SCIE DOI: 10.14744/scie.2022.46667
South. Clin. Ist. Euras. 2023;34(1):65-72

Original Article

Comparison of COVID-19 Fear and Dietary Habits During the Pandemic

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Submitted: 03.02.2022
Revised: 25.04.2022
Accepted: 05.07.2022

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Keywords: Coronavirus disease 2019 phobia; nutritional deficiency; pandemic; Three-Factor Eating Questionnaire.

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ABSTRACT

Objective: Restrictions and quarantine practices imposed with the epidemic have also changed the lifestyle and food habits of individuals. The aim of this study is to examine the fear created by the coronavirus disease 2019 (COVID-19) pandemic and the effect of this fear on dietary habits.

Methods: This research was conducted with 622 people who applied to the Health Sciences University Konya Training and Research Hospital Training Family Health Center No. 78 for any reason and agreed to participate in the study. Participants filled out the sociodemographic information form, Coronavirus Phobia Scale (C19P-S), and Three-Factor Eating Questionnaire (TFEQ). The SPSS 22.0 program was used for data analysis.

Results: 54.8% (n=341) of the participants aged 18–65 included in the study were female and 45.2% (n=281) were male. In the C19P-S, scores of women in the subdimensions and their total score ($p<0.005$) were found to be higher than men. In the C19P-S, scores of those with chronic diseases in the psychological ($p=0.007$), somatic ($p<0.001$), and economic subdimensions ($p=0.002$) and their total score ($p=0.001$) were found to be higher. Emotional eating levels of those who test positive for COVID-19 ($p=0.013$) and health-care workers ($p=0.001$) were found to be higher. A positive correlation was detected between the total of the TFEQ and the somatic ($p<0.001$), social ($p=0.004$), and economic ($p<0.001$) subdimensions of the C19P-S.

Conclusion: COVID-19 fear was found to be higher in the 1st month of the pandemic and in people who are older, female, who have chronic diseases, and COVID-19 patients nearby. Emotional eating levels were found to be high in those with high COVID-19 phobia, who are under 35 years old, women, health-care workers, and obese. During the COVID-19 pandemic period, it is recommended to take preventive measures for psychiatric diseases and nutrition disorders in risk groups.

INTRODUCTION

Coronavirus disease 2019 (COVID-19), which started in China and spread all over the world, was determined as a pandemic by the World Health Organization on March 11, 2020.[1] As of May 2021, more than 160 million cases were seen in the world, causing more than 3.3 million deaths.[2] In Turkey, as of May 2021, more than 5 million cases were seen and more than 43 thousand people died.[3]

The COVID-19 pandemic has affected individuals socially, economically, and mentally. The inability to control the infection worldwide and the public health being in danger have also increased the health concerns of individuals. Along with the increasing concerns, anxiety, depression, feeling of loneliness, and fear of stigma affected the physical and mental health of individuals. In addition, the restrictions brought with the pandemic caused financial difficulties and changes in work, education, and living conditions.[4–6] Individuals under the age of 18, over 50, and with a low socioeconomic status were most affected in this period.[7–9]

In addition to infection prevention measures, it is important to strengthen the immune system in protection from COVID-19. For this, avoiding stress, doing physical activities regularly, getting adequate sleep, and having a balanced diet are important. Balanced diet has been associated with not only physical health but also mental health.[10,11] Quarantine implementations have taken people away from their daily routines and caused them to have sedentary lifestyles. With a sedentary lifestyle, the risk of obesity has also increased. In addition, it is stated that isolating people from the society can increase stress and anxiety and cause negative mood. This can trigger emotional eating behavior, which is one of the methods of coping with stress.[12–15]

In the literature reviews, it was seen that there are studies on fear of COVID-19, anxiety, and depression, but there

are limited studies that COVID-19 fear and eating habits have been discussed together. The aim of this study is to compare COVID-19 fear and eating habits.

MATERIALS AND METHODS

Individuals between the ages of 18 and 65 who applied for any reason to the Family Health Center between June and October 2020 were included in the study. Pregnant and nursing women, those with endocrine disorders, and those using drugs like metformin that affect dietary habits were not included in the study.

Approval was received from the non-Pharmaceuticals and non-Medical Device Research Ethics Committee (2020/0035) for the study. All participants were informed about the study in accordance with the Declaration of Helsinki and signed an informed consent form. Participants were asked to fill in the sociodemographic features form, which included questions about age, gender, education level, profession, marital status, monthly income, smoking and alcohol use, chronic diseases, and the drugs being used. Questions like "Was there any COVID-19 patients nearby?," "Has s/he contacted with COVID-19 patients?," "Did s/he get tested due to COVID-19 suspicion?," and if so, the result of it, "If s/he is a healthcare worker?" were asked, and the answers were recorded. The Coronavirus Phobia Scale (C19P-S) is used to measure the COVID-19 phobia of the volunteers, and the Three-Factor Eating Questionnaire (TFEQ) is conducted to determine the change in their eating habits.

The C19P-S was developed by İbrahim Arpacı and his friends in 2020. It was created to measure excessive and permanent fear against the new type of coronavirus disease. It is a quintette Likert-type self-assessment scale consisting of 20 items. This scale consists of 4 subdimensions: psychological, somatic, social, and economic. High scores indicate high COVID-19 phobia.[16]

TFEQ is a survey created to measure dietary habits. The 18-question format of the TFEQ was developed by Jan Karlsson and his friends in 2000. It consists of 4 subdimensions that measure individual's level of conscious restriction of eating, uncontrolled eating, emotional eating, and sensitivity to hunger. Turkish validity and reliability study was conducted by DenizKıraç and his friends as the "TFEQ."[17]

Statistical analysis of the data obtained in the study was evaluated with the Statistical Packet for the Social Science for Windows Version 22.0 (SPSS) at the α=0.05 level of significance. Descriptive statistics in single groups and Kolmogorov–Smirnov and Shapiro–Wilk analyses, which are among the tests of compatibility to distribution in continuous data, were used. In comparisons of two groups, the independent group t-test was used for normally distributed data and the Mann–Whitney U test was used for analysis of non-normally distributed data. The Spearman correlation analyses were used in the measurement of relationship levels.

Power analysis for the study was obtained using Epi Info 1.4.3 package program. The sample number of the Family Health Center, which has a total population of 4736 between the ages of 18–65, was found to be 355, with 95% power and 5% significance level. The study was carried out with 622 people due to the willingness of the participants.

RESULTS

The study was completed with a total of 622 people between the ages of 18–65. The average age of participants was found to be 34.29±0.49 years. 54.8% (n=341) of the participants were women. According to body mass index (BMI), 46.9% (n=292) of the participants were normal, 32.3% (201) were overweight, and 15.7% were obese. 55% (n=342) of the participants were married, 55.1% (n=343) were working, and 59.2% (n=368) were university graduates. The income of 35.4% of the participants (n=220) was below the minimum wage. While 31.2% (n=194) of the participants in the study were smoking, 20.1% (n=125) had at least one chronic disease (Table 1).

The C19P-S and TFEQ were analyzed in groups aged 35 and under, and in groups aged over 35. The somatic subdimension score was found to be higher in the group over the age of 35 (p=0.004). For women in the C19P-S, to-

Table 1. Coronavirus disease-2019 risk factors

	%	n
Have you been abroad in the last 6 months?		
No	98.1	610
Yes	1.9	12
Are there any COVID-19 patients nearby?		
No	87.0	541
Yes	13.0	81
Were you tested on suspicion of COVID-19?		
No	88.7	552
Yes	11.3	70
COVID-19 test result		
Negative	80.7	55
Positive	19.3	15
Have you come across with a COVID-19 patient during the pandemic?		
No	74.4	463
Yes	25.6	159
Are you a healthcare professional?		
No	81.0	502
Yes	19.0	120
If you are a healthcare professional, have you nursed COVID-19 patients?		
No	56.7	68
Yes	43.3	52
Total	100	622

(%): Frequency.

tal score (p<0.001) and psychological (p<0.001), somatic (p=0.002), social (p=0.002), and economic (p=0.003) subdimension scores were higher. In the total score according to marital status, in somatic (p=0.005) and economic (p=0.007) subdimensions, the scores of married people were found to be higher. The total C19P-S score (p=0.001) and psychological (p=0.007), somatic (p<0.001), and economical (p=0.002) subdimensions of those with chronic diseases were found to be higher. The psychological subdimension score was higher in underweight and normal-weight individuals (p=0.004). While the scores in the psychological subdimension were higher

Table 2. Comparison of the coronavirus phobia scale factors by sociodemographic features and risk factors for coronavirus 19 disease

	Psychological Sub-dimension Median (min-max)	Somatic Sub-dimension Median (min-max)	Social Sub-dimension Median (min-max)	Economic Sub-dimension Median (min-max)	Total Score Median (min-max)
Age					
35 years and under (n=388)	17 (6–30)	8 (5–25)	12 (5–25)	8 (4–21)	46 (20–96)
Over the age of 35 (n=234)	17 (6–30)	8 (6–25)	12 (5–25)	8 (4–18)	46 (20–94)
p*	0.664	0.004	0.179	0.131	0.160
Gender					
Female (n=341)	18 (6–30)	8 (5–25)	13 (5–25)	8 (4–21)	48 (20–96)
Male (n=281)	16 (6–30)	7 (5–25)	12 (5–25)	7 (4–18)	44 (20–94)
p*	<0.001	0.002	0.002	0.003	<0.001
Marital status					
Married (n=342)	17 (6–30)	8 (5–25)	12 (5–25)	8 (4–18)	47 (20–94)
Single (n=280)	17 (6–30)	7.5 (5–25)	12 (5–25)	7 (4–21)	45 (20–96)
p*	0.797	0.005	0.197	0.007	0.100
Profession					
Not working (n=279)	18 (6–30)	8 (5–25)	12 (5–25)	8 (4–19)	46 (20–90)
Working (n=343)	17 (6–30)	8 (5–25)	12 (5–25)	8 (4–21)	46 (20–96)
p*	0.580	0.772	0.181	0.589	0.421
Chronic disease					
No (n=497)	17 (6–30)	8 (5–25)	12 (5–25)	8 (4–21)	45 (20–96)
Yes (n=125)	19 (6–30)	10 (5–24)	13 (5–25)	8 (4–18)	49 (20–94)
p*	0.007	<0.001	0.129	0.002	0.001
BMI category					
25 kg/m^2 and below (n=323)	18 (6–30)	8 (5–25)	13 (5–25)	8 (4–19)	47 (20–94)
25 kg/m^2 above (n=299)	16 (6–30)	8 (5–22)	12 (5–25)	8 (4–21)	45 (20–96)
p*	0.004	0.980	0.167	0.278	0.069
Presence of COVID–19					
Patients Nearby					
No (n=541)	17 (6–30)	8 (5–25)	12 (5–25)	8 (4–21)	46 (20–96)
Yes (n=81)	20 (6–30)	6 (5–22)	13 (5–25)	7 (4–18)	47 (20–90)
p*	0.020	0.001	0.801	0.195	0.930
COVID–19 test result					
Negative (n=55)	17.15 (6–26)	7 (5–22)	12.43 (5–25)	7.5 (4–17)	47 (21–90)
Positive (n=15)	20.09 (8–30)	6 (5–24)	14.18 (8–25)	8 (4–10)	52 (29–89)
p*	0.329**	0.629	0.875**	0.609	0.373
Participation period in the study					
After the curfew period (n=426)	17 (6–30)	9 (5–25)	13 (5–25)	8 (4–21)	46 (20–96)
Before the second wave (n=196)	17 (6–30)	7 (5–21)	12 (5–25)	7 (4–18)	44 (20–89)
p*	0.434	<0.001	0.010	<0.001	0.004
Is the person a healthcare professional?					
No (n=502)	18 (6–30)	8 (5–25)	13 (5–25)	8 (4–21)	46 (20–96)
Yes (n=120)	17 (6–30)	7.5 (5–24)	12 (5–25)	8 (4–18)	45.5 (20–89)
p*	0.159	0.108	0.012	0.090	0.042

Min–max: Minimum–maximum value; BMI: Body mass index; *Mann–Whitney U test; **Independent group T test, kg/m^2: kilogram/square meter.

in those who have COVID-19 patients nearby (p=0.020), their somatic subdimension score was found to be lower (p=0.001). Based on the participation time to the study, those who participated in June, July, and August were grouped as the period after the curfew, and those who participated in September and October were grouped as the period before the second wave. In the period before the second wave, the total score (p=0.004), somatic (p<0.001), social (p=0.010), and economic (p<0.001) subdimensions were found to be lower. The total score (p=0.042) and the social subdimension score (p=0.012) of the C19P-S in health-care workers were lower (Table 2).

In age 35 and under, the level of uncontrolled eating (p<0.001), emotional eating (p=0.002), and sensitivity to hunger (p=0.004) were higher, and the degree of conscious restriction of eating was lower (p<0.001). In the TFEQ, total score (p=0.036) and emotional eating degree (p<0.001) were found higher in women. The level of uncontrolled eating of married people was found lower (p=0.018), and the degree of conscious restriction of eating was found to be higher (p<0.001). The degree of conscious restriction of eating was higher for non-smokers (p=0.020) and those with chronic diseases (p=0.037). The total score (p<0.001), the degree of conscious restriction of eating score (p=0.002), and the level of sensitivity to

Table 3. Comparison of three-factor eating questionnaire factors by sociodemographic features and risk factors for coronavirus 19 disease

	Sub-dimension-1 Median (min–max)	Sub-dimension-2 Median (min–max)	Sub-dimension-3 Median (min–max)	Sub-dimension-4 Median (min–max)	Total Score Median (min–max)
Age					
35 years and under (n=388)	11 (5–20)	6 (3–12)	14 (6–24)	8 (4–16)	40 (22–70)
Over the age of 35 (n=234)	10 (5–19)	6 (3–12)	17 (8–24)	7 (4–16)	39 (21–62)
p*	<0.001	0.002	<0.001	0.004	0.432
Gender					
Female (n=341)	11 (5–20)	7 (3–12)	15 (6–24)	8 (4–16)	40 (23–62)
Male (n=281)	11 (5–20)	5 (3–12)	15 (6–24)	8 (4–16)	40 (21–70)
p*	0.780	<0.001	0.680	0.919	0.036
Marital status					
Married (n=342)	10 (5–19)	6 (3–12)	16 (6–24)	8 (4–16)	40 (21–62)
Single (n=280)	11 (5–20)	6 (3–12)	14 (6–24)	8 (4–16)	40 (22–70)
p*	0.018	0.061	<0.001	0.066	0.728
Smoking					
No (n=405)	11 (5–20)	6 (3–12)	15 (6–24)	8 (4–16)	40 (22–62)
Yes (n=193)	11 (5–20)	6 (3–12)	15 (6–24)	8 (4–16)	40 (21–70)
p*	0.292	0.729	0.020	0.153	0.912
Chronic disease					
No (n=497)	11 (5–20)	6 (3–12)	15 (6–24)	8 (4–16)	40.28 (21–70)**
Yes (n=125)	10 (5–18)	6 (3–12)	15 (6–24)	8 (4–16)41.21	(24–62)**
p*	0.437	1.000	0.037	0.412	0.619***
BMI category					
25 kg/m^2 and below (n=323)	11 (5–20)	6 (3–12)	15 (6–24)	7 (4–16)	39 (21–70)
25 kg/mabove^2 (n=299)	11 (5–20)	6 (3–12)	16 (6–24)	9 (4–16)	42 (22–62)
p*	0.136	0.088	0.002	0.001	<0.001
COVID–19 Test Result					
Negative (n=55)	11 (5–15)	6 (3–12)	17 (7–24)	7 (4–14)	39 (23–53)
Positive (n=15)	10 (9–14)	9 (5–11)	15 (10–20)	9 (5–11)	44 (37–50)
p*	0.830	0.013	0.371	0.199	0.038
Is the person a healthcare professional?					
No (n=502)	10 (5–20)	6 (3–12)	15 (6–24)	8 (4–16)	39 (21–70)
Yes (n=120)	11 (5–20)	6 (3–12)	15 (6–24)	8 (4–16)	42 (23–60)
p*	0.009	0.001	0.194	0.002	0.004

Sub–dimension–1: Uncontrolled eating; Sub–dimension–2: Emotional eating; Sub–dimension–3: Consciously restricting eating; Sub–dimension–4: Sensitivity to hunger; Min–max: Minimum–maximum value; BMI: Body mass index; *Mann–Whitney U test; **Average (min–max); ***Independent group T test, kg/m^2: kilogram/square meter.

hunger (p=0.001) score of people regarded as overweight and obese according to their BMI were found higher. The total TFEQ score (p=0.038) and the degree of emotional eating (p=0.013) of those with a positive COVID-19 test were found higher. The total score (p=0.004), the level of uncontrolled eating (p=0.009), the level of emotional eating (p=0.001), and the level of sensitivity to hunger (p=0.002) of the health-care professionals were higher (Table 3).

Correlation analysis was performed between the subdimensions of the C19P-S and TFEQ and age, BMI, and cigarette amount. Accordingly, a negative correlation was found between the total score (C19P-S) (p=0.041), psychological subdimension (p=0.001), and BMI, and a positive correlation (p=0.008) was found between the somatic subdimension and age. There was no relationship between smoking and the C19P-S values. There was a negative correlation between age and uncontrolled eating (p<0.001), emotional eating (p=0.001), and the level of sensitivity to hunger (p=0.001), and there was a positive correlation between age and the degree of conscious restriction of eating (p<0.001). There was a positive correlation between BMI and total score (TFEQ) (p<0.001), emotional eating (p=0.003), conscious restriction of eating (p=0.001), and the level of sensitivity to hunger (p<0.001) (Table 4).

A positive correlation was found between all values of the C19P-S (p<0.001). In the correlation analysis of the parameters of TFEQ among themselves, a negative correlation was found between the degree of conscious restriction of eating and other subdimensions. There was a positive correlation between the degree of conscious restriction of eating and the total score (p<0.001). There was a positive correlation between the other subdimensions and the total score (p<0.001).

A positive correlation was found between the degree of emotional eating and all C19P-S parameters (p=0.002, p<0.001, p<0.001, p<0.001, and p<0.001, respectively). There was a positive correlation between the level of sensitivity to hunger and the total score of the C19P-S (p=0.019) and its somatic (p<0.001) and economic (p=0.010) subdimensions. A positive correlation was found between the total score of the TFEQ and the C19P-S (p=0.001) and the somatic (p<0.001), social (p=0.004), and economic (p<0.001) subdimensions (Table 5).

A linear regression analysis was performed between the psychological subdimension (C19P-S) and the level of sensitivity to hunger (TFEQ) and the degree of emotional eating (TFEQ). It was determined that these variables predicted the degree of emotional eating 46% significantly. Increasing the psychological subdimension (C19P-S) by 1 unit increases the degree of emotional eating (TFEQ) by 0.590 units. Increasing the level of sensitivity to hunger by 1 unit increases the degree of emotional eating by 0.044 units (adjusted R-squared: 0.46).

Logistic regression analysis was performed related to the factors affecting BMI. It was determined that a 10-unit increase in the total score of the nutrition survey increased the risk of obesity 1.57 times.

Table 4. Correlation analysis between coronavirus phobia scale and three-factor eating questionnaire and age, smoking and body mass index

		Age	Body mass index	Cigarette (pack/year)
Total Score (CPS)	r	0.040	-0.082	0.060
	p*	0.315	0.041	0.411
Psychological sub-dimension	r	0.008	-0.131	0.068
	p*	0.843	0.001	0.349
Somatic sub-dimension	r	0.107	0.007	0.122
	p*	0.008	0.855	0.091
Social sub-dimension	r	0.011	-0.062	0.027
	p*	0.784	0.120	0.714
Economic sub-dimension	r	0.073	-0.034	-0.049
	p*	0.070	0.391	0.497
Total Score (TFEQ)	r	-0.047	0.220	-0.085
	p*	0.239	<0.001	0.242
Uncontrolled Eating	r	-0.181	0.076	-0.125
	p*	<0.001	0.059	0.084
Emotional eating	r	-0.135	0.118	-0.189
	p*	0.001	0.003	0.009
Consciously restricting eating	r	0.261	0.135	0.161
	p*	<0.001	0.001	0.026
Sensitivity level to hunger	r	-0.135	0.163	-0.92
	p*	0.001	<0.001	0.205

*Spearman correlation analysis; CPS: Coronavirus Phobia Scale; TFEQ: Three-Factor Eating Questionnaire.

Table 5. Correlation analysis between the coronavirus phobia scale and the three-factor eating questionnaire

		C19P-S-1	C19P-S-2	C19P-S-3	C19P-S-4	Total Score (C19P-S)
Total Score (TFEQ)	r	0.057	0.173	0.116	0.151	0.130
	p	0.159	<0.001	0.004	<0.001	0.001
Uncontrolled eating	r	0.067	0.077	0.079	0.069	0.085
	p	0.093	0.054	0.050	0.085	0.033
Emotional eating	r	0.123	0.157	0.148	0.140	0.164
	p	0.002	<0.001	<0.001	<0.001	<0.001
Consciously restricting eating	r	-0.078	0.014	-0.031	0.041	-0.032
	p	0.051	0.727	0.436	0.311	0.419
Level of Sensitivity to Hunger	r	0.034	0.163	0.077	0.103	0.094
	p	0.401	<0.001	0.055	0.010	0.019

C19P-S: Coronavirus Phobia Scale; TFEQ: Three-Factor Eating Questionnaire; p-value was found according to the spearman correlation analysis.

DISCUSSION

Loneliness caused by curfews has led to more fear and depression in the elderly.[18,19] It was determined that individuals over the age of 35 developed more fear and their eating habits were also affected.

Women's general fear levels are higher due to maternal roles and hormonal differences.[20,21] In the presented study, COVID-19 phobia was found to be higher in women than men.

In a study evaluating the dietary habits of individuals with mood disorders, it was found that women started to consume more food as their depression and suicidal thoughts increased, and men, on the contrary, decreased their food consumption as their mood deteriorated.[22,23] In this study, the emotional eating degree of women was found to be higher than that of men.

In a study examining the level of instant and continuous anxiety during the COVID-19 process, it was found that the anxiety level was higher in married couples than singles.[24] In this study, COVID-19 phobia of married people was found to be higher. It was found that singles eat more uncontrolled and their restriction levels of eating are lower.

The fact that non-working individuals are constantly at home during the pandemic causes them to be exposed to more news about the pandemic, to increase their anxiety about the process and to eat more food.[13,14] In this study, individuals who do not work were found to have higher levels of emotional eating.

In the study investigating death rates due to COVID-19 in Italy, attention was drawn to the high level of smoking in addition to the old age.[25] We have not found a study examining the level of COVID-19 phobia in smokers. In the presented study, the fear levels of smokers and non-smokers were found to be similar.

In a study conducted in the USA, it was revealed that most patients had at least one chronic disease, mainly hypertension.[26] It has been reported that severe COVID-19 patients with old age and comorbid diseases are more risky in terms of intensive care needs.[27,28] It has been shown that those who have at least one of these risk factors are more anxious.[24,29] In the presented study, the fear levels of those with chronic diseases were found to be higher.

Studies reveal that quarantine conditions bring along sedative lifestyle and cause weight gain.[13] However, in this study, it was found that the group with chronic diseases had better restriction levels of eating. This may be because those with chronic diseases are already on a diet.[30]

There were many programs in the media about nutritional recommendations for COVID-19, but the lack of eye-opener information about the amount of nutrients to be taken caused excessive consumption and weight gain.[11,15] Individuals who have difficulty coping with the situation they are in can cope with stress by eating.[13] The negative mood caused by COVID-19 combined with sedentary lifestyle led to higher food intake than daily want.[12] Individuals who think that they have a balanced diet have a higher health perception.[31] In the study presented to support this, the fear of the participants with normal weight was higher. In the correlation analysis, it was found that as BMI increased, the level of fear decreased. On the other hand, the restriction level of eating of obese and overweight individuals was found to be low and their level of sensitivity to hunger was found to be high. In the correlation analysis, it was observed that as BMI increased, nutritional habits were negatively affected.

The illness or death of the people around them forced people to cope with the grief process.[32] In this study, the fear of COVID-19 was found to be higher in those who have COVID-19 patients nearby. Those with a positive COVID-19 test were also found to have higher levels of emotional eating.

In a study conducted in the early stages of the quarantine process, it was revealed that people spent most of their time on social media and received most of the information about the pandemic from unauthorized social media sources. This situation has led to information pollution and eventually caused people to worry too much.[33] As

of June 2020, weekend curfews and flexible working practices have been ended in Turkey and life has started to become normal. This partial normalization continued until November; however, with the increase in the number of cases and the start of the second wave, the measures were tightened again.[3] According to the participation times, June, July, and August are regarded as the period after the curfew in which the effects of the first wave continue, and September and October are regarded as the period before the second wave when life started to normalize. In the presented study, it was found that the fear levels of the participants were higher in the 1st months after the curfew.

In a study conducted among health-care professionals in Turkey, the fear levels of health-care professionals who came into contact with COVID-19 patients were found to be lower than those who did not.[34] In this study, health-care professionals' fear was found to be lower. The degree of emotional eating was higher in health-care professionals. This may be due to the stressful and tiring work of health-care professionals.

The most important indicator in the study is the result of the correlation analysis between the C19P-S and TFEQ. In the total scores of the two surveys that it was found that as the level of fear increased, the nutritional survey scores increased significantly. In the logistic regression analysis, it was determined that the increase in the nutrition questionnaire increased the risk of obesity.

There were some limitations in this study. The age of 65 and over, whom we think to have the highest fear level, could not be reached due to the curfew. Individuals with very high levels of fear may have generally paid more attention to isolation during this process and may have not applied to the Family Health Center. Since the TFEQ does not have a cutoff value, a limited information was provided about the level of influence on dietary habits in the study.

CONCLUSION

As a result, the fear of COVID-19 was found to be higher in the 1st months of the pandemic and in people who are older, female, who have chronic diseases, and relatives with COVID around them. Emotional eating levels were found to be high in those with high COVID-19 phobia, who are under 35 years old, women, health-care workers, and obese. During the COVID-19 pandemic period, it is recommended to take preventive measures for psychiatric diseases and nutritional disorders in risk groups in primary care.

Ethics Committee Approval

This study approved by the KTO Karatay University Faculty of Medicine non-Pharmaceuticals and non-Medical Device Research Ethics Committee (Date: 19.06.2020, Decision No: 2020/035).

Informed Consent

Retrospective study.

Peer-review

Externally peer-reviewed.

Authorship Contributions

Concept: M.F.B., S.P., M.A.E.; Design: M.F.B., S.P., M.A.E.; Supervision: M.F.B., S.P., M.A.E.; Fundings: M.F.B., S.P.; Materials: M.F.B.; Data: M.F.B., S.P.; Analysis: M.F.B., S.P.; Literature search: M.F.B.; Writing: M.F.B., S.P.; Critical revision: M.F.B., S.P.

Conflict of Interest

None declared.

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Pandemi Sürecinde COVID-19 Korkusu ile Beslenme Alışkanlıklarının Karşılaştırılması

Amaç: COVID-19 salgını bireyleri sosyal, ekonomik ve ruhsal yönden etkilemektedir. Salgınla birlikte uygulanan kısıtlamalar ve karantina uygulamaları bireylerin yaşam tarzını ve beslenme alışkanlıklarını da değiştirmiştir. Bu çalışmanın amacı; COVID-19 pandemisinin oluşturduğu korku ve bu korkunun beslenme alışkanlıkları üzerine etkisini incelemektir.

Gereç ve Yöntem: Bu araştırma Sağlık Bilimleri Üniversitesi Konya Eğitim Araştırma Hastanesi 78 no'lu Eğitim Aile Sağlığı Merkezi'ne herhangi bir nedenle başvuran ve çalışmaya katılmayı kabul eden 622 kişi ile yapıldı. Çalışmaya dahil edilen tüm hastaların antropometrik ölçümleri kaydedildi. Katılımcılara sosyodemografik bilgi formu, Koronavirüs Fobisi Ölçeği ve Üç Faktörlü Beslenme Anketi doldurtuldu. Verilerin analizinde SPSS 22.0 programı kullanıldı.

Bulgular: Çalışmaya alınan 18–65 yaş arası katılımcıların %54.8'i (n=341) kadın, %45.2'si (n=281) erkekti. Katılımcıların yaş ortalaması 34.29±0.49 olarak bulundu. Koronavirüs Fobisi Ölçeği'nde psikolojik (p<0.001), somatik (p=0.002), sosyal (p=0.002), ekonomik (p=0.003) alt boyutlarda ve toplam puanda (p<0.001) kadınların puanları erkeklerden daha yüksek bulundu. Kronik hastalığı olanların Koronavirüs Fobisi Ölçeği'nin psikolojik (p=0.007), somatik (p<0.001), ekonomik alt boyutlarında (p=0.002) ve toplam (p=0.001) puanları daha yüksek bulundu. COVID-19 testi pozitif olanların (p=0.013) ve sağlık çalışanlarının (p=0.001) duygusal yemek yeme seviyeleri daha yüksek bulundu. Üç Faktörlü Beslenme Anketi'nin toplam puanıyla Koronavirüs Fobisi Ölçeği'nin somatik (p<0.001), sosyal (p=0.004) ve ekonomik (p<0.001) alt boyutu arasında pozitif yönde korelasyon tespit edildi.

Sonuç: COVID-19 korkusunun ileri yaşta, kadın cinsiyette, kronik hastalığı olanlarda, yakınlarında COVID-19 hastası olanlarda ve pandeminin ilk aylarında daha yüksek olduğu saptandı. COVID-19 fobisi yüksek olanlarda, 35 yaş altında, kadınlarda, sağlık çalışanlarında ve obezlerde duygusal yemek yeme seviyesi yüksek bulundu. COVID-19 pandemi döneminde riskli olan gruplarda psikiyatrik hastalıklar ve beslenme bozuklukları için önleyici tedbirler alınması önerilmektedir.

Anahtar Sözcükler: COVID-19 fobisi; beslenme bozukluğu; pandemi; Üç Faktörlü Beslenme Anketi.