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ORIGINAL ARTICLE

SOCIAL DISTANCING DUE TO COVID-19: SOCIAL SUPPORT NETWORK, ACTIVITIES AND FEELINGS OF AGED INDIVIDUALS WHO LIVE ALONE

Darlene Mara dos Santos Tavares[1]
Nayara Gomes Nunes Oliveira[1]
Mariana Silva Freitas Guimarães[1]
Lenniara Pereira Mendes Santana[1]
Gianna Fiori Marchiori[1]

ABSTRACT

Objectives: to analyze the social support network, the activities performed, and the factors associated with the presence of negative feelings of aged individuals who live alone during social distancing due to COVID-19. Method: a cross-sectional study conducted with 119 aged individuals who live alone in the Macro-region of Triângulo Sul, Minas Gerais, Brazil. The data were collected at the homes and with instruments validated in the country. Descriptive and multiple binary regression analyses were performed ($p<0.05$). Results: 97.5% had a social support network for health needs and for maintaining social distancing (79.8%). The activity most frequently performed was household chores (77.3%). The presence of negative feelings was associated with the female gender ($p<0.001$) and with fewer activities ($p=0.012$). Conclusion: the data contribute to the development of health actions, revealing situations in the daily life of aged individuals that are exacerbated during the COVID-19 pandemic, as well as aspects related to the negative feelings experienced by aged individuals who live alone.

DESCRIPTORS: Aged Person; Older Adults' Health; Social Support; Infections by Coronavirus; Geriatric Nursing.

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[1]Universidade Federal do Triangulo Mineiro. Uberaba, MG, Brasil.

INTRODUCTION

The aged population has been the most vulnerable both for the severe forms of the Coronavirus disease 2019 (COVID-19) and in relation to evolution to death[1]. In Brazil, older adults represent 13.4% of the population, with 15.7% living alone[2].

This context, along with the advent of COVID-19 and with the respective necessary measures for its prevention, can lead both to physical impacts and to mental health impairment in aged individuals who live alone[3]. Among such measures, social distancing, essential to contain COVID-19 transmissibility[4-5], sometimes has negative repercussions on the older adults' lives. This situation can be intensified especially among those who live alone, leading to the emergence of negative feelings[6-7].

Thus, there is an evident need to support the aged individuals who live alone in the management of their daily activities[8], in health care and in the biopsychosocial needs[9]. The family, mainly sons and daughters, plays a fundamental role in the support network of aged individuals who live alone[10], contributing to maintaining social distancing and to reducing the probability of contamination with COVID-19 and its adverse health effects. In addition to that, it can collaborate in the social interaction with friends, other family members and close people, through the use of digital technologies such as television, telephones and computers[11-12].

Health services and professionals also play a leading role in this scenario. In a study conducted in the inland of Minas Gerais, the strategies developed to reorganize the health services for vulnerable groups were reported, in the scope of Primary Care. The older adults without social support were monitored and guided in relation to the preventive measures for COVID-19. They also received support from the community for the maintenance of essential daily activities, precluded by social distancing[13].

Considering the need to deepen on this theme, that the findings will be able to subsidize the implementation of health actions, and that the intervention of the services can minimize transmissibility and the effects resulting from social distancing, this research was proposed with the objective of analyzing the social support network, the activities performed and the factors associated with the presence of negative feelings in aged individuals who live alone during social distancing due to COVID-19.

METHOD

A study guided by the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) tool, with a quantitative approach, of the telephone survey type, cross-sectional and analytical. The study population consisted of aged individuals who lived alone and were interviewed in the research entitled "Dependence for the activities of daily living, frailty and use of health services among aged individuals from Triângulo Mineiro".

In the aforementioned research, a multi-stage clustering technique was used, and interviews were conducted with 1,635 community-dwelling aged individuals from the Triângulo Sul macro-region, which includes the following health micro-regions: Araxá and Uberaba, with eight municipalities each, and Frutal/Iturama, with 11. In the current study, the aged individuals were included if: they were at least 60 years old; had a telephone and lived alone in the urban area of the Triângulo Sul macro-region. Exclusion corresponded to those who, at the time of the interview, did not live alone any longer (n=12) and who had low auditory acuity (n=two).

In the database from the aforementioned research study, it was verified that 279

aged individuals met the criteria established, representing the initial sample for this study. Therefore, telephone calls were made to all individuals, and the following losses occurred: older adults who did not answer after attempts (n=134); who refused to participated (n=eight); and who were unaware of COVID-19 (n=four). Therefore, 119 older adults comprised the final sample of the current research.

Data collection was developed in May 2020, via telephone calls to the older adults who lived alone. The interviews were conducted by individuals with previous experience who underwent due training, qualification and approach about the research ethical issues.

The sociodemographic data, morbidities, social support network and activities performed to fill time during the social distancing period, were obtained by applying a structured questionnaire designed by the researchers. In order to test, assess, review and improve the research instrument, a pilot study was conducted via telephone calls with 10 aged individuals who lived alone and who belonged to the researchers' contact network.

The variables used in the present study were as follows: gender (female; male); age group, in full years old (60 ⊢70, 70 ⊢80, 80 or more); marital status (single, widower, separated/divorced); schooling, in full years of study (none, one ⊢five, five or more); monthly individual income, in minimum wages (no income, ≤one, >one); morbidities (none, one ⊢five, five or more); social support network for any health need (no, yes) and for maintaining social distancing (no, yes); members of the social support network (sons and daughters, family members, friends, neighbors, support entities, others); contact with close people (no, yes); people with whom they stayed in touch (sons and daughters, family members, friends, neighbors, support entities, others); contact modalities (telephone call, face-to-face, WhatsApp and social networks); activities performed to fill time during the social distancing period (mean number of activities); type of activities (household chores, watching television, sewing, reading, social networks, embroidery, others); and presence of negative feelings (yes, no).

The interviews were recorded in an electronic database in Excel®; and, as they were concluded, they were sent to the supervisors, who proceeded with the reviews. When necessary, the interviews were returned for the interviewer to complement the data. After this stage, interviewers' databases were consolidated in a single database, which was imported for analysis into the Statistical Package for Social Sciences (SPSS®) software, version 22.0.

The data were submitted to absolute and relative frequency analysis for the categorical variables, and of mean and standard deviation for the quantitative variables. To verify the factors associated with the presence of negative feelings during the social distancing period, a preliminary bivariate analysis was conducted using the chi-square test. The variables of interest that met the criterion established ($p \leq 0.10$) were introduced in the multiple binary regression model ($p < 0.05$).

The outcome considered was presence of negative feelings, and the predictive variables were the following: gender; age group; monthly individual income; schooling; social support network in case of any health need and to maintain social distancing; morbidities; and activities performed to fill time during the social distancing period. The following variables were dichotomized for the bivariate analysis: age group (60 ⊢80 years old, 80 years old or more) and individual monthly income, in minimum wages (> one, ≤ one). In the multiple binary regression, the schooling, morbidities, and activities performed to fill time during the social distancing period variables were used in a quantitative manner, considering full years of study and number of morbidities and activities performed.

The project was approved by the Committee of Ethics in Research with Human Beings, under protocol No. 4,026,689. At the end of the interviews, the interviewers instructed the older adults in relation to the preventive measures for COVID-19.

RESULTS

Of the aged individuals, 83 (69.9%) were women; 54 (45.5%) were 70 ├80 years old, 65 (54.5%) had one ├five years of study, and 67 (56.3%) had a monthly individual income greater than one minimum wage; moreover, 80 (67.5%) were widowed and 83 (69.9%) had one ├five morbidities.

Of the total, 116 (97.5%) aged individuals reported that, in case of any health need, they had a social support network, with the mean representing 1.49 (±0.67) person, mainly sons and daughters (n=83; 71.5%). It was also found that 95 (79.8%) aged individuals had a social support network to maintain social distancing, with a mean of 1.09 (±0.73) person, predominantly sons and daughters (n=72; 78.9%) (Table 1).

Table 1 – Frequency distribution of the social support network of the aged individuals who live alone. Macro-region of Triângulo Sul, MG, Brazil, 2020 (n=110)

Social support network	**n**	**%**
In case of any health need	n=116	
Sons and daughters	83	71,5
Family members	57	49,1
Friends	17	14,6
Neighbors	11	9,5
Others (helper, church fellows, community leaders)	9	7,7
To maintain social distancing	n=95	
Sons and daughters	72	78,9
Family members	37	38,9
Others (helper, church fellows, community leaders)	10	10,5
Friends	6	6,3
Neighbors	5	5,3

Source: The authors (2020).

After social distancing was established by the government, the 119 (100%) aged individuals stayed in touch with close people, such as sons and daughters (n=83; 69.7%), family members (n=81; 68.0%), friends (n=49; 41.2%), and neighbors (n=23; 19.3%); via telephone calls (n=113; 95%); face-to face (n=79; 66.4%), WhatsApp (n=25; 21%) and social networks (n=six; 5%).

In the social distancing period, the older adults stated performing a mean of 2.47 (±1.04) activities, with higher percentages for household chores (n=92; 77.3%). Presence of negative feelings during social distancing in the COVID-19 pandemic was reported by 78 (65.5%) older adults, with sadness being the most frequent (n=47; 39.5%) (Table 2).

Table 2 – Frequency distribution of the activities performed to fill time and the feelings of the aged individuals who live alone during the social distancing period. Macro-region of Triângulo Sul, MG, Brazil, 2020 (n=119)

Variables	n	%
Activities		
Household chores	92	77,3
Watching TV	89	74,8
Sewing	18	15,1
Reading	17	14,3
Social networks	16	13,4
Embroidery	10	8,4
Others (prayer, gardening, word search, listening to music)	48	40,3
Feelings		
Sadness	47	39,5
Anxiety	40	33,6
Fear	21	17,6
Loneliness	16	13,4
Nervousness	12	10
Concern	9	7,5
Peace of mind	41	34,4
Compassion	2	1,7

Source: The authors (2020).

A bivariate analysis was performed to verify the association of the negative feelings with the sociodemographic variables, social support network and activities performed during social distancing. The gender variable ($p<0.001$) met the criterion established ($p\leq0.10$) and was included in the multiple binary regression model (Table 3). The schooling, morbidities and activities performed quantitative variables were directly introduced in the multiple binary regression final model.

Table 3 – Bivariate analysis with the sociodemographic variables and social support network, according to the presence of negative feelings and social distancing of the aged individuals who live alone. Macro-region of Triângulo Sul, MG, Brazil, 2020 (n=119) (continues)

Variables	Negative feelings		p*
	Yes	No	
	n (%)	n (%)	
Gender			
Female	63 (75,9)	20 (24,1)	<0,001
Male	15 (41,7)	21 (58,3)	
Age group			

60 ├80	54 (65,1)	29 (34,9)	0,865
80+	24 (66,7)	12 (33,8)	
Monthly individual income			
≤1	35 (67,3)	17 (32,7)	0,722
>1	43 (64,2)	24 (35,8)	
Social support network in case of any health need			
Yes	75 (64,7)	41 (35,3)	0,203
No	3 (100)	0 (0)	
Social support network to maintain social distancing			
Yes	62 (65,3)	33 (34,7)	0,897
No	16 (66,7)	8 (33,3)	

Source: The authors (2020).
Note: *p≤0.10; Chi-square test.

The presence of negative feelings was associated with the female gender (p<0.001) and to fewer activities to fill time during the social distancing period (p=0.012) (Table 4).

Table 4 – Multiple binary regression final model for the variables associated with the presence of negative feelings during social distancing of the aged individuals who live alone. Health Macro-region do Triângulo Sul, MG, Brazil, 2020 (n=119)

Variables	**Presence of negative feelings**		
	OR*	**CI† (95%)**	**p‡**
Gender			
Male	1		
Female	0,209	(0,09-0,48)	<0,001
Schooling (full years of study)	0,916	(0,84-1,06)	0,372
Number of morbidities	1,06	(0,87-1,30)	0,553
Number of activities performed	0,224	(0,24-0,88)	0,012

Source: The authors (2020).
Note: *OR: Odds Ratio; †CI: Confidence Interval; 1 - Reference category; ‡p<0.05.

DISCUSSION

The COVID-19 pandemic context evidenced the need to learn about the social support networks and the feelings experienced by aged individuals who live alone, in order to favor health actions. In the current research, most of the aged individuals had a social support network, mainly constituted by their sons and daughters. There was predominance of those with negative feelings, which were associated with the female gender and with

fewer activities performed during social distancing.

The greater longevity of women[14] can partially explain the predominance of female aged individuals who lived alone, obtained in the current research and also in national[14-16] and international studies[17-18], as well as the predominance of widowed people[14]. In this context, primary health nurses can monitor these aged individuals, considering their greater vulnerability to social isolation during the COVID-19 pandemic[9], in order to reduce the impacts on mental health.

In relation to age group, our findings are similar to those of a study conducted with Brazilian aged individuals[15] and different from those obtained in a study carried out in Uberaba, Brazil, in which the highest percentage of participants were aged from 60 to 69 years old[16]. It is worth noting that older adults in a more advanced age group can experience more challenges to access the health services, which predisposes to COVID-19 worsening, especially in the absence of a social support network[8].

Low schooling among Brazilian aged individuals[2], as verified in this research, leads to unfavorable social conditions, exerting an impact on access to information, life habits, and prevention of health problems[19]. During the pandemic, different health education strategies, such as development of illustrative videos and booklets with clear and objective language, and care provision should be devised with the purpose of including and favoring health maintenance in aged individuals who live alone.

Individual monthly income above one minimum wage and more comorbidities corroborate with nationwide research studies[15-16]. The aged individuals' financial status, together with the presence of chronic polymorbidities, can increase their vulnerability to COVID-19, as well as to a more severe evolution of the diseases[1]. Senescence also manifests in the immune response, which becomes slower, less coordinated and less efficient, generating more susceptibility to the infections by the new coronavirus[20].

Consistently with this study, a survey conducted in the municipality of Várzea Grande-MT verified that most of the aged individuals who live alone had a social support network for health needs[21]. This finding is positive, considering that the consequences of sudden health events, such as COVID-19, can be more severe among aged individuals who live[8], when there is lack of social support. It is noted that the social support network can offer material, affective and informative support, and also assist in social interaction, playing an essential role in preventing vulnerabilities and social isolation[21] due to the new coronavirus pandemic.

In the current research, the social support network of the aged individuals who live alone, in case of any health need, was mainly constituted by their sons and daughters, similarly to the nationwide studies[10,22]. A research study noticed that the older adults' social support network can be smaller and be centered on the family, given the loss of the spouse and the presence of health problems[22]. Sons and daughters are considered the family members in closest contact with the older adults, assisting them to preserve their autonomy and safety[10]. Nurses must consider the issues that can interfere with health, even the existence of the social support network, in gerontological care[23]. Although aged individuals had a social support network, the number of its members ranged from one to two people; therefore, approaches that integrate aged individuals and their families, in addition to expanding the social support network, are resources to be used in health care to face the COVID-19 pandemic, which, in turn, will improve quality of health and life in this population group.

Most of the aged individuals had a social support network, especially sons and daughters, to maintain social distancing; however, both the percentage and the number of people were lower when compared to the support network for health needs. The situation caused by the COVID-19 pandemic is considered atypical by most of the population and as a challenge in affective and behavioral terms[19], particularly for the aged population living alone. The World Health Organization (WHO) reinforces the need of a social support

network to maintain social distancing among older adults, ensuring the appropriate provision of food and medications, among other needs, in addition to advising them about the COVID-19 preventive measures[23].

During social distancing, all the aged individuals who lived alone stayed in touch with close people via telephone calls, face-to-face encounters and social networks. It is noted that the digital technologies (such as computers, television, smartphones, and tablets) can contribute to disseminating information on COVID-19 and access to the health services, in addition to increasing social connection[24-25]. In Brazil, the Telehealth program was implemented to contribute in the fight against COVID-19, offering medical assistance, which performs a remote evaluation of the health status and provision of care. In this way, the viral exposure risk can be prevented, especially among those most vulnerable, such as aged individuals who live alone[24-25].

In the current study, the older adults stated performing activities such as household chores and watching television during the social distancing period. In an international research study, Spanish aged individuals adopted measures to maintain their daily sleep routine, leisure activities and physical exercise[25]. From this perspective, it is essential to adopt daily routines to deal more positively with social distancing; however, there is the need to include activities that are pleasurable and contribute health benefits. The changes and restrictions imposed on the daily activities, added to social distancing, can be difficult to accept and unpleasant for some aged individuals, with the possibility of affecting their physical and mental health[25]. The social support network of aged individuals who live alone is reinforced for them to adapt more smoothly to the required changes, and the nurses' work, by means of education in health and maintenance of healthy habits in the household and helping prevent malnutrition, overweight and sarcopenia, among other chronic conditions that can worsen if they are not properly managed.

In line with the current research, sadness (44%) was the most frequent feeling among Spanish aged individuals with mild cognitive impairment as a consequence of the social distancing imposed by the COVID-19 pandemic[25]. Social distancing is frequently related to negative emotional conditions, resulting from separation from family members, uncertainties over disease status, and lack of interest in activities[26], in addition to restriction and changes in the daily activities.

The constant flow of negative news can also favor an increase in the anxiety feeling[23]. A study conducted in early stage of the COVID-19 outbreak in China observed that accurate and updated information on health and preventive measures were associated with lower psychological impacts due to the pandemic[27]. It is worth noting the fundamental role of Primary Care health professionals from the perspective of health promotion, in welcoming and supporting aged individuals who live alone.

The presence of negative feelings was associated with the female gender, corroborating a research study conducted in China, in which women in general experienced greater psychological impacts in the COVID-19 pandemic and presented higher stress, anxiety and depression levels[27]. Added to the set of situations experienced with the pandemic such as insecurity inherent to the disease, the feminization of aging context can intensify negative emotional changes, including increased anxiety, concern and fear of being far from their loved ones[19].

During the social distancing period, the negative feelings in aged individuals who live alone were also associated with performing fewer activities. With the purpose of preventing spread of the new coronavirus, several events involving interaction with people were suspended; therefore, the aged individuals' activities became restricted to the household[28]. Although some people adapted themselves and started to perform activities at their homes, such as relaxation techniques and stretching, among others[28], most of the aged individuals included in the current research restricted their activities to household chores and to watching television. That passivity and change in the routine associated with social distancing can generate negative feelings. Given the above, the WHO recommends

that the aged individuals who are in social distancing stick to their routine and include new pleasurable activities[23].

In the COVID-19 pandemic context, it is imperative that primary health nurses work with the aged individuals who live alone, especially women, seeking to identify their motivations and needs and to contribute to attributing new meanings to their daily life, reducing the presence of negative feelings.

The current research presents the following limitations: its cross-sectional design, which does not allow inferring causality or time relationships between factors and outcomes; and the fact that the sample was restricted to aged individuals who had a landline and/or cell phone. However, the findings contribute with scientific knowledge and provide subsidies for the nurses in the provision of care to aged individuals who live alone, especially during the COVID-19 pandemic.

CONCLUSION

Most of the aged individuals who lived alone only had a social support network in case of any health need and to maintain social distancing, with their sons and daughters as main members of such network. During social distancing, all the aged individuals stayed in touch with close people, either via telephone calls or face-to-face. In this period, the activities most frequently performed were household chores.

Aged individuals who live alone predominantly experienced negative feelings during social distancing due to the COVID-19 pandemic, which were associated with the female gender and with performing fewer activities.

These findings contribute to the development of health care strategies, addressing situations found in the daily life of aged individuals that were intensified during the COVID-19 pandemic, such as aspects related to the feminization of aging and to the feelings experienced by the aged individuals who live alone.

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Corresponding author:
Darlene Mara dos Santos Tavares
Universidade Federal do Triângulo Mineiro – Uberaba, MG, Brasil
E-mail: darlene.tavares@uftm.edu.br

Role of Authors:
Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - Tavares DM dos S, Oliveira NGN, Guimarães MSF, Santana LPM, Marchiori GF; Drafting the work or revising it critically for important intellectual content - Tavares DM dos S, Oliveira NGN, Guimarães MSF, Santana LPM, Marchiori GF; Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - Tavares DM dos S, Oliveira NGN, Guimarães MSF, Santana LPM, Marchiori GF. All authors approved the final version of the text.

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