



DISTANTBUTCLOSE



# DistantButClose

2024-2027

Loneliness and social isolation during COVID-19:  
How they matter for public health

*Research findings from the DistantButClose-project*

DistantButClose Consortium



# COVID-19 in the Belgian context



## Focus

During the COVID-19 pandemic, various measures were taken to limit the spread of the virus. These included wearing face masks, hand washing, keeping physical distance and quarantine in the case of suspected infection<sup>(1,2)</sup>. While these steps were proven effective in reducing transmission of the virus, their success largely depended on how well people followed them<sup>(3,4,5)</sup>. Compliance with these measures is influenced by multiple factors, an important one being social connection<sup>(6,7)</sup>. At the same time, adherence to these measures may also impact social connection<sup>(8)</sup>. This study examines the relationship between social connection and compliance with preventive measures.

Social connection



Compliance with preventive measures



Social support and satisfaction with social contacts were used as social connection indicators



Compliance was assessed with several preventive measures: hygiene rules, physical distancing (1.5 meters), staying home measures, social restriction (limiting number of social contacts)

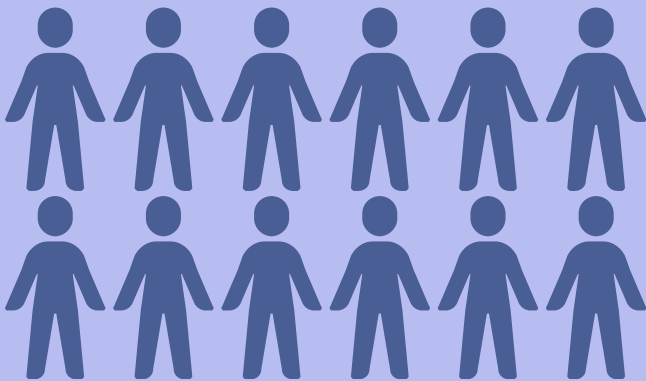
## Method



Belgian population



COVID-19 Health Surveys



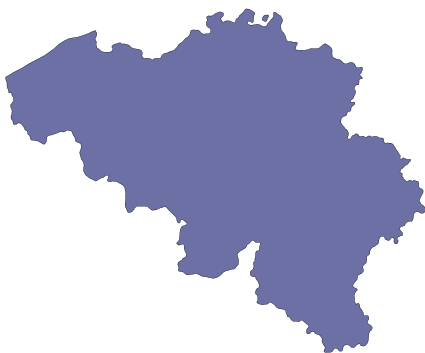
11,974 adults aged 18 and older

April 2020 - March 2021



We examined how social connection and compliance were related over time, using descriptive analyses and Random-Intercept Cross-Lagged Panel Modelling (RI-CLPM).

# COVID-19 in the Belgian context



## Results

**Participants generally reported high levels of compliance with pandemic measures**

↘ This decreased slightly throughout the COVID-19 pandemic

**Participants reported overall moderate levels of social support**

↘ This decreased slightly throughout the COVID-19 pandemic

**Participants reported low to moderate levels of social satisfaction**

→ This remained the same throughout the COVID-19 pandemic



**People who felt socially supported were more likely to report following COVID-19 measures at a later point in time**

particularly with

- staying home measures
- social restriction rules
- mask wearing

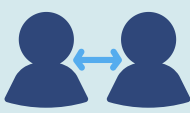
**People who felt satisfied with their social contacts were more likely to report following COVID-19 measures at a later point in time**



particularly with

- staying home measures
- physical distancing
- hygiene measures

**Especially in the more stringent periods of the pandemic**



**People who were more compliant with social restrictions were more likely to feel dissatisfied with their social contacts at a later point in time**

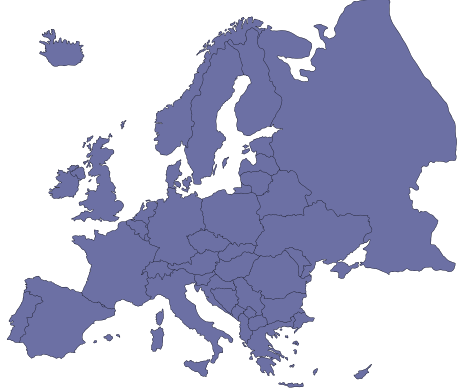
## Conclusion

Social connection plays a role in adherence to preventive measures during a public health crisis. Social support and feeling satisfied with social connections can contribute to compliance, suggesting that fostering social connection may enhance public health outcomes. However, compliance with restrictive measures can lower social satisfaction, highlighting the importance of balancing public health guidelines with efforts to maintain social connection during future crises.

Given the impact of social connection on compliance, it is essential to safeguard social connection when implementing public health measures during crises.

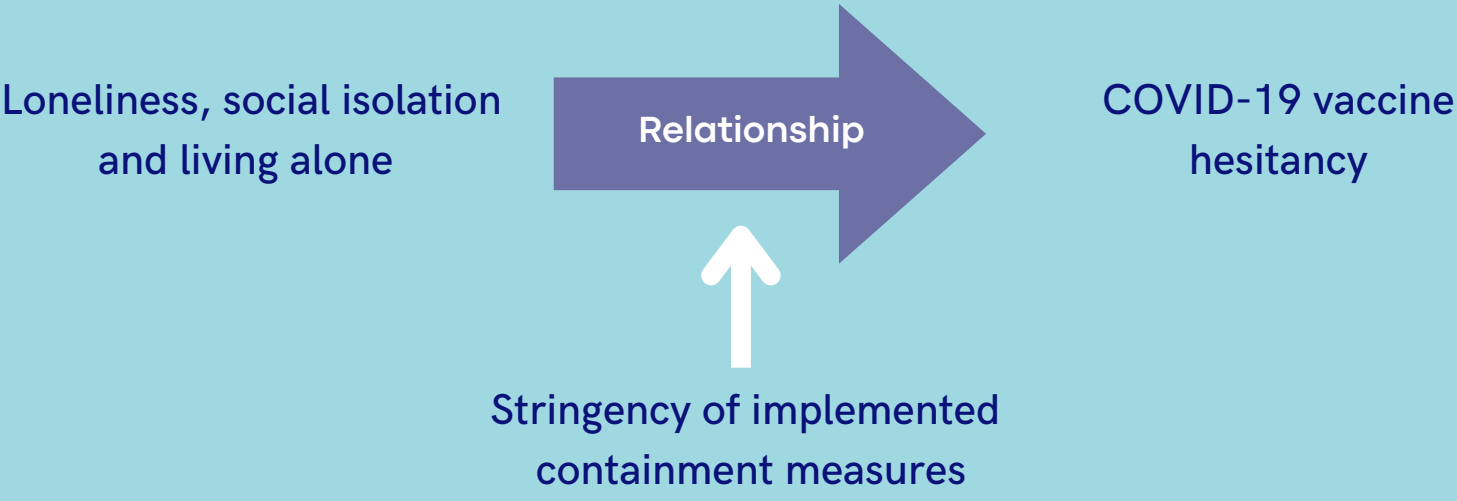


# COVID-19 in the European context



## Focus

During the COVID-19 pandemic, various measures were implemented to limit the spread of the virus. While social distancing helped reduce transmission, it also increased feelings of loneliness, which may have influenced people's willingness to get vaccinated<sup>(9,10,11)</sup>. The strictness of these measures varied across countries, potentially shaping this relationship in different ways<sup>(12,13,14)</sup>. This study examines how loneliness, social isolation and living alone relate to COVID-19 vaccine hesitancy in adults aged 50 and over.



**Living alone** refers to one’s household type<sup>(15)</sup>



**Social isolation** refers to an objective situation characterised by a limited network of relationships and infrequent social contact<sup>(16,17)</sup>



**Loneliness** is the unpleasant experience that occurs when a person's network of social relations is deficient in some important way, either quantitatively or qualitatively<sup>(18)</sup>



**Vaccine hesitancy** is motivational state of being conflicted about, or opposed to, getting vaccinated; this includes intentions and willingness<sup>(19)</sup>

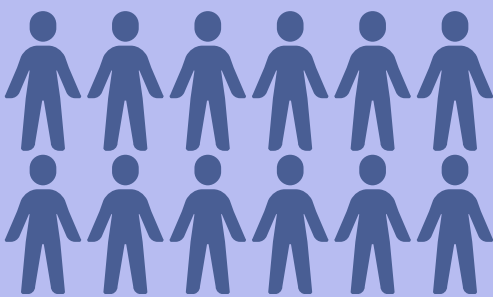
## Method



28 European countries and Israel



Survey of Health, Ageing and Retirement in Europe (SHARE) & SHARE Corona Surveys



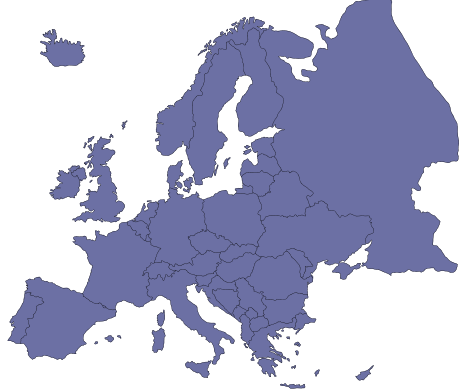
36,890 adults aged 50 and above



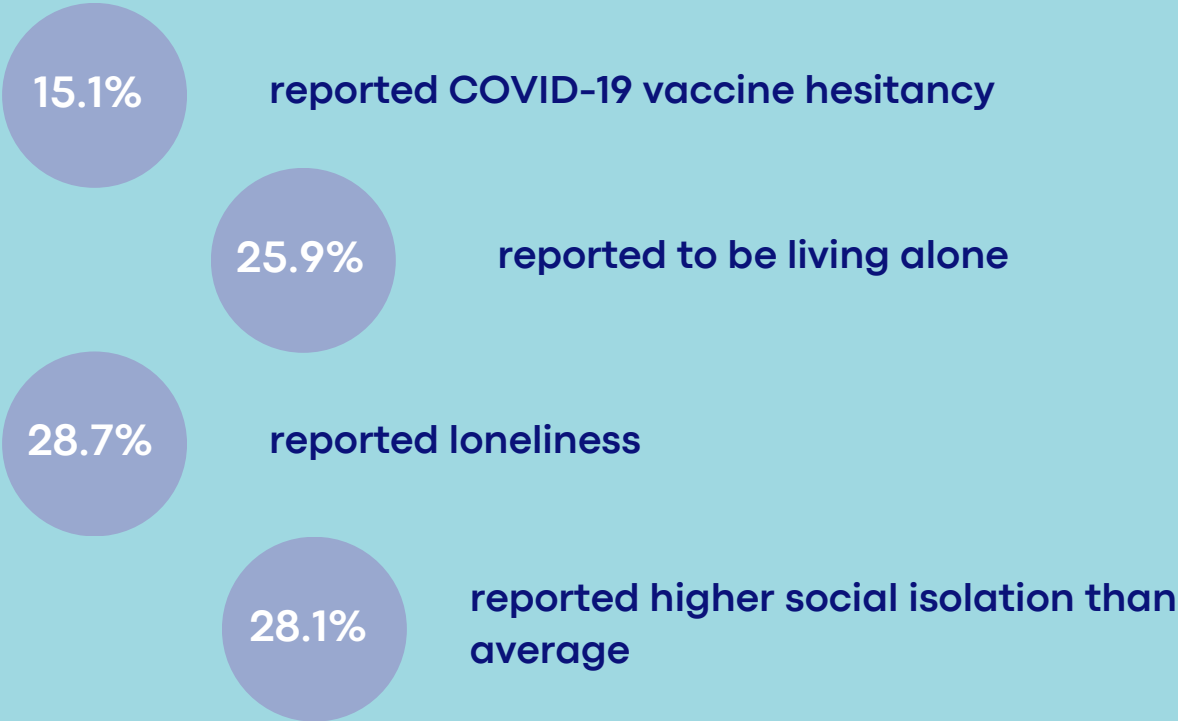
We used two-level binomial logistic regression with time lagged effects.



# COVID-19 in the European context



## Results

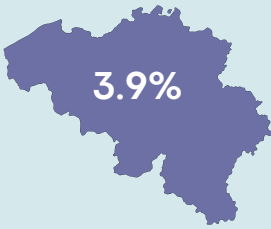


### COVID-19 vaccine hesitancy in Europe

Highest in Bulgaria (71.7%) and Romania (63.0%)

Below 3% in Malta, Portugal, Denmark, Spain and Sweden

### COVID-19 vaccine hesitancy in Belgium



#### Findings for European women

- Women living alone reported more hesitancy than women living with a partner
- Women who felt more socially isolated reported more hesitancy
- Women living with others (not a partner) reported more hesitancy



#### Findings for European men

- Men living alone reported more hesitancy than men living with a partner
- Men who felt more socially isolated reported more hesitancy
- Men who felt more lonely reported more hesitancy

People were more likely to be COVID-19 vaccine hesitant in countries with high degrees of excess COVID-19 mortality

The strictness of pandemic measures in European countries did not change the relationship between living alone, social isolation, loneliness, and hesitancy toward the COVID-19 vaccine

## Conclusion

This study emphasizes the importance of the absence of a partner, social isolation, and loneliness when addressing vaccine hesitancy in adults aged 50 and over. This highlights the critical role of social factors in shaping COVID-19 vaccine hesitancy. Future health policies should move beyond a narrow focus on epidemiological threats to tackle the social dimensions of health crises. Addressing the social roots of vaccine hesitancy is not just key to managing the COVID-19 pandemic but also serves as a blueprint for a more resilient and inclusive approach to future health crises.



Compassionate and effective vaccination programs must consider the unique social contexts of older adults to ensure equitable health outcomes.

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