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Predicting Corona anxiety based on quality of life and parenting practices in women

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Abstract

Women are always a source of encouragement and a symbol of patience in the home and families. However, in modern society, due to the changing roles, they are also engaged in work and activities in society in addition to the family. Sometimes, due to mental pressure and much communication with clients in the work environment, they suffer a lot of worry and anxiety due to the conflict with the coronavirus. Therefore, the current research aimed to predict the anxiety of Corona based on the quality of life and parenting methods in the working women of Arak city. The research is descriptive-correlation type. The statistical population of this research consists of all the women of Arak city. The available method was used to select the sample, and the sample number of 150 working women was selected. The Alipoor Corona Virus Anxiety Scale, World Health Organization (WHO) Quality of Life Questionnaire, and Bamrind Parenting Practices Questionnaire were used to collect data. Data analysis has been done using descriptive and inferential statistics such as Pearson's correlation coefficient and multiple regression. The research findings showed that the quality of life has a significant negative (inverse) relationship with Corona anxiety. Among parenting styles, the authoritarian parenting style has a significant direct relationship with Corona anxiety, the logical, decisive parenting style has a significant negative relationship with Corona anxiety, and finally, no significant relationship was observed with the permissive parenting style with Corona anxiety. According to the obtained results, quality of life and authoritarian parenting style had the highest predicting power of Corona anxiety. As a result, it is suggested that women and their families be informed about this issue with proper planning and training to minimize the anxiety of Corona.

Keywords: *Parenting methods, quality of life, Corona anxiety, working women*

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Introduction

One of the health crises is the existence of a new type of coronavirus family called Covid-19, which started in December 2019 in the city of Wuhan, China, and its symptoms are spreading rapidly worldwide (Xiang, Yang, wen, Zhang, Cheung). & Chee, 2020). The disease caused by Corona has affected all countries, and its global spread as an epidemic has become a problematic issue. One of the issues that increase this concern is the unpredictability of the disease because no specific time has been predicted for the end of this epidemic (Bao, Sun, Meng, Shi, & Lu, 2019). Due to the corona virus epidemic, the components of mental health that may be affected is anxiety. Anxiety in patients with respiratory disorders is chronic and can significantly reduce patients' quality of life (Yan Dong, Wang, Xia Tao, Li Suo, Chuan Li, Liu, Zhao, & Zhang, 2017). Anxiety about covid-19 is common and it seems to be mostly due to the unknown and creating cognitive ambiguity in people of this virus. Fear of the unknown reduces the perception of safety in humans. It has always been a source of anxiety for humans. About Covid-19, the lack of scientific information also aggravates this anxiety (Bejama, Oster, & McGovern, 2020, quoted by Tabe Bordbar, Eisa Khani & Ismaili, 2021). Anxiety can weaken the body's immune system and make them vulnerable to diseases, including Corona (Chang, Ling, & Wen, quoted by Alipour, Ghadami, Alipour & Abdolazadeh, 2019). As a result, due to the rapid spread of this disease and the lack of realization in this field, it seems necessary to research to help identify this disease and especially the anxiety created and ways to deal with it. It can also help improve people's quality of life and society's health (Alipour, Ghadami, Alipour & Abdolazadeh, 2019).

As mentioned, the quality of life is among the things that are affected by the anxiety of Corona (Zang & Ma, 2020). Quality of life is defined as people's understanding and feeling that their needs are met and the opportunity to reach their wishes and desires is not lost. Quality of life is multi-dimensional, which is a combination of cognitive (satisfaction) and emotional (happiness) factors (Faircloud, 2002, quoted by Aghyari, 2017). It includes physical, psychological, social, spiritual dimensions, symptoms related to illness or changes related to treatment (King and Hinds, 2003, quoted by Aghyari 2017). In general, quality of life is one of the words that does not have a clear and uniform definition, although people understand its meaning easily. But as mentioned, this concept is not the same for them (King and Hinds, 2003, quoted by Aghyari 2017). According to the World Health Organization's definition, quality of life is people's understanding of their position in life in terms of culture, the value system in which they live, their goals, expectations, and standards. Therefore, it is a completely subjective issue and cannot be seen by others and is based on people's understanding of different aspects of life (Bonomi, Patrick, Bushnell, 2000).

Another thing that is related to Corona anxiety is parenting. The term parenting is derived from the root *prio* meaning life-giving. (Howe, Dubas, Guernsey, Vanderlen et al, 2011, quoted by Gholami 2020). Parenting refers to the dominant way of raising children by parents and significantly impacts how children grow and develop their personalities. Developmental psychologists have always been interested in studying how parents' educational methods influence the development of children's social abilities (Darling and Steinberg, 1993, quoted by

Salmani, 2015). The three parenting styles are authoritative, in which parents have logical and wise expectations while controlling their children logically. In this model, expectation and responsiveness are both at a high level. Authoritarian style in which parents have a lower rank regarding logical control. They are less close to their children and emphasize the use of power and forced discipline. A high expectation level and a low level of responsiveness characterize this pattern. In the permissive style, parents do not control their children and do not expect them to behave wisely and do not teach them to be independent and self-reliant. This model is characterized by a high level of responsiveness and a low expectation level (Yousfi, Amani and Babaei, 2015, cited by Tahmasebnejad & Arian, 2020). Some researches that have been conducted on the quality of life of people suffering from corona anxiety show that these people have a lower quality of life from the perspective of an external observer. The results of another similar research show a statistically significant inverse relationship between Corona anxiety and quality of life. In this way, the higher the anxiety about Corona, the lower the quality of life, and the lower the anxiety about Corona, the higher the quality of life (Khojastehrad et al., 2019). Zafar et al. (2022) showed that parenting methods are parents' concerns during the Corona era, which is an important factor in predicting Corona anxiety. Considering the lack of research in this field and the contradictions that exist in previous research, this research intends to answer the question, can the anxiety of Corona be predicted based on the quality of life and parenting methods?

Materials

Corona Virus Anxiety Questionnaire (CDAS). This questionnaire was created by

Alipour et al. (2019) during the corona virus epidemic. This scale has 18 items and 2 components (factors). Items 1 to 9 measure psychological symptoms and items 10 to 18 measure physical symptoms. This tool is scored on a 4-point Likert scale (never = zero and always = 3). The reliability of this tool was obtained using Cronbach's alpha method for the first factor of 0.879, for the second factor of 0.861 and for the whole questionnaire was 0.919. Correlating this tool with the GHQ-28 questionnaire was used to check the validity of the correlation with the criteria of this questionnaire. The results showed that the Corona anxiety questionnaire with the total score of the GHQ-28 questionnaire and the components of anxiety, physical symptoms, impairment in social functioning and depression are equal to 0.483, 0.507, 0.418, 0.333 and 0.269 respectively (Alipour, Gadami, Alipour & Abdallah Zadah, 2019).

World Health Organization Quality of Life Questionnaire (WHO). The quality of life questionnaire was developed by the World Health Organization (1996) in order to examine the quality of life of people, which was designed and translated into different languages simultaneously in more than 15 countries. This questionnaire contains 26 questions and measures 4 areas: physical health, mental health, social relations and environmental health. Two questions do not belong to any of the areas and evaluate the health status and quality of life in general. The questionnaire has a range of 5 options, which respectively have the options "very dissatisfied with score 1" to "very satisfied with score 5". Finally, the lowest score that any person can get is 26 and the highest score is 130. A higher score indicates a better and higher quality of life (Karami, Ahmadi, Qobadi, 2021). In the

study of Levy and Litman-Ovadia (2011), the reliability of the above questionnaire was calculated using three retest methods with an interval of three weeks, halving and Cronbach's alpha coefficient equal to 0.67, 0.87, and 0.88, respectively. The validity of this tool was verified by the method of differential and structural validity and was reported as acceptable (Karami, Ahmadi, & Ghobadi, 2021).

Abedi and Mirzaei (2006) reported the reliability and validity of this questionnaire as 0.73, 0.89. In Iran, this questionnaire has been translated and standardized by Nejat, Montazeri, Holakoui Nayini, Mohammad and Majdzadeh (2004). The reliability of the questionnaire was measured using Cronbach's alpha and intra-cluster correlation obtained from the retest, and it was found to be above 0.7 in all areas. However, in the field of social relations, the value of Cronbach's alpha was 0.55, which can be due to the small number of questions in this field or its sensitive questions. Nasiri (2006) used the concurrent validity method to determine the validity of the scale. He measured the relationship between the total score of the test and its subscales with the total score and subscales of the general health questionnaire through the correlation coefficient and reported it as favorable (Karami, Ahmadi, & Ghobadi, 2021).

Bamrind Parenting Style Questionnaire.

30-question parenting methods questionnaire (Bamrind), the initial form of this questionnaire has 30 items, which was designed and made by Diana Bamrind (1972). Of which 10 questions are permissive, 10 are autocratic and the other 10 are related to parenting. This scale is scored from 0 to 4 (Saatchi, Kamkari and Askarian, 2010, quoted by Taghvaei, 2018). In a study conducted by Esfandiari in 1995 to investigate the possibility of changing the parenting methods of parents of children with behavioral disorders, he asked psychology and psychiatry experts to determine the validity of each sentence in the questionnaire. The result showed that the questionnaire has face validity. In order to determine the reliability of the questionnaire, he asked the studied population to complete the mentioned questionnaire and after a period of one week, the questionnaire was completed again by the same people. The reliability rate for the permissive style was 69%, for the dictatorial style was 77%, and for the decisive and reassuring style was 73% (Esfandiari, 1995, cited by Taghvaei, 2018).

Findings

Among the women participating in the research, all were working women aged 30 to 45, and all answered the research questions completely.

Table 1. Descriptive data of Corona anxiety, quality of life and parenting methods

Scales	Subscales (components)	Mean	Standard deviation	Max	Min
Crohn's anxiety	Psychological symptoms	10.03	7.98	23	0
	physical symptoms	6.79	6.498	18	0
Quality of life	environmental health	27	5.634	38	10

	Social health	9.81	2.486	15	3
	mental health	19.83	4.154	30	9
	physical health	25.82	4.612	36	9
Parenting styles	Permissive	18.63	5.123	30	7
	authoritarian	13.70	7.673	29	0
	authoritative	29.65	6.252	40	11

The results of Table 1 show that among the components of Corona anxiety, mental symptoms have the highest average. Among the quality-of-life components, physical

health has the highest average. Finally, among the parenting styles, the assertive parenting style has the highest average among women.

Table 2. The result of the Kolmogorov-Smirnov test to determine the normality of the data

Scales	Subscales (components)	Z	Sig	N
Crohn's anxiety	Psychological symptoms	0.081	0.057	150
	physical symptoms	0.071	0.062	150
Quality of life	environmental health	0.061	0.20	150
	Social health	0.094	0.052	150
	mental health	0.071	0.067	150
	physical health	0.059	0.20	150
Parenting styles	Permissive	0.065	0.20	150
	authoritarian	0.038	0.20	150
	authoritative	0.078	0.068	150

To perform inferential tests, we need to know the normality of the data. In this regard, the Kolmogorov-Smirnov test was used. Its results show that the significance level

obtained for each research variable is greater than 0.05, so the null hypothesis is confirmed, and the data have a normal distribution.

Table 3 Pearson correlation between quality of life components and Corona anxiety components

		Quality of life		Environment health		Social health		Mental health		Physical health	
		Correlation	Sig	Correlation	Sig	Correlation	Sig	Correlation	Sig	Correlation	Sig
Corona Anxiety	Psychological symptoms	-0.429	0.000	-0.250	0.002	-0.443	0.000	-0.506	0.000	-0.418	0.000
	Physical symptoms	-0.369	0.000	-0.208	0.011	-0.420	0.000	-0.486	0.000	-0.416	0.000
	Total	-0.439	0.000	-0.352	0.000	-0.396	0.000	-0.426	0.000	-0.471	0.000

Pearson's correlation coefficient was used to examine the components of quality of life and parenting methods with Corona anxiety. The results of Table 3 show a significant negative

(inverse) relationship between the components of quality of life and Corona's anxiety; the higher the Corona's anxiety, the quality of life decreases significantly.

Table 4 Pearson correlation between parenting methods and Corona anxiety components

		Parenting styles					
		Permissive		authoritarian		authoritative	
		Correlation	Sig	Correlation	Sig	Correlation	Sig
Corona Anxiety	Psychological symptoms	-0.093	0.259	0.267	0.001	-0.271	0.001
	Physical symptoms	-0.087	0.287	0.320	0.000	-0.160	0.050
	Total	-0.091	0.243	0.299	0.000	-0.232	0.004

The results of Table 4 show no significant relationship between parenting methods and Corona anxiety in the permissive style, a direct

relationship in the authoritarian lifestyle, and a significant negative relationship in the authoritarian lifestyle.

Table 5. Goodness of fit

	Sum of squares	Df	Mean squares	F	Sig
Regression	4712.197	3	1570.732	14.680	0.000
Residual	15622.018	146	107.000		
Total	20334.215	149			

Multiple regression analysis was used to predict Corona anxiety. The results of Table 5 show that the desired regression model is significant

according to the significance level (0.000), which is less than 0.05.

Table 6. Regression coefficients

	Non-standard coefficients		Standard coefficients		
	B	Standard deviation	Beta	t	Sig
Intercept	34.607	6.475		5.345	0.000
Quality of Life	-0.255	0.052	-0.379	-4.959	0.000
authoritarian	0.359	0.123	0.233	2.904	0.004
authoritative	-0.023	0.158	-0.012	0.146	0.884

According to Table 6, it can be seen that the slope of the standardized regression line of the quality of life variable is -0.379 and the authoritarian component is 0.233. Considering that the significance level has coefficients less than 0.05, they have a more significant relationship with Corona anxiety, which confirms this hypothesis. Also, the results of the beta coefficient also show that the direction of the quality of life coefficient is negative, which indicates that this variable's effect on Corona's anxiety is inverse and negative. Also, the coefficient of authoritarianism is positive, which directly affects corona anxiety. The results also show that quality of life with a beta coefficient (-0.379) and authoritarianism with a beta coefficient (0.233) have the greatest effect on corona anxiety.

Discussion

The present research was conducted with the aim of predicting the anxiety of Corona based on the quality of life and child rearing practices of women. According to the obtained results, it can be said that there is a significant relationship between Corona anxiety and women's quality of life in such a way that the relationship between Corona anxiety and quality of life is negative (inverse), that is, as Corona anxiety increases, the quality of life decreases and vice versa. In connection with this finding of Niko Gofar, Dosti (2021) in their research concluded that there was a statistically

significant negative relationship between Corona anxiety and quality of life. Also, Mohammadzadeh Tabrizi, Mohammadzadeh, Davarinia, Bahri (2022) concluded that the anxiety of COVID-19 in nurses reduces their quality of life. In explaining the relationship between Corona anxiety and quality of life, it can be said that the less mental health and anxiety women have, the better quality of life they will have and they will stay away from mental problems such as anxiety and depression. Therefore, they should avoid the psychological pressures and anxieties that are imposed on them so that these anxieties and psychological pressures do not affect their performance and quality of life. Therefore, in this period, the society and even the family should do the necessary trainings and workshops and make various investments for the future of women so that they are more prepared and aware to face the problems.

From other results of this research, it can be said that there is a significant (positive) direct relationship between the components of Corona anxiety and authoritarian parenting style. This means that the more authoritarian the parenting style of women, the higher the anxiety of women. Also, there is a negative and significant relationship between corona anxiety and logical decisive (authoritative) parenting style, which means that if logical decisive parenting style is not

implemented correctly and women get confused, their corona anxiety will increase and vice versa. However, no significant relationship was observed between permissive parenting style and corona anxiety. This finding is in line with the results of Sadri and Samadieh's research (2020) that resilience and perception of parenting styles were significant predictors of Corona anxiety. In explaining this hypothesis, it can be said that families whose parents use their power and strictness a lot implement authoritarian parenting. Such families want their children to obey them at the moment without paying attention to their children's requests. As a result, it can be expected that parents who choose this method will show children with a higher level of anxiety because these children show extreme fear and anxiety in different situations. On the other hand, families that correctly use the logical decisive parenting method allow their children to have freedom of action to do their own things, which helps them develop high self-esteem and maturity. This logical control can help children to stay away from the negative effects of stress and poverty, which will reduce the anxiety of Corona. On the other hand, when the family does not implement this parenting style correctly, they create confusion about what decisions they should make and what they should do to achieve success. This causes mental pressure and problems, which cause the anxiety of Corona. Also, the results of the multiple regression test revealed that quality of life with an inverse effect and authoritarian parenting style with a direct effect had a significant relationship with Corona anxiety. It can be said that quality of life and autocratic styles can predict corona anxiety (high or low) in women. In the meantime, the quality of life has the greatest

impact and predictor of Corona anxiety. Regarding the limitations of the research, it can be said that the findings of the current research should be viewed with caution. This research is based on self-report questionnaires and it was not possible to use a clinical interview. Also, the current research was conducted in women's society, which should be avoided to generalize to other strata. Arbitrary and logically decisive parenting methods have an effect on increasing the anxiety of corona in women. Therefore, it is possible to help students and families to choose the best educational and parenting methods by holding conferences, gatherings and necessary trainings for families. It is also possible to mention the preparation of necessary training programs and training workshops to improve the quality of life and reduce the anxiety of Corona in women. Accordingly, it is suggested to use the training necessary to increase the quality of life and reduce the anxiety of Corona, which will help to increase the quality of life of women.

Ethics

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

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Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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