Original Article

Be Mindful of this Trio: Pandemic, Life Satisfaction and Women

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Abstract

Background: Although epidemics are events that affect the entire society, their effects can be much different when evaluated from a woman's perspective. The fact that women are seen as a vulnerable group in many societies and that their existing roles and responsibilities in society have increased exponentially during this process further aggravates the effects of epidemics on women and affects their life satisfaction.

Objective: The aim of this study is to examine the relationship between Turkish women's protective behaviors during the pandemic and their life satisfaction, as well as to determine the effect of sociodemographic characteristics on these two variables.

Methodology: The data for this cross-sectional study were collected between March 15, 2022, and September 15, 2022, and the study was completed with 487 women. A demographic information form, the Protective Behaviors Toward COVID-19 Scale, and the Life Satisfaction Scale were used to collect data. The data were analyzed using the SPSS 27.0 software package.

Results: A positive and statistically significant relationship was found between participants' protective behaviors toward COVID-19 and their personal/social and general life satisfaction ($p<0.05$). The total score for protective behaviors toward COVID-19 was significantly higher among those diagnosed with COVID-19 ($p<0.05$). Similarly, the total life satisfaction scores were above average. Specifically, women who were married, had children, and did not require hospitalization during the pandemic had significantly higher life satisfaction scores. Additionally, life satisfaction increased as income levels rose ($p<0.05$).

Conclusions: In conclusion, it was observed that women exhibited high levels of protective behavior. It was also determined that as women's protective behaviors increased, their personal/social and general life satisfaction improved.

Keywords: COVID-19, Women, Protective Measures, Pandemic, Life Satisfaction

Introduction

A pandemic refers to infectious diseases that spread rapidly and affect the entire world. Social, environmental, and biological changes in lifestyle contribute to the emergence of pandemics (WHO, 2023; Ministry of Health, 2020). Historically, many pandemics have occurred, affecting societies worldwide (Dubey et al., 2020). Pandemics, which significantly impact global populations and cause substantial mortality, remain critical public health issues (Keten, 2021). These diseases affect all segments of society but may cause disproportionate harm to certain groups (Prabhu et al., 2020). Specifically, as the duration of pandemics extends, women experience more profound adverse effects (Senturk & Bozkurt, 2021). Prominent examples of pandemics include the Black Death, cholera, the Spanish flu, HIV/AIDS,

H1N1, the Zika virus, and COVID-19 (Esidir & Bak, 2020). The recent COVID-19 pandemic, which began in 2019, particularly affected women in high-risk groups, such as pregnant women, and its impact may extend to future generations (Can, 2020; Yildirim, 2020).

COVID-19 has had numerous adverse effects on women's health—physically, psychologically, and socially (Yagmur, 2020). Extended periods of social isolation during the pandemic increased time spent at home, leading to greater workloads, barriers to accessing education and healthcare, limited decision-making power regarding family and personal matters, and increased familial problems, all of which significantly affected women (Unal et al., 2021; Demir & Taspinar, 2021). According to the literature, women frequently purchased protective items such as masks and disinfectants during the COVID-19 pandemic (Guzek et al., 2020; Huang et al., 2021; Tanriculu, 2022). A study on pregnant women in Nigeria revealed that most women effectively implemented protective behaviors, including wearing masks, maintaining social distance, and handwashing. Women also demonstrated above-average knowledge scores regarding COVID-19 protective measures (Omoronyia et al., 2021). In Turkey, a study found that women's perception of the benefits of protective measures was significantly higher (Aktas, 2022). Another study reported that Turkish women were more likely than men to practice protective behaviors, such as staying home, avoiding social interactions, and using masks or gloves. However, no significant difference was observed between genders regarding handwashing behaviors (Ergun & Sakiz, 2021). The situations women face during pandemics not only affect daily life but also closely impact their life satisfaction (Usta & Bozkurt, 2022).

Life satisfaction refers to an individual's subjective perception of their living conditions (Ergun & Sakiz, 2021). The World Health Organization defines life satisfaction as the individual's subjective perception of their life in the context of their cultural structure, value systems, goals, expectations, standards, and concerns (WHOQOLG, 1995). Recent studies show that life satisfaction among women is more negatively affected during pandemics. One study found that declines in life satisfaction during the pandemic were most prominent among women (Bozkurt & Aytac, 2021). Another study reported that policies implemented during the pandemic significantly impacted life satisfaction, with women being the most affected (Usta & Bozkurt, 2022). Similarly, a study during the pandemic found that women's life satisfaction was lower (Gonzales-Bernal et al., 2021). Kelly et al. (2008) state that women respond to social stressors with fear, anger, confusion, and unhappiness because they do not know what to do. It is very important to identify the behaviors that women use to protect themselves from epidemics, a serious social problem that affects them so negatively, to support their protective behaviors and to protect their life satisfaction. While studies have independently examined women's protective behaviors and life satisfaction during pandemics, no research has explored the relationship between the two. Considering that women are among the groups most affected by pandemics, it is essential to assess protective behaviors and life satisfaction among women from diverse sociodemographic backgrounds rather than restricting samples to students (Aslan, 2021) or specialized groups (Gurlek et al., 2024). This study aims to highlight the challenges faced by women during the global COVID-19 pandemic and how their life satisfaction was impacted during this period.

Materials and Methods

Type of Study: This study was conducted as a cross-sectional research design.

Study Population and Sample: The population of the study consisted of women residing in a province located in southern Turkey. The inclusion criteria were as follows: women aged 18 years and older, Turkish-speaking, and without a diagnosed psychiatric disorder. The sample size was determined using the G*Power program. Previous studies (Köse et al., 2022; Özcan et al., 2023) were reviewed, and the expected confidence intervals for the "Life Satisfaction Scale" were established. With a confidence interval of $\alpha=0.05$, test power $(1-\beta)$ of 0.95, and an effect size of $d=0.3016650$, the required sample size was calculated as 478

participants. The study was completed with 487 participants who met the inclusion criteria and agreed to participate.

Data Collection: The data were collected between March 15, 2022, and September 15, 2022, using a survey form prepared by the researchers. The data collection period coincided with the ongoing COVID-19 pandemic, which had a significant global impact. To minimize the risk of transmission, data were collected anonymously through an online platform. Participants were informed at the beginning of the survey form that no personal identifying information would be requested, the study was for scientific purposes only, and their objective responses were crucial for emphasizing the importance of the research topic. The survey form consisted of 32 items and took approximately 15 minutes to complete.

Data Collection Instruments

Data for the study were collected using the "Personal Information Form" the "Life Satisfaction Scale" and the "Protective Behaviors Towards COVID-19 Scale" all prepared by the researchers.

Personal Information Form: The Personal Information Form consisted of 10 questions designed based on a literature review (Akman, 2021; Guler, 2020; Boxall et al., 2020). It evaluated participants' age, marital status, number of children, education level, place of residence, employment status, income level, family type, presence of chronic illnesses, and views regarding COVID-19.

Protective Behaviors Towards COVID-19 Scale (PBCS): The scale, developed by Riad et al., (2020) and adapted into Turkish by Yazici et al. (2021) (Riad et al., 2020; Yazici et al., 2021), consists of 14 items and three subdimensions. The Routine Protective Behaviors subdimension includes items 1, 2, 3, 4, 5, 6, and 7; the Post-Exposure Protective Behaviors subdimension includes items 10, 12, 13, and 14; and the Post-Exposure Risky Behaviors subdimension includes items 8, 9, and 11. Each item is rated on a 5-point Likert scale, ranging from "1=Totally disagree" to "5= Totally agree" The scale can be evaluated based on total scores or subfactor scores. The total score ranges from a minimum of 14 to a maximum of 70. For the total score, items in the "Post-Exposure Risky Behaviors" subdimension (8, 9, 11) need to be reverse-coded. An increase in the total score indicates higher levels of protective behaviors towarsd COVID-19. The Cronbach's alpha values for the Turkish adaptation of the scale were reported as 0.73 for the Routine Protective Behaviors subdimension, 0.58 for the Post-Exposure Protective Behaviors subdimension, and 0.68 for the Post-Exposure Risky Behaviors subdimension (Yazici et al., 2021). In this study, the Cronbach's alpha values were calculated as follows: 0.804 for the Sexual Orientation subdimension, 0.809 for the Routine Protective Behaviors subdimension, 0.689 for the Post-Exposure Protective Behaviors subdimension, 0.702 for the Post-Exposure Risky Behaviors subdimension, and 0.750 for the overall scale.

Life Satisfaction Scale: The Life Satisfaction Scale, developed by Kose et al. (2022), consists of 8 items and two subdimensions. The Personal/Social Life Satisfaction subdimension includes items 2, 3, 4, and 5, while the Economic Life Satisfaction subdimension includes items 1, 6, 7, and 8. Each item is rated on a 5-point Likert scale, ranging from "1=Strongly Disagree" to "5=Strongly Agree". There are no items requiring reverse scoring. The total score ranges from a minimum of 8 to a maximum of 40, and there is no cutoff score. Higher scores indicate greater life satisfaction. The Cronbach's alpha values reported in the original development study were 0.85 for the Personal/Social Life Satisfaction subdimension, 0.79 for the Economic Life Satisfaction subdimension, and 0.86 for the overall scale (Kose et al., 2022). In this study, the Cronbach's alpha values were calculated as 0.781 for the Personal/Social Life Satisfaction subdimension, 0.742 for the Economic Life Satisfaction subdimension, and 0.839 for the overall scale.

Statistical Analysis: In the analysis of the data, the SPSS 27.0 (Statistical Package for the Social Sciences) software was used. The normality of data distribution was assessed using skewness and kurtosis values. According to the literature, skewness and kurtosis values within the range of +1.5/-1.5 are considered sufficient for normal distribution (Tabachnick et al., 2013). In this study, the skewness and kurtosis values of the data were within the +1.5/-1.5 range, indicating that the data were normally

distributed. Demographic data obtained from the study were presented using frequency and percentage distributions. Additionally, in the analysis of the scores obtained from the scales based on participants' demographic characteristics, an independent samples t-test was used for categorical variables with two groups, and a One-Way ANOVA was used for categorical variables with three or more groups. Following variance analysis, the LSD test was employed as a post hoc test to determine differences between groups. The relationships between the scores obtained from the scales were analyzed using Pearson correlation analysis, while simple linear regression analysis was conducted to evaluate the effects between variables. A p-value of <0.05 was considered statistically significant in the study results.

Ethical Considerations: The study adhered to the principles of the Helsinki Declaration. Approval was obtained from the Clinical Research Ethics Committee of the relevant university (dated 04.03.2022, No. 120). Informed consent was secured from participants, who were provided with details about the study's purpose, duration, benefits, and data collection tools, ensuring their willingness and voluntary participation.

Results

The sociodemographic characteristics of the participants are presented in Table 1.

The Routine Protective Behavior scores of individuals are above average. Additionally, these scores are significantly higher in married individuals, those with children, and those diagnosed with COVID-19 (p<0.05) (Table 1).

The Post-Exposure Protective Behavior scores of individuals are also above average, with significantly higher scores observed among employed individuals and those diagnosed with COVID-19 (p<0.05) (Table 1).

Participants' Post-Exposure Risky Behavior scores are above average. These scores are significantly higher among single individuals and those without children, while significantly lower among primary school graduates (p<0.05). The total Protective Behavior score against COVID-19 is

significantly higher among diagnosed individuals (p<0.05) (Table 1).

The Personal/Social Satisfaction levels of individuals were found to be above average, particularly among married individuals, those with children, those without chronic illnesses, and those who were not diagnosed with COVID-19. Furthermore, Personal/Social Satisfaction levels increase as economic status improves (p<0.05) (Table 1).

Participants' Economic Life Satisfaction levels were found to be average, with significantly higher levels among married individuals. Additionally, Economic Life Satisfaction levels increase with higher income levels (p<0.05) (Table 1).

Finally, individuals' overall Life Satisfaction scores were found to be above average. These scores are significantly higher among married individuals, those with children, and those who did not require hospitalization during the pandemic. Life Satisfaction was observed to increase with higher income levels (p<0.05) (Table 1).

A statistically significant positive relationship was identified between participants' Routine Protective Behavior levels and Post-Exposure Protective Behavior, Protective Behaviors Scale Towards COVID-19, Personal/Social Satisfaction, Economic Life Satisfaction, and overall Life Satisfaction scores (p<0.05) (Table 2).

A significant positive relationship was found between participants' Post-Exposure Protective Behaviors and their Protective Behaviors Scale Towards COVID-19, Personal/Social Satisfaction, and overall Life Satisfaction. Similarly, Post-Exposure Risky Behaviors showed a significant positive relationship with Protective Behaviors Scale Towards COVID-19 and overall Life Satisfaction (p<0.05) (Table 2).

There is also a statistically significant positive relationship between Protective Behaviors Against COVID-19 and Personal/Social Satisfaction, as well as overall Life Satisfaction (p<0.05).

Moreover, a significant positive relationship exists between the total and sub-dimension scores of the Life Satisfaction Scale (p<0.05) (Table 2).

Table 1. Distribution of PBCS and LSS Scores of Women According to Sociodemographic Characteristics

Socio-demographic Characteristics		n (%)	Routine Protective Behavior	Post-Exposure Protective Behavior	Post-Exposure Risky Behavior	PBCS	Personal/Social Life Satisfaction	Economic Life Satisfaction	LSS
Age		487 (100)				26.34 ± 9.61			
Test and Significance			r: 0.061 p: 0.183	r: -0.017 p: 0.711	r: -0.054 p: 0.234	r: 0.008 p: 0.856	r: 0.059 p: 0.194	r: -0.086 p: 0.057	r: -0.019 p: 0.675
Marital Status	Married	216 (44.4)	30.39±4.66	17.87±2.52	9.80±3.76	58.06±7.45	16.01±3.33	12.12±4.29	28.14±6.84
	Single	271 (55.6)	28.87±5.13	17.46±2.99	10.88±3.19	57.22±8.23	14.80±3.87	11.25±3.82	26.06±6.95
Test and Significance			**t: 3.386 p: 0.001**	t: 1.636 p: 0.103	**t: -3.370 p: 0.001**	t: 1.190 p: 0.235	**t: 3.703 p: 0.000**	**t: 2.362 p: 0.019**	**t: 3.302 p: 0.001**
Parental Status	None	291 (59.8)	28.94±4.96	17.50±2.95	10.79±3.27	57.24±8	15±3.74	11.42±3.90	26.42±6.90
	Present	196 (40.2)	30.43±4.89	17.84±2.55	9.83±3.74	58.11±7.74	15.85±3.56	11.95±4.26	27.81±7.02
Test and Significance			**t: -3.276 p: 0.001**	t: -1.325 p: 0.186	**t: 2.907 p: 0.004**	t: -1.192 p: 0.234	**t: -2.502 p: 0.013**	t: -1.423 p: 0.155	**t: -2.150 p: 0.032**
Family Type	Nuclear Family	365 (74.9)	29.75±4.84	17.64±2.76	10.36±3.53	57.76±7.68	15.50±3.65	11.81±4.15	27.31±7.04
	Extended Family	107 (22)	28.91±5.05	17.59±2.84	10.71±3.30	57.22±8.35	15.11±3.55	11.18±3.55	26.29±6.31
	Broken Family	15 (3.1)	28.93±7.26	17.93±3.49	9.20±4	56.06±10.03	13.20±4.78	10.60±4.74	23.80±8.98
Test and Significance			F: 1.295 p: 0.275	F: 0.094 p: 0.910	F: 1.316 p: 0.269	F: 0.486 p: 0.615	F: 3.100 p: 0.046	F: 1.508 p: 0.222	F: 2.509 p: 0.082
Education Level	Primary School	60 (12.3)	29.61±6.05	16.88±3.10	9.13±3.62	55.63±8.72	15.38±3.52	10.96±4.09	26.35±6.70
	High School	183 (37.6)	29.62±4.76	17.69±2.79	10.48±3.52	57.80±7.65	15.14±3.90	11.78±4.14	26.92±7.29
	Bachelor's and Above	244 (50.1)	29.47±4.86	17.79±2.70	10.66±3.39	57.92±7.83	15.48±3.57	11.69±3.98	27.18±6.81
Test and Significance			F: 0.055 p: 0.946	F: 2.595 p: 0.076	**F: 4.749 p: 0.009**	F: 2.136 p: 0.119	F: 0.461 p: 0.631	F: 0.969 p: 0.380	F: 0.353 p: 0.703
Residence	Village	33 (6.8)	27.90±5.74	17.12±3.02	10.45±3.19	55.48±8.98	15.57±4.19	11.27±3.82	26.84±7.29
	District	128 (26.3)	29.12±4.91	17.32±3.05	10.21±3.60	56.65±8.13	15.07±3.54	11.46±3.99	26.54±6.82
	Province	326 (66.9)	29.87±4.89	17.82±2.66	10.48±3.49	58.18±7.64	15.42±3.70	11.74±4.11	27.17±7.01
Test and Significance			F: 2.981 p: 0.052	F: 2.098 p: 0.124	F: 0.277 p: 0.758	F: 2.999 p: 0.051	F: 0.477 p: 0.621	F: 0.358 p: 0.699	F: 0.374 p: 0.688
Employment Status	Yes	102 (20.9)	29.83±5.13	18.43±2.15	10.48±3.71	58.74±7.25	15.12±3.65	11.80±4.10	26.93±6.92
	No	385 (79.1)	29.47±4.94	17.43±2.91	10.38±3.44	57.29±8.04	15.40±3.70	11.59±4.05	27±7
Test and Significance			t: 0.654 p: 0.513	**t: 3.832 p: 0.000**	t: 0.233 p: 0.816	t: 1.652 p: 0.099	t: -0.669 p: 0.504	t: 0.457 p: 0.648	t: -0.088 p: 0.930
Income Level	Income Less Than Expenses	191 (39.2)	29.52±5.39	17.59±2.87	10.10±3.50	57.22±8.16	14.52±4.11	10.19±4.01	24.72±7.37
	Income Equal to Expenses	253 (52)	29.55±4.70	17.58±2.83	10.58±3.53	57.72±7.80	15.73±3.41	12.41±3.77	28.15±6.39
	Income Greater Than Expenses	43 (8.8)	29.55±4.81	18.18±2.22	10.74±3.21	58.48±7.35	16.67±2.26	13.51±3.95	30.18±5.44
Test and Significance			F: 0.002 p: 0.998	F: 0.887 p: 0.412	F: 1.226 p: 0.294	F: 0.518 p: 0.596	**F: 9.268 p: 0.000**	**F: 23.108 p: 0.000**	**F: 19.460 p: 0.000**
Chronic Disease Status	Present	51 (10.5)	29.88±5.70	17.56±2.97	10.54±3.73	58±8.61	14.03±4.67	11.33±4.39	25.37±8.39
	None	436 (89.5)	29.50±4.89	17.65±2.78	10.39±3.47	57.55±7.82	15.49±3.53	11.67±4.02	27.17±6.78
Test and Significance			t: 0.509 p: 0.611	t: -0.199 p: 0.842	t: 0.302 p: 0.762	t: 0.384 p: 0.701	**t: -2.156 p: 0.035**	t: -0.571 p: 0.568	t: -1.478 p: 0.145
COVID-19 Diagnosis	Yes	151 (31)	30.43±4.44	18.03±2.59	10.18±3.65	58.65±7.06	14.85±3.88	11.29±4.32	26.14±7.38
	No	336 (69)	29.14±5.16	17.46±2.87	10.50±3.42	57.12±8.22	15.56±3.58	11.79±3.92	27.36±6.76
Test and Significance			**t: 2.641 p: 0.009**	**t: 2.187 p: 0.029**	t: -0.943 p: 0.346	**t: 2.104 p: 0.036**	**t: -1.973 p: 0.049**	t: -1.274 p: 0.203	t: -1.784 p: 0.075
Hospitalization During COVID-19 Pandemic	Yes	22 (4.5)	27.31±5.99	16.68±2.93	11.04±3.06	55.04±8.68	13.50±4.96	10.54±4.35	24.04±8.39
	No	465 (95.5)	29.65±4.91	17.68±2.78	10.37±3.51	57.71±7.85	15.43±3.60	11.69±4.04	27.12±6.88
Test and Significance			t: -1.797	t: -1.650	t: 0.873	t: -1.552	t: -1.803	t: -1.296	**t: -2.029**

			p: 0.086	p: 0.100	p: 0.383	p: 0.121	p: 0.085	p: 0.195	**p: 0.043**
Scale Totals	Mean±SD (Min-Max)	487 (100)	29.54±4.98 (7-35)	17.64±2.80 (4-20)	10.40±3.50 (3-15)	57.59±7.90 (14-70)	15.34±3.69 (4-20)	11.64±4.05 (4-20)	26.98±6.97 (8-40)

PBCS: Protective Behaviors Scale Towards COVID-19, LSS: Life Satisfaction Scale, : Student T Test, F: One Way ANOVA, r: Pearson Correlation Test

Table 2. Correlation Distribution of PBCS and LSS

SCALES	1	2	3	4	5	6	7
1. Routine Protective Behavior	-	**r: 0.567 p: 0.000**	r: 0.008 p: 0.861	**r: 0.835 p: 0.000**	**r: 0.257 p: 0.000**	**r: 0.108 p: 0.017**	**r: 0.199 p: 0.000**
2. Post-Exposure Protective Behavior		-	r: 0.073 p: 0.108	**r: 0.744 p: 0.000**	**r: 0.202 p: 0.000**	r: 0.084 p: 0.064	**r: 0.156 p: 0.001**
3. Post-Exposure Risky Behavior			-	**r: 0.474 p: 0.000**	r: 0.073 p: 0.109	r: -0.021 p: 0.645	**r: 0.487 p: 0.026**
4. PBCS				-	**r: 0.266 p: 0.000**	r: 0.089 p: 0.050	**r: 0.192 p: 0.000**
5. Personal/Social Life Satisfaction					-	**r: 0.621 p: 0.000**	**r: 0.890 p: 0.000**
6. Economic Life Satisfaction						-	**r: 0.910 p: 0.000**
7. LSS							-

PBCS: Protective Behaviors Scale Towards COVID-19, LSS: Life Satisfaction Scale, r: Pearson Correlation Test was used.

Discussion

Epidemics, which have been a significant challenge throughout human history, affect not only infected individuals but also entire societies in many ways (Paridar, 2020). In some cases, they leave substantial damage. Prolonged epidemic periods disproportionately harm the poor, young people, and women, leading to decreased life satisfaction (Senturk & Bozkurt, 2021). Studies conducted during the recent COVID-19 pandemic have shown that epidemic processes have a greater impact on women's life satisfaction (Bozkurt & Aytac, 2021; Gonzales-Bernal et al., 2021; Usta & Bozkurt, 2022). This study aimed to examine the impact of the recent pandemic on women's life satisfaction, the relationship between women's protective measures and their life satisfaction, and the effect of sociodemographic characteristics on protective behavior and life satisfaction among women.

Epidemics have been a major factor influencing societies throughout history. The transition to communal living or urbanization has amplified and diversified the effects of epidemics (Turk et al., 2020). During these periods, societal culture and health literacy levels play a critical role in the success of preventive measures (Karamuftuoglu & Aksakal, 2023). This study found that Turkish women exhibited high levels of routine protective behaviors during the COVID-19 pandemic. Furthermore, as routine protective behaviors increased during the pandemic, personal, social, economic, and overall life satisfaction levels also improved. It was particularly observed that married women, women with children, and those previously diagnosed with COVID-19 were more likely to engage in routine protective behaviors. Many studies have revealed that women perceive epidemics as a threat and pay more attention to protective measures (Guzek et al., 2020; Huang et al., 2021; Dev et al., 2022). For example, Tanriculu (2022) reported that women compulsively purchased protective materials, such as masks, during the COVID-19 pandemic and found that marital and parental status had no significant effect on these protective behaviors. Kelly et al., (2008) found that women respond to social stressors with fear, anger, confusion, and decreased happiness. Considering women's pre-epidemic stress reactions, the results obtained show that women are more cautious during

the epidemic process. In particular, this study suggests that the reason why married women with children pay more attention to protective measures is because the burden of caring for family members falls on women and family members try to manage their health well.

Although the pandemic process affects all individuals, women are given more responsibility in taking protective measures in relation to the pandemic. These responsibilities placed on women also indirectly affect their life satisfaction (Li et al., 2021). In this study, it was observed that women's post-contact protective behaviors were high, and as their post-contact protective behaviors increased, their personal, social, and overall life satisfaction increased. Studies in the literature similarly show that as people's protective behaviors increase, their life satisfaction also increases (Kilik et al., 2021; Green & Yildirim, 2022). These findings may be due to the sense of confidence and control provided by the implementation of protective behaviors.

Epidemics, including the COVID-19 pandemic, have caused severe crises in individuals' daily lives, significantly impacting life satisfaction (Wang et al., 2020; Ergun & Sakiz, 2021). This study revealed that women had high scores for post-exposure risky behaviors during the pandemic and that life satisfaction increased with higher risky behaviors. Single women, women without children, and those with higher educational levels (high school or above) exhibited higher levels of risky behavior. Literature indicates that protective behaviors against COVID-19 significantly reduced women's social lives and imposed heavy responsibilities, leading to a substantial decline in life satisfaction (Almeida et al., 2020; Ammar et al., 2020). Despite these findings, no study has been identified that specifically examines the relationship between low life satisfaction and post-contact risky behaviors among women. The positive relationship between risky behaviors and life satisfaction in this study may be attributed to "pandemic fatigue" during the prolonged pandemic. Additionally, the absence of heavy responsibilities such as marriage and parenthood may have contributed to the courage of single and childless women in exhibiting risky behaviors.

Protective measures during the COVID-19 pandemic caused significant changes in individuals' habits and behaviors, with varying effects on life satisfaction (Yang & Chu, 2018; Wang et al., 2020; Ergun & Sakiz, 2021). This study found that women had high overall scores for protective measures against COVID-19 and that increased protective behaviors were associated with higher personal, social, and overall life satisfaction. Protective behaviors were particularly higher among women diagnosed with COVID-19. Wang et al. (2020) found that protective measures during the COVID-19 pandemic increased feelings of safety, positively influencing life satisfaction. Conversely, Ergun and Sakiz (2021) reported that unfamiliar protective measures negatively affected life satisfaction. While it is widely accepted that life satisfaction is negatively impacted by sudden, life-threatening events (Yang & Chu, 2018; Ergun & Sakiz, 2021), protective measures against such events can enhance life satisfaction by fostering a sense of security and relief.

The impact of epidemics on societies varies in intensity across different groups. Epidemics have caused significant changes, including social and economic transformations. Alongside the social impacts of epidemics, the economic challenges they bring also create social repercussions (Turk et al., 2020). Epidemics have more devastating consequences for women (Almeida et al., 2020). This study showed that as women's personal/social and economic life satisfaction increased, so did their overall life satisfaction. Married women, childless women, and those with incomes exceeding their expenses had higher satisfaction levels in all areas. Women who had not been diagnosed with COVID-19 had significantly higher personal/social satisfaction, and those who had not been hospitalized due to COVID-19 had significantly higher overall life satisfaction. Studies indicate that prolonged family contact, reduced recreational activities, loss of social communication, and economic challenges negatively affect overall life satisfaction, especially for women (Sediri et al., 2020; Almeida et al., 2020). Some sources

suggest that marriage positively influenced life satisfaction during the pandemic (Daneshfar et al., 2021; Janáček, 2021). In light of these findings, it is evident that epidemics not only have physical effects but also psychosocial and economic consequences that significantly influence women's health and life satisfaction. This study highlights that married women and those with higher socioeconomic status derive strength from these two fundamental factors. Furthermore, the absence of heavy responsibilities such as parenting and, most importantly, not experiencing the trauma of contracting COVID-19 significantly impacted women's life satisfaction.

Limitations and Strengths of the Study
Limitations: Data collection through survey questions may have confined participants' perspectives to a specific framework, potentially limiting the results. Future studies are encouraged to adopt qualitative or mixed-method designs to address this limitation. The inability to reach individuals without internet access is another limitation of this study.

Strengths: The study examined the impact of the pandemic on women and their life satisfaction during this period. Women's biopsychosocial health directly influences child and community health, emphasizing the public health importance of addressing the impact of pandemics on women. Although the COVID-19 pandemic has ended, the potential for future pandemics remains. Understanding how women were affected by COVID-19 and its impact on life satisfaction could inform early interventions during future pandemics. This study highlights women's attitudes during the COVID-19 pandemic and its effects on their quality of life.

Conclusion: This study aimed to examine the impact of crisis periods caused by epidemics, particularly the COVID-19 pandemic, on women's protective behaviors and life satisfaction. The findings indicate that women exhibited high levels of protective behaviors. Additionally, as women's protective behaviors increased, their personal/social and overall life satisfaction also improved. Various factors, such as marital status, parental status, educational level, income level, diagnosis of illness, and hospitalization due to COVID-19, were found to influence both protective

behaviors and life satisfaction levels. It is believed that these findings will make a significant contribution to the literature in determining women's past experiences regarding their protective approaches and life satisfaction in the event of a potential epidemic and in planning interventions accordingly.

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