

The impact of the covid-19 on satisfaction with social contacts

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Main messages

- Social health is a protective element for public health; insights in changes in social health during the COVID crisis could help to guide public health policies
- Further research is needed to study how social contacts evolved during the crisis.

Background

- The corona crisis caused many countries to instruct their citizens to stay at home and engage in “social distancing” to reduce the infection rate.
- This has caused a drastic change to our social contacts. This study investigates the impact of the corona crisis on the satisfaction of social contacts in Belgium.

Methods

- HIS 2018: cross-sectional survey (by face-to-face and self-administered questionnaire) in a representative population sample in Belgium
- Subsample of 510 adults (≥18 years) participated in July 2020 (end of first COVID-19 wave) in follow up survey
- Satisfaction with social contacts assessed in both surveys with the same instrument
- Changes in outcome parameter between the 2 time points and interactions with gender, age and region were explored using multilevel logistic regression

Results

- Between 2018 and July 2020 the prevalence of being unsatisfied with social contact increased from 10,0% to 19,0% (OR 2,47; 95% CI 1,54-3,95)
- No interactions were found with age and gender, but there were some noticeable changes between the regions.

Region	OR	CI (95%)
Flanders	3.59	1.81 - 7.14
Brussels	3.01	1.20 - 7.55
Wallonia	1.10	0.48 – 2.51

- Strictly respecting the measures about the social bubble was inversely related with being unsatisfied with social contacts (OR 0.48; 95%CI 0.24-0.96)

- No significant associations were found between being unsatisfied with social contacts and adherence to hygiene measures, adherence to distance keeping outside bubble, and adherence to distance keeping inside bubble

Conclusions

- There is a substantial increase in people being unsatisfied with their social contacts during the COVID-19 pandemic
- Regional variations could be related to cultural factors in the way the crisis was perceived, but were not explained by differences in non-compliance of COVID-19 measures with respect to social contacts.