

# CHANGING CONSUMPTION BEHAVIORS RELATED TO NUTRIENTS DURING THE PANDEMIC<sup>1</sup>



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**ABSTRACT** In this study, it was revealed how we experience the pandemic in the context of consumption behaviors for health by acting on the idea that being healthy is surrounded by a number of cultural behavior patterns. In order to collect data, in-depth interviews were conducted face-to-face in Erzurum, Turkey, based on the behavior of "food consumption". During the pandemic, some changes that individuals make in their nutritional behavior in order to be healthy have attracted attention. This situation, on the other hand, has created effects that increase "solidarity" at a time when individualization is rising. In addition, there have been behaviors such as stock making or postponing purchase. As a result, the pandemic increased individuals' confidence in traditional phenomena, as well as their confidence in each other.

**Keywords:** *Pandemic, Consumption Culture, Nutrition*

**JEL Codes:** *D01, D11, I19*

**Scope:** *Economics, Sociology*

**Type:** *Research*

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<sup>1</sup> Compliance with the ethical rules of the relevant study has been declared.

# PANDEMİ SÜRECİNDE BESİN MADDELERİ ÜZERİNDEN DEĞİŞEN TÜKETİM ALIŞKANLIKLARI



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**ÖZ** | Bu çalışmada sağlıklı olmanın kültürel bir takım davranış kalıpları ile çevrili olduğu fikrinden hareket edilerek pandemiye sağlık için tüketim davranışları özelinde nasıl deneyimlediğimiz ortaya konulmuştur. Veri toplamak adına Türkiye Erzurum’da "besin tüketim" davranışlarından yola çıkılarak yüzyüze derinlemesine mülakatlar gerçekleştirilmiştir. Pandemi süreci ile birlikte bireylerin sağlıklı olmak adına beslenme davranışında bir takım değişimler dikkati çekmiştir. Bu durum ise bireyselleşmenin yükseldiği bir dönemde "dayanışmayı" arttıran etkiler yaratmıştır. Ayrıca stok yapma ya da satın almayı erteleme gibi davranışlar söz konusu olmuştur. Sonuçta pandemi, bireylerin geleneksel olgulara olan güvenlerini artırırken birbirlerine olan güvenlerini de desteklemiştir.

**Anahtar Kelimeler:** Pandemi, Tüketim Alışkanlıkları, Beslenme

**JEL Kodları:** D01, D11, I19

**Alan:** İktisat, Sosyoloji

**Türü:** Araştırma

## **1. INTRODUCTION**

Being healthy is a matter of culture. So much so that the behaviors performed in the name of being healthy reflect the characteristics of that culture. At present, when consumption culture prevails, the behaviors that are performed in order to be healthy are manifested by consumption in the same way. When the Covid-19 outbreak occurs, it can be said that some consumption-based health behaviors occur in the sense of combating the epidemic (Abeysinghe and White, 2011: p.311). Covid-19 is considered a "global pandemic" that originated in Wuhan, China (Huang et al, 2020: p.497; Baldwin & Tomiura, 2020: p.59) and soon reached more than 100,000 cases (Rahimi and Abadi, 2020: p.468). The Covid-19 outbreak is similar to the fatal epidemic cases in human history (Mack, 1991; Bashford, 2016) in the sense that it threatens the lives of individuals (Pitlik, 2020: p.1; Lupton, 2020:p.1).

According to the data provided by the World Health Organization (WHO) as of October, the Covid-19 epidemic created a second wave effect in many countries, infecting 44 million people and causing more than one million people to die. Considering the resulting numerical data, it is possible that the epidemic not only threatens health, but also causes socio-economic damage to societies globally. Thus, the Covid-19 epidemic causes a crisis environment to be experienced both individually and globally. With the WHO declaring a "global pandemic" in March 2020, states have closed their borders and each country has started to take measures to protect their citizens. The pandemic process has started to have profound effects on the order and economy of each country, regardless of the level of development of the countries (Bogoch et al., 2020: p.2; Ludvigson, Ma & Ng, 2020:1; Lupton, 2020: p.1).

With the occurrence of cases in Turkey, it is inevitable that the pandemic will affect the level of global economic activity. Covid-19 is distinguished from other external shocks and crises by its high economic, social and social dimensions, containing supply and demand shocks, and changing the consumption behavior of individuals (Soylu, 2020: p.169). Symptoms of the outbreak in Turkey were felt after mid-March. Thus, economic activities began to affect foreign trade, tourism and domestic demand channels. With the increase in the number of cases, the effects deepened and surrounded the whole economy. Among the measures taken, shopping malls, internet cafes, coffee shops, barbers and hairdressers were closed. In addition, the working conditions of areas such as restaurants and patisseries are restricted. Domestic and foreign demand in many sectors in the textile, ready-to-wear, automotive industry decreased, thus slowing down in the second quarter (Adiguzel, 2019: p.193). Turkey, which has spent most of 2020 fighting Covid-19, has taken measures first, as have many

countries. However, as of June 1, it has switched to a new period in restrictions by reducing these measures. With the liberalization of travel, the opening of restaurants, cafes, patisseries, coffee houses, tea gardens, association branches, spas and sports centers, the economy has been revived. As of November, Turkey, like other countries, has resorted to restrictions in some sectors, with the number of increasing cases.

During this period, when the recovery in the economy will take time, some predictions about Turkey are as follows: The EU Commission predicts that the Turkish economy will contract by 5.4% in 2020, but will grow by 4% in 2021. Fitch Solutions explained that with the emergence of the virus in our country, Turkey is expected to contract 3.4 percent this year, while in the coming years there will be a slight recovery. While the IMF sees a 5 percent contraction for Turkey in 2020, the Global Macro Outlook 2020-2021 report predicts that the Turkish economy will contract by 5 percent this year and grow by 3.5 percent in 2021 (Moody's Investors Service, 2020).

A study found that with the onset of the epidemic, there was an increase in consumption focused on fear and anxiety in general (He and Harris, 2020: p.178). After the initial increase in the Pandemic, there was a decrease in overall spending, but a further decrease in nutrient consumption. The reason for this coincides with the understanding of stockpiling (Lufkin, 2020: p.1). It can be said that the stocked goods are used to meet the needs for a while and the spending decreases in this process. In a way, fear led to spending and stockpiling in the first place.

In addition, the study shows a lack of demand in airlines, public transport and restaurants, but an excess of demand in food and drink and retail spending. The reason for the increase in demand for food products is due to the fact that individuals prefer to eat at home instead of eating in restaurants (Baker et al. 2020:p.10-16).

The changes caused by the Covid-19 pandemic, which has implications in all areas of society, especially in the field of consumption, cannot be ignored. In order to maintain their health, individuals turned to more organic products, avoided packaged foods, and began to consume more dietary supplement products (vitamin etc.) than they normally use (He and Harris, 2020: p.178). According to the results of a global study, the consumption of home cooking materials such as pulses, bread, flour and butter increased in the first period of the pandemic, but the consumption of products such as orange juice, medicinal plants and nuts, which can be called Healthy Nutrition, decreased. It can be said that although individuals have started to prepare their own meals, it is known that

there are question marks in their minds about healthy eating (Eftimov, et al., 2020: p.269).

Consumption is not just an economic phenomenon, but a cultural phenomenon with a psychological, sociological and philosophical content. The difference in the definitions of the concept of consumption in the studies carried out is also due to this diversity. According to Islamoglu and Altunısık (2010: p.3), consumption is about fulfilling people's needs, wishes and desires. Bocoock (1997: p.58) defines consumption as an experience that needs to be solved first of all in the mind and as a mental phenomenon. While Baudrillard (2004: p.95) explains consumption, it contributes to the idea that consumption is a mental phenomenon, and defines consumption as a system of values that includes small exercises for individuals, but not an address system. So much so that this system of values refers to a system in which what is produced is destroyed in hustle and bustle (Baudrillard, 2004: p.46). In order to understand the system of values in question, it is necessary to accept that consumption is a matter of culture and to focus on the social aspect of consumption, therefore, its construction in the social field (Dal, 2017: p.2; Beyaz, Karakus Umar & Kılıçarslan, 2020: p.1311).

The individual consuming a slimming pill or consuming an organic food claimed to be healthy also consumes the set of meanings behind the object. So, when we talk about consumption, we shouldn't just think of buying. It also contains social experiences such as visiting stores, examining products, observing shoppers. Even if the consumption of food and beverages comes to our mind first with the concept of consumption, consumption is not limited to basic needs. It is not just objects that are consumed, but also meanings (Levy, 1959: p.117). In cases such as creating a style for ourselves, living a more luxurious life or changing our lifestyle, consumption is preferred (Davies & Ward, 2002: p.49). As the pleasure of consuming as you consume (Ferguson, 1996: p.205) is added to these behaviors with uncertain boundaries, "consumerism" (Bauman, 2018: 250), that is, the desire to experience the same pleasure as you consume.

Consumerism in nutrition becomes more complex when it comes to health (Adak, 2020: p.197). It can be said that situations such as "instrumental nutrition "or" learning nutrition " arose in the relationship of nutrition with consumer culture. Just in order not to be sick and to maintain their health, the individual's struggle with the risks and fears around them again occurs with consumption. Before the pandemic, "miracle foods", "vitamin pills", "diet products" and "expert opinions" were seen to combat risks and fears (Karakus Umar, 2019: p. 103).

It is widely known today that individuals turn to "consumerism" behavior, but with the pandemic, it is important whether individuals reorganize

their desire-chasing and constantly consuming behavior. So much so that people who have experienced a process such as a pandemic have innovated in the methods they use to protect themselves from the COVID-19 virus, and a new normal has been formed. In this case, it has become quite difficult to predict where consumer behavior will go (Tekin, 2020: p.2334). Increased panic with famine symptoms that started with the spread of the virus has led to an increase in demand as well as buying and hoarding (Hall, et. al., 2020: p.113). In uncertain moments such as the pandemic process, consumer behavior loses clarity and instability occurs in the purchasing process. Generally, in these cases, consumers try to stay away from all products and services that they are not obliged to live and tend to save (Yildiz, 2020: p.386; Erkan, 2020:558; Lyhagen, 2001:407).

In this study, it was examined how nutrition and consumption habits of individuals living in Erzurum were built during the pandemic process, as well as whether they showed changes. The study, which will be carried out using the qualitative analysis method within the context of Erzurum province, is important in terms of conducting provincial-based research. In the first part of our study, we examine the course of the pandemic process in Turkey. In the second chapter, the concept of consumption and changes in the behavior of consumers in the pandemic process are included. In the last part of our study, face-to-face interviews were provided with individuals. In interviews, consumers were asked whether there was any change in their consumption of nutrients during the pandemic process. In addition, our research differs from other studies in literature in the sense that it focuses on “nutrient preference” in the understanding of “consumption for health”, which increased with the pandemic process.

## **2. CONSUMPTION UNDERSTANDING IN THE PANDEMIC PROCESS**

The concept of consumption can also be studied separately from the point of view of microeconomics and macroeconomics, and consumer behavior can also not be predicted when there is a pandemic. From this point of view, the concept of consumption in microeconomics is important to ensure the maximization of benefits of individuals. In macroeconomics, determination of employment and national income is important because it is one of the most important components of total demand (Kaya, 2018: p.2). Adiguzel (2019: p.191) examined Turkey's situation in the pandemic process from a macroeconomic point of view. As a result of the study, it was determined that the pandemic process negatively affected production, employment, personal and business income, exports, current account deficit, budget deficit and the total debt burden of the central government in our country and caused the recession. In addition, it

has been evaluated that this process may cause approximately 400-675 billion TL loss in GDP.

In studies conducted before the pandemic, "factors affecting consumption behaviors" are thought to be the social environment in which the individual lives and surrounds him. In addition, the psychological state and demographic characteristics of the individual direct the consumption behavior (Gulay Sahin & Akballi, 2019:p.44-54). For example, the cultural environment in which a person lives and the social institutions in which he is involved, and the roles that he performs with the status that they occupy in these institutions, or the processes that arise from the personal characteristics that he builds shape the consumption behavior of a person. In addition, there are areas where the individual does not have an idea of why he or she is turning to this type of consumption. Jones (2020) predicted that the relationship between consumer behavior and the pandemic can be so different that the behavior of the consumer can be evaluated as before and after the pandemic.

Individual's personal health status, lifestyle (Engel, Blackwell, & Miniard, 1995), economic conditions (Sirgy, 1982) and personality traits (Kotler, 2000) can also affect the understanding of "being healthy", which rises with the pandemic. In addition to the academic studies carried out since the beginning of the pandemic, studies have also been carried out by leading research companies.

In these studies, it was concluded that shopping from pharmacies is safe. In addition, it was concluded that restaurants are seen as more risky compared to before the pandemic. Tekin (2020: p.2336) states in his study that the previous interest will not be shown in the restaurants representing the "eating out" area. Hotar et al. (2020: p.218) and Torun Kayabasi (2020: p.40) also stated that the effect of the process experienced during the pandemic period will be permanent and the social space will not return to its former position. However, in the study of Keogh et al. (2010), where they stated that the same prohibitions and insecurities were experienced in the Influenza pandemic, show that the prohibitions were not effective in a way that turned into a continuous consumption habit in consumers. In addition, while the number of cases increased, it was observed that there was a definite decrease in general expenditures (Baker et al., 2020: p.10)

It has been observed that the use of credit cards has increased in shopping frequently made on digital platforms (Cakiroglu et al. 2020: p.91). (Baker et al., 2020: p.10). During the pandemic, there was an increase in the demand for personal care and cleaning products, and a decrease in the demand for clothing, accessory products and luxury consumer products (Güven, 2020: p.263). In the study of Chen et al. (2020: p.4), it was observed that consumption decreased by

70% in Wuhan, where the virus appeared, and the amount of consumption decreased as the epidemic severity increased. Richards and Rickard (2020: p.192) stated that the pandemic process may expose the workforce, consolidation and transition to online shopping in the long term, to fundamental and largely irreversible shocks.

It can be seen that the pandemic process has affected the entire consumption process, from what is consumed to how it is consumed. Although the views are that these effects are permanent, it can be argued that the contents of the subject may change with the effect of consumption culture, but consumption itself and the understanding of consumerism will not change when micro and macro effects are considered.

### **3. METHOD**

The method determined when starting a research shapes the whole design of the research. While the approach reveals the clarity of the research method, it also determines the data collection tools and the analysis technique of the collected data. The qualitative research method allows to reveal the meanings of the phenomena "based on the concern of understanding" (Merriam, 2018: p.14). In addition, qualitative research allows to reach general definitions based on the processes related to the phenomena (Bogdan & Biklen, 1998: p.7). In this study, the purpose of revealing the meanings built by experience has been decisive in the selection of the qualitative research method.

There are multiple approaches in qualitative research method. The phenomenological approach in the qualitative research method aims to reveal the meanings that individuals construct through their experiences of phenomena. The aim of this approach is to reach universal explanations of individual experiences (Creswell, 2018: p.77). The phenomenological approach is important in terms of diversifying and elaborating the content of the subject in terms of understanding how "changes in consumption habits for health, in particular," are experienced during the pandemic process. In this study, it is important to examine the consumption phenomenon related to nutrition for health, especially during the pandemic process. For this, the phenomenological approach was deemed appropriate.

This study, which can be considered as an example of a case study, is aimed at "deeply" understanding the pandemic process of individuals' experiences in the "nutrition, health and consumption" triangle. In addition, to reveal what kind of innovations or changes in the "consumption for health" behaviors of individuals experiencing the pandemic process for the first time represents another purpose of the research. Finally, in this study, in which we will

present a detailed content on "nutritional consumption" behaviour in the pandemic, it will be revealed from where and by whom new behaviors are influenced.

Twenty-five participants were determined by using the easy sampling technique, which is one of the improbable sampling types. The pandemic process was effective in determining this sampling technique. The fact that the interviews will be conducted face-to-face and the possibility of restrictions in the process caused the research to be carried out with easily accessible participants. This sampling technique allows interviews to be conducted quickly (Hasiloglu, Baran & Aydin, 2015: p.20). Considering the necessity of terminating the interviews in case of repetition in the answers given in qualitative studies, the interviews were terminated with the 25th participant.

The selection of Erzurum province while determining the sample is also related to the pandemic process and the easy sampling technique chosen as a result of process. Due to travel restrictions during the pandemic process, research was carried out in the province where the researchers lived. Considering that the pandemic will affect everyone, interviews were conducted with both genders and individuals over the age of 18 without considering gender and age factors. The key person was used in the selection of participants. It is generally used in the snowball sampling technique, and the fact that an participant is a tool in entering a certain group was also preferred in the easy sampling technique in this study. In this process, where the interviews were held, a pandemic was experienced intensively in Erzurum. Since the researchers were living in Oltu, they determined the key person in Erzurum and determined the participants from her environment by using easy sampling technique. Interviews were held in November 2020

"In-depth face-to-face interviews" were conducted as a data collection technique in the research. The "semi-structured" interview form was used in the interviews. Although the number of questions has increased in in-depth interviews, twenty-two basic questions are included in the interview form and a "voice recorder" was used to record the interviews. 22 questions were asked under six main questions to participants. These Questions are "1. Fears and risks experienced during the pandemic", "2. Consumption during the pandemic", "3. What did the participants consume?", "4. Where did participants learn the knowledge of being healthy and recovering from illness?", "5. Where did they buy their needs?", "6. What has changed with the pandemic?"

The restrictive effects of the pandemic can be mentioned in conducting interviews. The pandemic process that caused the interviews to spread over time also led to difficulties in the study. Since it was thought that face-to-face

interviews could be better in in-depth interviews, care was taken to conduct interviews in the same environment instead of phone or mail interviews. This has led to difficulties in terms of timing, delays in interview dates, and the inability to conduct interviews with some participants at all.

Content analysis technique was used as a data analysis technique. Data was collected, edited, classified as indicated by the questions, and participants were classified as those who “experienced the disease” and “did not experience the disease”. Those who have experienced the disease are shown as (+), while individuals who have not been infected with the virus are indicated as (-) in the findings. Finally, the data were converted into text in a comparative way. 22 questions were evaluated on six categories during content analysis. These Categories are “1. Fears and Risks”, “2. Consumption”, “3. Content of consumption”, “4.The Knowledge”, “5. Place of consumption”, “6.Changes”.

### **3.1. Ethical Permissions of the Research**

In this study, all the rules specified to be followed within the scope of “Higher Education Institutions Scientific Research and Publication Ethics Directive” were complied with.

Ethics committee permission information:

Name of the committee that made the ethical evaluation: Atatürk University Rectorate Social and Human Sciences Ethics Committee Presidency

Date of ethical review decision: 17.11.2020

Ethics assessment document issue number: 88656144-000-E.2000284760

## **4. THE ASSESSMENTS OF THE PARTICIPANTS ABOUT THE DISEASE PROCESS**

Based on the interviews made, it was observed that some of the participants were infected with the virus. Some of the participants, on the other hand, encountered individuals who had the disease in their social environment, although they were not infected with the virus. It is seen that individuals have gained an idea about the illness experience, whether they are infected or not. In a sense, individuals try to adapt to the new normal by "paying more attention to their health" by developing awareness of a new process and observing the disease experiences in their environment during the pandemic period. Information on whether the participants had the disease or not is given in the table. As can be seen in the table, although seventeen participants did not experience the disease, they constructed meanings related to the disease.

**Table 1:** Participants

<b>Codes</b>	<b>Sex</b>	<b>Age</b>	<b>Job</b>	<b>Covid-19</b>
<b>I1</b>	Male	33	Engineer	Negative
<b>I2</b>	Male	32	Engineer	Negative
<b>I3</b>	Female	20	Student	Negative
<b>I4</b>	Female	36	Housewife	Negative
<b>I5</b>	Male	35	Employee	Negative
<b>I6</b>	Female	40	Housewife	Positive
<b>I7</b>	Female	38	Housewife	Positive
<b>I8</b>	Male	35	Employee	Negative
<b>I9</b>	Male	35	Employee	Negative
<b>I10</b>	Male	46	Academician	Positive
<b>I11</b>	Male	37	Employee	Negative
<b>I12</b>	Male	35	Employee	Positive
<b>I13</b>	Male	33	Employee	Positive
<b>I14</b>	Male	31	Employee	Negative
<b>I15</b>	Female	27	Student	Negative
<b>I16</b>	Female	31	Employee	Negative
<b>I17</b>	Male	62	Retired	Negative
<b>I18</b>	Female	60	Housewife	Negative
<b>I19</b>	Female	40	Academician	Negative
<b>I20</b>	Male	33	Engineer	Pozitif
<b>I21</b>	Male	61	Retired	Negative
<b>I22</b>	Male	38	Pharmacist	Negative
<b>I23</b>	Female	60	Housewife	Positive
<b>I24</b>	Female	31	Academician	Positive
<b>I25</b>	Female	33	Academician	Negative

A participant who experienced the disease during the interviews explained the process by saying “I had a very difficult time during the illness process, and also got tired of shortness of breath” (I23, Female, 60, +). Another participant said, “I recovered from the disease in one day. I had complaints only

one day” (I20, Male, 33, +) and explained the disease process. It is understood that the disease manifests itself in different ways in individuals. A participant who interacted with individuals who experienced the disease in his social environment despite not having coronavirus mentioned the process in his comments as if he had experienced the disease: “People who had the disease around me had extreme nausea and headache; there were those who had shortness of breath due to illness...” (I22, Male, 38, -).

The participants who experienced the disease process stated that they "experienced anxiety" (I20, Male, 33, +), "understood the value of health" (I24, Female, 31, +), while those who did not have the disease developed some behaviors in order to prevent the disease. As a result, individuals preferred to stay away from certain risks for fear of getting sick. The participants turned towards cleaning in order to take precautions and used mask disinfectant cologne. In particular, they have tended towards a balanced diet and consuming healthy foods.

Along with the pandemic process, participants appeared to have a new normal of “the meaning of Health.” Thus, the importance of being healthy has increased for the participants. A participant stated that the importance of health has increased for him with the following words: “Health comes first, I am a healthcare professional, I have encountered patients a lot, I tried to be more careful when I saw their condition, and I realized that we were very comfortable in our previous life.” (I22, Male, 38, -)

#### **4.1. Fears and Risks Experienced During the Pandemic**

Pandemic expressed the isolation of the individual from the social sphere with the created fear environment and risk areas that should be avoided. During the interviews held in this process, we can say that, new concepts and experiences are included in the risk and fear areas of individuals unlike before the pandemic. It is noted that participants carry a "fear of infecting" the disease in their social environment. “I was afraid for my family, my biggest worry was the fear that I would infect my mother and father” (I20, Male, 33, +). It has been observed that, individuals describe the disease experience in terms of “fear of death” with the transmission of the disease. One of the participants explained the state of fear she felt during the pandemic with the following words: “I was afraid of death, I was afraid of dying before I could see the ones I loved, I was afraid I couldn't get better” (I23, Female, 60, +)

A participant who has survived the coronavirus described her experiences of fear before and after the disease, and assessed her fears about the process with the following words: “I question where I went wrong. I don't think I should meet with my family anymore. Obviously I made a mistake somewhere.

I'm paying more attention now. I'm afraid of going through the same process again..." (I24, Female, 31, +)

We stated that all participants who did not have coronavirus disease witnessed individuals who survived the disease process in their social circles. In this process, it was observed that the participants had fears of "transmitting the virus to their social environment" or "not getting off the disease", like individuals who experience the disease. The participants expressed the severe overcoming of the disease, especially in terms of "shortness of breath". A participant expressed her fears by saying that "My biggest fear during this period was shortness of breath since I had a panic attack. For this, we stayed at home most of the time" (I16, Female, 31, -) Another participant expressed his fears by stating that "The thing I feared the most about my health was infecting the elderly, I had no fear of myself" (I22, Male, 38, -). Another participant said, "My only fear is infecting my child. Otherwise, I am not afraid of infecting the elderly." (I2, Male, 32, -). A participant who did not experience the disease stated that he did not face fear during the pandemic, saying "I did not experience any fear" (I21, Male, 61, -). Finally, a participant tried to express the state of fear and thus the uncertainty of the risk in the social environment by saying "I am afraid of even the people who sneeze" (I3, Female, 20, -).

When the interviews conducted were examined, it was seen that the risky areas for people who were or were not infected with the virus were generally "similar places". A participant, who wasn't infected with the corona virus, stated the risky areas as "cafes, mosques, public transportation vehicles all pose a risk" (I17, male, 62, -). Another participant pointed out the risky areas with the expressions "First of all, closed areas, then areas with more people are risky areas" (I24, Female, 31, +). Another participant, who did not have the disease, explained the areas he saw as risky as "indoor environments, crowded places".

Finally, it can be said that the participants consider the places of eating and purchasing as risky. A participant said "I think eating areas should be arranged much more carefully. After all, nobody has a mask in their mouth while eating" (I15, Female, 27, -). Another participant said, "Markets are places where food is sold, everybody touches everywhere, this is very dangerous ..." (I21, Male, 61, -) and stated that the virus can be transmitted from food and during food consumption. From this point of view, it can be said that food consumption is seen both as a remedy for the disease and as a cause of the disease.

#### **4.2. Consumption During the Pandemic**

Diamond (1987) examines the transition of primitive communities to agrarian society, revealing the unexpected effects of nutrition on health along with increased social interaction. Accordingly, with the transition to agricultural

production, the trade of products began. The population interested in agriculture produced one kind of products, while they also traded or exchanged different kinds of products. This indicates an epidemic of diseases that pass from one society to another along with food products. Epidemics have caused mass deaths of populations who prefer Agricultural Relations in the name of survival.

Currently, epidemics are spreading faster than ever with “globalization” and leave unprecedented effects on the masses. But unlike Diamond (1987), participants pay more attention to nutrition in order to be healthy. Although some participants point to nutrients as a source of fear and risk, many participants suggest that nutrients have an important role in fighting the epidemic.

According to the information obtained in the interviews, some participants stated that there is a relationship between the spread of the virus and the nutrients consumed, while some participants stressed that there is no relationship between them. A participant who was infected with the disease said that getting the disease had an inverse relationship with good nutrition: “It is absolutely relevant, because people with healthy eating habits around me have not infected with this disease, but I am generally a person who eats less and has no appetite, so I think I have this disease because of my bad eating habits” (I23 , Female, 60, +) Another participant with this opinion said “Yes, the people without a healthy diet are more easily infected” (I20, Male, 33, +). Upon the illness experience created an idea of good nutrition in individuals, a participant who was not infected with the disease was interviewed and the participant expressed his thoughts as follows: “There is a relationship between them, because a balanced diet keeps the body resistance high, the risk of getting sick of an individual with high resistance decreases” (I22, Male, 38, -).

One of the participants, who did not think that there was any relationship between nutrition and getting coronavirus, mentioned that nutrition can be used to get over easily after getting sick: “No, I think they are not relevant, only recovery after catching the virus is related to eating and drinking” (I15, Female, 27, -).

#### **4.3. What Did the Participants Consume?**

Participants emphasized that they demand more healthy foods such as fruits and vegetables by changing their consumption habits during the pandemic, which they do not normally consume much. In the expressions that the participants described as "healthy food", the expression “natural product” was noted, while in particular they consumed “milk and dairy products”, “fruits and vegetables”, “fish”. Participants who experienced the disease also stated that they “consumed healthy food more than they had consumed before” or “began to consume healthy food even though they had never consumed it”.

“I don't like milk and dairy products very much, but I started consuming them. For healthy consumption, it is necessary to get the right product and the natural product” (I20, Male, 33, +)

“I doubled the nutrients such as fruit, fish, which I had consumed very little before, and tried to bring my eating habits to a more balanced level” (I24, Female, 31, +).

In interviews with those who were not infected with coronavirus, it can be said that they changed their consumption habits “by staying away from things that are harmful to health.” It was observed that the participants preferred foods that would “increase body resistance” and natural foods and drinks “made at home”. A participant who was not infected with the disease expressed the healthy consumption behaviors during the pandemic as follows: “During this period, as someone who does not normally consume fruit, I started eating fruit just to get vitamins. I stopped eating junk food and instead preferred dried and fresh fruits. I preferred fresh fruit juice.” (I15, Female, 27, -). Another participant said, “I think healthy consumption is everything that is not harmful to health, including vitamins, proteins, and calcium. During this period, I decreased my fast food consumption a lot ” (I16, Female, 31, -)

It is seen that the participants think that they can "stay healthy" by consuming "healthy foods" and that they can get rid of the disease even if they are infected with the disease. This situation shows that there has been an increase in the spending of the participants on nutrition. In fact, expenditures related to nutrition have surpassed other types of expenditure. Moreover, it is noteworthy that the participants think that "healthy food is expensive" or "organic is expensive". It seems that the participants think that the more they spend on food, the better they can stay healthy.

“ ...As we spend more time at home, our home expenses have increased. We took care to eat more healthy things, tended to buy organic, and spent more money because organic products are more expensive” (I16, Female, 31, -).

The participants stated that they thought "I can save money if I stay at home" but they spend more "because of nutrition" just because they stay at home. A participant said that“... Our food consumption has increased because we cannot eat outside, so I always tend to make these foods at home” (I19, Female, 40, -). Another participant stated that he was saving just because he did not eat out: “Of course, because we eat more at home in the pandemic, my external expenses decreased and there was unintentional savings” (I22, Male, 38, -).

Finally, a participant stated that he “stocks” nutrients due to restrictions. For this reason, he stated that he bought nutrients such as "pasta", "legume", "oil" and "milk" that would allow for stockpiling rather than being healthy. “...At first I couldn't predict what would happen, so I bought a lot of pasta. ...” (I17, Male, 62, -).

#### **4.4. Where Did Participants Learn the Knowledge Of Being Healthy And Recovering From Illness?**

During the interviews, we found that participants turned to a number of behaviors in the name of “being healthy” or “getting rid of the disease”. However, when we asked where they learned such behaviors, they stated that they reached the knowledge about being healthy through "television" or "social media" tools. A few of the participants emphasized that they learned about being healthy from “health experts” in their social environment. Thus, it can be said that the participants reached the information about social distance, mask and disinfectant usage through the media. Likewise, the participants stated that they had access to information about nutrition through the media and stated that they refused to "consult health institutions" during pandemic.

There is an increase in the use of "vitamins" by the participants, even though they did not need to consult health institutions. While the participants stated that their drug use increased, a participant, who experienced the disease, said, “... During this period, the number of drugs I consumed to overcome the disease and to reduce pain increased and I consumed additional vitamins for my body resistance” (I24, Female, 31, +). Some of the participants stated that they reduce the use of drugs and vitamins and tend to “natural nutrition”.

“I gave vitamins to my children, but I and my wife did not use it, we did not consume any other medication, there was no change in our drug consumption” (I22, Male, 38, -).

Lastly, the participant, who suggested that there is a relationship between drug uses and consulting health institutions, stated that the use of drugs decreased because they were afraid of going to health institutions in the pandemic. The participant states that she is trying to overcome the disease "naturally", but adds that she uses vitamin D in a way that indicates that the vitamin is not a medicine. “The frequency of using drugs decreased because we went to the hospital less often, and when we had an illness, we tried to overcome it naturally. For example, we consumed orange juice and lemonade when we got flu. Only when we found out that vitamin D is good for the body, we started taking vitamin D.” (I16, Female, 31, -).

#### **4.5. Where Did They Buy Their Needs?**

During the pandemic, it can be said that many of our participants turned to “online shopping” and reduced their frequency of going to the grocery store. Some of our participants stated that they were turning to “stock up” in order to reduce the need to go to the market. In addition, some of our participants stated that they “put off” their non-essential needs in order not to enter the mall or any other closed environment. The participants, who live in the village and are far from the shopping malls, are said to have met their needs with “solidarity” while in quarantine. It is seen that shopping is done with the help of "solidarity" in the city.

“I smoke. When I ran out of cigarettes, I asked my close relatives and neighbors to bring cigarettes. They came and left cigarettes in my garden.” (I10, Male, 46, +).

Another situation observed is that the participants trying to reduce their eating habits outside started to make foods such as pita, lahmacun, hamburger and pizza at home, both for health and not to enter indoor environments. The participants who reduce the habit of eating out, but do not give up, stated that they tend to consume homemade meals and nutrients that cannot be additives, which they think are healthier.

#### **4.6. What Has Changed with the Pandemic?**

During the pandemic, most of the participants reduced their consumption of ready-to-eat food and made a change in their consumption habits by turning to organic foods. One of the participants stated that he understood how important it is to consume organic foods during this period, while some participants increased their consumption of organic food with the pandemic, but did not change their consumption in ready-made foods. One of the participants said, "In fact, we shouldn't normally prefer ready-made food anyway, but unfortunately, there are ready-made foods at every point of our lives and I consume them, we chose less ready-to-eat food because we spent more time at home." (I15, Female, 27, -) and established a link between the length of stay at home and packaged food consumption, and the participant stated that she consumed less ready-made food during the pandemic. It can be said that staying at home has also caused individuals to turn to ready-made food. During the talks it has been an increase in the number of cases in Turkey and has been restricted to businesses that serve food.

“Staying at home means cooking all the time. We're bored now, I've been paying attention since March. Restrictions came again. We called a few days ago to order food, they said they couldn't bring it. We are also tired of cooking. If we can't order food, I don't know what to do." (I4, Female, 36,-).

Another interviewee said, “Ready-made foods are nutritious but disrupting the hormonal level in the body. Since I know that it is harmful to health, I did not consume too much before and now there is almost no consumption” (I22, Male, 38, -) and stated that ready-made foods are not healthy foods and explained that they consume these foods less during the pandemic process.

The pandemic shows us the system that fails, when the "woman" who is responsible for the home cooking processes is sick. Housewives caught in the epidemic consume ready-made foods during the disease. Lack of someone who prepares meals at home causes people to prefer ready-made foods.

“During the time we were Covid, we ordered food from outside because we were not able to do so. We got sick from eating out.” (I6, Female, 40, +).

“When I was sick, there was no food at home. I ate döner kebab but I couldn't even taste it.” (I24, Female, 31, +).

According to the statements of our participants, we can say that some of them increased their organic food consumption and even produced their own products to consume organic products, thus turning to healthy food. In addition, some participants who said that their thoughts on organic food changed with the pandemic, said that they should consume more organic products, while some participants stated that their thoughts about organic food did not change but they made an effort to consume more.

“We turned to natural nutrients, unprocessed foods, foods that would be useful for our health. As brothers, there are those who raise livestock, and those who work in the field. We produce our milk, fat, cheese, vegetables, fruit by ourselves, and we have increased our production amount a little more” (I21, Male, 61, -).

One of the participants stated that his thoughts on organic foods changed and said, “My opinion on organic foods has of course changed, I understood that it is very important. So of course I knew its importance but I didn't find it that important” (I1, Male, 33, -) With these words, the participant stated that he actually understood that organic food should be consumed more with the epidemic.

Speaking about the consumption habits related to changing nutrients during the pandemic a participant said: “Until I got sick, I had increased my tendency towards organic products, but I was not completely oriented. When I got sick, I realized that eating is actually the most important thing. I thought that

maybe our body's defense mechanism might be weak because we were consuming unhealthy foods. After the illness, I started to give more importance to organic food and started to buy my eggs, yogurt and milk from people I know who sell organic products.” (I24, Female, 31, +) The participant emphasized that having the disease is an important factor in changing consumption habits.

Finally, a participant stated that his thoughts on organic food did not change during the pandemic and that he did not believe in organic food: “I do not believe in organic foods, so I cannot say that I am very careful about this, and there was no change in my thoughts.” (I22, Male, 38, -).

Emphasizing that many of the participants changed their consumption habits in terms of nutrition with the pandemic, we stated that they consume more vegetables, fruits, and meat and dairy products during this period. It can also be said that the participant thought that some foods had therapeutic properties, and they especially purchased those foods. In addition to foods such as ginger, turmeric, linden, mint, lemon, sumac, thyme, sage, onion, garlic, and eggs, they have also turned to foods such as "udihindi oil", which is not widely heard by people.

“We heard something called Udihindi oil. But we didn't consume this oil because we weren't infected.” (I7, Female, 38, +)

In addition, the rate of consumption of nutrients such as honey, jam, and vinegar, which are known to be beneficial for health, has increased. A participant said, “... We bought natural honey” (I17, Male, 62, -), while another participant said “I made jams at home, and we ate them” (I18, Female, 60, -). They stated that focused on the consumption of “jam” in line with the information they obtained. . One participant stated that she drank "vinegar" to kill the virus rather than its nutritious features.

“Everybody said for the vinegar, we consumed vinegar”.

“We ate lots of pickles. Everybody said it was healthy with regard to vinegar. It kills the virus in the mouth.” (I6, Female, 40, -)

During the interviews, it was revealed that the participants used some herbal mixtures.

## **5. CONCLUSION**

It can be seen that while the definition of healthy nutrition was shaped around the "homemade", "natural" and "organic" before the pandemic, it continued in the same way during the pandemic. "Homemade", "natural" and "organic" foods again express health. Unlike previous studies (Delibaş & Kankurdan, 2020: p.93), it is seen that the participants do not frequently mention GMO or hormone expressions in their opinions. On the other hand He and Harris

(2020: p. 178), revealed in their studies that people began to show more interest in healthy foods than they normally would.

Some foods that can be described as "miracles" and used functionally for the participants were expressed in parallel during the pandemic. For example, traditional foods such as onion and garlic were among the products whose consumption was increased compared to before the pandemic. In studies (Eftimov, et al., 2020: p.269), it is seen that individuals are more willing to prepare their own food, as in this study. In a sense, individuals have again coped with the individualized epidemic by changing their consumption habits. While learning about nutrition continues with the pandemic, the flow of information has accelerated. At this point, it shows that the behavior of learning about nutrition before the pandemic (Adak, 2020: p.197) continues in the pandemic as well. In addition, many of the participants increased their vitamin consumption during this period, and some of the participants started to consume vitamins. In a sense, the participants needed some "urgent" supplements in case of illness and changed their consumption habits in this direction.

The shaping of risk and fear in individuals in general with the fear of "contaminating the social environment" or "death" has changed the focus while changing the dimension of risk and fear. With the effect of the traditional structure, individual-oriented thinking has left its place to think of others. The individual felt once again that he was responsible to others. However, it is seen that individualization has increased in studies before the pandemic.

While the understanding of prevention from disease and the healthism movement, directed by globalization and neoliberal policies, continues, the focus of individuals has moved away from concepts such as GMOs or hormones. Despite the fact that the "public markets", where they reach healthy food, were closed due to prohibitions, the participants focused on the presence of their basic nutritional needs rather than their qualities and brands. This situation has left its place to a new set of shopping behaviors. During the period of restriction or quarantine, individuals were able to get food to others instead of themselves. In fact, their shopping focused on "reaching food", with behaviors such as turning to fast foods and stocking up in cases of not being able to reach food or being sick, have turned into the fear of not being able to reach food with the pandemic. So much so that food consumption was realized through solidarity and cooperation. While the fear of not being able to reach the food leads individuals to stock behavior, it can be said that stocking behavior is not compatible with the "healthism" process that was common before the pandemic. As a result, individuals act more meticulously/questioningly while buying food.

## 6. CONFLICT OF INTEREST STATEMENT

There is no conflict of interest between the authors.

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## 8. AUTHOR CONTRIBUTIONS

**HM-EKU:** The idea;

**HM-EKU:** Design;

**HM-EKU:** Collection and/ or processing of resources;

**HM-EKU:** Empirical analysis and/or interpretation;

**HM-EKU:** Literature search;

**HM-EKU:** Writer.

## 9. ETHICS COMMITTEE STATEMENT AND INTELLECTUAL PROPERTY COPYRIGHTS

Ethics committee principles were complied with in the study and necessary permissions were obtained in accordance with the intellectual property and copyright principles.

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