THE DETERMINATION OF THE RELATIONSHIP BETWEEN THE ANXIETY AND FEAR CAUSED BY COVID-19 AND THE SOCIODEMOGRAPHIC FEATURES AND PREDICTIVE EFFECT

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ABSRACT

Anxiety and fear are important problems that cause individual's problem and quality of life. The aim of this study is to investigate the relationship between anxiety and fear in individuals due to Covid-19 and sociodemographic characteristics, and to investigate the anticipation of anxiety and fear to covid-19. This research was conducted as a relational screening method between 20 March and 8 April 2020. 1200 volunteers participated in the study. Visual Scala Scale was applied to students online. The individuals participating in the study were asked to score between 0-10 on their perception of anxiety and fear due to Covid-19. In the scale questions, participants were asked to show your subjective perception on a ruler numbered from 0 to 10. In this case, 0 anxiety and fear, 10 most anxiety and fear options were asked to be filled among those included in the research. For the predictive effect of the one-way Anova and anxiety and fear variable, simple regression analysis methods were performed. In the light of the research results, there is a relationship between anxiety and fear levels due to covid-19 and gender, age, education and marital status. We also found that Covid-19 was a significant predictor of participants' anxiety and fear levels.

Keywords: Covid-19, Anxiety, Fear, Pandemic

INTRODUCTION

COVID-19 is the name scientists have given to people's illnesses after being infected with SARS-CoV-2, a new coronavirus strain discovered in 2019. In December 2019, a pneumonia caused by the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) appeared in Wuhan, Hubei Province, China. Because the 2019 coronavirus disease (COVID-19) is highly contagious with a certain mortality rate, it was classified as a class B infectious disease and was managed as a class A infectious disease in China in January 2020. China has taken strict infection control measures, isolated exposed and suspected cases to international standards, constantly updated the diagnosis and treatmalet process, and maintained public education. ARS-CoV-2 belongs to the genus Betacoronavirus with severe acute respiratory syndrome

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coronavirus (SARS-CoV) and Middle East respiratory syndrome coronavirus (MERS-CoV) (Wang, Guo, Chen, Liu, Cao, Zhang & Feng, 2020).

More than one million cases of Covid-19 and over 58,000 associated deaths have been confirmed globally since the disease emerged in China three months ago. The World Health Organization warned that countries in the Middle East must act quickly to limit the spread of the virus, stating that there is an "alarming increase" in cases. The United States reported more than 1100 deaths in the past 24 hours. On the other hand, outbreaks in Italy and Spain, which are among the worst affected countries in terms of deaths, appear to peak as the growth rate in new cases and deaths (Vogel, 2020).

People who are currently living with HIV (PLHIV) are at a higher risk of acquiring SARS-CoV-2 or developing further COVID-19, especially if they do not compromise their immune system, there is no strong data, people with chronic conditions and a weaker immune system COVID- They are known to be the most vulnerable to 19 infections. There are currently no approved treatmalets for COVID-19, no immune therapeutics and no vaccine. Treatmalet is symptomatic (eg rest, hydration, antipyretics) and anti-contamination measures are taken. Experimaletal drugs (eg remdesivir), LPV / r and interferon beta combination, other broad spectrum antivirals, chloroquine and therapeutic monoclonal antibodies are being tested for the treatmalet of COVID-19 in the context of a clinical trial. There is no evidence to recommaled a specific anti-COVID-19 treatmalet for patients with confirmed COVID-19 (WHO, 2020).

Coronaviruses are zoonotic, meaning they are transmitted between animals and humans. Detailed research has found that SARS-CoV is transmitted from civet cats to humans and MERS-CoV from dromedary camels to humans. Several known coronaviruses circulate in animals that do not yet infect humans. Signs of infection include respiratory symptoms, fever, cough, and difficulty breathing. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure, and even death. Standard recommaledations for preventing the spread of infection include regular hand washing, covering the mouth and nose when coughing and sneezing, and thorough cooking of meat and eggs. Close contact with people who show signs of respiratory illness such as coughing and sneezing should be avoided (Paho, 2020).

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Pandemic is defined as an infectious disease that threatens a large number of individuals simultaneously worldwide. Swine flu was among the pandemic diseases in 2009. Hundreds of thousands of individuals have been reported to die from swine flu. The World Health Organization (WHO) states that there should be 3 criteria for a pandemic to be a disease:

- The virus must be new
- It should easily switch to individuals
- It should be able to be transmitted continuously and easily from person to person

Although the pandemic is not a simple concept, its misuse may cause higher mortality rates than was thought to be of fear, panic or the thought that the fight against diseases would not be beneficial (https://www.bbc.com, 2020).

It is in a period that we are passing through the days of coronavirus as all humanity. Due to the rapidly spreading epidemic around the world, people were closed to their homes, the necessary precautions were taken, but the work was not limited to this. A new information received every day was enough to deepen our anxieties and revive possible bad scenarios hidden in the dark of our minds, so we try to relax by stocking up more pasta or toilet paper (Ulukaya, 2020).

Freud is the first to use the concepts of fear and anxiety together. In 1966, Freud said that there are three types of anxiety: objective, neurotic, and moral anxiety (Endler ve Kocovski, 2001).

The aim of this study was to determine the panic and fear caused by COVID-19 according to sociodemographic (gender, age, education) levels in humans during this period, in which more than 20,000 COVID-19 cases were seen and over 500 casualties, and the anxiety and fear were covid-19. Its prediction for 19 is examined.

Materials and Methods

This research was carried out with 1200 volunteers online using Google Form survey application in March-April 2020. Interactive interviews were also conducted with the participants during the research process. Each researcher was also asked if he was diagnosed with Covid-19, and individuals who were not diagnosed were included in the study. Voluntary Consent Form was obtained online from the individuals included in the study.

Data Collection Tools

Visual Analogue Scale (VAS): Individuals participating in the study are asked to score their perception of panic and fear due to Covid-19 in the range of 0-10. VAS is a multi-disciplinary test with different versions and is used for all kinds of pain. This scale was adapted and used according to Covid-19. In VAS, the frequency, duration, severity of anxiety and fear experienced by individuals due to Covid-19, and the level of disturbance of individuals can be shown. In VAS questions, the patient shows the subjective perception level on a scale numbered from 0 to 10, and 0 is panic and fear, 10 is the most panic and fear option (Çamur, 2012).

Sociodemographic Characteristics of Participants

The ages of 1200 participants in the study were between 18-55 and the age range was determined as 36.97 ± 9.159. Participants were 610 female (50.8%) and 590 male (49.2%). Most of the patients were married 746 (62.2%), 648 (54.0%) between the ages of 10-20, 888 (74.0%) were primary or high school graduates, and 1013 (84.4%) were middle-income.

Statistical analysis

The data obtained from the individuals participating in the study were evaluated with SPSS (Statistical Package for the Social Sciences) version 25.0. This study is descriptive; The distributions between categorical variables were evaluated by descriptive analysis and continuous variables by t-test, ANOVA and predictive effect regression analysis. The level of significance was taken as 0.05.

Results

The sociodemographic characteristics of the individuals included in the study are given in Table 1.

Table 1. Descriptive Analysis Results of Sociodemographic Characteristics of the Participants

Variables		n	%
Gender	Female	610	50,8
	Male	590	49,2
	Total	**1200**	**100,0**
Age	10-20	648	54,0
	21-35	269	22,4
	36-50	166	13,8
	51-70	117	9,8
	Total	**1200**	**100,0**
Income	Low	128	10,7
	Middle	1013	84,4
	High	59	4,9
	Total	**1200**	**100,0**
Education	Primary School	532	44,3
	Middle School	197	16,4
	High school	356	29,7
	University and above	115	9,6
	Total	**1200**	**100,0**
Marital status	Married	746	62,2
	Single	178	14,8
	Divorced	210	17,5
	Total	**1200**	**100,0**

Of the 1200 individuals participating in the study, the number of female participants was 610 (50.8%), the number of male participants was 590 (49.2%), 178 (14.8%) single participants,

746 (66.2%) married participants, divorced The number of participants was 210 (17.5%), the number of primary school graduate participants was 532 (44.3%), the number of secondary school graduate participants was 197 (16.4%), the number of high school graduate participants was 356 (29.7%), Number of graduate participants 115 (9.6%), low-income 128 (10.7%) middle-income participants 1013 (84.4%), high-income 59 (4.9%) low-income participants level of participants 128 (10.7%) Number of participants aged 10-20 648 (54.0%), number of participants aged 21-35 269 (22.4%), 36-50 age range 166 (%) 13.8) and the number of participants aged 51-70 was found to be 117 (9.8%).

Table 2.t-Test Analysis Results of the of the Participants According to Gender

Variables	Gender	n	mean	SD	df	t	sig
Anxiety	Female	604	49,2235	10,05662	1191	-4,208	,000
	Male	589	51,7487	10,66615			

Looking at Table 2, a significant difference was found between male and female as a result of the t-test performed to determine whether the anxiety levels of 1200 participants participating in the study differ significantly according to gender (t (1191) = - 4.208; p = <0.05). The mean level of anxiety of the female participants (Mean 49.2235; SD = 10.05) was lower than the mean of the anxiety and panic levels of the male participants (Mean 5.7487, S.S. 10.66). These results show that the anxiety level of male participants is higher than that of female participants. In other words, there is a significant difference in anxiety levels between male and female participants.

Table 3.t-Test Analysis Results of the Gender of the Participants

Variables	Gender	n	mean	SD	df	t	p
Fear	Female	604	32,1623	09,1324	1191	-5,323	,000
	Male	589	61,2532	13,5689			

Looking at Table 3, a significant difference was found between male and female as a result of the t-test performed in order to determine whether the fear levels of the 1200 participants participating in the study differ significantly according to gender (t (1191) = - 4,208; p = <0.05). The mean level of fear of female participants (Mean 49.2235; S.S. = 10.05) was lower than the mean fear levels of male participants (Mean 5.7487, S.S. 10.66). These results show that the fear levels of male participants are higher than female participants. In other words, there is a significant difference between the anxiety and panic levels of male and female participants.

Table 4. Descriptive Statistics of Participants' Anxiety Levels According to Age

Ages	n	mean	SD
10-20	582	144,4416	22,19424
21-35	250	150,3440	29,49116
36-50	141	249,2482	32,48465
51-70	107	142,8318	21,94525
Total	1080	146,2759	24,22462

Table 5. ANOVA Results of Participants' Anxiety Levels Accorging to Age

Source of Variance	Sum of Squares	sd	Mean Square	F	p	Significant Difference
Intergroup	8610,560	3	2870,187	4,945	,002	35-50>21-35, 10-20-50>50-70
Within Group	624581,214	1076	580,466			
Total	633191,774	1079				

Analysis results show that there is a significant difference between the anxiety levels of the participants according to the age variable F (10765) = 4,945, p <05. In other words, the anxiety levels of the participants change significantly depending on the age. According to the results of the Scheffe test conducted to find out which groups have the differences between ages, the

mean anxiety levels of the participants between the ages of 36-50 (Mean 249.2482, SD 32.48465), the mean anxiety levels of the participants between the ages of 21-35 (Mean: 150 , 3440, SD 29.49116), the mean anxiety levels of the participants between the ages of 10-20 (Mean:144.4416, SD 22.19424) and the mean anxiety levels of the participants between the ages 51 and 70 (Mean 142.8318 SD 21.94525)) is higher. According to these results, individuals between the ages of 36-50 have higher anxiety levels than other participants.

Table 6. Descriptive Statistics of Participants' Fear Levels According to Age

Ages	n	mean	SD
10-20	582	122,5144	22,29224
21-35	250	139,1212	19,49516
36-50	141	141,4157	12,22465
51-70	107	136,5247	11,44225
Total	1080	135,6565	14,32462

Table 7. ANOVA Results of Participants' Fear Levels According to Age

Source of Variance	Sum of Squares	sd	Mean Square	F	p	Significant Difference
Intergroup	7644,461	3	1874,287	3,455	,004	35-50>21-35, 10-20-50>50-70
In-Group	664081,214	1076	450,466			
Total	693191,974	1079				

Analysis results show that there is a significant difference between the fear levels of the participants according to the age variable F (1076) = 3.455, p <05. In other words, the anxiety levels of the participants change significantly depending on the age. According to the results of the Scheffe test conducted to find out which groups have the differences between ages, the mean anxiety levels of the participants between the ages of 36-50 (Mean 141.4157, SD 12.22465), the mean anxiety levels of the participants between the ages of 21-35 (Mean.139 ,

1212 SD 19.49516), the mean anxiety levels of the participants between the ages of 10-20 (Mean.122.5144, SD 22.29224) and the mean anxiety levels of the participants aged 51-70 (Mean 136.5247 SD 11.44225)) is higher. According to these results, individuals between the ages of 35-50 have higher anxiety levels than other participants.

Table 1. Descriptive Statistics of Participants' Anxiety Levels According to Income

Income	n	mean	S.S
Low	115	147,1130	21,00658
Middle	910	146,2308	24,60696
High	55	245,2727	24,47482
Toplam	1080	146,2759	24,22462

Table 9. ANOVA Results of Participants' Anxiety Levels According to Income

Source of Variance	Sum of Squares	sd	Mean Square	F	p	Significant Difference
Intergroup	137,796	2	68,898			
Within Group	633053,978	1077	587,794	,117	,009	Yüksek>Düşük>Orta
Total	633191,774	1079				

Analysis results show that there is a significant difference between the anxiety levels of the participants according to the income variable F (1077) = 117, p <05. In other words, the anxiety levels of the participants vary significantly depending on their income level. According to the results of the Scheffe test conducted to find out which groups the differences between income levels are, the mean anxiety levels of the participants who declared high income level (Mean 245,2727, SD 24,47482) mean the anxiety levels of the participants who declared low income level (Mean.147 , 1130, SD 21.00658) and the anxiety levels of the participants who declared middle-level income levels were higher than the mean (Mean.146.2308, SD 24.60696).

According to these results, individuals who declared high income level had higher anxiety levels than other participants.

Table 10. Descriptive Statistics of Fear Levels of Participants According to Income

Income	n	mean	SD
Low	127	22,3228	3,70517
Middle	1008	21,9683	4,44038
High	58	20,8448	3,31822
Total	1193	21,9514	4,32540

Table 2. ANOVA Results of Participants' Fear Levels According to Income

Source of Variance	Mean Square	df	Mean Square	F	sig
Between groups	88,829	2	44,414		
In-Group	22212,351	1190	18,666	2,379	,093
Total	22301,180	1192			

Analysis results show that there is no significant difference between the fear levels of the participants according to the income variable F (1190) = 2.379, p> 05. In other words, the fear levels of the participants do not change significantly depending on their income level.

Table 12. Descriptive Statistics of Participants' Anxiety Levels by Education Variable

Education	n	mean	SD
Primary school	532	8,2782	2,30157
Middle School	197	8,6853	2,69588
High school	356	8,4213	2,60379
University and Above	115	11,7652	2,50729
Total	1200	8,3383	2,48878

Table 3. ANOVA Results of Participants' Anxiety Levels According to Education

Source of Variance	Sum of Squares	df	Mean Square	F	p	Significant Difference
Intergroup	65,864	3	21,955	3,567	,014	University and Over Graduate> Other Groups
Within Groups	7360,773	1196	6,154			
Total	7426,637	1199				

Analysis results show that there is a significant difference between the anxiety levels of the participants according to the education variable F (1196) = 3,567, p <05. In other words, the anxiety levels of the participants change significantly depending on their education level. According to the results of the Scheffe test, which was conducted to find the differences between education levels, the mean anxiety levels of the university and higher graduates (Mean 11.7652, SD 2.50729), the mean anxiety levels of the middle school graduates (Mean.8.6853, SD 2.69588), the mean anxiety levels of high school graduates (Avg.8.4213, SD 2.60379) and primary school graduates' mean (Mean 8.2782, SD 2.30157) were found to be higher. According to these results, anxiety levels of individuals with a university or higher degree are higher than other participants.

Table 4. Descriptive Statistics of Fear Levels of Participants According to Education

Education	n	mean	SD
Primary school	490	146,8327	26,15090
Middle School	181	148,3315	24,37828
High school	318	144,9371	22,77366
University and up	91	143,8681	16,79366
Total	1080	146,2759	24,22462

Table 5. ANOVA Results of Participants' Fear Levels by Education Variable

Source of Variance	Sum of Squares	df	Mean Square	F	sig
Between group	2014,226	3	671,409		
Within Groups	631177,548	1076	586,596	1,145	,330
Total	633191,774	1079			

Analysis results show that there is no significant difference between the fear levels of the participants according to the education variable F (1076) = 1,145, p> 05. In other words, the fear levels of the participants do not change significantly depending on their education level. These results do not differ in the fear levels of the participants according to the education variable. In other words, the fear levels of all training groups of the participants are similar.

Table 6. Analysis Results of the t-test According to the Marital Status Variable of the Participants

		n	mean	SD	df	t	sig
Anxiety	Single	860	147,5872	24,73446	,84344	3,536	000
	Married	220	141,1500	21,41161			

Considering the analysis results, a significant difference was found between married and single people as a result of the t-test performed to determine whether the anxiety levels of the participants differ significantly according to their marital status (t (84344) = - 3.536; p = <0.05). The mean level of anxiety of single participants (Avg.147.5872; S.S. = 24.73446) was higher than the mean level of anxiety of married participants (Avg.141.1500, S.S. 2141161). These results show that the anxiety levels of married participants are higher than single participants. In other words, there is a significant difference between the anxiety levels of married and single participants.

Table 7. Analysis Results of the t-test According to the Marital Status Variable of the Participants

		n	Mean.	SD	df	t	sig
Fear	Married	956	21,9351	4,27387	1191	-,260	,795
	Single	237	22,0169	4,53608			

When looking at the analysis results, no significant difference was found between married and single people as a result of the t-test performed to determine whether the fear levels of the participants differ significantly according to their marital status (t (1191) = -, 260; p => 0.05). In other words, there is no significant difference between the anxiety levels of married and single participants. In other words, the fear levels of married and single people are similar.

Table 8. Simple Regression Analysis Regarding Prediction of Anxiety According to Covid-19

Variable	B	Standard Error	Beta	t	sd
Constant	43,550	1,278		34,078	1
Covid-19	2,173	,390	,159	5,569	1198

R = ,159 $R^{2 =}$,025

F = 31,010 P = 0000

When the analysis results are examined, it is seen that Covid-19 is a significant predictor of the anxiety levels of the participants, R = 159, R2 = 025, F (1,1198) = 31,010, p <.05. It is stated that 25% of the total variance regarding anxiety levels is explained by Covid-19.

Table 19. Simple Regression Analysis Regarding the Prediction of Fear According to Covid-19

Variable	B	Standard Error	Beta	t	sd
Constant	14,459	584		24,753	1
Covid-19	,826	,178	,133	4,630	1148

R = ,133 $R^{2 =}$,017

F = 21,434 P = 0000

When the analysis results are examined, it is seen that Covid-19 is a significant predictor of the fear levels of the participants, R = 133, R2 = 017, F (1.1148) = 21.434, p <.05. It is stated that 17% of the total variance regarding fear levels is explained by Covid-19.

Discussion and Conclusion

The purpose of this study was to determine the panic and fear caused by COVID-19 according to socio-demographic (gender, age, income, marital status and education) levels and the predictability of anxiety and fear for covid-19 were examined. 1200 participants were examined in this study. There were 610 females and 590 males in the study. As a result of the analysis, it shows that the anxiety levels of male participants caused by covid-19 are higher than female participants. In other words, it was determined that there is a significant difference in anxiety levels between male and female participants.

There are biological differences in anxiety disorders related to gender. It has been determined that the receptors of the hypothalamus, amygdala, hippocampus and gonad hormones in the brain regions that regulate anxiety and mood are concentrated. For example, after estrogen enters the estrogen receptors, the receptors affect other hormones as well. Therefore, the positive effects of the estrogen hormone on memory in case of anxiety symptoms of the estrogen hormone cause the level of avoidance and danger perception to decrease (Stewart, Taylor & Baker, 1997). While anxiety was observed to be higher in female in field studies, it was observed that anxiety was higher in male in clinical studies. It was determined that the rate of male who applied for treatmalet because of anxiety was e (Dilbaz, 2000).

In our study, a significant difference was found between the fear levels of 1200 participants between female and male. In our study, it was determined that the fear levels of male participants are higher than female participants. The important thing here is from what angle the individual is valued for the problem experienced. The coping strategies for the problem are different for male and female. Female argue that the problem cannot be changed with the emotion-focused strategy method, while male argue that problems can be changed with the problem-focused strategy method. It has been observed that the problem-focused coping style predisposes less to depression. Some situations of female see that they are changeable compared to male (Cotton, 1990). Covid-19, on the other hand, can be explained that male have higher levels of fear than female, since there is no treatmalet yet and the situation cannot be changed in this process.

In studies on social and psychological anxiety sensitivity, it was observed that male were higher in scoring compared to their physical sensitivity level. In addition, it has been revealed that the fear of harm caused by the physical consequences of anxiety and anxiety is more common in female, and male are more concerned about the social and psychological consequences of anxiety than the physical symptoms (Wacker, Mullejans, Klein & Battegay, 1992).

In our study, it was determined that individuals between the ages of 36-50 due to covid-19 have higher anxiety levels than other participants. According to the American National Comorbidity Study, while the lifetime prevalence of male and female increased by 10.3% in female over 45 years old, it was observed that the rate in male did not change (Kessler, Chiu, Demler, Merikangas & Walters, 2005). It can be generally stated that anxiety is observed frequently in all stages of female's life and in adulthood in male, and decreases after the age of 50.

In the study, it was determined that the anxiety levels of high income group participants were higher than low and middle income participants. This result shows that individuals with high financial income experience more anxiety than low and middle income individuals. People do not want to be separated from their property, property or life. Therefore, their anxiety levels are higher due to the fear of losing. Defending that humans have different perspectives on death, Godin says that there are two types of approaches in particular. The first of these is the narcissistic form of protection and avoidance. For individuals who desire eternal life, narcissistic protection and avoidance include the need to live a solid life and ignore death. Secondly, the desire to be fulfilled, that is, a better lifestyle, manifests itself as a desire to live life in different ways. As a result, in both types of approaches, it is the reflection of individuals' longing to continue life without interrupting it and to live forever (Karakuş, Öztürk & Tamam, 2012).

It was found that the anxiety levels of the participants who graduated from university and higher were higher compared to the individuals who graduated from primary, secondary and high school. According to these results, as the level of education increases, the level of anxiety also varies. The greater the knowledge, the greater the effect of the problem. Since people learn about biology, chemistry and other sciences and especially their knowledge about the cell, they are more aware of the danger of a virological effect, causing more anxiety in individuals with higher education level.

Daily conversations that are audible or visually sensed through television, social media and radio affect our thoughts in terms of anxiety. In the developmalet of anxiety and fear, a negative

situation can be experienced by the individual, as well as information obtained from the environmalet may cause similar reactions. Even if we do not have experience about viral infections, knowing about infectious diseases negatively affects individuals. We give ourselves the opportunity to review and test our thoughts as a result of the situations experienced. We feel relieved as a result of being in anxiety and fear arising from thoughts that we are sure of the margin of error and that we have not tested and exhibiting the behavior of running away. This gives us the feeling that our thoughts are correct. In this process, our fears and anxieties continue to grow stronger (Gençöz, 1994).

In our study, the mean anxiety levels of single participants were found to be higher than the mean of married participants. These results show that the anxiety levels of married participants are higher than single participants. Living socially affects the lives of individuals positively in social problems. Social life support is a system that supports the skills of orientation to innovations and appropriate roles in order to reduce negative situations that cause stress in individuals and to help share feelings. The system that supports social life includes a close circle (family, relative, etc.) and this system also affects the behavior of parents' children. Social life support plays an educational role in terms of strengthening children's competence levels (Yalçın, 2014). Single individuals lead a more individual life than married individuals. This may cause single individuals to be more anxious.

When the results of our study were examined, it was found that Covid-19 was a significant predictor of the anxiety and fear levels of the participants. Pandemic diseases such as H1N1 influenza (swine flu) are often highly publicized in the mass media and can be associated with high levels of anxiety and compensatory behavior (for example, using hand sanitizers) (Wheaton, Abramowitz & Berman, 2011). For many people, the uncertainty surrounding covid-19 is the hardest thing. Not knowing exactly how we will be affected or how bad things can be triggers panic. It is especially vital to be informed about what is happening in the community. However, besides many misinformation circulating around, there are sensational contents that are fed only by fear (Smith & Robinson, 2020).

In the light of the findings of the study, it was observed that there was a relationship between anxiety and fear levels due to covid-19 and gender, age, education and marital status. In the study, anxiety level was found to be higher in middle-aged individuals compared to individuals in other age groups. The higher the education level, the higher the level of anxiety. On the other hand, it is seen that income status is related with anxiety. Anxiety is higher in individuals with

high income levels. In marital status, single individuals experience more anxiety. In addition, it was found that Covid-19 was a significant predictor of the anxiety and fear levels of the participants. Based on the results of the study, it is thought that psychological counseling and guidance services should be provided online in case of epidemics throughout the country in order to reduce the anxiety levels of the participants and help them to have a healthy maletal structure. In addition, our research could not reach enough participants due to the pandemic. In future studies, it is recommaleded to reach more participants and repeat the research. Participants of this research were accessed online by digital method. It is thought that creating a sample with a more reliable method after the pandemic process is over will represent the universe better.

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