ORIGINAL ARTICLE

COVID-19 AND PRIVATE HEALTH INSURANCE: A RESEARCH ON INDIVIDUALS' PERSPECTIVES ON PRIVATE INSURANCE IN TURKEY

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Abstract

At the end of 2019, the world met a new type of coronavirus and faced a serious pandemic caused by this virus. In many areas of daily life, especially in health, it has been attempted to combat the effects of the pandemic in question. About 500 million people worldwide have been infected with the virus, and about 7 million of them have died. The heavy disease process and the number of infected people negatively affected the health system of the countries. Individuals expected to receive the best service from hospitals during the epidemic period. Of course, the monetary dimension of this service has also reached serious figures. This situation brings us private health insurance as an alternative exit door.

The public or additional private health insurance that the individual has makes him/her feel somewhat comfortable. Especially with private health insurance or supplementary health insurance, policyholders feel more secure in such difficult situations. After COVID-19 was seen as the first case in our country on March 10, 2020, diagnosis and treatment services were carried out by public hospitals. Later, private hospitals were declared as pandemic hospitals by the Ministry of Health and started to provide diagnosis and treatment services. Especially in cases where the treatment takes a long time and requires intensive care, the serious financial burden has created a problem for insurance companies and the insured. In this context, this study is aimed to investigate individuals' perspectives on insurance and private health insurance in Covid-19 times. Data were collected and statistically analyzed through the questionnaire prepared within the scope of the study.

Keywords
Covid-19, Health Insurance, Insurance, Private Health Insurance, Pandemic.

JEL Classification
G22, I11, I18, M10, M40.

1. INTRODUCTION

Coronaviruses, which cause many diseases, especially the common cold, can occur in different ways. Epidemics such as Severe Acute Respiratory Syndrome (SARS-2002), H1N1 influenza (2009), and Middle East Respiratory Syndrome (MERS-2012), which were effective all over the world for a period, are also caused by a coronavirus. This epidemic, named COVID-19 (CoronaVirus Disease 2019) by the World Health Organization, was first described in Wuhan Province of China at the beginning of 2020. Later, the epidemic spread first in the country and then all over the world and became a pandemic (https://covid19.saglik.gov.tr/TR-66300/covid-19-nedir-.html). About 500 million people worldwide have been infected with the virus, and about 7 million of them have died. The heavy disease process and the number of infected people negatively affected the health system of the countries. Individuals expected to receive the best service from hospitals during the epidemic period. Of course, the monetary dimension of this service has also reached serious figures. This situation brings us private health insurance as an alternative exit door.

As it is known, health insurance is the first thing that comes to mind in cases of illness and disability. The public or additional private health insurance that the individual has makes him/her feel somewhat comfortable. Especially with private health insurance or supplementary health insurance, policyholders feel safe in such difficult situations. In Turkey, the first COVID-19 case was seen on March 10, 2020, where diagnosis and treatment services were carried out by public hospitals. Later, private hospitals were declared as pandemic hospitals by the Ministry of Health and started to provide diagnosis and treatment services. However, at this time, the answer to the question of whether the expenses of the patients who were treated for Covid-19 in these private hospitals and who had a private health insurance policy would be paid by the insurance companies began to be sought. Especially in cases where the treatment takes a long time and requires intensive care, the serious financial burden creates a problem for the insured. It is known that epidemic diseases are excluded from coverage in policies under normal conditions. In this context, Covid-19 was excluded from the policy. However, insurance companies have decided to include the pandemic treatment under the policy to support the health system during the epidemic process. The inclusion of these payments in the policy has increased the demand for this type of insurance. Compared to developed countries, private health insurance in Turkey is still not at the desired level. One reason for this is the existence of public health insurance. However, recently, individuals have started to turn to private health insurance for reasons such as seeking better quality service (Özsarı and Güdük, 2020).

2. PRIVATE HEALTH INSURANCES

Private health insurance is a system that supports the public health insurance system and is widely used all over the world. Private health insurance is defined as "Regardless of whether they are registered with any social security institution, it is a type of insurance arranged to cover the diagnosis, treatment and medication expenses that the insured persons may need as a result of the accidents they may encounter or the diseases they will suffer." (Kilic,2019).

Private health insurances can be classified in different ways, according to the way of purchase, according to the collateral structure, and the type:

• According to the way of purchase, we have individual and group health insurance,

• According to the collateral structure, we can classify in health insurance with only inpatient treatment coverage or inpatient and outpatient treatment coverage,

• According to the type, we consider private health insurance, supplementary health insurance, international travel health insurance, and emergency health insurance.

The type of private health insurance that replaces public health insurance and undertakes health risks through basic coverage packages is the substitution insurance. The type of private health in-

surance that covers the health expenses that are not covered or partially covered by public health insurance is the complementary health insurance (Öztürk, 2019). The type of private health insurance that protects the person against the health risks that may occur during their travels is the travel health insurance. In this type of insurance, health expenses incurred during the planned travel period are covered in proportion to the coverage amount (Ekinci,2018).

Private health insurance, which also provides treatment abroad, is generally made for one year. Private health insurances have two different coverages: "inpatient treatment coverage" and "outpatient treatment coverage". The inpatient treatment coverage is valid for inpatient treatments. This treatment can be surgical or non-surgical. The main expenses to be paid by the health insurance within the scope of the insurance are related to: doctor, intensive care, ambulance, surgery, hospitalization, etc.. The Outpatient treatment coverage is valid for outpatient treatments at the hospital. The main expenses to be paid by the health insurance within the scope of this type of insurance are related to: examination, laboratory tests, x-ray, MR, tomography, diagnostic, and drug expenses. If they wish, the private health insurance holders can also receive eyeglasses and dental treatment, provided that they pay an additional premium. Free tariffs are valid in private health insurance and each insurance company can freely determine its premiums. Premiums can be calculated based on factors such as the health history of the insured, the alcohol and cigarette use, the hereditary disease status, the age, the gender, the province of residence, and the occupation classes (Açıkol, 2019).

Health insurance has a share of 15% in the insurance sector in Turkey. Istanbul takes the largest share in private health insurance on a provincial basis, followed by Ankara and Izmir. Half of the market in this area is driven by two companies (https://www.sbm.org.tr//sbm_rapor/sagmer//2020/2020_9.pdf). The development in private health insurance premium production between 2016 and 2020 is shown in Table 1.

Table 1
Distribution of the Number of Insured

	2016	2017	2018	2019	2020
Health	2.483.928	2.851.895	2.918.962	3.055.637	2.095.722
Travel	2.360.347	3.271.207	3.429.017	4.230.932	1.072.478
Health Emergency Health	109.789	105.175	82.308	254.062	298.981
Complementary Health	660.424	737.841	690.527	1.063.452	1.084.609
Illness	66.763	82.586	67.203	98.207	44.519
Health for Foreigners	30	6.833	470.561	815.672	434.037

Source: (https://www.sbm.org.tr//sbm_rapor/sagmer//2020/2020_9.pdf)

As can be seen from Table 1, while the number of health insurance holders was 2,483,928 in 2016, this number decreased to 2,095,722 in 2020. While the number of complementary health insurance holders was 660,424 in 2016, this number increased to 1,084,609 in 2020. The increase in health policies for foreigners is remarkable. Accordingly, while the number of health professionals for foreigners was 30 in 2016, this number reached 434,037 in 2020.

Private health insurance has some advantages such as reducing the health costs to be paid, receiving treatment services under more favorable conditions, receiving similar services abroad, and deducting the paid health insurance premiums from the annual income tax (Öztürk, 2019). However, the disadvantages of the system are different premiums, and prices for the same product, the fact that the

service received is free, in this context, the cost of insurance companies increases due to the high demand for health services, unnecessary health services are offered by hospitals, the health status of the policyholder is different, the risk premium cannot be calculated correctly, and insurance companies are more concerned with prices than service quality. agreement with private hospitals (Keskin, 2019).

Regarding the field of private health insurance in Turkey, there are various problems such as the frequency of use of health services, the non-compliance with the principle of mutual goodwill, the initiative of physicians and health institutions, the problems with premium collection, the inability to enlarge the portfolio, the inadequacy of statistical data, the competition only on price and the socio-cultural and economic structure. These problems are briefly explained below (Bitimli, 2019):

● The frequency of use of health services. If the person covered by the health insurance has not received health care, this situation leads the person to receive health care. The insured creates an unnecessary demand with the thought that the premium has been paid anyway. For this reason, the costs of the insured to the insurance companies increase.

● The non-compliance with the principle of mutual goodwill, The person who will receive health care must have a real need for health care, and health care should be provided by the providers only in case of need. The idea of the insured's willingness to take back the premium paid to the insurance company does not comply with the "mutual goodwill principle".

● The initiative of physicians and health institutions. Examples of this are the extra costs incurred by hospitals to apply different prices to people who have health insurance, to prefer expensive diagnosis and treatment methods, to issue reports that fit insurance companies and to increase their commercial earnings.

● The inability to enlarge the portfolio and insufficient statistical data. With the increase in the number of people in the insurance pool, the money accumulated in the pool will also increase and it will be possible to purchase insurance at a more affordable price. However, this growth has not reached a sufficient level yet. In addition, the risk premium cannot be determined correctly due to insufficient and unreliable data on the sector.

● Problems with premium collection; Insurance companies pay the majority of their expenses upfront and collect the premiums on a deferred basis. This situation disrupts the cash flow balance of insurance companies.

● Experiencing competition only on price.- The price competition in the sector negatively affects the insurance sector. The fact that competition is made only on price negatively affects the decrease in the quality of service and the outlook in the health insurance sector.

● The sociocultural and economic structure. The decision-making process of those who will claim insurance may be affected by economic and socio-cultural factors such as insecurity, education level, belief structure, high premiums, lack of insurance awareness, and income level

3. LITERATURE REVIEW

There are numerous studies on private health insurance in Turkey, but not at the desired level. A descriptive study was conducted by Yiğit (2007) on the approaches to General Health and Private Health Insurance on 389 people living on the European side of Istanbul who do not have Private Health Insurance. According to the findings obtained, although the interest in public institutions is less than in private sector institutions, they show a certain potential. These days, when these organizations can also make additional payments to their employees from the revolving fund, it is possible to contribute to reducing costs by choosing the public institution of the members with certain agreements. Promotional activities with on-site visits to potential customers show a situation that will help increase individual sales. Integration with General Health Insurance on a more solid basis is a critical element for the future. To achieve this, the work of the government should be followed, supported and be given to the promotion and dissemination of General Health Insurance if cooperation can be established on appropriate grounds. At this point, the framework of supplementary insurance should be well defined.

A study conducted by Tarım and Gütük (2019), was aimed to measure the knowledge level of individuals about private health insurance, to determine the reasons for not having private health insurance and to figure out the sources of information. A questionnaire formed by the researcher using the literature review and the expert opinions was used, and it was applied to a total of 852 people. While 46.13% of the participants have private health insurance, 53.87% do not have private health insurance. The knowledge level of private health insurance holders is higher than the other group and the most important source of information for both groups are the private health insurance companies. When asked about the reasons for preference for those with private health insurance, the highest response with 59.54% was "receiving better quality service". As the reason for not being preferred, the option "too high premiums" was marked by 53.81%. There is a need to inform the public more about private health insurance by using different sources.

In a study by Demirci (2020), the relationship between health insurance ownership and hospital selection and demand is tried to be understood by scanning the literature. Many factors affect the demand for healthcare services. These are age, gender, income level, transportation, price of health services, ownership of health insurance, level of health, and quality of health services. Having health insurance will reduce out-of-pocket payments and this will protect people from excessive costs. Securing people in this way will increase the demand for health services. Having any health insurance will both increase the demand for health services and affect the choice of hospital.

Yılmaz et al., worked on revealing the opinions of the students, studying at Konya Selcuk University Faculty of Health Sciences in the spring semester of the 2018-2019 academic year, about general and private health insurance. (2019). The result of the study showed that the majority of the students (78.2%) had not heard of complementary health insurance before.

A study by Orhaner and Ekinci (2019) was carried out to reveal the perspectives of individuals aged 18 and over living in Ankara on private health insurance. The questionnaires, which got answered by 394 people, were subject to statistical analysis. A regression analysis was used to analyze the obtained data. In the simple regression model, where opinions about private health insurance were the dependent variables, and education status or health insurance represented the independent variable, showed that there is a significant relationship between these variables. Again, in the regression model, in which opinions about private health insurance were the dependent variable, the state of being informed about the health institution, or complementary health insurance was the independent variable, proved that there is a significant relationship between the said variables.

Even though Covid-19 has just entered human life, there are an increasing number of studies on it in the literature. The number of studies on this subject has increased significantly in the last year. In the study conducted by Serçemeli and Kurnaz (2020), it is aimed to determine the perspectives of the students who took distance education accounting lessons during the Covid-19 pandemic period, their perspectives on the distance education system, their self-efficacy regarding the distance education system, and their views on the accounting lessons conducted with distance education. For this purpose, a questionnaire was applied to undergraduate students studying at Erzincan Binali Yıldırım University, Faculty of Economics and Administrative Sciences, Department of Health Management, and who had taken at least one accounting course before. The data obtained from the questionnaires were analyzed with the help of the SPSS 20 program with descriptive statistics such as frequency and percentage. As a result of the research, it was seen that the students did not adopt the distance education system very much and did not experience any problems in terms of self-efficacy regarding the use of the system. While watching the video recordings of remote accounting education, flexible training opportunities, and saving time were seen as positive, issues such as not being able to reach the internet and the instructor and feeling socially isolated were determined as negative aspects. As a result, it has been suggested that accounting education should be given through a flipped education system that blends traditional education methods with distance education methods.

Changes in the macroeconomic indicators stated by Soylu (2020) in the Turkish economy were examined. Changes in economic indicators, expansionary monetary and fiscal policies implemented

within the scope of the fight against Covid-19 make it possible to predict that the Turkish economy will have a "V" shaped trend. The necessity for the Turkish economy to relocate its investment function, in the long run, has once again gained importance under the influence of Covid-19.

According to Aydın and Doğan (2020), the uncertainty, risk, and fear created by COVID-19 and the New Normal Period measures have led to some changes in the touristic consumption behaviors and in the tourism sector as well. From this point of view, within the scope of this research, the changing decisions and behaviors of touristic consumers and the changes in the tourism sector in the New Normal Period in Turkey after COVID-19 were examined and predictions for the future were determined.

The aim of the research conducted by Can (2020) is to evaluate the effects of the Coronavirus (Covid-19) pandemic on open and distance education applications in Turkey and to make suggestions for future applications. A case study, one of the qualitative research methods, was used in the research. In this context, the Coronavirus (Covid-19) pandemic has important pedagogical implications. During this period, there was a significant increase in demand for open and distance education. In addition, the importance of open and distance education services in society has begun to be understood. This pandemic has shown that not only quantity but also quality is important in open and distance education. The coronavirus (Covid-19) pandemic shows that the open and distance education system in Turkey needs to be strengthened in terms of infrastructure, access, security, content, design, implementation, quality, legislation, and pedagogy.

The aim of the study performed by Acar (2020) is to determine the possible effects of the epidemic on tourism activities in the current and future periods. For this purpose, the data, and instructions, which are constantly updated and instantly shared on the official website of the World Health Organization (WHO), regarding the epidemic, which poses a serious threat to international public health due to its effects, have been examined by document analysis method. Data on special measures that directly affect the tourism industry, such as bans on entry and exit from countries implemented as a precautionary measure by governments between 31 December 2019 and 10 March 2020, quarantines applied in regions where the epidemic was detected, international sports and arts events that are subject to cancellation, congresses and travel restrictions evaluated within the scope of the study. In addition, the report and warnings of the World Tourism Organization (WTO) on the subject are also included in the study. The impressions obtained as a result of the study findings are that the new coronavirus will cause damages that can be felt for a long time in the economies of the countries and the tourism sector will be directly affected by these damages.

Ozturk et al. (2020) aim to examine the psychological effects of the epidemic and quarantine in individuals between the ages of 18-65. The participants of the study consisted of 357 people, 251 women (70.3%) and 106 men (29.7%). An information form including questions about pet and plant ownership and phone use, Intolerance of Uncertainty Scale, Leisure Boredom Scale, and Event Impact Scale were given online to the participants. Bivariate correlation, t-test for independent samples, and linear regression analyzes were used in the analysis of the data. The scores of the individuals who do not have a pet on the Effect of the Event Scale and the Intolerance for Uncertainty Scale were found to be higher than the individuals who own a pet. There was no difference between the scores of individuals with and without plants from the scales used in the study. According to the correlation analysis, there is a significant and positive relationship between all scales. According to the standardized regression coefficients of linear regression; The order of importance of the predictor variables on the effect of events was determined as intolerance to uncertainty, leisure time boredom, home environment, time spent on the phone, socioeconomic level, and Twitter use. As a result, it was observed that having a pet, living home environment, socioeconomic level are protective factors, while intolerance to uncertainty and leisure time boredom levels, time spent on the phone, and high Twitter use may be risk factors. It is recommended to increase the number of studies using these variables.

The effect of the Covid-19 global epidemic on gold ounce prices and the dollar index was investigated by Şit and Telek (2020). The daily number of cases and deaths, gold ounce prices, and dollar

index data for the period 1 March 2020 - 7 May 2020 are taken into account. To investigate the stationarity of the series, Narayan and Pop unit root tests, which are structural break unit root tests, were used. To determine the cointegration relationship between the variables, the Hatemi-J cointegration test was applied. In the findings obtained, a cointegration relationship between the variables was determined and the causality relationship was examined with the Hatemi-J Asymmetric causality test. As a result of the analysis, there is a cointegrated relationship between the number of deaths and cases caused by the pandemic and the dollar index. As a result of the causality test, it was determined that the positive shocks in the number of cases and deaths caused by the pandemic caused shocks in the dollar index and the gold ounce price.

In the study conducted by Şahin and Uyar (2020), the effect of the pandemic on financial markets was investigated. It is important to research issues such as whether this effect is positive or negative, the level of impact, which countries are affected more or less, the effects based on sectors, whether the said effect is different in terms of developed and developing countries. In this context, in this study, the movement of various selected countries' stock exchanges during the pandemic process was analyzed and interpreted.

In the study conducted by Bozkurt (2020), evaluations for education were discussed in the context of conceptual discussions. In this survey study, the concepts of emergency remote education and distance education are explained. In addition, according to the situations that arise during the pandemic, educational technologies, course design in distance education, measurement and evaluation, digital data, and ethics, new educational roles, digital competencies, and digital skills, digital transformation, digital division, philosophy of openness in education, social equality, trauma, and ethics. evaluations were made in the context of anxiety, concern, understanding and empathy pedagogy, support communities and mechanisms, and the economic dimension in higher education. According to the results of this study, it has been seen that the coronavirus pandemic affects the field of education directly and indirectly in many ways, and there is a need for radical reforms and strategic planning to ensure continuity in education under all circumstances.

Baltacı and Akaydın (2020) The effects of the COVID-19 pandemic on consumers' food purchasing behavior were tried to be conveyed by using the deduction method with the literature review. As it can be understood from the scan, the tendency of consumers to stock up on cleaning materials, food, and similar basic needs may increase due to the economic and psychological uncertainties brought about by the isolation, quarantine, and curfew practices. It is also seen that this situation may cause supply/demand imbalances in the market and even prevent some consumers from reaching the products they need.

There are also similar studies worldwide. According to predictions made in a study by Woolhandler and Himmelstein (2020), many people will suffer from both losing a job and losing health insurance. In the study, the possible effects of current job losses on the number of uninsured people were estimated. While the rate of unemployment among the unemployed who lost or quit their job was 26.3%, it was determined as 10.7% among those with a job. In this context, around 1 in 4 newly unemployed workers in countries are likely to lose insurance, increasing the overall unemployment rate to around 40%. While the COVID-19 crisis calls for urgent action, it also highlights the imprudence of linking health insurance to employment and the need for broader reform. The current tsunami of job and insurance coverage losses and the increased risk of serious illness requires action.

Wu et al. (2020) conducted a study in which systematic review of the role of private health insurance in China was carried out. The review focuses on the effects of private health insurance on broadening coverage, increasing access to health services, and financial protection. In the study, refereed articles published in Web of Science, PubMed, and China Knowledge Resource Integrated Database between March 2018 and January 2000 were searched and a total of 31 articles were reached. According to the findings, the prevalence of private health insurance increased gradually, without being uneven across regions. The expansion of social health insurance increased the total premium for private health insurance but had a mixed effect on private health insurance adoption. We could not find

any data on the limitations of private insurance holders in benefiting from health services.

According to King (2020), about half of Americans obtain health insurance through their employers and have filed for a record number of unemployment insurance applications due to the pandemic. Millions of people find themselves deprived of health insurance during the pandemic period. Even those who have health insurance cannot benefit from the said health service adequately. Research before the pandemic shows that more than half of Americans with employer-sponsored health insurance delayed recommended treatment for themselves or a family member because of costs in the previous year. Several private insurers, including Humana, Cigna, UnitedHealth Group, and Blue Cross Blue Shield, have agreed to waive cost-sharing payments for plan members undergoing treatment for Covid-19. The federal government will reimburse providers at Medicare tariffs for the treatment of uninsured patients. As a result, the state's surprise billing protections, cost-sharing bans, and coverage powers will not apply to the approximately 60% of Americans (about 30% of the population) with employer-sponsored health insurance. Never before has the interdependence of all our health, finances, and social fabric been more visible.

4. METHODOLOGY

4.1. Purpose and Scope

The main purpose of the research is to determine individuals' perspectives on private health insurance in Covid-19 times. Within the framework of this purpose, the study was carried out to reveal how much information people have on private health insurance and whether there has been a change in their perspectives on private health insurance with COVID-19.

The research was conducted in the internet environment. It has been determined as all individuals over the age of 18 that we think may be interested in private health insurance. The questionnaire was applied to 468 people.

4.2. Research Method

Within the scope of the research, data were collected by questionnaire method. It was assumed that the answers of the participants were correct and they were not guided. In the survey, there are 27 statements addressed to the participants to determine individuals' perspectives on private health insurance during Covid-19 times. The statements in question were asked to be answered as "Strongly Disagree, Disagree, No Idea, Agree, Strongly Agree" using a 5-point Likert scale. Eymen (2007: 88) stated that the two conditions necessary for the application of parametric tests in studies are that the sample size is greater than 30 and that the data is homogeneous and normally distributed. In this study, the sample size was 468 and the first condition was met. After analysis of normality, Kolmogorov-Smirnov test p values (p=0.000) and Shapiro-Wilk test p values (p=0.000) were found to be less than 0.05, kurtosis, and skewness values were between -2.0 and +2.0 (George and Mallery, 2010) so the data were accepted to be normally distributed. In this context, parametric methods were used for the data in the study. The data collected within the scope of the survey were evaluated with the SPSS 22.0 program. In this context, frequency analysis, independent t-test, and ANOVA tests were performed and only data related to those with significant differences are given in the tables.

Uzunsakal and Yıldız (2018) described the Cronbach Alpha values between 0.60-0.80 as highly reliable. If the number of questions is small, 0.60 and above can be accepted as the limit value (Kayış, 2008:405). The Cronbach's Alpha value of the judgments used in this study was 0.841. In this context, it can be said that the scale used in the study is quite reliable.

Table 2
Reliability Analysis

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of İtems
0,841	0,838	27

4.3.   Findings

4.3.1. Demographic

Demographic findings obtained from the study are shown in Table 3.

Table 3
Demographic Variables

		f	%	f	%
Gender	Female	247	52,8		
	Male	221	47,2		
Marital status	Single	343	73,3		
	Married	125	26,7		
Education	Primary and Secondary Education	44	9,4		
	Associate's Degree	94	20,1		
	Bachelor's degree	263	56,2		
	Master's Degree	46	9,8		
	PhD	21	4,5		
Age	20 and below	129	27,6		
	21-35	219	46,8		
	36-50	79	16,9	468	100
	51-64	37	7,9		
	65 and over	4	0,9		
Profession	Student	62	13,2		
	Self-employment	50	10,7		
	Public sector	75	16,0		
	Private sector	93	19,9		
	Not working	188	40,2		
	Alone	25	5,3		

Who do you live with in your home?	With my wife/husband	39	8,3
	With my children	14	3,0
	With My Wife/Husband and Children	92	19,7
	With Mom and/or Dad	110	23,5
	With My Spouse, My Children, Mom and/or Dad	6	1,3
	With my friend	10	2,1
	With Mom and/or Dad and My Brother/Sisters	165	35,3
	Aunt, Sister, Grandma, and Grandpa	4	0,9
	With my brothers and/or sisters	3	0,6
Do you have a chronic illness?	No	406	86,8
	Yes	62	13,2
Do the people you live with at home have a chronic illness?	No	313	66,9
	Yes	155	33,1
Have you had Covid19?	No	428	91,5
	Yes	40	8,5
Where did you receive the treatment?	At the hospital, in bed	2	0,4
	At the hospital, Standing	4	0,9
	At home	38	8,1
	I Didn't Have the Disease	424	90,6
How severe was your illness?	Light	20	4,3
	Middle	22	4,7
	Heavy	2	0,4
	I Didn't Have the Disease	424	90,6
Does anyone near you have Covid19?	No	79	16,9
	Yes	389	83,1
How many people near you have covid19?	1	167	35,7
	2	119	25,4
	3	111	23,7
	4	71	15,2
Do you have private health insurance?	No	326	69,7
	Yes	142	30,3

According to table 3, considering the gender distribution, 52.8% of the participants are female and 47.2% are male. In terms of marital status, 343 (73.3%) of the participants were single and 125 (26.7%) were married. It can be said that the majority of the respondents are single. In addition, the majority of the respondents received undergraduate education (263 people, 56.2%). The number of education areas at the associate degree level is 94, the number of education areas at the postgraduate level is 67, and the number of education areas at primary and secondary education levels is 44.

Considering the age distribution of the participants, it is seen that 46.8% (219 people) of the participants are in the 21-35 age group. 40.2% of the participants do not work in any job, 16% work in the public sector, and 19.9% in the private sector. In addition, it is seen that 8.2% of the participants are housewives, 10.7% are self-employed and 13.2% are students.

Participants were asked with whom they lived, and according to the findings, those living with their parents and siblings constitute 35.3%. 23.5% of the participants live with their mother and/or father. It was asked whether the participants had chronic diseases, and according to the findings, 86.8% of the participants did not have any chronic diseases. The rate of people living together at home who do not have chronic diseases is 66.9%.

At the time of the survey, the rate of participants who had Covid19 was 8.5%. 8.1 percent of those who had the disease received their treatment at home, 4.7 percent had moderately severe disease. The rate of those who have Covid19 in the vicinity of the participants is 83.1%. It is seen that most of the respondents (326 people-69.7%) do not have private health insurance.

4.3.2. Parametric Tests

In Table 4, frequency analysis, average and standard deviations of the answers given to the questions asked to the participants are given to determine individuals' perspectives on private health insurance during Covid-19 times.

Table 4
Answers to the Questions Asked to the Participants

	Strongly Disagree		Disagree		Neither agree nor disagree		Agree		Strongly Agree		TOTAL			
	f	%	f	%	f	%	f	%	f	%	f	%	x	s
S1- I know about private insurances (motor insurance, fire, etc.).	75	16,0	72	15,4	132	28,2	79	16,9	110	23,5	468	100	3,16	1,371
S2- I don't trust private insurance companies.	74	15,8	98	20,9	182	38,9	68	14,5	46	9,8			2,82	1,162
S3- I know private health insurance.	72	15,4	59	12,6	170	36,3	77	16,5	90	19,2			3,12	1,291
S4- I find private health insurance useful.	32	6,8	46	9,8	129	27,6	131	28,0	130	27,8			3,60	1,185

S5- I know under what circumstances private health insurance will pay compensation.	104	22,2	97	20,7	115	24,6	69	14,7	83	17,7		2,85	1,391
S6- I know under what circumstances private health insurance will not pay compensation.	103	22,0	98	20,9	123	26,3	62	13,2	82	17,5		2,83	1,378
S7- I know which services I have purchased/will receive with private health insurance.	81	17,3	92	19,7	128	27,4	81	17,3	86	18,4		3,00	1,342
S8- I am satisfied with the additional coverage offered by my private health insurance.	86	18,4	86	18,4	167	35,7	80	17,1	49	10,5		2,83	1,218
S9- I think that private health institutions offer better quality services.	43	9,2	59	12,6	162	34,6	87	18,6	117	25,0		3,38	1,242
S10- I think that enough information is given in the media about private health insurance to enlighten the public.	102	21,8	118	25,2	148	31,6	53	11,3	47	10,0		2,63	1,226
S11- The premium I will pay for private health insurance; I think it will remain high compared to the service I will receive.	49	10,5	76	16,2	172	36,8	90	19,2	81	17,3		3,17	1,200

S12- State-provided insurance is sufficient; I don't think there is a need for private health insurance.	117	25,0	89	19,0	131	28,0	79	16,9	52	11,1		2,70	1,311
S13- I am satisfied with the health services provided by my social insurance.	57	12,2	63	13,5	168	35,9	107	22,9	73	15,6		3,16	1,205
S14- Private health insurance is the rival of the social security system.	80	17,1	105	22,4	176	37,6	69	14,7	38	8,1		2,74	1,148
S15- Private health insurances are complementary to the social security system.	42	9,0	58	12,4	169	36,1	94	20,1	105	22,4		3,35	1,210
S16- Private health insurances also offer services not covered by social insurance (such as paying for unpaid medication).	63	13,5	68	14,5	182	38,9	82	17,5	73	15,6		3,07	1,217
S17- If my income increases, I will consider taking out private health insurance.	30	6,4	23	4,9	109	23,3	105	22,4	201	42,9		3,91	1,196
S18- I do not receive services from private health institutions.	146	31,2	66	14,1	82	17,5	51	10,9	123	26,3		2,87	1,593
S19- I am considering getting private health insurance.	64	13,7	50	10,7	142	30,3	72	15,4	140	29,9		3,37	1,367

S20- I would recommend to others to take out private health insurance.	57	12,2	61	13,0	136	29,1	83	17,7	131	28,0			3,36	1,337
S21- I think that private health insurance is not recognized enough in our country.	21	4,5	37	7,9	116	24,8	105	22,4	189	40,4			3,86	1,164
S22- I think Covid-19 is a serious health problem.	11	2,4	19	4,1	45	9,6	57	12,2	336	71,8			4,47	0,984
S23- I think it is exaggerated that Covid-19 is not a major health problem.	300	64,1	79	16,9	34	7,3	24	5,1	31	6,6			1,73	1,203
S24- I think I have taken the necessary precautions against Covid-19.	14	3,0	12	2,6	68	14,5	162	34,6	212	45,3			4,17	0,972
S25- With Covid-19, my interest in private health insurance increased.	108	23,1	76	16,2	117	25,0	85	18,2	82	17,5			2,91	1,401
S26- I think that with Covid-19, the interest in private health insurance has increased in society.	54	11,5	78	16,7	132	28,2	98	20,9	106	22,6			3,26	1,295
S27- I think that Covid-19 has increased private health insurance premiums.	36	7,7	46	9,8	155	33,1	106	22,6	125	26,7			3,51	1,202

As can be seen from table 4, the three expressions that the participants most agree with are; "Covid-19 is a serious health problem", "I took the necessary precautions against Covid-19" and "I will consider taking out private health insurance if my income increases". The three statements they disagree with

the most are:; "Covid-19 is not an important health problem and is exaggerated", "There is enough information in the media about private health insurance to enlighten the public" and "The insurance provided by the state is sufficient and there is no need for private health insurance" thoughts.

4.3.2.1. Independent T-Test

Table 5 shows the Independent T-Test results between demographic factors and 27 statements given to the participants.

Table 5
Independent T-Test Results

			N	$\bar{x}$	SS	Sd	t	p
Gender	S2	Woman	247	2,68	1,158	0,074	-2,697	0,007
		Man	221	2,97	1,150	0,077		
	S13	Woman	247	3,03	1,153	0,073	-1,036	0,011
		Man	221	3,31	1,246	0,084		
	S19	Woman	247	3,57	1,257	0,080	3,366	0,001
		Man	221	3,15	1,452	0,098		
	S20	Woman	247	3,58	1,237	0,079	3,742	0,000
		Man	221	3,12	1,404	0,094		
	S24	Woman	247	4,26	0,948	0,060	2,088	0,037
		Man	221	4,07	0,991	0,067		
	S25	Woman	247	3,03	1,373	0,087	2,035	0,042
		Man	221	2,77	1,423	0,096		
Marital status	S1	Single	343	2,98	1,348	0,073	-5,035	0,000
		Married	125	3,68	1,305	0,117		
	S2	Single	343	2,73	1,149	0,062	-2,714	0,007
		Married	125	3,06	1,166	0,104		
	S3	Single	343	2,99	1,272	0,069	-3,656	0,000
		Married	125	3,47	1,280	0,114		
	S4	Single	343	3,67	1,182	0,064	2,128	0,034
		Married	125	3,41	1,178	0,105		
	S12	Single	343	2,62	1,267	0,068	-2,193	0,029
		Married	125	2,92	1,406	0,126		
	S14	Single	343	2,81	1,131	0,061	2,004	0,046
		Married	125	2,57	1,180	0,106		

	S19	Single	343	3,46	1,324	0,071	2,417	0,016
		Married	125	3,12	1,457	0,130		
	S25	Single	343	3,03	1,407	0,076	3,047	0,002
		Married	125	2,58	1,339	0,120		
Do you have a chronic illness?	S4	No	406	3,64	1,183	0,059	1,988	0,047
		Yes	62	3,32	1,170	0,149		
	S8	No	406	2,87	1,226	0,061	2,068	0,039
		Yes	62	2,53	1,127	0,143		
	S10	No	406	2,67	1,214	0,060	2,214	0,027
		Yes	62	2,31	1,262	0,160		
	S20	No	406	3,42	1,325	0,066	2,412	0,016
		Yes	62	2,98	1,361	0,173		
	S23	No	406	1,79	1,240	0,062	3,727	0,000
		Yes	62	1,34	0,829	0,105		
Do the people you live with at home have a chronic illness?	S1	No	313	3,31	1,374	0,078	3,293	0,001
		Yes	155	2,87	1,323	0,106		
	S3	No	313	3,21	1,263	0,071	2,207	0,028
		Yes	155	2,93	1,330	0,107		
	S5	No	313	2,98	1,365	0,077	2,977	0,003
		Yes	155	2,58	1,409	0,113		
	S6	No	313	2,95	1,347	0,076	2,521	0,012
		Yes	155	2,61	1,416	0,114		
	S7	No	313	3,09	1,333	0,075	2,180	0,030
		Yes	155	2,81	1,344	0,108		
	S8	No	313	2,92	1,214	0,069	2,392	0,017
		Yes	155	2,64	1,205	0,097		
	S10	No	313	2,71	1,252	0,071	2,013	0,045
		Yes	155	2,46	1,158	0,093		
	S24	No	313	4,06	0,984	0,056	-3,390	0,001
		Yes	155	4,38	0,914	0,073		
	S1	No	428	3,22	1,380	0,067	3,187	0,002
		Yes	40	2,60	1,150	0,182		

Have you had Covid19?	S7	No	428	3,04	1,324	0,064	2,216	0,027
		Yes	40	2,55	1,467	0,232		
	S11	No	428	3,13	1,200	0,058	-2,399	0,017
		Yes	40	3,60	1,128	0,178		
	S24	No	428	4,21	0,968	0,047	2,857	0,004
		Yes	40	3,75	0,927	0,147		
Does anyone near you have Covid19?	S19	No	79	3,06	1,381	0,155	-2,208	0,028
		Yes	389	3,43	1,358	0,069		
Do you have private health insurance?	S1	No	326	3,06	1,365	0,076	-2,554	0,011
		Yes	142	3,41	1,359	0,114		
	S3	No	326	2,87	1,230	0,068	-6,380	0,000
		Yes	142	3,67	1,259	0,106		
	S4	No	326	3,41	1,160	0,064	-5,299	0,000
		Yes	142	4,03	1,136	0,095		
	S5	No	326	2,62	1,316	0,073	-5,367	0,000
		Yes	142	3,37	1,422	0,119		
	S6	No	326	2,65	1,341	0,074	-4,439	0,000
		Yes	142	3,25	1,376	0,115		
	S7	No	326	2,80	1,311	0,073	-5,018	0,000
		Yes	142	3,46	1,303	0,109		
	S8	No	326	2,59	1,152	0,064	-6,862	0,000
		Yes	142	3,39	1,184	0,099		
	S9	No	326	3,30	1,268	0,070	-2,081	0,038
		Yes	142	3,56	1,164	0,098		
	S12	No	326	2,88	1,284	0,071	4,667	0,000
		Yes	142	2,28	1,279	0,107		
	S17	No	326	3,80	1,238	0,069	-3,095	0,002
		Yes	142	4,15	1,058	0,089		
	S18	No	326	3,10	1,596	0,088	4,744	0,000
		Yes	142	2,35	1,464	0,123		
	S19	No	326	3,10	1,339	0,074	-6,876	0,000
		Yes	142	4,00	1,220	0,102		

S20	No	326	3,11	1,290	0,071	-6,380	0,000
	Yes	142	3,94	1,267	0,106		
S25	No	326	2,79	1,374	0,076	-2,676	0,008
	Yes	142	3,17	1,434	0,120		
S26	No	326	3,18	1,305	0,072	-2,212	0,027
	Yes	142	3,46	1,253	0,105		

As can be seen from the table: by gender, "I do not trust private insurance companies" (p=0.007 p<0.05), "I am satisfied with the health services provided by my social insurance" (p=0.011 p<0.05), "I intend to have private health insurance" (p=0.001 p <0.05), "I recommend to others to have private health insurance" (p=0.000 p<0.05), "I think I have taken the necessary precautions against Covid-19" (p=0.037 p<0.05) and "Covid-19 - Significant difference was found between the statements "19 and my interest in private health insurance has increased" (p=0.042 p<0.05).

By marital status, "I know about private insurances" (p=0.000 p<0.05), "I do not trust private insurance companies" (p=0.007 p<0.05), "I have knowledge about private health insurances" (p=0.000) p<0.05), "I find private health insurance useful" (p=0.034 p<0.05), "The state-provided insurance is sufficient; I don't think there is a need for private health insurance" (p=0.029 p<0.05), "Private health insurance is a competitor to the social security system" (p=0.046 p<0.05), "I am considering getting a private health insurance" (p=0.016 A significant difference was found between the statements p<0.05) and "My interest in private health insurance increased with Covid-19" (p=0.002 p<0.05).

"Do you have a chronic illness?" with the question "I find private health insurance beneficial" (p=0.047 p<0.05), "I am satisfied with the additional coverage provided/will be offered by my private health insurance" (p=0.039 p<0.05), "Private health insurance-related media coverage I think that enough information has been given to enlighten the public" (p=0.027 p<0.05), "I would recommend to others to take out private health insurance" (p=0.016 p<0.05) and? "I think it is exaggerated that Covid-19 is not an important health problem. There was a significant difference between the expressions " (p=0.000 p<0.05).

"Do You Have Chronic Discomfort in Your Living At Home?" With the question "I have information about private insurances" (p=0.001 p<0.05), "I have information about private health insurances" (p=0.028 p<0.05), "I know in which cases private health insurance will pay compensation" (p=0.003 p<0.05), "I know in which cases private health insurance will not pay compensation"(p=0.052 p<0.05), "I know which services I have purchased/will receive with private health insurance"(p=0.030 p <0.05), "I am satisfied with the additional coverage provided/will be offered by my private health insurance"(p=0.017 p<0.05), "I think that enough information is given in the media about private health insurance to enlighten the public"(p=0.045 p<0,05) and "I think I have taken the necessary precautions against Covid-19" (p=0.001 p<0.05), a significant difference was found.

"Have you had Covid?" with "I know private insurance" (p=0.002 p<0.05), "I know which services I buy/will receive with private health insurance" (p=0.027 p<0.05), "The premium I will pay to private health insurance; A significant difference was found between the statements; "I think that it will remain high compared to the service I will receive" (p=0.017 p<0.05) and? "I think I have taken the necessary precautions against Covid-19" (p=0.004 p<0.05).

"Does anyone near you have Covid?" There is a significant difference between the question and the statement "I am considering getting private health insurance" (p=0.028 p<0.05).

Finally, "Do you have Private Health Insurance?" With the question "I have knowledge about private insurance" (p=0.011 p<0.05), "I have knowledge about private health insurance" (p=0.000 p<0.05), "I find private health insurance useful"(p=0.000 p<0.05), "I know in which cases private

health insurance will pay compensation"(p=0.000 p<0.05), "I know when private health insurance will not pay compensation"(p=0.000 p<0.05), " I know which services I have purchased/will receive with private health insurance" (p=0.000 p<0.05), "I am satisfied with the additional coverage provided/will be provided by my private health insurance"(p=0.000 p<0.05), I think it provides better quality service"(p=0.038 p<0.05), "The state-provided insurance is sufficient; I think there is no need for private health insurance" (p=0.000 p<0.05), "If my income increases, I would consider taking out private health insurance" (p=0.002 p<0.05), "I do not receive service from private health institutions"(p=0.000 p<0.05), "I am considering getting private health insurance"(p=0.000 p<0.05), "I would recommend getting private health insurance to others" (p=0.000 p<0.05), "Private health insurance with Covid-19 Significant difference was found between "My interest in health insurance has increased" (p=0.008 p<0.05) and "I think that the interest in private health insurance has increased with Covid-19" (p=0.027 p<0.05).

4.3.2.2. ANOVA Test

The results of the ANOVA test applied to the data obtained from the study are explained in detail below.

4.3.2.2.1. Education

The results of the ANOVA test, which reveals the relationship between the statements about the educational status of the respondents, are shown in Table 6.

Table 6
Education & ANOVA

		N	$\bar{x}$	SS	Sd	f	p
S1	Primary and Secondary Education	44	2,84	1,363	0,205	8,10	0,000
	Associate's Degree	94	3,39	1,313	0,135		
	Bachelor's degree	263	2,95	1,365	0,084		
	Master's Degree	46	3,91	1,262	0,186		
	PhD	21	3,86	1,014	0,221		
	TOTAL	468	3,16	1,371	0,063		
S2	Primary and Secondary Education	44	2,95	1,413	0,213	2,88	0,022
	Associate's Degree	94	2,54	1,309	0,135		
	Bachelor's degree	263	2,82	1,053	0,065		
	Master's Degree	46	3,22	1,114	0,164		
	PhD	21	2,81	1,078	0,235		
	TOTAL	468	2,82	1,162	0,054		
S3	Primary and Secondary Education	44	3,27	1,336	0,201	4,61	0,001
	Associate's Degree	94	3,30	1,335	0,138		
	Bachelor's degree	263	2,91	1,229	0,076		
	Master's Degree	46	3,50	1,426	0,210		

	PhD	21	3,71	0,956	0,209		
	TOTAL	468	3,12	1,291	0,060		
S5	Primary and Secondary Education	44	2,93	1,531	0,231	2,46	0,044
	Associate's Degree	94	3,20	1,419	0,146		
	Bachelor's degree	263	2,75	1,378	0,085		
	Master's Degree	46	2,57	1,311	0,193		
	PhD	21	3,00	1,049	0,229		
	TOTAL	468	2,85	1,391	0,064		
S6	Primary and Secondary Education	44	2,95	1,478	0,223	3,01	0,018
	Associate's Degree	94	3,21	1,451	0,150		
	Bachelor's degree	263	2,76	1,354	0,083		
	Master's Degree	46	2,48	1,295	0,191		
	PhD	21	2,62	0,973	0,212		
	TOTAL	468	2,83	1,378	0,064		
S15	Primary and Secondary Education	44	2,93	1,246	0,188	2,78	0,026
	Associate's Degree	94	3,59	1,307	0,135		
	Bachelor's degree	263	3,29	1,168	0,072		
	Master's Degree	46	3,50	1,225	0,181		
	PhD	21	3,57	0,926	0,202		
	TOTAL	468	3,35	1,210	0,056		
S16	Primary and Secondary Education	44	3,05	1,257	0,189	2,55	0,039
	Associate's Degree	94	3,32	1,229	0,127		
	Bachelor's degree	263	2,93	1,227	0,076		
	Master's Degree	46	3,24	1,119	0,165		
	PhD	21	3,43	0,926	0,202		
	TOTAL	468	3,07	1,217	0,056		
S19	Primary and Secondary Education	44	3,23	1,523	0,230	4,15	0,003
	Associate's Degree	94	3,81	1,370	0,141		
	Bachelor's degree	263	3,33	1,300	0,080		
	Master's Degree	46	2,89	1,552	0,229		
	PhD	21	3,24	0,944	0,206		
	TOTAL	468	3,37	1,367	0,063		
	Primary and Secondary Education	44	3,32	1,360	0,205		
	Associate's Degree	94	3,86	1,308	0,135		

S20	Bachelor's degree	263	3,29	1,305	0,080	5,18	0,000
	Master's Degree	46	2,89	1,418	0,209		
	PhD	21	3,19	1,078	0,235		
	TOTAL	468	3,36	1,337	0,062		
S25	Primary and Secondary Education	44	2,86	1,391	0,210	5,78	0,000
	Associate's Degree	94	3,49	1,366	0,141		
	Bachelor's degree	263	2,80	1,371	0,085		
	Master's Degree	46	2,52	1,441	0,213		
	PhD	21	2,62	1,244	0,271		
	TOTAL	468	2,91	1,401	0,065		
S26	Primary and Secondary Education	44	3,18	1,386	0,209	5,65	0,000
	Associate's Degree	94	3,77	1,204	0,124		
	Bachelor's degree	263	3,21	1,282	0,079		
	Master's Degree	46	2,83	1,322	0,195		
	PhD	21	2,90	0,995	0,217		
	TOTAL	468	3,26	1,295	0,060		
S27	Primary and Secondary Education	44	3,80	1,304	0,197	2,84	0,024
	Associate's Degree	94	3,78	1,118	0,115		
	Bachelor's degree	263	3,43	1,205	0,074		
	Master's Degree	46	3,24	1,251	0,184		
	PhD	21	3,33	0,966	0,211		
	TOTAL	468	3,51	1,202	0,056		

According to the table, the educational status of the participants, "I have knowledge about private insurance" (p=0.000 p<0.05), "I do not trust private insurance companies" (p=0.022 p<0.05), "I have knowledge about private health insurance" (p= 0.001 p<0.05), "I know in which cases private health insurance will pay compensation" (p=0.044 p<0.05), "I know when private health insurance will not pay compensation" (p=0.018 p<0.05), "Private health insurances are complementary to the social security system" (p=0.026 p<0.05), "Private health insurances also provide services not covered by social insurance (such as the payment of unpaid medication)" (p=0.039 p<0.05), "I am considering getting private health insurance" (p=0.003 p<0.05), "I would recommend getting private health insurance to others" (p=0.000 p<0.05), "My interest in private health insurance increased with Covid-19" (p=0.000 p<0.05), "I think that the interest in private health insurance has increased with Covid-19 in society" (p=0.000 p<0.05) and "Private health insurance premiums of Covid-19 A significant difference was found between the expressions "I think it increases the blood pressure" (p=0.024 p<0.05). The participants who agreed with the statements "I know about private health insurances" and "Private health insurances also offer services not covered by social insurance (such as payment of unpaid medicine)" are people with doctoral degrees. "I know in which cases private health insurance will pay compensation", "I know in which cases private health insurance will not pay compensation", "Private health insurances are complementary to the social security system", "I am considering taking out private health insurance", "I recommend private health insurance to others", It has been determined

that those with associate degree degrees are the most agreeing with the statements "My interest in private health insurance has increased with Covid-19" and, "I think that the interest in private health insurance has increased with Covid-19 in society". The statements "I have knowledge about private insurance" and "I do not trust private insurance companies" were mostly attended by people at the master's level. The statement "I think that Covid-19 increased private health insurance premiums" was attended by people with primary and secondary education levels.

4.3.2.2.2. Age

The results of the ANOVA test, which reveals the relationship between the statements about the age of the respondents, are shown in Table 7.

Table 7
Age & ANOVA

		N	$\bar{x}$	SS	Sd	f	p
S1	20 and below	129	2,61	1,175	0,103	10,26	0,000
	21-35	219	3,23	1,369	0,093		
	36-50	79	3,76	1,273	0,143		
	51-64	37	3,46	1,556	0,256		
	65 and over	4	3,00	1,633	0,816		
	TOTAL	468	3,16	1,371	0,063		
S3	20 and below	129	2,55	1,145	0,101	11,86	0,000
	21-35	219	3,17	1,255	0,085		
	36-50	79	3,59	1,296	0,146		
	51-64	37	3,68	1,203	0,198		
	65 and over	4	3,50	1,915	0,957		
	TOTAL	468	3,12	1,291	0,060		
S5	20 and below	129	2,52	1,341	0,118	4,60	0,001
	21-35	219	2,83	1,416	0,096		
	36-50	79	3,32	1,316	0,148		
	51-64	37	3,14	1,273	0,209		
	65 and over	4	3,00	1,633	0,816		
	TOTAL	468	2,85	1,391	0,064		
S6	20 and below	129	2,47	1,317	0,116	4,23	0,002
	21-35	219	2,87	1,399	0,095		
	36-50	79	3,15	1,331	0,150		
	51-64	37	3,22	1,294	0,213		
	65 and over	4	2,75	1,708	0,854		
	TOTAL	468	2,83	1,378	0,064		

S7	20 and below	129	2,61	1,246	0,110	4,60	0,001
	21-35	219	3,05	1,352	0,091		
	36-50	79	3,29	1,322	0,149		
	51-64	37	3,38	1,401	0,230		
	65 and over	4	3,25	1,258	0,629		
	TOTAL	468	3,00	1,342	0,062		
S11	20 and below	129	3,10	1,172	0,103	2,59	0,036
	21-35	219	3,16	1,213	0,082		
	36-50	79	3,08	1,196	0,135		
	51-64	37	3,73	1,122	0,184		
	65 and over	4	2,50	1,291	0,645		
	TOTAL	468	3,17	1,200	0,055		
S19	20 and below	129	3,27	1,171	0,103	3,48	0,008
	21-35	219	3,60	1,325	0,090		
	36-50	79	3,11	1,544	0,174		
	51-64	37	2,95	1,632	0,268		
	65 and over	4	3,00	1,633	0,816		
	TOTAL	468	3,37	1,367	0,063		
S25	20 and below	129	2,99	1,308	0,115	2,54	0,039
	21-35	219	3,03	1,428	0,097		
	36-50	79	2,56	1,384	0,156		
	51-64	37	2,57	1,501	0,247		
	65 and over	4	3,50	1,000	0,500		
	TOTAL	468	2,91	1,401	0,065		
S27	20 and below	129	3,33	1,201	0,106	3,04	0,017
	21-35	219	3,52	1,198	0,081		
	36-50	79	3,49	1,239	0,139		
	51-64	37	3,95	1,053	0,173		
	65 and over	4	4,75	0,500	0,250		
	TOTAL	468	3,51	1,202	0,056		

According to table 7, with the age of the participants, "I have information about private insurances" (p=0.000 p<0.05), "I have information about private health insurances" (p=0.000 p<0.05), "I know in which cases private health insurance will pay compensation" (p=0.001 p<0.05), "I know in which cases private health insurance will not pay compensation" (p=0.002 p<0.05), "I know which services I buy/will receive with private health insurance" (p=0.001 p <0.05), "The premium I will pay to the private health insurance; I think it will remain high compared to the service I will receive" (p=0.036 p<0.05), "I am considering taking out private health insurance" (p=0.008 p<0.05), "My interest in private health insurance has increased with Covid-19" (p =0.039 p<0.05), and "I think Covid-19 inc-

reased private health insurance premiums" (p=0.017 p<0.05).

While the people between the ages of 21-35 mostly agree with the statement "I am thinking of getting a private health insurance", the participants who agree with the statements "I have information about private insurance" and "I know under what circumstances private health insurance will pay compensation" are in the age range of 36-50.

"I know in which cases private health insurance will not pay compensation", "I know which services I have purchased/will receive with private health insurance", "The premium I will pay to private health insurance; I think it will remain high compared to the service I will receive" and "The premium I will pay to private health insurance; I think it will remain high compared to the service I will receive" are the expressions that people between the ages of 51-64 mostly agree with. People aged 65 and over mostly agree with the statements "I think Covid-19 increased private health insurance premiums" and "I think Covid-19 has increased private health insurance premiums".

4.3.2.2.3. Profession

The results of the ANOVA test, which reveals the relationship between the statements about the professions of the respondents, are shown in Table 8.

Table 8
Profession & ANOVA

		N	$\bar{x}$	SS	Sd	f	p
S1	Student	62	3,03	1,437	0,182	7,52	0,000
	Self-employment	50	3,44	1,387	0,196		
	Public sector	75	3,69	1,365	0,158		
	Private sector	93	3,39	1,319	0,137		
	Not working	188	2,81	1,280	0,093		
	TOTAL	468	3,16	1,371	0,063		
S2	Student	62	2,56	1,065	0,135	3,28	0,011
	Self-employment	50	2,98	1,078	0,153		
	Public sector	75	3,00	1,197	0,138		
	Private sector	93	3,05	1,314	0,136		
	Not working	188	2,66	1,089	0,079		
	TOTAL	468	2,82	1,162	0,054		
S3	Student	62	3,00	1,343	0,171	4,51	0,001
	Self-employment	50	3,38	1,276	0,180		
	Public sector	75	3,43	1,286	0,148		
	Private sector	93	3,33	1,338	0,139		
	Not working	188	2,85	1,206	0,088		
	TOTAL	468	3,12	1,291	0,060		
	Student	62	3,11	1,461	0,186		
	Self-employment	50	3,32	1,186	0,168		

S7	Public sector	75	3,27	1,223	0,141	2,68	0,031
	Private sector	93	2,92	1,446	0,150		
	Not working	188	2,80	1,308	0,095		
	TOTAL	468	3,00	1,342	0,062		
S17	Student	62	4,03	1,130	0,144	2,41	0,048
	Self-employment	50	3,62	1,308	0,185		
	Public sector	75	3,71	1,343	0,155		
	Private sector	93	4,15	1,093	0,113		
	Not working	188	3,90	1,154	0,084		
	TOTAL	468	3,91	1,196	0,055		
S25	Student	62	3,27	1,450	0,184	3,46	0,008
	Self-employment	50	2,38	1,323	0,187		
	Public sector	75	2,71	1,431	0,165		
	Private sector	93	2,99	1,514	0,157		
	Not working	188	2,97	1,295	0,094		
	TOTAL	468	2,91	1,401	0,065		
S26	Student	62	3,65	1,202	0,153	3,68	0,006
	Self-employment	50	2,78	1,166	0,165		
	Public sector	75	3,09	1,416	0,163		
	Private sector	93	3,38	1,293	0,134		
	Not working	188	3,28	1,271	0,093		
	TOTAL	468	3,26	1,295	0,060		

According to the table, by professions of the participants, "I know about private insurance" (p=0.000 p<0.05), "I do not trust private insurance companies" (p=0.011 p<0.05), "I know about private health insurance" (p=0.001 p<0.05), "I know which services I buy/will buy with private health insurance" (p=0.031 p<0.05), "I would consider getting private health insurance if my income increases" (p=0.048 p<0.05), my interest in private health insurance has increased with Covid-19" (p=0.008 p<0.05) and "I think that the interest in private health insurance has increased with Covid-19" (p=0.006 p<0.05) significant difference was found.

While those who work in the public sector mostly agree with the statements "I have information about private insurance" and "I have information about private health insurance",more private-sector employees agree with the statements "I don't trust private insurance companies" and "I would consider getting private health insurance if my income increases". Self-employed workers mostly agree with the statement "I know which services I have purchased/will receive with private health insurance". The statements most agreed with by the students are "My interest in private health insurance has increased with Covid-19" and "I think that the interest in private health insurance has increased in society with Covid-19".

4.3.2.2.4. Who do you live with in your home?

"Who Do You Live With At Home?" The results of the ANOVA test, which reveals the relationship

between the questions and the statements, are shown in Table 9.

Table 9

Who Do You Live With At Home? & ANOVA

		N	$\bar{x}$	SS	Sd	f	p
S1	Alone	25	3,88	1,481	0,296	6,23	0,000
	With my wife/husband	39	3,59	1,312	0,210		
	With my children	14	3,71	1,437	0,384		
	With My Wife/Husband and Children	92	3,70	1,229	0,128		
	With Mom and/or Dad	110	2,98	1,348	0,128		
	With My Spouse, My Children, Mom and/or Dad	6	2,83	1,835	0,749		
	With my friend	10	3,80	1,229	0,389		
	With Mom and/or Dad and My Brother/Sisters	165	2,76	1,265	0,098		
	Aunt, Sister, Grandma, and Grandpa	4	2,25	1,500	0,750		
	With my brothers and/or sisters	3	1,67	1,155	0,667		
	TOTAL	468	3,16	1,371	0,063		
S3	Alone	25	3,48	1,262	0,252	3,40	0,000
	With my wife/husband	39	3,54	1,354	0,217		
	With my children	14	3,14	1,027	0,275		
	With My Wife/Husband and Children	92	3,53	1,253	0,131		
	With Mom and/or Dad	110	3,02	1,211	0,116		
	With My Spouse, My Children, Mom and/or Dad	6	3,00	1,414	0,577		
	With my friend	10	2,70	1,418	0,448		
	With Mom and/or Dad and My Brother/Sisters	165	2,87	1,276	0,099		
	Aunt, Sister, Grandma, and Grandpa	4	2,25	1,500	0,750		
	With my brothers and/or sisters	3	1,67	1,155	0,667		
	TOTAL	468	3,12	1,291	0,060		
S18	Alone	25	2,08	1,470	0,294	2,21	0,021
	With my wife/husband	39	2,90	1,714	0,274		
	With my children	14	2,79	1,477	0,395		
	With My Wife/Husband and Children	92	2,52	1,593	0,166		
	With Mom and/or Dad	110	2,95	1,513	0,144		
	With My Spouse, My Children, Mom and/or Dad	6	3,50	1,517	0,619		
	With my friend	10	3,30	1,829	0,578		
	With Mom and/or Dad and My Brother/Sisters	165	3,12	1,583	0,123		
	Aunt, Sister, Grandma, and Grandpa	4	1,50	1,000	0,500		
	With my brothers and/or sisters	3	3,00	2,000	1,155		
	TOTAL	468	2,87	1,593	0,074		

	Alone	25	2,92	1,256	0,251		
	With my wife/husband	39	2,92	1,326	0,212		
	With my children	14	2,86	1,099	0,294		
	With My Wife/Husband and Children	92	3,10	1,422	0,148		
	With Mom and/or Dad	110	3,38	1,219	0,116		
S26	With My Spouse, My Children, Mom and/or Dad	6	3,00	1,265	0,516	2,32	0,015
	With my friend	10	4,00	1,247	0,394		
	With Mom and/or Dad and My Brother/Sisters	165	3,40	1,248	0,097		
	Aunt, Sister, Grandma, and Grandpa	4	2,50	1,291	0,645		
	With my brothers and/or sisters	3	5,00	0,000	0,000		
	TOTAL	468	3,26	1,295	0,060		

As can be seen from table 9, the participants' question "Who do you live with at home" was answered by "I have information about private insurance" (p=0.000 p<0.05), "I have information about private health insurance" (p=0.000 p<0.05), A significant difference was found between the statements "I do not receive service from private health institutions" (p=0.021 p<0.05) and "I think that the interest in private health insurance has increased in society with Covid-19" (p=0.015 p<0.05).

While those who live alone mostly agree with the statement "I know about private insurance"; Those who live with their spouses mostly agree with the statement "I have information about private health insurance". Those who say that they live with my spouse, children, mother, and/or father mostly agree with the statement "I do not receive service from private health institutions". Finally, those who live with their siblings at home think that the interest in private health insurance in society has increased with Covid-19.

4.3.2.2.5. Where did you receive the treatment?

"Where did you receive the treatment?" The results of the ANOVA test, which reveals the relationship between the questions and the statements, are shown in Table 10.

Tablo 10

"Where did you receive the treatment?" & ANOVA

		N	$\bar{x}$	SS	Sd	f	p
S1	At the hospital, in bed	2	2,00	0,000	0,000	2,67	0,047
	At the hospital, Standing	4	3,00	0,000	0,000		
	At home	38	2,63	1,239	0,201		
	I Didn't Have the Disease	424	3,22	1,381	0,067		
	TOTAL	468	3,16	1,371	0,063		
S20	At the hospital, in bed	2	3,50	2,121	1,500	0,55	0,000
	At the hospital, Standing	4	2,75	1,500	0,750		
	At home	38	3,18	1,333	0,216		
	I Didn't Have the Disease	424	3,38	1,335	0,065		
	TOTAL	468	3,36	1,337	0,062		
S24	At the hospital, in bed	2	5,00	0,000	0,000	2,92	0,034
	At the hospital, Standing	4	4,00	0,816	0,408		
	At home	38	3,76	0,943	0,153		
	I Didn't Have the Disease	424	4,20	0,970	0,047		
	TOTAL	468	4,17	0,972	0,045		

According to the table; The participants' question "Where did you get the treatment?", "I know private insurance" ($p=0.047$ $p<0.05$), "I would recommend getting private health insurance to others" ($p=0.000$ $p<0.05$), "Covid-19' There was a significant difference between the statements, "I think I took the necessary precautions against the disease" ($p=0.034$ $p<0.05$).

While those who received hospitalization at least agree with the statement "I know about private insurance"; Those who receive outpatient treatment at least in the hospital agree with the question "I would recommend to others to take out private health insurance" and those who receive at least home treatment to the statement "I think I have taken the necessary precautions against Covid-19".

4.3.2.2.6. How severe was your illness?

"How severely did you have the disease?" The results of the ANOVA test revealing the relationship between the questions and the statements are shown in Table 11.

Table 11

"How severe was your illness?" & ANOVA

		N	$\bar{x}$	SS	Sd	f	p
S7	Light	20	2,85	1,814	0,406	2,75	0,042
	Middle	22	2,36	1,093	0,233		
	Heavy	2	1,50	0,707	0,500		
	I Didn't Have the Disease	424	3,04	1,321	0,064		
	TOTAL	468	3,00	1,342	0,062		
S8	Light	20	3,00	1,124	0,251	2,80	0,040
	Middle	22	2,36	1,093	0,233		
	Heavy	2	1,00	0,000	0,000		
	I Didn't Have the Disease	424	2,85	1,221	0,059		
	TOTAL	468	2,83	1,218	0,056		
S11	Light	20	4,05	0,887	0,198	4,03	0,008
	Middle	22	3,27	1,202	0,256		
	Heavy	2	3,50	2,121	1,500		
	I Didn't Have the Disease	424	3,12	1,197	0,058		
	TOTAL	468	3,17	1,200	0,055		

According to table 10, the participants' question "How severely did you have the disease" was answered by "I know which services I have purchased/will receive with private health insurance" (p=0.042 p<0.05), "I am satisfied with the additional coverage provided/will be offered by my private health insurance" (p=0.042) p<0.05), "The premium I will pay to the private health insurance; A significant difference was found between the statements "I think it will be higher than the service I will receive" (p=0.008 p<0.05).

While those with severe illness least agreed with the statements "I know which services I have/will purchase with private health insurance" and "I am satisfied with the additional coverage provided/ will be offered by my private health insurance", "The premium I will pay for private health insurance; Those who did not have the disease agree least with the statement "I think it will be higher than the service I will receive".

4.3.2.2.7. "How many people near you have had COVID19?"

"How many people are near you with Covid19?" The results of the ANOVA test, which reveals the relationship between the questions and the statements, are shown in Table 12.

Table 12

"How many people are near you with Covid19?" & ANOVA

		N	$\bar{x}$	SS	Sd	f	p
	1	167	2,43	1,204	0,093		
	2	119	2,81	1,188	0,109		
S10	3	111	2,73	1,272	0,121	2,65	0,048
	4	71	2,63	1,222	0,145		
	TOTAL	468	2,63	1,226	0,057		
	1	167	3,25	1,325	0,103		
	2	119	3,51	1,413	0,130		
S19	3	111	3,59	1,358	0,129	3,02	0,029
	4	71	3,07	1,345	0,160		
	TOTAL	468	3,37	1,367	0,063		

"How many people are near you with Covid19?" A significant difference was found between the questions "I think that enough information is given in the media about private health insurance to enlighten the public" ($p=0.048$ $p<0.05$) and "I am considering getting private health insurance" ($p=0.029$ $p<0.05$). has been done.

5. RESULT

The Covid-19 epidemic, which influenced the whole world since 2019, has affected our lives and brought changes in all areas of our lives. Especially remote working and distance education are among the most important of these effects. During the pandemic, many people have been infected with the virus. While some of those infected with the virus recovered at home, some were treated in hospital, some remained in intensive care, and some, unfortunately, lost their lives. Treatments in the hospital have created serious costs for individuals.

As it is known, health insurance is the first thing that comes to mind in cases of illness and disability. During the epidemic, the public or additional private health insurance were adopted making individuals feel somewhat comfortable. The inclusion of payments made to hospitals in the treatment of pandemics within the scope of the policy has increased the demand for health insurance. For this reason, private health insurance has become a preferred instrument in the relevant period.

The following evaluations can be made from the findings obtained from this research:

• Participants generally see Covid-19 as a serious health problem. Private health insurance is not very common among participants. If there is an increase in their budget, the participants are positive about taking out private health insurance. Accordingly, the most important reason for choosing private health insurance is the financial situation.

• Younger populations are more likely to consider taking out private health insurance. The reason for this is thought to be that the young population has more information about private health insurance.

• A significant difference was found between the sentences given as expressions in the research and the participants' gender, marital status, whether they have chronic illnesses, whether there is a chronic illness when they live together at home, whether they have Covid-19, whether someone close to them has Covid-19, and whether they have private health insurance.

• In the context of the Anova test results, with the sentences given in the research, the educational status of the respondents, their age, profession, people they live with at home, the place where those who contracted Covid-19 were treated, the level of severe illness of those who contracted Covid-19, and the level of their relatives with Covid-19 A significant difference was found between the number of people who had

The results obtained from the study will guide those who are interested in health insurance and insurance companies. This study was conducted on a limited sample. Questionnaires can be applied to more sample groups in future studies. Since the pandemic process continues, healthier results can be obtained from similar studies to be carried out in the coming years.

Declaration of Research and Publication Ethics
This study which does not require ethics committee approval and/or legal/specific permission complies with the research and publication ethics.
Researchers' Contribution Rate Statement
The authors declare that they have contributed equally to the article.
Declaration of Researcher's Conflict of Interest
There are no potential conflicts of interest in this study.

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