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RESEARCH

Mother-Child Communication and Mothers' Fear of Coronavirus Disease During the Pandemic

Pandemi Sürecinde Annelerin Koronavirüs Hastalığı Korkusu ve Anne-Çocuk İletişimi

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Abstract

Since the outbreak began worsening, Turkey has exhibited quite a bad table in the number of cases and death rates. As in all countries where the epidemic has reached bad dimensions, restrictions and prohibitions are implemented. It is known that both epidemics and restrictions have multidimensional effects on society. This study aimed to investigate mothers' fear of COVID-19 in terms of various variables and the effects on mother-child communication. Accordingly, the data were collected from 316 mothers with 48-72 months old children via online data collection. As a result of the study, a significant relationship was found between mothers' fear of COVID-19 and being in business, age, and living with a family member at home. As a result of the regression model, a significant negative relationship was found between mother-child communication and fear of COVID-19 ($R=.324$, $R^2=.150$ $p<05$). The latest finding of the study shows that the fear of COVID-19 explains 15.2% of mother-child communication in the model. In the light of the findings, it is recommended that psycho-social support activities be organized in a context that will cover child and family welfare during and after the epidemic.

Keywords: Mother-child communication, mothers' fear of COVID-19, COVID-19

Öz

Türkiye salgının ağırlaşmaya başladığı ilk günlerden bugüne COVID-19 virüsünün neden olduğu vaka sayısı ve ölüm oranlarında oldukça kötü bir tablo sergilemektedir. Salgının kötü boyutlara ulaştığı tüm ülkelerde olduğu gibi kısıtlama ve yasaklamalar devreye sokulmaktadır. Hem salgın hem de kısıtlamaların toplum üzerinde çok boyutlu etkileri olduğu bilinmektedir. Bu çalışmada annelerin çeşitli değişkenler açısından COVID-19 korkusu ve bu korkunun anne-çocuk iletişimindeki etkilerini araştırmak amaçlanmıştır. Bu doğrultuda çevrimiçi veri toplama yolu ile 48-72 aylık çocuğu olan 316 anneden bilgi toplandı. Çalışma sonucunda annelerin COVID-19 korkusu ile çalışma hayatının olması, yaşı ve evde bir aile büyüğü ile birlikte yaşıyor olması arasında anlamlı bir ilişki bulunmuştur. Yapılan regresyon modeli sonucunda ise anne-çocuk iletişim ile COVID-19 korkusu arasında negatif yönlü anlamlı bir ilişki bulunmuştur ($R=.324$, $R^2=.150$ $p<05$). Çalışmanın son bulgusu anne-çocuk iletişiminin %15.2'sinin modeldeki COVID-19 korkusu tarafından açıklandığını göstermektedir. Elde edilen bulgular ışığında, salgın sırasında ve sonrasında psiko-sosyal destek faaliyetlerinin çocuk ve aile refahını kapsayacak bir çerçevede düzenlenmesi önerilmektedir.

Anahtar sözcükler: Anne-çocuk iletişim, annelerin COVID-19 korkusu, COVID-19

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COVID-19, also known as an acute respiratory syndrome, which has affected the whole world since December 2019, was declared an epidemic by the World Health Organization (WHO) on March 11, 2020. The virus continued to spread rapidly around the world in a short time. According to WHO data, it continues to have a staggering effect today, with the number of deaths exceeding approximately two and a half million in 223 countries and the number of confirmed cases exceeding 122 and a half million (WHO 2021). The disease state caused by the virus carries more significant risks, especially for chronic patients and individuals over 65 years of age. Studies have also shown that the disease carries significant risks up to fatal consequences, especially for elderly individuals (Ioannidis Axfors and Contopoulos-Ioannidis 2020, Liu et al. 2020). With the COVID-19 outbreak, each country puts forward its efforts to combat the available social, economic, geographical and health services. Countries that have gone through a year with the epidemic continue to experience the devastating impact of the epidemic on health systems and economies. The effects maybe even worse, especially in low- and middle-income, developing and underdeveloped countries such as Turkey (Barua, 2020, Bong et al. 2020). In addition to the physically fatal effects of the epidemic on the world economy and public health, its effects on mental health are simultaneously monitored by all countries (Cullen et. all 2020, Dawson and Golijani-Moghaddam 2020).

The mental health effects of epidemics tend to have more common and long-term consequences than effects of the infection (Rajkumar 2020, Reardon 2015). In the current epidemic environment, people's daily routines have changed in ways they could not have imagined before. Schools were closed, workplaces switched to work from home, bans on all areas that would allow people to gather, and curfews from time to time were put into effect by the authorities governing the countries. These measures, which aim to slow down the pace of the epidemic applied in different ways in each country under quarantine measures, have created a new and unexpected lifestyle that causes people to continue their lives from home. As a result, studies show that the epidemic brings along different mental problems such as anxiety, stress symptoms, and anger (Brooks et al. 2020, Sharma et al.2020). The effects of the news of the increase in the number of cases and deaths worldwide every day on the psychological health of society are the subject of research. (Rajkumar 2020, Sharma et al. 2020, Wang et al. 2020). At the beginning of these effects are fear and anxiety disorders in healthy individuals and the increase in symptoms in individuals struggling with existing mental disorders (Inchausti et al. 2020, Lee et al. 2020, Lin 2020, Sun et al. 2021). Fear of COVID-19 has been the subject of many studies. It has been associated with different fears such as fear of economic consequences, fear for others, fear for the body, fear of not knowing, and fear of inactivity (Schimmenti et al. 2020, Taylor et al.2020). At a specific rate, fear has a life-saving feature that enables individuals to take precautions against dangers. However, being in a disproportionate and constant state of fear negatively affects daily life for both the individual and society. It is considered among the symptoms of some psychological disorders (Mertens et al. 2020, Shin and Liberzon 2010).

Considering the numerical data released every day, Turkey is alarming among the countries most affected by the epidemic. The picture is getting heavier with both the number of cases and death rates (WHO 2021). Curfew restrictions, distance education, working from home and the closure of some workplaces within the scope of the country have socio-economic and psychological consequences for the society (Bahar and İlal

2020, Bostan et al. 2020, Tönbül 2020). As this striking picture continues, this public health crisis will show the mental and psychological effects of both illness and socio-economic difficulties. Studies worldwide on the subject reveal this level of fear and anxiety experienced in all segments of society (Fitzpatrick et al. 2020, Hatun et al. 2020, Karataş et al. 2021, Stankovska et al. 2020). The mood created by the fear of the epidemic and the quarantine conditions (social isolation) affects the family, the smallest unit of society, in various ways (Patrick et al. 2020). This situation represents a global crisis in terms of family health due to its social and economic consequences, being in quarantine, fearing getting sick and especially family members spending all their time together (Lebow 2020, Prime et al. 2020). The increase in the rates of domestic violence reported by countries is an example of the worst effects of the epidemic for families and children (Usher et al. 2020, Ergönen et al. 2020). Studies show that the epidemic's effects on family life due to developing fear, being in quarantine and socio-economic reasons are multidimensional. These studies especially emphasize the increase in divorce rates, family stress and domestic violence (Beland et al. 2020, Humphreys et al. 2020). Situations reflected in parents' relationships with their children in family life during the epidemic process; fear and panic against the possibility of disease transmission, isolation, socio-economic changes in the family with the epidemic, and increased responsibilities (Chung et al. 2020, Lawson et al. 2020, Lee et al. 2021, Russell et.al.2020).

The study collected data from mothers who had preschool children (48-72 months old). The reason for this is that the child needs to interact more with his mother due to the characteristics of the preschool period. This period is a process in which children actively explore through active games and using symbols, including language (Kostelnik et al. 2019). In addition, in this period, children desire to learn by acting independently and understanding egocentrism, which means that everyone interprets the world as they do. This entrepreneurship of children in the preschool period, their endless questions arising from their curiosity for learning, and their increasing movements should be supported by adults (Morrison 2021). In the current situation, with the closure of schools, women have become parents who need to support the developmental characteristics of their preschool children at home. For mothers, this means adding new responsibilities to their current responsibilities. However, studies indicate that women have a higher level of fear of COVID-19 and that fear may cause stress-based responses, depression, and a decrease in life satisfaction (Bennett 1998, Reznik et al. 2020, Satıcı et al. 2020). In the light of this information, it is thought that the level of fear experienced by mothers will affect their interaction with the child with whom they interact intensely. In this context, the study aims to examine the effect of mothers' fears about the epidemic on the mother-child relationship. In addition, how the COVID-19 fears of mothers are shaped by age, education level, several children and working status are examined within the scope of the study. As stated in the studies, the level of transmission and hospitalization of the disease increases in direct proportion with age (Qiu et al. 2020).
Since individuals in working life have to be in social environments more, there is a risk of contact. For this reason, it is thought that the mothers' advanced age and working life may affect their fear levels. Some studies have found that the level of fear of COVID-19 will decrease as education increases (Reznik et al. 2020). The study examines how education level affects mothers' COVID-19 fear level in the Turkish sample. The role of motherhood and hormonal structures in the development of fear in women has been the subject of research (Milligan-Saville and Graham 2016, Tang and Graham 2020).In this

context, the relationship between the number of children and mothers' fears of COVID-19 was also examined in the study. It is known that individuals over the age of 65 carry a higher risk of the disease and the rates of hospitalization and death are high in these individuals (Liu et al. 2020). From this point of view, Turkey is a country with a tradition of living with parents in need of care. It is thought that mothers living with individuals over the age of 65 will develop more sensitivity to COVID-19 to protect the elderly at home. For this reason, the fear of COVID-19 was also examined in the study, depending on whether the mother lives with at least one older person at home.

Method

This study aimed to look at the relationship between COVID-19 fear and communication levels of mothers with their 48-72 months old children. For this purpose, the relational screening model that aims to determine the existence or effect of change between two or more variables was used in the study (Creswell 2013).

Sample

The sample of this study consists of 316 mothers with 48-a 72-month-old children living in different provinces of Turkey. Participants were determined using the appropriate sampling method due to the existing limitations of the epidemic process. Participants were included in the study by responding to the scales with the online data collection tool. The G Power program was used in the power analysis calculation used to determine the sample size. When determining the number of samples, it is sufficient to take a medium (0.40) effect size (Cohen 1992). In the study, the research power was analyzed using the β values [power=1- β] formula. Cohen (1988) stated that the power level should be at least 0.80. When the power analysis of the study was made (power=1-β), taking into account the moderate effect size, it was seen that the power of this study, which was conducted with 316 samples, was 97.1%. In order to ensure that the whole country is represented in the study, the data collection tool was tried to be delivered to the mothers through preschool teachers in different regions of Turkey. In this context, many regions of Turkey, mainly Mersin and Adana provinces, were reached: Istanbul, Trabzon, Zonguldak, Diyarbakir, Bursa, Kirsehir, Izmir, Ordu, Antalya, Kütahya, Balikesir, Kirsehir, Erzurum, Van, Siirt, Karaman, Kayseri, Sanliurfa. It aimed to reach as many participants as possible to increase the validity and reliability of the results with the online measurement tool, which was published for two months. The personal characteristics of the participants in the sample are presented in Table 1.

Procedure

Study data were collected from volunteers via an online questionnaire (Google form between February and March 2021). All transactions were approved by the Tarsus University Ethics Committee (E-66676008-050.01.04-49). The individuals participating in the study were reached through social media platforms. Most of the sample was reached through preschool teachers. Teachers were asked to deliver the online measurement tool to their students' mothers. Participation in the study is entirely voluntary and no fee was paid to the participants. The online form of the study prepared for data collection consists of 3 parts. In the first part, there are contents for obtaining participation approval from the participants, giving information about the study and

obtaining their personal information. The second and third sections are the sections where the measurement tools are included. It takes about 5-8 minutes to fill out the entire form. In this state, the participant saw a total of 3 screens to fill out the form. During the data collection process in the Google form application, the participant can return to the previous page with the adjustment options. With the same setting options, the participant could enter the system once and fill in all the items. This online measuring tool has been online for approximately two months.

Measures

The data of this study were collected using the "Fear of COVID-19 Scale" to determine the levels of mothers' fear of the Coronavirus epidemic and the "Mother-Father-Child Communication Assessment Tool" to determine the communication levels between mother and child. In addition, the "Personal Information Form" prepared by the researchers was used. The participants were informed about the purpose and process of the study with the explanation made before being directed to the page with the measurement tools. In addition, all participants included in the study were asked to mark the statement showing that they gave their consent before the measurement tools were applied. The system is set so that it cannot be redirected to the measurement tools page without consent.

Covid-19 Fear Scale

It was developed by Ahorsu et al. (2020) and adapted to Turkish by Bakioğlu et al. (2020). The scale applies to adults over the age of 18. There is no reverse-scored item in the scale consisting of one dimension and seven questions. The questions were scored between 1-5 (1-Strongly disagree ... 5-Strongly agree) by using a 5-point Likert type scaling. Scores between 7-35 are taken from the scale. Getting a high score indicates that the Covid-19 fear level is 'high.' In the Turkish validity and reliability study of the scale, the total variance was found to be 58.86%, the total item correlation was between .62 and .72, and the Cronbach Alpha internal consistency coefficient was found to be .88 (Bakioğlu et al. 2020). The Cronbach Alpha internal consistency coefficient was determined as .86 in the analysis of the data in this study.

Mother-Father-Child Communication Assessment Tool (MFCCAT)

The Mother-Father-Child Communication Assessment Tool (MFCCAT), developed by Arabacı (2011), was used to evaluate mothers' communication with their children. MFCCAT is used to evaluate the communication of parents of 48-72 months old children with their children. The scale consists of 37 items and five sub-dimensions. Eight of these items are reverse coded. There are eight items in the speaking sub-dimension, six in the listening sub-dimension, eight in the message sub-dimension, six in the non-verbal communication sub-dimension, and nine in the empathy sub-dimension. The tool is based on a five-point Likert-type rating. High scores from the tool indicate that the mother is ineffective at communication with her child. The internal consistency coefficient of the ABÇİDA speech sub-dimension was .67, the internal consistency coefficient of the listening sub-dimension was .70, the internal consistency coefficient of the message sub-dimension was .60, the internal consistency coefficient of the non-verbal communication sub-dimension was .56, and the internal consistency coefficient of the empathy sub-dimension was .73. Test-retest correlations were determined as 0.93 in the

Speaking sub-dimension, 0.96 in the Listening sub-dimension, 0.98 in the Message sub-dimension, 0.95 in the Nonverbal Communication sub-dimension, and 0.96 in the Empathy sub-dimension (Arabacı 2011). Since the study group was different, the scale reliability analysis was performed and the total Cronbach Alpha reliability coefficient was determined as 0.79 for the mothers in the study.

Personal information form

The researchers created this form to collect the demographic information of the participants. For this purpose, in parallel with the purpose of the study, the form includes questions about the age of the mothers, their education and occupation status, the number of children, and the status of living with at least one older person at home.

Table 1. Information on participants

Features	Categories	F	%
At least one elderly person at home	Yes	101	32
	No	215	68
	Total	316	100
Age	Under 35	177	56
	36-55	139	44
	Total	316	100
Children	1	105	33.2
	2	161	50.9
	3 and above	50	15.8
	Total	316	100
Education status	Primary-Secondary	133	42.1
	Undergraduate And Graduate	183	57.9
	Total	316	100
Career	Employe	150	47.5
	Unemployed	166	52.5
	Total	316	100

Statistical analysis

Whether the collected data had a normal distribution was first evaluated through kurtosis and skewness values. As a result of the analysis, the skewness value of the Covid-19 Fear Scale scores in the study was calculated as .858 and the kurtosis value as -.982. The skewness value of MFCCAT, the other data collection tool, was calculated as -1.143 and the kurtosis value as -1.523. The kurtosis and skewness values in a data set between +2 and -2 indicate that the data are typically distributed (George and Mallery 2010). Since the values mentioned in the study are also within this range, it can be stated that the data show a normal distribution. After it was determined that the data had a normal distribution, analyzes were made using parametric tests. Independent variables t-test was used for comparisons of variables, and Analysis of Variance (ANOVA) was used to compare group variables that were more than two. In this context, independent variables t-test was applied to determine whether mothers' fear of COVID-19 differs significantly according to living with at least one older person at home, age and working status. In addition, the ANOVA test was used to determine whether mothers' fear of COVID-19 differed significantly by education level and number of children. Finally, regression anal-

ysis was conducted to reveal to what extent mothers' fear of COVID-19 explains the level of communication with the child. Before performing this analysis, correlation coefficients between variables were examined to determine whether there was a multilinearity problem or not, and it was determined that this value was not greater than .80. Looking at the Tolerance and VIF values, which indicate another linearity problem, it was found that the tolerance in none of the variables was less than 0.1 and the VIF values were not higher than 4 (Hair et al. 2010). IBM SPSS Statistics 22.0 software package was used for the analysis of the study data.

Results

In the study, the results of the descriptive statistics obtained from the scales are included. Statistical values regarding the scores obtained from the Mother-Child Communication scale and the COVID-19 fear scale are given in Table 2.

Table 2. Scores from the Mother-Child Communication and Covid-19 Fear Scales

	Minimum	Maximum	Mean	Std. Deviation
Mother-child communication	1.11	4.84	2.510	.85364
Fear of COVID-19	1.00	5.00	2.692	.98734
Valid N (listwise)	316			

When we look at the statistical data given in Table 2, it is seen that the average score of the mothers from the Mother-Child Communication scale is 2.51, and the average of the scores they got from the COVID-19 Fear scale is 2.69. Table 3 presents the analysis results of mothers' fear of COVID-19 according to the variables of living at home with a family member, age and working status.

Table 3. COVID-19 fear levels according to various groups

Gruplar	N	Mean	Sd	T test		
				t	df	p
There is older person	98	3.45	.94	10.743	314	.00
There isn't older person	218	2.34	.79			
Employed	150	2.55	.97	-2.401	314	.01
Unemployed	166	2.81	.98			
0-35 age	177	2.53	.93	-3.282	314	.00
36 and above	139	2.89	.72			

P<0.01; Sd: standard deviation, df, degree of freedom

Table 4. Simple linear regression analysis predicting mother-child communication

Model	B	SHB	β	T	P	R	R^2	F	p
(Constant)	2.865	.132		21.65	.00				
Fear of COVID-19	-.280	.046	-.324	-6.067	.00	.324	.152	36.80	.00

P<.001

Considering the numerical data shown in Table 3, the results of the fear of COVID-19 analysis were found to be significantly different in favor of the mothers living with at least one older person at home (t (314) = 10,743 p <.01). Fear of COVID-19 was found to be significantly different in favor of working mothers in the studies made according to whether the mothers were working or not (t (314) = -2.401 p <.01). It was also determined that the participants' fear of COVID-19 was significantly different in favor of the older ones (t (314) = –3.282, p <.01). On the other hand, it was revealed that fear

of COVID-19 did not differ significantly according to education level and number of children.

Another research question that should be examined in line with the purpose of the research is explaining the mother's fear of COVID-19 and their communication level with the child. Accordingly, Table 4 presents the regression analysis results regarding the predictor of the mothers' fear of COVID-19 in communicating with the child.

According to the results of the Simple Linear Regression analysis indicated in Table 4, there is a significant negative relationship between mother-child communication and fear of COVID-19. ($R = .324$, $R^2 = .150$ $p < .05$). It was observed that fear of COVID-19 was a significant predictor of mother-child communication scores ($F (1-314) =. 152$, $p < 0.05$). This value shows that 15.2% of the mother-child communication variable is explained by the fear of COVID-19, the independent variable in the model. The significance test of the coefficient ($B = -.280$) of the main predictor variable in the regression equation also shows that COVID-19 is a significant predictor ($p < .05$).

Discussion

Parents in the family are responsible for creating hope and support relationships and emotional security within the family. However, the uncertainty created by the epidemic environment forces parents to face fear and stress (Prime et al. 2020). In this context, the current study examined the effect of fear of COVID-19 on mother-child communication in Turkey. Firstly, the study examined the relationship between descriptive variables and fear of COVID-19. Studies show that COVID-19 has more psychological effects on females. (Wang et al. 2020, Qiu et al. 2020). The study participants were women, and according to the findings, the participants had a moderate fear of COVID-19. Studies from different countries concluded that the fear of COVID-19 is moderate (Martínez et al. 2020, Reznik et al. 2020). Parallel to the studies, this finding confirms that women are more afraid of COVID-19.

Considering the last one year (since the epidemic started), mothers evaluate their communication level with their children as moderate. This finding supports the studies on the psychological effects of social isolation on family relations (Liu and Doan 2020, Öngören 2021). In another study examining how the communication between the parent and the child is affected by the COVID-19 process, it has been revealed that the communication of the parents with the child is adversely affected by the pandemic in terms of speaking and listening (Döğer and Kılınç 2021). In the study, it is thought that the mood created by both the quarantine situation and the fear of illness due to COVID-19 reflects negatively on the communication of family members (Ayuso et al 2021). Therefore, mothers see their communication with their children at a moderate level.

Turkey is a country with traditions that support extended family life in terms of family structure. Although this tradition, which has been transferred from the past to the present, has decreased, it still maintains its validity in society. In addition, current elderly care policies support home care services (Epik et al. 2017, Tamer 2017). For this reason, there are a remarkable number of participants living with a family member at home in the study. In the study, mothers' fear of COVID-19 was significantly higher in those living with a family member at home. The source of mothers' fears of COVID-19 may be living with an older person they think will be challenging to fight the disease. Because

since the beginning of the epidemic process, all information sources emphasize that COVID-19 affects older individuals more. It supports this result and other studies (Qiu et al. 2020). In the study, fear of COVID-19 was significantly higher in mothers over 35 years old.

Another result of the study is that mothers' fear of COVID-19 is significantly higher in working mothers. Some mothers are worried about catching the virus due to their working life, even part-time, which may increase their fear of the epidemic. Because although COVID-19 vaccine application studies have started, the rate of spread of the disease in social environments is relatively high unless there are strict isolation and quarantine measures (Tomar and Gupta 2020, Worldometers 2021). In this respect, parents are stuck between the psychological effect of being under quarantine or the necessity of being in working life despite the risk of COVID-19 contamination.

The last finding in the study is the predictive effect of fear of COVID-19 on mother-child communication. As a result of the regression analysis, a significant negative relationship was found between mother-child communication and fear of COVID-19. This means that as fear of COVID-19 decreases, mother-child communication may increase. In addition, it was concluded that the fear of COVID-19 explained 15.2% of the change in mother-child communication scores. It is thought that this result is vital in terms of seeing the effects of the pandemic process on the relationship between mother and child in the family. Studies conducted to support this result stated that during the epidemic period, the parents experienced burnout, problems in communication with the child, and conflicts increased due to the necessity of intense interaction with the child (Griffith 2020, Öngören 2021). The epidemic process has made it necessary for family members to live together at home 24/7 with the introduction of social isolation and the decrease in social support. Parents are constantly at home with job loss or remote working conditions. In addition, routines have been established to contribute to the education of their children or virtual learning activities and daily work at home. As a result of this intense interaction, the decrease in family boundaries and the inability of family members to become independent may negatively affect parent-child communication (Worden 2006).

The study has some limitations. In the study, mothers were asked to answer the questions by considering their communication with the child last year. Assuming that each of the participants considers this is one of the limitations of the study. In the study, the participants consisted of mothers with 48-72 months old children living in different provinces in Turkey. Due to the epidemic conditions, transportation resources for mothers are limited. For this reason, it was planned to make a specific distribution according to the cities, but with the transition of schools to distance education, there was a decrease in the number of students enrolled. For this reason, the convenient sampling method, where accessibility is more accessible in terms of time and possibilities, was used.

Conclusion

In the study, the fear of COVID-19 of mothers who have children in the 48-72 month period differs significantly from living with a family member at home, being in working life and being at an advanced age. In addition, it was concluded in the study that the COVID-19 fear levels of the mothers were influential in their communication with the

child. In this context, it is thought that it is essential to carry out more comprehensive studies in different disciplines to see the effects of the epidemic on the mother-child from different perspectives. In future studies, it will be necessary for the fathers to participate in the study to evaluate and compare the results within the scope of the family. In order to reduce the fear levels of mothers, it would be beneficial for mental health experts to work on struggling fear in this critical period. According to the study results, it is thought that it will be beneficial to plan and implement psychosocial support studies both during the epidemic period and after the epidemic in terms of family and especially child welfare. It is recommended that governments and non-governmental organizations make plans for the psychological support of mothers, who have increased responsibilities and concerns, especially with the epidemic process, during and immediately after the epidemic.

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