

## Mothers' Fear and Anxiety during COVID-19 Pandemic regarding their Children Health

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### Abstract

**Background:** The presence of pandemic disease as COVID-19 may increase the risk of the disease among children and can lead to several consequences such as increased fear and anxiety levels of their mothers regarding their children health. **Aim:** To investigate the mothers' fear and anxiety level during the COVID-19 pandemic regarding their children's health. **Design:** A descriptive research design was used to accomplish this study. **Setting:** This study was applied in Egypt at Beni-Suef City. **Sample:** - A total of purposive sample of 600 mothers from 5 and 25 April 2020 by using an online snowball sampling. **Tools:** Three online questionnaires including a structured questionnaire, fear of COVID-19 Scale (FCV-19S), and Corona Disease Anxiety Scale (CDAS) were used to collect data. **Results:** The current results revealed that women were mostly between 20 < 30 years, it was noticed that majority of mothers have experienced high fear and the majority of them had severe anxiety scores regarding their children's health. It was displayed that a significant relationship was detected between the level of (FCV-19S) and (CDAS) scores ( $P = <0.05$ ). **Conclusion:** The studied mothers were worried, afraid, and anxious that Covid -19 affected their children's health. **Recommendations:** Provide mothers with a well-planned health program to improve their knowledge regarding Covid -19 and providing strategies for early diagnosis and possible interventions is essential to support and help in psychological adjustment.

**Keywords:** Anxiety, Children, Covid-19, Fear, Mothers.

### Introduction

COVID-19 is linked to increased anxiety and fear in mothers all around the world for their children's health. Children's physical health is harmed by infectious illness epidemics, which can have a negative psychological influence on their mothers (WHO, 2020).

The psychological effects may last for a long period and will require much more time to recover from. COVID-19 strikes quickly are very contagious and have no specific medications. In the absence of therapy, the patient's condition rapidly deteriorates, causing a negative psychological effect on overall health and increasing the risk of fear, worry, and depression in mothers. Fear, anxiety, and melancholy have gripped both medical personnel and the general public as a result of the quick increase in verified cases and deaths (Bai et al., 2020).

As the primary caregiver for the children, the mother performs a vital role. Anxiety and

despair have been linked to them. The presence of pandemic disease as COVID-19 may increase the risk of the disease among children and can lead to several consequences such as increased fear and anxiety levels of their mothers regarding their children health (Brooks et al., 2020). COVID-19 containment measures were thought to have harmed psychosocial family functioning and increased the incidence of depression among mothers (Cameron, et al., 2020).

Mothers of children may also be subjected to additional sources of psychological discomforts, such as their children's health and safety. Mothers during the COVID-19 pandemic expressed higher levels of worry and fear than they did before the epidemic. Even though children are at a lower risk of infection, COVID-19 has had an impact on them as a result of school closures and outdoor restrictions (Davenport, et al., 2020).

Mothers have observed a shift in their children's conduct during the pandemic, including a lack of discipline and hyperactivity.

As a result of the epidemic, the likelihood of maternal psychological distress has increased, and the negative consequences of the pandemic may put children in danger (**Morelli, et al., 2020**).

Since the coronavirus pandemic hit the world, people try to cope with the virus and the changes that have been brought to their lives. This new analysis finds a gap in mothers' worries, as well as the reported effects of corona virus-related fear on their mental health and wellbeing. Mothers did not want children to be infected until the covid-19 has cleared completely. These causes have physical and psychological effects on mothers. In this context, most mothers experience reactions to stress, anxiety, and depression (**Campbell, 2020**).

Mothers are more concerned about their children's health and safety (UNICEF, 2020). About 85 percent of mothers said they are "very concerned" or "somewhat concerned" about the coronavirus and 82 percent stated their children will be unable to follow the physical separation recommendations (**Lunna et al., 2020**).

Mothers are likely to be concerned about their children since they have adequate food at home and have access to the technology they need to educate their children at home. Furthermore, people are concerned and stressed about the coronavirus, which has a significant negative influence on their mental health and has caused specific unfavorable consequences owing to anxiety caused by the infection during the coronavirus pandemic (**Lunna et al., 2020**).

The goal of COVID-19 nursing care should be to keep the infection from spreading. Pediatric nurses have an essential role in teaching service users and caregivers, delivering health education in society, and encouraging the growth of other multidisciplinary team members as teachers and advisors (**WHO, 2020**).

They should teach the moms how to utilize the proper handwashing technique, maintain a safe social distance, use disinfection materials such as alcohol, avoid shaking hands, use a tissue to cover the mouth and nose while coughing or sneezing and wear a mask to

prevent illness transmission. Educating moms to persuade their children not to touch their eyes, noses, or mouths is also important. Appropriate hand washing after contact with others, sneezing or coughing and they should be discouraged from sharing towels, washcloths, and get a separate bottle for each family member (**WHO, 2020**).

The most important duty of pediatric nurses and psychiatry health nurses is to provide a health education program about Covid -19 and its preventive measures to avoid infection and decrease physical and psychological issues, as well as emotional support for mothers (**Yeniell, & Kavlak, 2014**).

#### **Significance of the study:**

Children were at a significant danger of contracting a sickness with several implications, increasing their mother's fear and anxiety. As caregivers, mothers have a lot of concerns and worries regarding their children's health. In Egyptian 2020, the number of children infected with COVID-19 is expected to rise. As mothers try to balance the demands of their children, particularly their health, they encounter a unique set of problems. Mothers are concerned about the impact of the coronavirus on their children's health. Mothers of children have discovered that the majority of their children are susceptible to diseases, particularly respiratory infections, and have inadequate understanding and actions related to COVID- 19 prevention COVID- 19 (**Ministry of Health and Population in Egypt "MOHP", 2020**).

#### **Aim of the Study**

This study aimed to investigate mothers' fear and anxiety levels during the COVID-19 pandemic regarding their children health through:

- Assessing mothers' fear level during COVID-19 pandemic.
- Assessing mothers' anxiety level during COVID-19 pandemic.
- Identify the relationship between mothers' fear and anxiety scores.

**Research questions:**

1. What is the mothers' fear level toward covid-19?
2. What is the mothers' anxiety level toward covid-19?
3. Is there is a relationship between mothers' fear and anxiety scores toward covid-19?

**Subjects and Methods:****Research design:**

A descriptive research design was utilized to accomplish this study. This type of research can be used to describe characteristics that exist in a community, but not to determine cause-and-effect relationships between different variables. This method is often used to make inferences about possible relationships or to gather preliminary data to support further research and experimentation (Chikaodili et al., 2020).

**Setting:**

This study was applied in Egypt at Beni-Suef City.

**Subjects:**

The study sample included a total purposive sample of 600 mothers from 5 and 25 April 2020 by using an online snowball sampling. The inclusion criteria were: their ages ranged from 20-40 years, mothers who are educated, no history of mental illness, and who are willing to participate in the study.

**Tools of data collection:-**

Data were collected using three questionnaires including a structured online questionnaire, the fear of COVID-19 Scale (FCV-19S), and Corona Disease Anxiety Scale (CDAS). It was developed by the researcher after reviewing related literature. There were three tools used in the present study as the following:

**Tool (I): A structured questionnaire:** It included demographic characteristics of the studied mothers which consisted of 4 items related to age, educational level, occupation, and residence.

**Tool (II): Fear of COVID-19 scale (FCV-19S)**  
Fear of the COVID-19 Scale (FCV-19S)

consists of 7 items measuring the emotional fear reactions toward the COVID-19 pandemic, and it included these seven items:

1. I am most afraid of Corona
2. It makes me uncomfortable to think about Corona
3. My hands become clammy when I think about Corona
4. I am afraid of losing my life because of Corona
5. When I watch news and stories about Corona on social media, I become nervous or anxious.
6. I cannot sleep because I'm worried about getting to Corona.
7. My heart races or palpitates when I think about getting Corona.

**Scoring system:**

It is on a five-point Likert-type scale from 1 to 5. The sum of the scores of these items shows a higher level of fear (7–35). Designing and testing the validity and reliability of this tool were done by Ahorsu et al. (2020) in Iran 2020. The scale's Cronbach's alpha was calculated as 0.82.

**Tool (III):- Corona disease anxiety scale (CDAS)**

Corona-related anxiety is an 18 items tool that measures corona-related anxiety in two dimensions, namely psychological symptoms and physical symptoms, and the items are answered on a Likert scale from zero to 3. Each participant receives a score from 0 to 54. The validity and reliability of this questionnaire have been assessed in Iran by Alipour et al., (2020). Moreover, Cronbach's alpha for the whole questionnaire was reported ( $\alpha = 0.919$ ).

**It included these 18 questions:**

1. Thinking about Coronavirus makes me anxious
2. I feel tense when I think about the Coronavirus threat.
3. I am seriously worried about the prevalence of Coronavirus
4. I am afraid of contracting Coronavirus
5. I fear that I might contract Coronavirus anytime

6. Minor symptoms make me think that I am contracting the virus, and I start checking myself
7. I am concerned about transferring the virus to others around me
8. My anxiety about Coronavirus has interfered with my daily activities
9. The mass media focus on Coronavirus make me anxious
10. Thinking about Coronavirus has interrupted my sleep
11. I have lost my appetite because of thinking about Coronavirus
12. I get a headache when I think about Coronavirus
13. My body starts jittering when I think about Coronavirus
14. I get goosebumps when I think about Coronavirus
15. Coronavirus has become my nightmare
16. I have less physical activity because of my fear of Coronavirus
17. I find it hard to talk with others about Coronavirus
18. I feel my heart beating when I think about Coronavirus

#### **Validity of the tools:**

Face and content validity of the tools for clarity, comprehensiveness, appropriateness, and relevance by a board of five experts' professors, three professors in pediatric nursing and two professors in psychiatry health nursing with more than ten years of experience in the fields were assessed; the board ascertained the face and content validity of the tools after modifications.

#### **Reliability of the tools:**

Reliability was assessed through Cronbach's alpha reliability test  $\alpha = 85\%$  which revealed that the first tool, consisted of relatively homogenous items as indicated by high reliability,  $\alpha = 82\%$  which revealed the reliability of the second tool, and reliability of the third tool was  $\alpha = 919$ . The tools' reliability was estimated by using the Pearson correlation

coefficient test to compare variables. The Pearson correlation coefficient for the variables ranged between ( $P. < 0.5$ ) and ( $P. < 0.001$ ), which indicated a highly significant positive correlation between variables of the subjects.

#### **Ethical considerations:**

Each mother was informed about the aim and benefits of the study in the first part before starting the questionnaire where every mother could not be starting the questionnaire without consent to participate in data collection in the current study. Each mother informed that participation in the study was voluntary and that they had the right to withdraw from the study at any time before completing the questionnaire with no consequences, without giving any reason and that their responses would be held confidentially.

#### **Methods of data collection:**

##### **Pilot study:**

A pilot study was conducted on 10% (60 mothers) of the total sample to test clarity and feasibility of the research process. No modifications were carried out to develop the final form of the tools. Those who were in the pilot were included in the research study.

##### **Fieldwork:**

As known the Egyptian Government guidelines for mothers are to reduce face-to-face communication and home isolation, we used an online snowball sampling procedure to collect data from mothers during the period from 5 to 25 April 2020. A structured questionnaire was designed using Google forms, then; we shared the link to the questionnaire to numerous Facebook groups and Whats App groups. Mothers were asked to forward the questionnaire to their eligible friends in their social network contact lists. On the first page of the questionnaire, the mothers were informed about the background, objectives, and expected outcomes of the study. All questions and responses were according to the recent recommendations by the WHO.

The average time spent for mothers' completion of the online administered questionnaire and the fear of COVID-19 Scale (FCV-19S), and Corona Disease Anxiety Scale (CDAS) was approximately 30 minutes. Each

mother involved in the study was informed about the purpose of the study, the components of the tools, and how to answer the online questionnaire and the scale.

### Statistical analysis:

Data was collected and analyzed by the computer program SPSS" version, 21 Chicago, The USA. Data expressed as mean, standard deviation, and number, percentage, so nonparametric methods were used. Mann Whitney U test, Kruskal-Wallis test and was used Person's correlation used to determine significance between variables in the same group. N.s  $P > 0.05$  is no significant,  $P < 0.05$  is significant,  $P < 0.001$  is moderate significance and  $p < 0.000$  highly significance.

### Results:

**Table (1)** shows the characteristics of the studied mothers. It was noticed that less than half (45%) of the studied mothers were in the age range from  $20 < 30$  years with the mean age of  $27.2 \pm 2.2$  years. Concerning educational level, more than a quarter (35%) of them had bachelor's degrees, 72% of mothers were housewives and more than three-quarters of them (77%) were living in urban areas.

Concerning mean scores and standard deviations among the studied mothers regarding the FCV-19S **table (2)**: Showed that the studied mothers had high mean scores ( $28.80 \pm 4.13$ ) regarding the FCV-19S scale.

**Table (3)**: illustrated that majority of mothers (72%) had severe anxiety scores and (20%) of them were moderate anxiety and 8% had mild anxiety scores towards covid-19.

**Table (4)**: illustrated that the average scores of the CDAS and FCV-19S, it was displayed that significant differences were observed between the level of FCV-19S and CDAS scores ( $p = 0.000 < 0.05$ ). And observed that, the FCV-19S average score was ( $28.70 \pm 5.13$ ) in the studied mothers, the CDAS average score was ( $39.60 \pm 13.53$ ) in the studied mothers.

**Table (5)**: reported a relation between demographic characteristics and the CDAS average scores among the studied mothers, it was observed that statistically significant relations were found as regard age, education,

occupation, and residence ( $P = 0.013$ ,  $p = 0.03$ ,  $p = 0.000$  and  $P = 0.008$ ) respectively.

Regarding relation between demographic characteristics and the FCV-19S average scores among the studied mothers **Table (6)** illustrated that statistical significant relation was detected as regard age, education, occupation, and residence ( $P = < 0.001^*$ ,  $p = 0.001$ ,  $p = 0.003$ ,  $P = 0.002$ ) respectively.

**Table (7)** displayed multivariable-adjusted regression about the association between sociodemographic characteristics of the studied mothers regarding their anxiety and fear of Covid-19 and revealed that there was a highly statistically significant relationship was detected between all sociodemographic characteristics and anxiety and fear mean scores  $\pm$  SD of the studied mothers regarding their children health at covid-19 pandemic ( $r = 0.001$ ,  $r = 0.008$ ,  $p = 0.004$ , &  $p = 0.001$ ) respectively.

**Table (1):** Distribution of the studied mothers according to their demographic characteristics (n=600)

Demographic characteristics	NO.	%
<b>-Age(years):</b>		
20 < 30	270	45.0
30 - 35	204	34.0
35 ≥40	126	21.0
<b>Mean and SD (27.2±2.2)</b>		
<b>-Educational level:</b>		
Postgraduate	36	6.00
Bachelor's degree	210	35.00
Technical Institute	168	28.00
Secondary school diploma	186	31.00
<b>- Working status:</b>		
Housewives	432	72.00
Working	168	28.00
<b>- Residence</b>		
Urban	462	77.00
Rural	138	23.00

**Table (2):** Mean scores and standard deviations among the studied mothers regarding the Fear of COVID-19 scale factors. (n=600)

FCV-19S factors	M±SD
Fear of COVID-19 scale average Scores	28.80 ± 4.13

**Table (3):** Relation between CDAS about anxiety level towards covid-19 among the studied mothers (n=600)

Anxiety level	No	%
- Mild	48	8.0
-Moderate	120	20.0
-Severe	432	72.0

**Table (4):** Relation between the average scores of the FCV-19S and CDAS of the studied mothers

Items	Average scores	T-test	p-value
- FCV-19S average Scores	28.70 ± 5.13	16.75	0.000* **
- CDAS average Scores	39.60 ± 13.53		

\*\*\*A highly statistically significant difference (P<0.000)

**Table (5):** Relation between demographic characteristics and the Corona disease anxiety scale average scores of the studied mothers

Demographic characteristics	Corona disease anxiety scale Average Scores among studied mothers		T-test	P-value
	No	%		
<b>Mothers' age in years</b>				
- 20 < 30	360	60.0	3.03	0.013*
- 30 < 40	240	40.0		
<b>Mothers' education</b>				
-Primary education	150	25.0	6.5	0.003*
-Secondary education	300	50.0		
-University education	150	25.0		

Demographic characteristics	Corona disease anxiety scale Average Scores among studied mothers		T-test	P-value
	No	%		
<b>Mothers' occupation</b>				
-Employee	210	35.0	21.09	0.000***
-Housewife	390	65.0		
<b>-Residence</b>				
-Rural	420	70.0	15.2	0.008*
-Urban	180	30.0		

\*A statistically significant difference

**Table (6):** Relation between demographic characteristics and the FCV-19S average scores of the studied mothers

Demographic characteristics	FCV-19S average Scores among studied mothers		P-value
	No.	%	
<b>Mothers' age in years</b>			
- 20 < 30	300	50.0	<0.001*
- 30 ≤ 40	300	50.0	
<b>- Mothers' education</b>			
-Primary education	114	19.0	<0.001*
-Secondary education	336	56.0	
-University education	150	25.0	
<b>- Mothers' occupation</b>			
-Employee	210	35.0	0,003
-Housewife	390	65.0	
<b>-Residence</b>			
-Rural	336	56	0,002
-Urban	264	44	

**Table (7):** Multivariable-adjusted regression about the association between sociodemographic characteristics of the studied mothers regarding their anxiety and fear

Characteristics	Anxiety		Fear		Covid-19		Adjusted p-value
	%	OR (95% CI)	%	OR (95% CI)	%	OR (95% CI)	
<b>1-Age(years):</b>							<0.001*
- < 30 years	54.0	0.76 (0.56,1.03)	52.0	0.93 (0.66,1.31)	27.0	0.49(0.37,0.64)	
- ≥ 30 years	46.0	1	48.8	1	73.0	1	
<b>2-Educational level:</b>							0.008*
- Primary education	38.00	0.47 (0.31, 0.72)	35.00	1.04 (0.65,1.66)	25.0	1.27 (0.90, 1.80)	
- Secondary education	40.00	0.84 (0.58, 1.21)	45.00	1.08 (0.69, 1.69)	40.00	0.88 (0.62, 1.25)	
- University education	22.00	1	20.00	1	35.00	1	
<b>3- Working status:</b>							0.004*
- Working	80.00	2.64 (1.85,3.29)	75.00	2.90 (2.04, 4.11)	76.00	0.82 (0.64, 1.04)	
- Not working	20.0	1	25.0	1	24	1	
<b>4- Residence</b>							<0.001*
- Urban	70.00	1.01 (0.81, 1.47)	60.00	1.82 (1.28, 2.60)	75.00	1.39 (1.04, 1.87)	
- Rural	30.00	1	40.00	1	25.00	1	

\*A statistically significant difference

## Discussion:

COVID-19 is a global emergency health pandemic that has major consequences for women, including mental health issues (WHO, 2020; Xiang et al., 2020). Pandemics like these can cause psychosocial issues like worry, fear, stress, social isolation, and disinformation, and misunderstanding about the disease (Dong & Bouey, 2020).

According to the findings of this study, the majority of mothers were between the ages of 20 and < 30 with a bachelor's degree as their highest educational level. From the researchers' point of view, it is related to mothers who were not old enough and did not have sufficient knowledge about the pandemic; this could be the source of increased psychological disturbances such as fear and anxiety among mothers.

The current study pointed out that more than two-thirds of the studied mothers were housewives; from the researchers' point of view, this may be the cause of increasing fear and anxiety.

The results of the present study showed that mothers had high fear mean scores, from the researchers' point of view, this may be due to that mothers have no experience with the topic and are afraid of complications for their children and be infected.

These results may be due to the reasons of mothers' anxiety as worry about their children being infected, difficult control of the epidemic, and the shortage of medical facilities in the country. Mothers at home may feel emotional disturbance toward their children especially if they become sick (CDC, 2020). These results matched with the study done by Ozamiz et al., (2020), on a sample in North Spain to assess stress, anxiety, and depression levels among caregivers during the COVID-19 outbreak. They indicated that more than two-thirds of the sample had severe levels of fear.

Similarly, Giorgio, et al., (2020) studied "The interplay between mothers' and children's behavioral and psychological factors during COVID-19" and found that women and pregnant women worldwide experienced higher psychological distress during the COVID-19 pandemic regarding their children health.

Abdulkarim et al., (2021) studied "COVID-19 related psychological distress and fears among mothers and pregnant women in Saudi Arabia" and reported that mothers of children less than 10 years of age had high levels of fear of their children contracting COVID-19.

The current study highlighted that majority of mothers had severe anxiety scores from COVID-19. This reflected increased anxiety level of mothers, additionally anxiety increase with and due to the presence of COVID-19. Also, this may be attributed to fear about their children's health and to have complications.

These results explained an absence of any definite therapy against COVID-19 and knowledge deficit that causes increasing emotional disturbances level and also children may be infected from other children. These results were consistent with the study done by Bitan et al., (2020) regarding generalized anxiety disorder, sleep quality, depressive symptoms during the COVID-19 outbreak in China, and noticed that anxiety disorder was found among participants.

These results may indicate that the coronavirus outbreak caused major stressors to mothers in all daily life activities which not only welcomed but was very exciting for them; others were feeling anxiety or fear of their children be infected.

This result is similar to the findings of a study conducted by Sharma et al., (2020) about psychological and anxiety/depression level assessment among quarantine people during the COVID-19 outbreak, who reported that negative emotions such as anxiety and fear were found among people during the quarantine. However, this result was not similar to the study conducted by Wang et al. (2020), about immediate psychological responses and related factors during the early stages of the 2019 coronavirus epidemic among China's general population and found that only 8.1% of people reported severe anxiety levels due to this infectious disease.

Similar findings were reported by an American study conducted by Preis et al., (2020) about "Pandemic-related pregnancy stress and anxiety among women pregnant during the coronavirus disease 2019 pandemic", which concluded that expectant mothers who feared



infection to themselves and their child during birth had an increased risk of experiencing moderate or severe anxiety.

The present study displayed that significant differences were observed between the level of FCV-19S and CDAS scores among the studied mothers. From the researchers' point of view, this reflected that fear from unknown things may cause anxiety.

The present study revealed that relation was found between demographic characteristics and the CDAS average scores among the studied mothers. This is explained by that anxiety and fear is a common problem among all mothers especially with natural disaster as a covid-19 pandemic.

This may explain that mothers with young age had insufficient knowledge about this new disease which caused more anxiety and fear for them about their young children who are at risk for infection than old age mothers. This may be related to a lack of mothers' knowledge about the disease, care of their children, and preventive measures especially, there is no medication or vaccine for this virus when their children are getting an infection, which is the main reason for their psychological disturbance.

Furthermore, **Cameron et al., (2020)** found that education was inversely associated with psychological distress. Similarly, a Canadian study found an association between lower education with COVID-19-related anxiety and fear in mothers with children under the age of 18 months.

The present study indicated that there was a relation between demographic characteristics and the FCV-19S average scores among the studied mothers. That can be explained by that mothers with young age had little knowledge about the disease that made them more stressed about their children who are maybe at high risk for infection.

Regarding residence of the studied mothers especially the rural areas are associated with high mean scores of their emotional disturbance. This may explain that rural areas are different in culture, values, and beliefs, and mothers in these areas are more stressed because of the deficit in medical protective supplies, lack of awareness from social media, and difficulty in going to the health center or the hospital in urban areas when

any suspected manifestations of infection appear in their children. Also, a high level of mothers' stress was associated with working mothers. This result may be because working mothers left their young children for a long time when they were in their work without observation which increases their stress level about their children who are staying alone at home and at risk for getting an infection.

A study showed that health crises as COVID-19 may increase fear and anxiety. The current COVID-19 pandemic has caused the increased fear among mothers because they think about their children's health condition, so COVID-19 anxiety can also be considered as an influential factor in mental health (**Wang et al., 2020**). Fear and anxiety lead to harmful outcomes and increase with the COVID-19 pandemic (**Ahorsu et al., 2020**).

Many studies have also mentioned that during public health emergencies as COVID-19 several negative emotional disorders such as severe levels of fear and anxiety have been occurred (**Zhu, 2020**). This is May attributed to fear and anxiety that has increased during the pandemic period of COVID-19 (**Colizzi et al., 2020**).

The results of some studies reported that mothers usually are more afraid of COVID-19 than men that can be due to the gender differences in sensitivity and susceptibility to fear and anxiety, and the increased risk of mental health problems following the occurrence of stressful life events (**Bitan et al., 2020; Limcaoco, & Roncero 2020**).

This reflected the need and important role of psychiatric health and pediatric nurses in providing health education and support for the mothers to support them during Covid -19 which result and emphasized the importance of the readiness of mothers to gain more information about the topic and also covered all identified needs and knowledge gaps about the topic among the pregnant women. Because it is considered alarming as it represents insufficient health information regard this health topic and informs the need for counseling to increase health information among the mothers to be knowledgeable and may decrease anxiety and fear regarding their children's health during covid-19.

**Conclusion:**

Based on the results of the present study, the study findings concluded that the majority of the studied mothers are experienced severe anxiety and fear scores related to covid-19. There was a significant positive relation at the level of  $p = 0.000 (<0.05)$  between FCV-19S and CDAS total score among the studied mothers towards covid-19.

**Recommendation:**

The following recommendations are made in light of the current study's findings:

- Provide a well-planned health program for mothers to improve their knowledge of Covid - 19 and provide ways for early detection and possible therapies is critical to support and aid in psychological adjustment.
- Study can be applied to a large sample in a different setting so that the findings can be generalized to a large population.
- Pay close attention to the fears and anxieties of mothers to detect mental abnormalities regarding their children's health.

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