COVID-19 survivors, Social Connectedness, and family support: Analysing the experiences of survivors of the pandemic in Kerala.

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Abstract:

The worldwide COVID-19 pandemic is expected to have a significant influence on death, dying, and grief experiences. During a pandemic, no research studies have focused on the consequences and assistance for grieving people. Innovative approaches to build connection and modify rituals while preserving respect should be a current emphasis. Strong leadership and cooperation amongst grief organisations are essential. Social support is an important consideration for understanding the impact of COVID-19 on loneliness and well-being. Social support requires many people to change their typical ways of connectedness. Future studies are needed to understand how access to technology may help buffer loneliness and isolation. The study revealed the lived experiences of COVID-19 survivors and their family members. It mainly showed how survivors and family members navigate through biomedical systems, complementary healing practices, resilience and stigma.

KEYWORDS: COVID-19, Social support, connectedness, experience and family.

Background and Introduction

Covid-19 was characterized by unprecedented social distancing measures resulting in significant changes to people's usual social lives. During this period, the people who got affected by the infection faced series of events influenced mainly by their family and societal relationship. To cater for immediate recovery and multidimensional wellbeing during the period of infection, the support of family and society is a keen factor. Several cases are being reported from all over the country of cases in which the survivors of the pandemic get socially excluded and stigmatized. The paper aims to collect and analyse the experience of COVID-19 survivors in the light of social connectedness and family support. It is supported by qualitative methodology and phenomenological research design where the experience of 5 COVID-19 survivors from Kerala were collected and analysed. Voice over interview was done to collect the data. A study of 20 research publications was carried out using the terms COVID-19, Social Connectedness, and Family Support. The COVID-19 study gives a quick review of the major life events that contribute to the hypothesis under examination. The research also includes a summary of medication usage during and after antibiotic therapy, as well as their post-treatment experiences.

Statement of the Problem

The research paper focuses on the experiences of Covid-19 survivors to understand the level of social connectedness and family support that they got during and after the infection period. Various cases of isolation and neglect of persons affected with the infectious disease by their close society and family have been recorded from all across the state and country. This situation can have negative effects on the person, on their survival from the disease as well as for their post infectious mental and physical health. Thus, the paper wanted to analyse the experiences of Covid-19 survivors residing in Kerala in regard with the social connectedness and family support.

Literature review:

Gregory & Williamson, (2021) in their article 'I Think it Just Made Everything Very Much More Intense': A Qualitative Secondary Analysis Exploring The Role Of Friends and Family Providing Support to Survivors of Domestic Abuse During The COVID-19 Pandemic mentioned that as a result of the COVID-19 pandemic and its attendant cultural restrictions, women's experiences of domestic abuse have been amplified (DA) Female DA survivors frequently seek for help from others (friends, family members, neighbours, and coworkers) Informal supporters are typically emotionally interested and engrossed in DA situations due to the closeness of their ties.

Saltzman et al., (2020) in their article "Loneliness, isolation, and social support factors in post-COVID-19 mental health" stated that COVID-19's influence must be considered in the context of social assistance. During times of crisis, social assistance is stressed as a coping technique. This necessitates a shift in many people's usual modes of connectivity and presupposes that individuals already have good connections and access to technology. To assure reversal, further research is needed to understand the wider behavioural health consequences.

Monette et al., (2020) in their article "Preventing Suicide in Rural Communities during the COVID-19 Pandemic" conducted that COVID-19, mental health, psychology, social determinants of health, utilization of health services.

Coulomb et al., (2020) in their article "Risk and Resilience Factors during the COVID-19 Pandemic: A Snapshot of the Experiences of Canadian Workers Early on in the Crisis" explained that in the early days of the COVID-19 crisis, there was little study on the significance of risk and resilience variables. The researchers looked at whether and how possible risk variables (such as income loss, job instability, perceptions of susceptibility to catching the virus, lack of confidence in preventing it, and adherence to preventative strategies) are linked to mental health and well-being outcomes.

Mayland et al., (2020) in their article "Supporting Adults Bereaved through COVID-19: A Rapid Review of the Impact of Previous Pandemics on Grief and Bereavement" mentioned that the global COVID-19 pandemic is predicted to have a profound impact on mortality, dying, and bereavement. During a pandemic, no research studies have focused on the consequences and assistance for grieving people. The findings might be utilised to foster connection and modify rituals while preserving respect for the environment.

Mansoor et al., (2020) in their article "'Surviving COVID-19': Illness Narratives of Patients and Family Members in Pakistan" mentioned that the interviews with 22 people who tested positive for COVID-19 were conducted. Patients from Punjab and KP will be interviewed over the phone for two weeks in May 2020. Learned how survivors and their families deal with biological systems, healing methods, resilience, and stigma.

Xue et al., (2020) in their article "The Hidden Pandemic of Family Violence during COVID-19: Unsupervised Learning of Tweets" explained that women and children are disproportionately affected and vulnerable at this time from 1,015,874 tweets about family violence and the COVID-19 epidemic, we identified nine themes. This is critical for identifying potentially beneficial policy measures that might provide victims and survivors with tailored assistance.

Wu et al., (2021) in their article "The Relations of Social Support and Social Connectedness to Well-being during the COVID-19 Pandemic: Cross-cultural generalizability across 49 countries" mentioned that despite the fact that physical isolation has been demonstrated to be effective in preventing the transmission of COVID-19, decreasing social connections may be harmful to one's health. In several nations, the current study looked into the protective effects of social support and social connection on well-being throughout the epidemic. People who felt closer to their family, friends, coworkers, and neighbours were more likely to feel happier.

Social support and well-being

Social support refers to individuals' perceptions of the various resources their social network provided (Thoits, 1995). Research has suggested that social support is crucial to well-being (Cohen, 2004; Siedlecki et al., 2014). Two main pathways link social support directly or indirectly to well-being (Cohen, 2004). The "main effect" model hypothesizes that social support benefits individuals in general situations. In this model, individuals perceive their social norms as a reference and model their behavior to integrate with a normative group. Thus, individuals experience high levels of a sense of belongingness and psychologicalstates (Cohen, 2004).

Social connectedness and well-being

When a person is actively involved with another person, item, group, or environment, and that participation fosters a sense of comfort, well-being, and anxiety reduction, this is referred to as social connectivity. (Hagerty et al., 1993, p. 293). Social connectedness is theoretically different from social support because it provides connectedness to specific information about the quantity, quality, type, and characters of an individual's social network. Social connectedness is a key element of mental health and well-being across the lifespan (Lee & Robbins, 1998). Cantarero et al. (2020) demonstrated that increased social connection led to better well-being, and social connection could mediate the condition of the intervention and mental health during the COVID-19. However, in their study,

they did not consider the agents of social connection. People, however, may generally feel connected differently toward different agents such as family, friends, neighbors, and colleagues. Particularly, the pandemic may change the connected feelings toward different agents. For example, during the pandemic, the connection to family might be reinforced because people spend more time with their family than other agents, yet other agents might turn weaker. Therefore, the relationship between social connectedness and well-being may differ depending on the agents. People's social relationships can be characterized into strong and weak ties, determined by the amount of time people spent together, emotional involvement, and feelings of intimacy (Granovetter, 1973). Strong ties commonly include family, and close friends, while weak ties often include colleagues, neighbors, and acquaintances (Granovetter, 1973). Many studies have shown that intimate social connectedness to strong ties can promote well-being (Gariépy et al., 2016; Williams & Galliher, 2006). Indeed, forming and maintaining close relationships is a fundamental need for human beings (Baumeister & Leary, 1995). Though weak ties are less explored, evidence suggests that weak ties are beneficial for well-being. For example, Sandstrom & Dunn (2014) found that students and community members who reported more daily interactions with weak ties felt happier and more connected than those who reported fewer weak tie interactions. However, little is known to what extent weak ties are beneficial to well-being during stressful situations.

The role of social connectedness in social support and well-being

We argued that the relationship between social support and well-being could be partially explained by social connectedness. Social support only indicates that people perceive support in social networks, yet it does not necessarily translate into a specific agent that people receive social support. Yet, social connectedness provides information about which agent's people feel more or less connected to (Hagerty et al., 1993). To obtain high-quality social support, individuals appraise the amount of available social support in their social network and choose a source to which they feel strongly connected (Cantor, 1979). If that support is unavailable, they choose a substitute from among the other available sources that they feel connected to. Empirical studies have demonstrated that feeling connected as a potential variable explained the underlying relationship between social support and physical, psychological, and subjective well-being (Arslan, 2018; Ashida & Heaney, 2008; Williams & Galliher, 2006). Given that physical distancing rules may change how people connect to a wide range of person-related ties during the COVID-19, we aimed to examine the underlying mechanism of the relationship between social support and well-being through the change of social connectedness. We considered changes of social connectedness from different social ties that include family, friends, colleagues, and neighbors. If social connections are fundamental human needs, the link between social support and happiness should be worldwide. In the long run, social contact is a vital element of a person's well-being and psychological health.

Furthermore, we hypothesized that the social support – change of connectedness – well-being path is cross-culturally consistent. If social connections are fundamental human needs, the link between social support and happiness should be worldwide. In the long run, social contact is a vital element of a person's well-being and psychological health. Moreover, during stressful periods, all individuals are aware of the vital need for social relationships.

Research questions

1. Does Covid-19 survivors face social exclusion during the infection period and after?
2. Are covid-19 survivors experiencing enough family support?
3. What is the role of social connectedness and family support in the wellbeing of a person during and after the infection period?

Purpose of the study

Aim

The paper aims to collect and analyze the experience of COVID-19 survivors in the light of social connectedness and family support

General objective

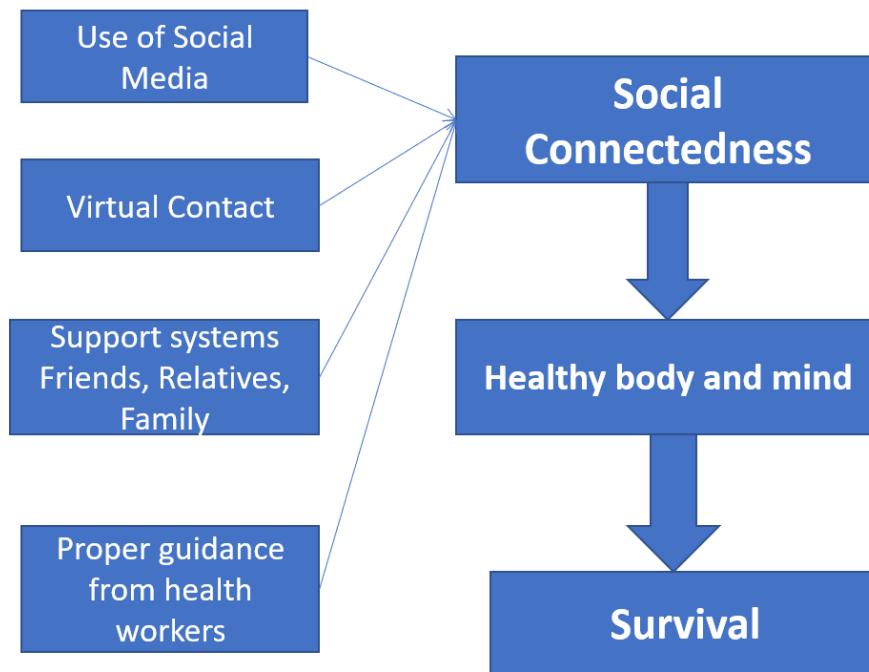To study whether Covid-19 survivors get enough family support and are at risk of social isolation

Specific objectives

1. To study the demographic profile of the respondent
2. To study if Covid-19 survivors face social isolation.
3. To study the experiences of family support of the respondents.
4. To study the role of social connectedness in maintaining a healthy mind and body among the survivors.

Theoretical Framework

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│  Use of Social   │ ─────┐
│      Media       │      │           ┌─────────────────────┐
└──────────────────┘      │           │       Social        │
                          ├──────────►│   Connectedness     │
┌──────────────────┐      │           └─────────────────────┘
│  Virtual Contact │ ─────┤                      │
└──────────────────┘      │                      ▼
                          │           ┌─────────────────────┐
┌──────────────────┐      │           │ Healthy body and mind│
│  Support systems │      │           └─────────────────────┘
│ Friends, Relatives,│────┤                      │
│      Family      │      │                      ▼
└──────────────────┘      │           ┌─────────────────────┐
                          │           │     Survival        │
┌──────────────────┐      │           └─────────────────────┘
│  Proper guidance │      │
│   from health    │──────┘
│     workers      │
└──────────────────┘
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Social connectedness:

In high cohesiveness settings, women with strong connection reported more social identity than women with poor cohesion. There was no change in either condition for women with poor connection. In light of the findings, further study in gender and cultural disparities, the self-evaluation process, and intervention options are suggested. Lee & Robbins, (1998)

Healthy body and mind:

The feeling of being infected with the coronavirus is described as oscillating between relief, security, incarceration, and stark dread. In patient-healthcare-system interactions, there was a strong emphasis on the physical aspects of the sick body. Patients' opinions may be useful in improving healthcare providers' knowledge of how to support them. Missel et al., (2021)

Survival:

Within the risk and resilience literature, a commentary places possible mental health effects for children during and after the COVID-19 pandemic. The National Alliance on Mental Illness has released a new research that looks at the characteristics that increase a child's risk of mental illness, as well as factors associated to adaptive adaptability in the face of adversity. The importance of consideration is highlighted. Stark et al., (2020)

Strengths and limitations

Strengths

- To contribute towards the health setting to create programs and activities for the COVID-19 Survivors and to recognize their issues

- To bring into the audience the experiences of the COVID-19 Survivors and the various stages of the infection period that they passed through.

- To bring into the notice of the readers that COVID-19 Survivors are experiencing social isolation and negative life events only because of the fact that they got infected with novel corona virus.

Limitations

- Found difficulty to find the respondents

- Since it was the voice over interview, it was very difficult to manage time, also was not able to trace their emotions.

- Was not able to use the full potential of the research tool.

Inclusion and exclusion criteria

INCLUSION CRITERIA: All COVID-19 Survivors in Kerala

EXCLUSION CRITERIA: All COVID-19 Positive people in Kerala

Qualitative research strategy /Methodological Considerations

DESIGN: Qualitative Research & Phenomenological Design

Role of the researcher

The researcher performed the role of facilitator and observer.

Sampling

SAMPLING PROCEDURE: Convenient Sampling

SAMPLE SIZE: 5

Data Collection / data gathering procedures

Data collection was done using the tool of Telephone Interview.

Data Analysis procedures

The researcher identified 5-6 key variables repeated from all the interviews. The next procedure was getting literature reviews/studies also to support for those variables. Some direct quotes from the participants were also added as it supported those variables.

Ethical considerations

The research participants will not be forced or any kind of questions pertaining to their personal belief, religious sentiments or cultural identification will be asked. The personal details of the participants will be kept confidential by the researcher.

Significance of the findings in social work

- Telephone or online video consultations are safe and effective for providing support for mental health in primary care, including counseling, coaching, and befriending.

- Video consultations can provide additional visual information and therapeutic presence and are particularly useful for COVID-19 patients.

- As a social worker, we can help them to develop skills, hobbies or their interest in different fields which help them to keep engaged during the quarantine period, to reduce chances of stress and to keep away from the negative impacts of social isolation or exclusions.

Preliminary findings

The results showed that the participants experienced social exclusion and isolation. Family support was helpful in the immediate recovery and to shift back to the normal life.

Interview questions / guides

Open ended Questions

How long have you been tested COVID-19 positive?, Can you please share what were your thoughts and experience while you are tested positive?, How you spend your quarantine period?, Were you afraid or stressed about the disease?, Did you have any negative response from the society when you were tested positive? If yes can you explain?, Whether this kind of negative experience was affecting you badly?, And did you suffer any kind of mental distress from it?, Being isolated from family, what was your feeling and how you were able to overcome the situation?, Any kind of social or emotional support was given from the treatment centre and what were they?, What is the role of your family in surviving the disease?, After coming back to home, did everyone was welcoming or they were isolating you?, No what you feel as a Corona survivor while looking back to a period where you have to struggle and get rid of the disease?, Do you know any COVID-19 patients or survivors who has or is suffering from any kind of social or family problems because of being tested positive?, Do you think that the society as a whole have an exclusionary attitude towards people who tested positive for COVID-19? If yes, why do you think so?, Did you followed any kind of new habit pattern or lifestyle that helped you during the quarantine period?, How will you explain the way of care, support and treatment received from the hospital and COVID-19 first line workers?

Conclusion:

The COVID-19 pandemic and associated social restrictions have amplified the experiences of mental health and family related survivors. Informal supporters are sometimes aware of perpetrators' tactics and operate creatively in their attempts to remain in contact with survivors. They offer support, advice, and help to women experiencing in many ways in the family. Informal supporters provide assistance from a stretched position; informal support is not a substitute for professional assistance, but it is sometimes a crucial adjunct or doorway to professional assistance. It needs to empower and equip informal supporters to offer help, without imposing an impossible burden on them.

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