

Original Research / Orijinal Araştırma

Evaluation of Women's Life Satisfaction and Effecting Factors During COVID-19 Pandemic in Turkey

COVID-19 Pandemi Sürecinde Türkiye'de Kadınların Yaşam Doyumu ve Etkileyen Faktörlerin Belirlenmesi

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Abstract

Aims: This study aimed to determine the life satisfaction and affecting factors of women during the coronavirus disease (COVID-19) pandemic. **Material and Methods:** This descriptive, cross-sectional study was conducted with 512 women, aged between 18 to 68, using a web-based online survey in all regions of Turkey. The data were collected with the 'Participant Information Form', 'Fear of COVID-19 Scale (FCV-19S)' and 'The Satisfaction with Life Scale (SLS)'. **Results:** The mean FCV-19S and SLS scores were 19.08 ± 5.49 and 14.69 ± 4.16 , respectively. The life satisfaction of women was significantly higher for, those who were 35 years of age and older, married, with a university or higher education level, paid less attention to social isolation rules and received moral support from their spouses. A negative and statistically significant correlation was observed between women's scores on the FCV-19S and the SLS ($r = -0.094$, $p = 0.033$). **Conclusions:** Identifying women whose life satisfaction has decreased and negatively affected during the pandemic and providing timely and appropriate intervention by health professionals are important in terms of increasing women's health and life satisfaction.

Key words: fear, COVID-19, women, satisfaction with life

Özet

Amaç: Bu çalışma koronavirüs hastalığı (COVID-19) pandemi sürecinde kadınların yaşam doyumları ve etkileyen faktörleri belirlemek amacıyla gerçekleştirilmiştir. **Yöntemler:** Tanımlayıcı kesitsel tipteki bu çalışma, Türkiye'nin tüm bölgelerinde 18-68 yaşları arasında 512 kadın ile web tabanlı çevrimiçi anket kullanılarak yürütülmüştür. Veriler 'Katılımcı Bilgi Formu', 'COVID 19 Korkusu Ölçeği' ve 'Yaşam Doyumu Ölçeği' ile toplanmıştır. **Bulgular:** Kadınların COVID-19 korkusu ve yaşam doyumu puanları sırasıyla 19.08 ± 5.49 ve 14.69 ± 4.16 olarak belirlenmiştir. Evli, 35 yaş ve üzeri, üniversite ve üzeri eğitime sahip, sosyal izolasyon kurallarına daha az dikkat eden ve eşlerinden manevi destek alan kadınların yaşam doyumları anlamlı olarak daha yüksekti. Kadınların COVID 19 korkusu ve yaşam doyumu puanları arasında negatif yönlü ve istatistiksel olarak anlamlı ilişki olduğu saptanmıştır ($r = -0.094$, $p = 0.033$). **Sonuç:** Pandemi döneminde yaşam doyumunu etkileyen faktörlerin ve olumsuz etkilenen kadınların sağlık profesyonelleri tarafından zamanında tespit edilmesi ve uygun müdahalenin sağlanması, kadın sağlığı ve yaşam doyumunun artırılması açısından önemlidir.

Anahtar kelimeler: korku, COVID-19, kadın, yaşam doyumu

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Introduction

COVID-19 which was seen in the Hubei settlement of China in December 2019 for the first time in the world, has become a contagious public health problem.^{1,2} In Turkey; as of 16 March 2020, quarantine practices whose samples can be seen in other countries have been carried out such as limiting non-compulsory social interactions, preventing non-essential traveling, closing schools and continuing education online, and working from home.^{3,4} Life satisfaction can be a determinant in many aspects such as personality, life expectations, socioeconomic factors, social relations, and health.⁵

Fear, stress, or difficult life experiences are known to negatively affect human health, and some studies have been published on the effects of COVID-19 on life satisfaction.⁶⁻⁸ According to the studies women's fear of COVID-19 was more than men's, and they were more sensitive.^{9,10} Long-lasting negative emotions such as stress, anxiety, and fear directly affect the life satisfaction of individuals.¹¹ In the literature fear of COVID-19 was associated with life satisfaction,¹² and decreased life satisfaction during the COVID-19 pandemic.⁷ Furthermore, global survey data, conducted with the participation of a total of 26 countries, indicate that the life satisfaction of women was negatively affected by the coronavirus epidemic.¹³ Life satisfaction is essential for individuals' well-being and psychological resilience.⁵ Difficulties such as the economic crisis caused by quarantine conditions and social isolation measures, the increase in the responsibilities of being at home, and the efforts to meet the needs of family members increase the risk in terms of mental health problems. It has been reported that women can be considered a risk population, such as those with chronic diseases or elderly individuals during the pandemic period.¹⁴ Most of the studies on the disease have focused on infection control, vaccine development, and eradication of the pandemic.¹⁰ However, less attention has been paid to the life satisfaction and impact of sociodemographics and factors related to COVID-19. Although there are studies evaluating the life satisfaction of individuals in the literature, a study with only a female sample could not be reached.¹² In this direction, our study aimed to determine the factors affecting the life satisfaction of women in the Turkish population. Identification of women at risk for low life satisfaction and timely appropriate interventions by directing them for psychological support in risky situations can increase individuals' life satisfaction. Thus, it was aimed to determine the effects of the pandemic on women and to create a source of information for healthcare providers.

Materials and Methods

Study Design

This study was designed as descriptive and cross-sectional and carried out in all regions of Turkey between November 2020 - March 2021. The link containing the data collection forms, created via Google Form, was sent to the women using the personal connections of the researchers. In the study conducted with the snowball sampling method, the participants were asked to invite women for six months. The study was conducted in accordance with the principles of the Declaration of Helsinki. Ethical permission for the study was obtained from the Yozgat Bozok University ethics committee (no:88148187-900-E.24683, date:05.10.2020). In addition, COVID-19 study approval was obtained from the Republic of Turkey Ministry of Health General Directorate of Health Services.

Participants

In this study, the sample group consisted of women whom the researchers could reach throughout the country with their connections. The sample number was calculated using the G-power 3.1.9.7 program. The sample size of the study was determined as 472, based on a one-way analysis of variance in the G-power statistical program, with a significance level of 0.05, a power of 95%, and a medium effect (0.15). The number of samples was taken 10-15% more due to the possibility of data loss. Participants who were not able to fulfill the questionnaire (n=23) were excluded from the study. The study was conducted with a total of 512 women who could be reached. The inclusion criteria were as follows: aged ≥ 18 years, able to read and understand Turkish, volunteer to participate in the study, and being a woman. Exclusion criteria were as follows: aged < 18 , being diagnosed with a psychiatric illness, and sending missing data. When the participants opened the research link, they were first asked whether they met the inclusion criteria on the screen displayed and their consent was obtained to participate in the study. Afterward, the questions were displayed on their screen. A participant was only allowed to participate in the study once and could not make any changes after sending the questionnaire.

Data Collection Tools

The data were collected with the 'Participant Information Form', 'The Satisfaction with Life Scale' and 'Fear of COVID-19 Scale'.

The Participant Information Form developed by the researchers consists of two parts, which include socio-demographic information about women (9 questions) and questions that examine the COVID-19 process (10 questions).

FCV-19S was developed by Ahorsu et al. in 2020.¹⁵ Turkish validity and reliability were made by Satici et al. in 2020.¹² All items of the scale consisting of 7 items are scored positively. Each item of the 5-Likert type scale is scored between 1 (strongly disagree) and 5 (strongly agree). The score that can be obtained from the scale varies between 7 and 35, with a higher score indicating greater fear of COVID-19. The Cronbach-alpha coefficient of the scale was 0.82 in its original form¹⁵; In the Turkish adaptation study, it was found to be 0.84.¹² In this study it was calculated as 0.84.

SLS was developed by Diener et al. to determine the life satisfaction level of SLS individuals. It was adapted to the Turkish context by Dağlı and Baysal.¹⁶ The scale, which consists of 5 questions in total, is 5-point Likert type, and each item is scored between 1 (disagree) and 5 (totally agree). The total score that can be obtained from the scale varies between 5 and 25. A higher score obtained from the scale indicates higher life satisfaction. The Cronbach-alpha coefficient of the scale was 0.88¹⁶ in the Turkish adaptation study, and 0.87 in this study.

Statistical Analysis

Statistical analyzes were performed using SPSS 22.0 (IBM Corporation, Armonk, New York, USA). The suitability of variables to normal distribution was examined using Kolmogorov-Smirnov. Comparisons between satisfaction with life, fear of COVID-19, and associated traits were evaluated using the student t-test, a one-way analysis of variance test. Pearson's correlation analysis was used to investigate the relationships between scale scores. The significance level was set at a p-value of less than 0.05.

Results

The average age of women is 30.26 ± 12.09 (min: 18; max: 68). The sociodemographic characteristics of the women were as follows: 58.5% were single, 63.7% had a bachelor's degree, 78.9% lived in the city center, 12.9% had a chronic disease, 32.6% had been working, and 57.6% had a middle-income level. It was determined that 38.1% of women have children, and 48.2% of them have two children. In addition, it was determined that 86.9% of the women participating in the study go out only if it is necessary. It was determined that 97.1% of women do not have symptoms of COVID-19 at the moment, and 9.4% of them were diagnosed with COVID-19. It was determined that 14.3% of women had an individual diagnosed with COVID-19 in their home and 12.1% lost one of their relatives due to COVID-19. During the pandemic process, it was determined that women received moral support mostly from their parents (45.1%) and spouses (34%), and also 39.3% of them had the most affected family life and 97.7% did not need psychiatric medication. Table 1 shows the comparison of sociodemographic characteristics of women in terms of SLS total scores. It was determined that the mean SLS score of women aged 35 and over was statistically significantly higher than those below the age of 35 ($p < 0.001$). The mean SLS scores of married women are statistically significantly higher than those who are not married ($p = 0.001$). It was found that there is a statistically significant difference between the SLS total scores and education levels of women ($p = 0.001$). The SLS score average of women with university or higher education levels is higher. The SLS total scores of women who stated that they lived in the city center were statistically significantly higher than those who stated that they lived in rural areas ($p < 0.05$). SLS mean scores of working women are higher than non-working women and those who have children than those who do not ($p < 0.001$; $p < 0.001$).

Table 2 shows the comparison of the characteristics of women related to COVID-19 in terms of SLS total scores. It was determined that there was a statistically significant difference between women's attention to social isolation rules and total scores of SLS ($p = 0.005$). It was determined that women who always pay attention to social isolation rules have lower mean SLS scores. It was found that there was a statistically significant difference ($p < 0.001$) between the person who received the most moral support and the SLS total scores during the pandemic process, and the scores of the women who stated that they received moral support from their spouses were higher. It was determined that there was a statistically significant difference between

the living areas most affected during the pandemic process and the SLS total scores ($p = 0.006$). The SLS scores of women who stated that family life was most affected were lower (Table 2).

Table 3 shows the FCV-19S and SLS score distributions. The average scores on the FCV-19S and SLS were 19.08 (± 5.49), and 14.69 (± 4.16), respectively (Table 3).

Table 4 shows the relationship between women's FCV-19S and SLS scores. A negative and statistically significant correlation was observed between women's scores on the FCV-19S and the SLS ($r = -0.094$, $P = 0.033$; $p < 0.05$) (Table 4).

Table 1. Comparison of sociodemographic characteristics of women in terms of satisfaction with life total scores

Characteristics, (N=512)	n	%	SLS Score $\bar{x} \pm SS$
Age group			
18-34	372	72.7	14.03 \pm 4.11
≥ 35	140	27.3	15.97 \pm 3.97
<i>Test and P value</i>			5.089; <0.001^a
Marital Status			
Married	212	41.5	16.27 \pm 4.13
Single	300	58.5	13.56 \pm 3.81
<i>Test and P value</i>			7.716; 0.001^a
Education Level			
Primary school	37	7.2	14.75 \pm 5.25
High school	71	13.9	14.59 \pm 4.45
Associate degree	45	8.8	12.88 \pm 3.77
University	326	63.7	14.70 \pm 4.05
Above University	33	6.4	17.21 \pm 4.00
<i>Test and P value</i>			4.252; 0.001^b
Living place			
City Center	404	78.9	14.95 \pm 4.10
Rural	108	21.1	13.74 \pm 4.29
<i>Test and P value</i>			2.696; 0.007^a
Occupation			
Working	167	32.6	15.82 \pm 4.21
Non-working	345	67.4	14.14 \pm 4.03
<i>Test and P value</i>			4.346; 0.000^a
Chronic Disease			
Yes	66	12.9	15.60 \pm 4.13
No	446	87.1	14.56 \pm 4.16
<i>Test and P value</i>			1.907; 0.057 ^a
Socio-Economic Level			
Low	105	20.5	14.81 \pm 4.07
Middle	295	57.6	14.55 \pm 3.98
High	112	21.9	14.93 \pm 4.71
<i>Test and P value</i>			0.252; 0.772 ^b
Having children			
Yes	195	38.1	16.20 \pm 4.23
No	317	61.9	13.63 \pm 3.77
<i>Test and P value</i>			7.125; 0.000^a
Number of children*			
1	54	27.7	16.03 \pm 4.27
2	94	48.2	16.37 \pm 4.52
≥ 3	47	24.1	15.70 \pm 3.55
<i>Test and P value</i>			0.405; 0.668 ^b

Note: The bold values indicate statistically significant at $p < 0.05$.

* Calculated only for women with children

^at-test

^bOne-way Anova test

Table 2. Comparison of the characteristics of women related to COVID-19 in terms of satisfaction with life total scores

Characteristics (N=512)	n	%	SLS Score Mean±SD
Considering social isolation (going out)			
Always	8	1.6	10.0±4.47
Only if necessary going out	445	86.9	14.73±4.10
I don't care	59	11.5	15.01±4.26
<i>Test and P value</i>			5.36; 0.005^b
Currently having COVID-19 symptoms			
Yes	15	2.9	15.60±2.32
No	497	97.1	14.68±4.20
<i>Test and P value</i>			0.853; 0.394 ^a
Getting diagnosed with COVID-19			
Yes	48	9.4	15.20±3.24
No	464	90.6	14.64±5.25
<i>Test and P value</i>			0.896; 0.371 ^a
The situation of an individual diagnosed with COVID-19 in the same house			
Yes	73	14.3	15.30±3.58
No	439	85.7	14.59±4.25
<i>Test and P value</i>			1.343; 0.180 ^a
Persons receiving moral support in the pandemic			
Husband /partner	174	34.0	16.93±3.95
Parents	231	45.1	14.11±3.51
Friends	60	11.7	11.90±4.02
Others	47	9.2	12.82±4.17
<i>Test and P value</i>			36.641; <0.001^b
Death of a relative due to COVID-19			
Yes	62	12.1	15.43±3.61
No	450	87.9	14.59±4.23
<i>Test and P value</i>			1.493; 0.136 ^a
The area most affected by COVID-19			
Family life	201	39.3	14.05±4.05
Household responsibilities	71	13.9	14.67±4.17
Health services	62	12.1	15.09±4.35
Social shares	120	23.4	15.80±4.09
Others	58	11.3	14.22±4.12
<i>Test and P value</i>			3.700; 0.006^b
Using psychiatric drugs to cope with the stress of pandemic			
Yes	12	2.3	14.25±3.07
No	500	97.7	14.70±4.19
<i>Test and P value</i>			-0.374; 0.708 ^a

Note: The bold values indicate statistically significant at $p < 0.05$.

^at-test

^bOne way Anova Test

Table 3. Women's scores distributions on satisfaction with life and fear of COVID-19 scales

Scales	Cronbach's alpha value	Min-Max	Mean±SD	Median
Fear of COVID-19 Scale	0.849	7-35	19.08±5.49	19
Satisfaction with Life Scale	0.873	5-25	14.69±4.16	15

Abbreviations: Max, maximum; Min, minimum; SD, standard deviation

Table 4. Analysis of correlation between women's fear of COVID-19 scale and satisfaction with life scale total score

	Satisfaction with Life Scale	
	r	p
Fear of COVID-19 Scale	-0.094	0.033

r: Pearson correlation test

Discussion

In this study, we aimed to evaluate women's life satisfaction and affecting factors during the COVID-19 process. The mean FCV-19S and SLS scores were 19.08±5.49 and 14.69±4.16, respectively. The life satisfaction of women was significantly higher, who were 35 years of age and older, married, with a university or higher education level, paid less attention to social isolation rules, and received moral support from their spouses. A negative and statistically significant correlation was observed between women's scores on the FCV-19S and the SLS.

In our study, it was determined that women aged 35 and over had higher life satisfaction than women under 35 years of age. In the COVID-19 pandemic process, according to a study¹³ conducted in 26 countries and according to the results of another study conducted in Turkey¹⁰ in women has been determined that life satisfaction increases with age. Similar results were reported in studies^{11,17} conducted before the COVID-19 pandemic. These data are in line with our findings. This suggests that the increase in maturity level with the increase in the age of women positively affects their life satisfaction.

In our study, it was determined that married women have higher life satisfaction than single women. It has been reported that during the pandemic process, the life satisfaction of married individuals is higher than singles,⁸ and life satisfaction increases due to the increase in time spent with their spouses.¹⁸ Similar results were obtained in studies conducted before the pandemic.^{19,20} Our research result is similar to the studies in the literature. It is thought that the feeling of loneliness decreases and life satisfaction is positively affected by married individuals during the quarantine process compared to other individuals.

In our study, it was determined that women with a high level of education have higher life satisfaction. When studies conducted to determine the relationship between life satisfaction and education level in the literature are examined, it is reported that higher education level is associated with higher life satisfaction.^{8,19,21} This suggests that access to resources (such as healthcare, internet, social environment, and information) of women with higher education has a positive effect on coping mechanisms with stressful situations such as the COVID-19 pandemic.

In our study, it was determined that the life satisfaction of women living in the city center was higher than that of women living in the countryside. In the process of the pandemic, in a study conducted in Turkey, to be living in the countryside was found to be associated with lower life satisfaction.⁸ In a study conducted in China, it was determined that the life satisfaction of married women living in the city center is higher than those living in rural areas.¹¹ In the study conducted in America, it was determined that settlement is not an effective factor in life satisfaction.¹⁸ More studies are needed to determine the effects of the place of residence on life satisfaction during the pandemic process.

In our study, it was determined that women who work in an income-generating job have higher life satisfaction than those who do not. Studies have found that life satisfaction increases in those with higher income levels.^{8,11,18,22-23} Moreover, it has been reported that quitting working for compulsory reasons during

the pandemic process negatively affects mental health.²³ It is seen that working in an income-generating job during the pandemic process affects positively the life satisfaction of women.

In a study conducted during the pandemic period, it was determined that living with children is associated with increased life satisfaction.²¹ According to our study results, it was determined that women who have children have higher life satisfaction compared to women who do not have children. It is considered that having a child during the pandemic process may have a positive effect on women's life satisfaction. Home chaos and family cohesion are important indicators of whether couples can overcome quarantine challenges in providing a supportive family environment for themselves and their children.²⁴ In our study, it was determined that attention to social isolation, one of the factors associated with COVID-19, affected the life satisfaction of the person who received the most moral support during the pandemic process and the most affected living area. There are no research results in the literature that we can compare our study results. In our study, it was determined that the average SLS score of women was at a medium level. In a study conducted during the pandemic in Turkish society, it was determined that the life satisfaction of the participants was at a medium level.⁸ Similar results were reported in two other studies conducted in Poland.^{6,25} These results are similar to our findings. Studies have been reported in which life satisfaction of women was determined to be partially higher^{17,26} or moderate¹¹ in the pre-pandemic period. More studies are needed to say that the life satisfaction of women has decreased due to the COVID-19 pandemic. Fear is frequently seen in communicable disease situations directly related to the rate of transmission, mortality, and morbidity.⁸ During the COVID-19 pandemic, one of the most common reactions in society has been fear.^{10,12,15} In our study, we determined that women's fear of COVID-19 was moderate. Similar to our results in the literature, it is found that fear of COVID-19 is determined at a moderate level in women^{6,9,27} or partially lower in the study.²⁸

In our study, a negative correlation was found between the total SLS total score and FCV-19S total scores. As women's fear of COVID-19 increases, their life satisfaction decreases. Studies conducted to examine the relationship between fear of COVID-19 and life satisfaction negatively correlated.^{6,12} In addition, it has been stated that fear of COVID-19 decreases life satisfaction by increasing levels of stress, anxiety, and depression. These data are often one of the expected negative effects of COVID-19 and are consistent with our findings. It is thought that providing support and counseling for women to develop positive coping skills in dealing with the fear of COVID-19 and the problems they experience in this process will contribute positively to their life satisfaction.

Limitations and Recommendations

This study has some limitations. First, the study was carried out online with the snowball method. Secondly, it is difficult to find volunteer participants to participate in the research, since most of the studies are carried out online during the COVID-19 pandemic process. Finally, another limitation is the assessment of the participants' self-reports whether they were diagnosed without a psychiatric examination or not. In future studies, it is recommended to conduct randomized controlled studies evaluating the effectiveness of interventions to increase women's life satisfaction.

Conclusion

During the COVID-19 process, it has been determined that women's life satisfaction and fear of COVID-19 were at a moderate level. It was determined that as women's fear of COVID-19 increases, their life satisfaction decreases. Our study findings were studied in a sample group of women who can be considered in the risk group in terms of mental health problems during the pandemic period. Our findings contribute to the literature by revealing the effects of sociodemographic variables such as age, marital status, and educational status, which affect women's life satisfaction, as well as experiences such as social isolation and quarantine related to the pandemic, and moral support from the spouse. There is a need to identify women whose life satisfaction is negatively affected during the pandemic process, and health professionals need to cover issues such as training and consultancy planning to increase life satisfaction and develop effective coping methods.

Conflicts of Interest

There are no conflicts of interest.

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