurt, Zeybek & Aşkın, 2020). The fear that appears before COVID-19 in outbreaks such as Ebola, SARS, MERS is a phenomenon that allows biological preparation of the ability to respond to human-threatening cases needed to survive. But, like all emotions, when fear is overly seen and now chronic, it becomes harmful and can cause many psychological disorders (Garcia, 2017; Shin & Liberzon, 2010; Bekaroğlu & Yılmaz, 2020). The sense of fear can be experienced particularly intensively in epidemic situations, and can also cause the proliferation of psychological cases that have already been present (Shigemiro, Ursano, Morganstein, Kurosawa & Benedek, 2020; Bekaroğlu & Yılmaz, 2020). According to Reardon's (2010) study, the number of people psychologically affected in the epidemic is higher than the number of people affected in the event of infection. The continued outbreak in Turkey and the world can lead to psychological problems that could cause socially hopeless (Lee & et al. 2020; Kımter, 2020). Deaths confirmed by the unexpectedly rapid spread of the epidemic and increased cases can cause psychological problems such as depression, stress, anxiety, phobia on public and health workers. In addition, quarantine practices can lead to emotional problems and increased stress levels (Naeem, Irfan & Javed, 2020; Tönbül, 2020). Therefore, it is foreseen that the area of psychology has an important role to understand people's reactions to the COVID-19 epidemic, how they cope with the epidemic, and how the epidemic is keeping pace with the quarantine period (Arden & Chileot, 2020; Tönbül, 2020).

The fear that has been felt in outbreaks such as Ebola, SARS, MERS before COVID-19 is a phenomenon that allows biological preparation of the ability to respond to human-threatening cases needed to survive. But, like all emotions, when fear is overly seen and now chronic, it becomes harmful and can cause many psychological disorders (Garcia, 2017; Shin & Liberzon, 2010; Bekaroğlu & Yılmaz). The sense of fear can be experienced particularly intensively in epidemic situations, and can also cause the proliferation of psychological cases that have already been present (Shigemiro, Ursano, Morganstein, Kurosawa & Benedek, 2020; Ertem, 2020). According to Reardon's (2015) study, the number of people

psychologically affected in the epidemic is higher than the number of people affected in the event of infection. These symptoms of people with fear of infection and health concerns prior to COVID-19 are reported to have deteriorated further along with the epidemic period (Levinson & et al., 2019; Bekaroğlu & Yılmaz, 2020) while the media has some evidence-based information on COVID-19, the "coronophobia" process needs more research to manage psychologically (Asmundson & Taylor, 2020; Bozkurt, Zeybek & Aşkın, 2020) and prior to that, it is also important to investigate the affected situation of people with discomfort. In recent studies related to COVID-19, the fear of people getting infected by the epidemic, the concern that people experience has negatively affected their mental health (Ahmed & et al., 2020; Chen & et al., 2020; Erdoğdu & et al., 2020; Ho & Et al., 2020; Okur & Demirel, 2020; Qiu & et al., Sani & et al., 2020; Ünal, Atik & Gözüyeşil, 2021). According to a study conducted in Italy during the pandemi period, 38% of respondents were reported to have at least one psychological problem (Moccia & et al., 2020; Batıgün & Ertürk, 2020). According to a Chinese study, approximately 17% of respondents found signs of severe depression, while 30% showed signs of moderate and severe anxiety, and 8% of them found signs of moderate and severe stress. In addition, 75% of respondents expressed concern that the epidemic would infect family members (Wng & et al., 2020; Duman, 2020). Another study in China found that the use of alcohol in addition to depression and anxiety disorders increased during COVID-19 (Ahmed & et al., 2020; Ünal, Atik & Gözüyeşil, 2021). In a research conducted in Turkey, ¼ of the participants indicated their symptoms of anxiety and 1/3 indicated that they experienced symptoms of desperation at a moderate or severe level (Erdoğdu & et al., 2020; Batıgün & Ertürk, 2020). In another study, it was observed that people reviewed the posts on the internet before and after the outbreak, and in this case, increased social risk sensitivities and negative emotions (li & et al., 2020; Ünal, Atik & Gözüyeşil, 2021). It was determined that there was a decrease in positive emotions, such as life saturation and happiness. In addition to emotions, COVID-19 has been working on the behavior of people and their thoughts. Prevalently, a study conducted by 1245 high school and university students found that 40% of students stayed at home on a stay-at-home call, 57% were negatively affected by staying at home, and 72% saw the possibility of infection as "low". Again in this study, "how long do you think you can endure this period of Koronavirus?" 49.6% of students answered the question "until the danger has passed" (Bilge,

Deliceoğlu & Işık, 2020). In a study using the impact Scale of incidents, more than half of participants were found to be highly affected by the outbreak (Wang & Arch., 2020; Duman, 2020). Also in this study, it was determined that taking precautions such as wearing masks and washing hands with similar behavior to following up-to-date data on health reduces levels of anxiety, stress and depression.

In this study, considering all these effects that the pandemic may have created, the Covid 19- developed phobia is intended to be analyzed for some variables.

Based on this general purpose, the research looked for answers to the questions listed below:

Does the phobia individuals may have developed against COVID 19 differ significantly according to gender?

Does the phobia individuals may have developed against COVID 19 differ significantly according to age?

Does the phobia individuals may have developed against covid 19 differ significantly according to their educational status?

Does the phobia individuals may have developed against COVID 19 differ significantly according to their profession / work area?

Importance of Research

The study aims to examine the phobia, which can evolve against covid-19 during the pandemic period, for some variables. With the isolation and uncertainty of the pandemic process, many people have seen many negative symptoms such as phobia, anxiety, fear. The visible presence of these symptoms in many parts of society makes it important to work on the subject. In this context, research is important for the fact that this outbreak we are in is addressed in this regard.

Method

Model of Research

The model of the research is a screening model, which is "a research model intended to

identify a situation in the past or in the way it still exists" (Karasar, 2018). This model is performed in the form of data pairs that will allow for a relational analysis (Karasar, 2018).

Data Collection Tools

In this study, the 'Personal Information Form' developed by the researcher to obtain some demographic information of the participants used the 'Coronavirus 19 Fobisi (CP19-S) Scale' developed by Arpacı, Karataş & Baloğlu (2020) to measure the phobia that participants may have developed against COVID-19.

Personal Information Form

In the personal information form developed by the researcher, there are questions for participants to measure some demographic information such as gender, age, level of education and profession/work

Coronavirus 19 Phobia (CP19-S) Scale

The coronavirus 19 phobia (cp19-s) scale is a 5-degree Lyert-type self-assessment scale developed by Arpacı, Karataş & Baloğlu (2020) to measure the phobia that can develop against the corona virus. Scale items are evaluated between 1 "absolutely not agree" and 5 "strongly agree". 1., 5., 9., 13., 17. and 20. Materials psychological Subdimension; 2. 6. 10. 14 and 18. Substances Somatic Sub Size; 3. 7. 11. 15 and 19. Substances Social Sub Size; 4.

8. 12. And 16. The substances measure the Economic Subdimension. The sub-size points are obtained by the total score of the answers to the items of that sub-size, while the total C19P-S score is obtained by the sum of the sub-size scores and varies between 20 and 100 points. The height of the points describes the height of the phobia in the lower dimensions and developed against the general corona virus.

The internal coefficient of the "Coronavirus 19 Fobisi Scale" used for this workgroup in terms

of Crα = 0,913, the internal coefficient of consistency of the psychological phobia subdimension in Crα = 0,777, the internal coefficient of consistency of the somatic phobia subdimension in Crα = 0,822, the internal coefficient of consistency of the social phobia subdimension in Crα = 0,802, The internal coefficient of consistency of the economic phobia subdimension is calculated as Crα = 0,741.

The reliability coefficient compared to Özdamar (2002); the scale is reliable if $0.60\alpha \le 0,80$; the scale is $0.80\alpha \le 1,00$; the scale is a highly reliable scale. The resulting Crα coefficients show that the scales used are highly reliable.

Analysis

In the data analysis, at first, some assumptions for the data have been reviewed. Once the scale items have been delivered to participants through Google forms, lost and incorrect data, one of the key assumptions about the data, has been reviewed through frequency distributions and the dataset is free from incorrect and lost data. After testing the assumptions related to the data, the data analysis process was started. Descriptive statistics for demographic variables have been examined through frequency distributions. The variables were tested using Shapiro-Wilk test to see if they fit the normal distribution and the variables that do not correspond to the normal distribution are given with the median, minimum and maximum values. The analysis of the differences between the two groups used the "Mann Whitney U" test "Kruskal Wallis H" for differences between 3 or more groups. Statistical analysis was performed in IBM SPSS Statistics 22.0. The level of semantics is taken 0,05.

Sample Group

This research was carried out in 2021. In the study, simple selection-free sampling technique is used, which is the sampling type where all elements in the universe have the chance to be equally selected. The study group consists of students between the ages of 18-65, public employees, private sector, tradesmen and non-professional and graduate students from

primary school to graduate school.

Findings

Hypotheses established within the scope of research

The hypotheses established as part of the purpose of the research are as follows.

Hypothesis 1: Coronavirus 19 phobia varies by gender.

Hypothesis 2: Coronavirus 19 phobia varies by age.

Hypothesis 3: Coronavirus 19 phobia varies according to education level.

Hypothesis 4: The coronavirus 19 phobia varies depending on the operating status.

Participants' Features

The characteristics of the participants involved in the study are given in Table 1 below.

Table 1. Participants' features

		Frequency	Percent	Percent Cumulative
Gender	Woman	260	71,4	72,4
	Man	99	27,2	100,0
Age	18-25 age	114	31,3	31,8
	26-35 age	96	26,4	58,5
	36-45 age	68	18,7	77,4
	46-55 age	56	15,4	93,0
	56-65 age	25	6,9	100,0

		6	1,6	
	Primary / Secondary School			1,7
	High school	38	10,4	12,3
Level of education	associate	50	13,7	26,2
	License	216	59,3	86,4
	higher education	49	13,5	100,0
	Unemployed	13	3,6	3,6
	Student	91	25,0	29,0
	Private Sector Employee	77	21,2	50,4
Working Status	Public Employee	152	41,8	92,8
		11	3,0	95,8
	tradesmen			
	Housewife	15	4,1	100,0

71,4% of the respondents involved in the research are women and 27,2% are men.

31,3% of the participants are between 18-25 years of age, 26,4% in 26-35 years of age, 18,7% in 36-45 years of age, 15,4% in 46-55 years of age, and 6,9% in 56-65 years of age.

1,6% of the participants have a primary/secondary school, 10,4% high school, 13,7% associate, 59,3% undergraduate, and 13,5% higher education.

3,6% of the participants are unemployed, 25% are students, 21,2% are private sector employees, 41,8% are public employees, 3% are tradesmen, and 4,1% are housewives.

Coronavirus 19 Phobia Levels of Participants

Table 2. Coronavirus 19 Phobia Levels of Participants

	N	Average	Standard deviation	Min	Maks
Psychological Phobia	360	20,13	4,96	2	30
Somatic Phobia	360	9,87	3,62	2	23
Social Phobia	360	14,93	4,56	5	25
Economic Phobia	360	8,4	3,04	4	18
Coronavirus 19 Phobia	360	53,28	13,74	4	94

The coronavirus 19 phobia levels of the participants are 53,28 ± 13,74, psychological phobia levels are 20,13 ± 4,96, somatic phobia levels are 9,87 ± 3,62, social phobia levels are 14,93 ± 4,56, and economic phobia levels are 8,4 ± 3,04.

Review of the participants' Coronavirus 19 Fobi levels according to the socio-demographic variables

Table 3. Review of the participants' Coronavirus 19 Fobi levels by Gender

	Gender	N	Median	Min	Maks	p value
Psychological Phobia	Woman	260	21	2	30	**0,001**
	Man	99	19	6	30	
Somatic Phobia	Woman	260	10	2	21	**0,046**
	Man	99	9	4	23	
Social Phobia	Woman	260	15	5	25	0,397
	Man	99	16	5	25	
Economic Phobia	Woman	260	8	4	18	**0,012**
	Man	99	8	4	16	
	Woman	260	54	4	89	

Coronavirus 19 Phobia	Man	99	51	20	94		**0,026**

p<0,05, Mann Whitney U Testi

The levels of coronavirus 19 phobia, psychological phobia levels, somatic phobia levels and economic phobia levels of the participants vary according to their gender. Female coronavirus 19 phobia levels, psychological phobia levels, somatic phobia levels and economic phobia levels are higher than men. The social phobia levels of the participants do not vary by gender.

Table 4. Review of the participants' Coronavirus 19 Fobi levels by Age

	Gender	n	Median	Min	Maks	p value	Pairwise Comparisons
	18-25	114	22	6	30		
	26-35	96	20	6	30		
Psychological Phobia	36-45	68	18	2	30	**0,001**	18-25>26-35 ve 36-45
	46-55	56	20	12	30		
	56-65	25	19	17	30		
	18-25	114	10	4	20		
	26-35	96	9	5	20		
Somatic Phobia	36-45	68	9	2	21	**0,013**	46-55>26-35
	46-55	56	10	5	23		
	56-65	25	10	6	20		
	18-25	114	16	5	25		
	26-35	96	14	5	25		
Social Phobia	36-45	68	14	5	25	**0,001**	18-25 ve 46-55>26-35
	46-55	56	17	6	25		
	56-65	25	15	9	21		
	18-25	114	8	4	18		
	26-35	96	8	4	17		
Economic Phobia	36-45	68	8	4	16	0,186	
	46-55	56	8	4	16		
	56-65	25	9	5	15		
	18-25	114	56	20	85		

						P value	Pairwise Comparisons
	26-35	96	51	20	87		
Coronavirus 19 Phobia	36-45	68	49	4	89	**0,004**	18-25>26-35
	46-55	56	55	27	94		
	56-65	25	53	39	82		

p<0,05, Kruskal Wallis H Testi

The levels of coronavirus 19 phobia, psychological phobia levels, somatic phobia levels and social phobia of the participants vary according to their age. the coronavirus 19 phobia levels of participants in the 18-25-year-old group are higher than those in the 26-35-year-old group. the psychological phobia levels of participants in the 18-25-year-old group are higher than those in the 26-35 and 36-45-year-olds. somatic phobia levels of participants in the 46- 55-year-old group are higher than participants in the 26-35-year-old group. the social phobia levels of participants in groups 18-25 and 46-55 are higher than those in the 26-35-year-old group. The economic phobia levels of participants do not vary by their age.

Table 5. Review of the participants' Coronavirus 19 Fobi levels by Education Level

	Level of education	N	Median	Min	Maks	P value	Pairwise Comparisons
Psychological Phobia	Primary / Secondary School	6	20	15	27		
	High school	38	20	12	30	0,142	
	associate degree	50	20	6	30		
	License	216	21	2	30		
	Graduate	49	19	6	30		
Somatic Phobia	Primary / Secondary School	6	12,5	6	20		High school, associate degree, License > Graduate
	High school	38	10	5	20	**0,009**	
	associate degree	50	10	5	23		
	License	216	10	2	21		

	Graduate	49	8	5	19	
	Primary / Secondary School	6	17,5	13	21	
Social Phobia	High school	38	15	6	25	0,259
	associate degree	50	14	5	25	
	License	216	15	5	25	
	Graduate	49	15	5	25	
	Primary / Secondary School	6	11	6	16	
Economic Phobia	High school	38	9	4	17	0,051
	associate degree	50	8	4	16	
	License	216	8	4	18	
	Graduate	49	8	4	15	
	Primary / Secondary School	6	63	40	77	
Coronavirus 19 Phobia	High school	38	54,5	27	85	0,095
	associate degree	50	53	20	94	
	License	216	54	4	89	
	Graduate	49	49	20	82	

p<0,05, Kruskal Wallis H Testi

The somatic phobia levels of the participants vary according to their training levels. The somatic phobia levels of the participants with the level of high school, undergraduate and undergraduate education are higher than those with the level of undergraduate education. The levels of coronavirus 19 phobia, psychological phobia levels, social phobia levels and economic phobia of the participants do not vary according to the level of education.

Table 6. Review of the participants' Coronavirus 19 Fobi levels by operating Status

	Working Status	n	Median	Min	Maks	p value	Pairwise Comparisons
Psychological Phobia	Unemployed	13	22	12	29		
	Student	91	23	14	30		Student > Private Sector Employee, Public Employee
	Private Sector Employee	77	20	6	30	**0,001**	
	Public Employee	152	20	2	30		
	Artisan	11	17	12	30		
	Housewife	15	19	14	27		
Somatic Phobia	Unemployed	13	9	5	18		
	Student	91	10	4	20		
	Private Sector Employee	77	10	5	20	0,632	
	Public Employee	152	10	2	21		
	Artisan	11	11	5	23		
	Housewife	15	10	7	20		
Social Phobia	Unemployed	13	14	7	25		
	Student	91	16	6	25		
	Private Sector Employee	77	14	5	25	0,242	
	Public Employee	152	15	5	25		
	Artisan	11	15	6	25		
	Housewife	15	14	10	20		
Economic Phobia	Unemployed	13	10	4	17		
	Student	91	8	4	18		
	Private Sector Employee	77	8	4	15	0,797	
	Public Employee	152	8	4	17		
	Artisan	11	10	4	16		
	Housewife	15	8	5	16		

	Unemployed	13	56	32	85	
	Student	91	54	32	87	
Coronavirus 19 Phobia	Private Sector Employee	77	53	20	79	0,230
	Public Employee	152	52	4	89	
	Artisan	11	56	27	94	
	Housewife	15	49	40	77	

p<0,05, Kruskal Wallis H Testi

The psychological phobia levels of the participants vary according to their working conditions. Students' psychological phobia levels are higher than private sector employees and public employees. The levels of coronavirus 19 phobia of the participants, somatic phobia levels, social phobia levels and economic phobia levels of the participants do not vary according to their operating status.

Discussion Conclusion and Recommendations

As it is known, the covid-19 outbreak has caused changes to many things around the world. From health to education to work and tourism, many sectors have been affected by this process. In this study, the effects of the epidemic are also intended to be discussed in a versatile way, both to study the phobia developed against covid 19 and to address various variables, including gender, age, education status and occupation. It was observed that the hypotheses stated at the beginning of the study were mostly validated and that there were expected differences in the level of meaningful.

In the study conducted according to the principle of volunteering, the majority of respondents are female, showing us that women are more willing and interested than men.

The study found that coronavirus 19 phobia levels, psychological phobia levels, somatic phobia levels and economic phobia levels vary by gender. Female coronavirus 19 phobia levels, psychological phobia levels, somatic phobia levels and economic phobia levels are higher than men. Social phobia levels do not vary by gender. In the study, it is known that depression, anxiety and somatic complaints are seen more in women than in men (who, 2020;

Koçak & Harmancı, 2020). At the same time, the increase in quarantine process due to Social isolation has caused problems for women to benefit from health and education services, while the intensity in the home environment during the isolation period has no say in many issues related to women themselves and their families, the increase in domestic disputes, and many of the problems such as women are physical, It is likely to affect socially and spiritually (Wenham, Smith, Morgan, Gender & COVD-19 working Group, 2020 & Mert, 2020; Ünal, Atik & Gözüyeşil, 2021). Similar to this study, Bakioğlu, Korkmaz & Ercan (2020) found that the fear of virus 19 to the choir was higher in female participants than men in the study with 960 adult participants. But unlike this research, CAO and his friends (2020) found that there was no significant difference in the stress and negative emotions that occurred as a result of the outbreak in their research with 7143 university students, and as a result, there were some factors, such as age, education, living conditions and socio-economic levels, that we looked at gender, it should be noted that it can be effective on the covid 19 phobia. As in this study, the majority of the middle and advanced age group has seen significant differences in gender, while the age average has dropped, and it is observed that this difference has been closed due to the impact of some factors such as the level of education, the working situation and the socio-economic situation.

Another important variable is the age factor that can be effective on the phobia developed against Covid 19. It is observed that the levels of coronavirus 19 phobia, psychological phobia levels, somatic phobia levels and social phobia levels of the participants vary according to their age. The levels of coronavirus 19 phobia and psychological phobia of the participants in the 18-25-year-old group are higher than those in the 26-35 and 36-45-year-olds. According to Çıngay (2015), information pollution on social media platforms can cause some mental problems such as attention problems, instability, forgetfulness, and especially psychological problems caused by mental fatigue can cause anxiety. In this study, one of the reasons why covid's phobia against 19 has increased as the age average has dropped is perhaps because social media is being used more by young people. On the other hand, somatic phobia levels of participants in the 46-55-year-old group are higher than those in the 26-35-year-old group. It is seen that the presence of somatic symptoms in the phobide, which is developed against covid 19, increases with age. It has been noted that 46% of the anxiety problems that continue with reduced functionality and deterioration in the quality of life in the elderly have started in

the late period, and that the average initial age of 48 is to be caught with this disease. It has been shown that women have more common anxiety disorder, many chronic diseases, low education and socioeconomic levels, single or divorced, stressful lifestyle, physical loss of function (Eroğlu, Annagür & İçbay, 2012). Depending on these factors, there may also be an increase in the symptoms of somatization with age. The social phobia levels of participants in groups 18-25 and 46-55 are higher than those in the 26-35-year-old group. Here we can link the impact of covid 19 on social phobia to higher levels in the younger and older group, social isolation in the process, and the increase in social media usage, the transition of schools to remote education and work from home. The quarantine and isolation, the fear of being infected and stamped, and the fact that they are open to false information, created a risk factor for anxiety and depression in individuals, causing chronic stress and had a negative impact on mental health (Burtscher & Grant, 2020; Ciddi & Yazgan, 2020). At the economic phobia level, there was no significant difference in age. Here, the presence of participants from various socio-economic levels and lives can be effective in achieving this outcome.

In this study, when we looked at the covid 19 phobia levels according to the study of the participants, the psychological phobia levels of the students were found to be higher than private sector employees and public employees. The studies are discussed as factors affecting academic efficiency and satisfaction in online education and education by increasing the communication and interaction of instructors-students (Haar, 2018; Saltürk & Güngör, 2020) with the returns given to students (Shea, 2006; Saltürk & Güngör, 2020). However, the isolation, social isolation and disruption in the education process, which is caused by the remote education of university students along with the epidemic, is observed to increase the psychological phobia in students. The levels of coronavirus 19 phobia of the participants, somatic phobia levels, social phobia levels and economic phobia levels of the participants do not vary according to their operating status. On the other hand, Hallin (2020) aims to measure its perception of working remotely/at home in a study conducted during the period of virus 19 pandemic. For this purpose, he conducted the research through a total of four interviewing methods with three female and one male, who moved from home to work in Sweden. In the study, unlike this research, he found that remote/home work and physical and social interaction are limited, while online communication is increasing, the boundaries between work and personal life are over and business motivation is reduced. In addition, he found that

social life was negatively affected by pandemic (Hallin, 2020; Serinikli, 2021).

Another finding from the study was that the somatic phobia levels of the participants with the level of high school, associate degree and license education were higher than those with the level of graduate education level. This shows that as the level of education increases, there may be a decrease in the anxiety, phobia, and stress factors that can be caused by the right information and incorrect information. On the other hand, coronavirus 19 phobia levels, psychological phobia levels, social phobia levels and economic phobia levels do not vary according to the level of education. Some factors, such as socio-economic differences, marital status, whether or not to work, can lead to closure of differences between education levels.

In the summer, it is observed that covid 19 has limited studies on the impact of individuals on mental health. In this respect, this study is important to address the constraint in the field summer.

As a result, gender, age, level of education and professional groups may have an impact on the phobia developed against covid 19. It is particularly clear to the extent in which the increased anxiety, stress and changes in daily life can have an impact on mental health. The presence of some intermediate variables that affect the results of the research has become more prominent with this study. For example, the impact of social media, the quality of life of individuals, the absence of any psychiatric disorders at the bottom, the socio-economic level, it has been observed that the civil situation and variables such as this may have had a very high impact on the results, as opposed to the general literature. To recognize the impact of the epidemic on individuals' mental health and to fight the epidemic more, the fact that experts in this area are more cooperative, that scientific studies are increased, and that people are more informed about it will be effective in the fight against the epidemic. The following recommendations can be offered to researchers for further studies;

1) Longitudinal studies can be performed for more effective results, unlike this study

2) Reaching more participants can be more functional for the results obtained.

3) Addressing some intermediate variables, such as civil status of participants, levels of

psychological resilience, socio-economic level, frequency of social media usage, will enrich research.

4) Finally, qualitative work is important according to the course of the pandemic.

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