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RESEARCH

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Social network support and family care for children in the context of social distancing

Apoio da rede social e cuidados familiares às crianças no contexto de distanciamento social

Apoyo en redes sociales y atención familiar a la niñez en el contexto del distanciamiento social

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ABSTRACT

Objective: to assess family care for children and social network support during the covid-19 pandemic. **Method:** a cross-sectional study, with 57 mothers/guardians of children aged two to ten years in Recife, PE. Data were collected virtually, applying a structured questionnaire on Google Forms® from June ato August 2021. The chi-square test or Fisher's exact test were used to associate support, difficulties and socioeconomic, housing, care and biological variables. Student's t-test and Wilcoxon's test were used to analyze changes in care for continuous variables. **Results:** there was an increase in processed/ultra-processed food consumption (p=0.036) and in the number of meals (p=0.000) and a reduction in satisfaction with the help of teachers (p=0.047). Difficulty in care was associated with help from domestic workers (p=0.011), changes in diet (p=0.026) and not reconciling care with other activities (p=0.039). Support from the social network in care was evident (78.9%). **Conclusion and implications for practice:** there was difficulty in reconciling care with other activities, change in children's eating patterns and routine, support from the social network in general and reduction in satisfaction with support from teachers. Healthcare and education professionals must provide support to families in care aimed at promoting child health.

Keywords: Covid-19; Child Care; Nursing; Social Networking; Children's Health.

RESUMO

Objetivo: avaliar os cuidados familiares às crianças e o apoio da rede social durante a pandemia de covid-19. **Método:** estudo transversal, com 57 mães/responsáveis por crianças de dois a dez anos em Recife, PE. Os dados foram coletados virtualmente, aplicando-se questionário estruturado no *Google Forms*® de junho a agosto de 2021. Para associação entre apoio, dificuldades e variáveis socioeconômicas, de habitação, de cuidados e biológicas, utilizaram-se o teste qui-quadrado ou teste exato de Fisher. Na análise das mudanças nos cuidados, em variáveis contínuas, aplicaram-se o teste t de Student e o teste de Wilcoxon. **Resultados:** houve aumento no consumo de alimentos processados/ultraprocessados (p=0,036) e no número de refeições (p=0,000) e redução na satisfação com o auxílio dos professores (p=0,047). A dificuldade nos cuidados foi associada à ajuda de trabalhador doméstico (p=0,011), às mudanças na alimentação (p=0,026) e a não conciliar o cuidado com outras atividades (p=0,039). Evidenciou-se apoio da rede social no cuidado (78,9%). **Conclusão e implicações para a prática:** houve dificuldade em conciliar os cuidados com outras atividades, mudança no padrão alimentar e rotina das crianças, apoio da rede social em geral e redução na satisfação com o apoio dos professores. Profissionais de saúde e educação devem proporcionar apoio às famílias no cuidado voltado à promoção da saúde infantil.

Palavras-chave: Covid-19; Cuidado da Criança; Enfermagem; Rede Social; Saúde da Criança.

RESUMEN

Objetivo: evaluar el cuidado familiar de los niños y el apoyo de las redes sociales durante la pandemia de covid-19. **Método:** estudio transversal, con 57 madres/tutores de niños de dos a diez años en Recife, PE. Los datos se recolectaron de manera virtual, aplicando un cuestionario estructurado en *Google Forms*® de junio a agosto de 2021. Para asociar apoyo, dificultades y variables socioeconómicas, habitacionales, de cuidados y biológicas se utilizó la prueba de chi-cuadrado y la prueba exacta de Fisher. En el análisis de cambios en la atención, en variables continuas, se aplicó la prueba t de Student y la prueba de Wilcoxon. **Resultados:** hubo un aumento en el consumo de alimentos procesados/ultraprocesados (p=0,036) y en el número de comidas (p=0,000) y una reducción en la satisfacción con la ayuda de los docentes (p=0,047). La dificultad en el cuidado se asoció con la ayuda de una trabajadora doméstica (p=0,011), cambios en la dieta (p=0,026) y no combinar el cuidado con otras actividades (p=0,039). Se evidenció apoyo de la red social en el cuidado (78,9%). **Conclusión e implicaciones para la práctica:** hubo dificultad para conciliar el cuidado con otras actividades, cambio en los patrones y rutinas alimentarias de los niños, apoyo de la red social en general y reducción de la satisfacción con el apoyo de los docentes. Los profesionales de la salud y la educación deben brindar apoyo a las familias en cuidados destinados a promover la salud infantil.

Palabras clave: Covid-19; Cuidado del Niño; Enfermería; Red Social; Salud infantil.

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INTRODUCTION

In the context of the COVIDy-19 pandemic, families faced new challenges, such as working from home and losing family income. There was an increase in caregiving activities for children, such as full-time care, assistance with school activities and food provision.[1-4]

To develop properly, children need to establish bonds of affection with their caregivers, feel safe and protected through responsive care, which includes food, hygiene and stimuli appropriate to their age group.[5,6] Ensuring adequate care and preserving children's rights require the joint participation of families, the State and society. Support provided by institutions that are part of children's social network, such as schools and Basic Health Units (BHU), can foster the development of the skills families need to exercise their role in care.[6-8]

The social network refers to the connections established between actors who interact with families and individuals in a structural or institutional manner. Through the relationships established between members of the social network (e.g., family, church, schools and healthcare institutions), informational, instrumental and emotional support can be provided.[8,9] Social distancing, resulting from the new coronavirus SARS-CoV-2 pandemic, limited the establishment of bonds, the performance of the social network, negatively impacting caregivers, through their physical and emotional overload.[1,8]

Identifying difficulties related to daily care and education during the pandemic scenario enables implementing support strategies to be applied not only in child care, but also to face new social distancing or future adverse situations. In this regard, this article aimed to assess family care for children and support from the social network during the COVID-19 pandemic.

METHOD

This is a cross-sectional study, guided by the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines,[10] carried out in the Metropolitan Region of Recife (MRR), from June to August 2021. The MRR consists of fifteen municipalities: Araçoiaba, Igarassu, Itapissuma, Itamaracá Island, Abreu e Lima, Paulista, Olinda, Camaragibe, Recife, Jaboatão dos Guararapes, São Lourenço da Mata, Moreno, Cabo de Santo Agostinho, Goiana and Ipojuca.

The study included 57 mothers or guardians of children aged 2 to 10, enrolled in early childhood education and elementary school I in the MRR, and over 18 years of age. Mothers or guardians of children with disabilities or special needs were excluded. Sampling was intentional, with the application of the "snowball" strategy.

The data collection instrument was built on Google Forms®, through a literature review, and was structured in three parts: the first contained identification, socioeconomic, housing data for families and information about children; the second contained data on family care for children related to hygiene, food, leisure, development stimulation, accident prevention and education in the context of social distancing; and the third part covered issues related to social network support.

The instrument was submitted to content validity via email with experts in the field of study. For this stage, seven judges who were experts in the field of child health were selected through the Brazilian National Council for Scientific and Technological Development (CNPq - *Conselho Nacional de Desenvolvimento Científico e Tecnológico*) Lattes Platform, as recommended by Pasquali.[11]

The data from the content validity stage were analyzed by calculating the Content Validity Index (CVI). The judges validated the instrument by observing the criteria of language clarity, practical relevance and theoretical relevance. The Item-Level Content Validity Index (I-CVI), the Scale-Level Content Validity Index, the Average Calculation Method (S-CVI/AVE) and the Scale-Level Content Validity Index (S-CVI) were calculated. Items with I-CVI equal to or greater than 0.80 were considered satisfactory.[12] During the validity process, suggestions were accepted and pertinent adjustments were made according to the analysis of judges' data. In the end, the instrument presented an S-CVI of 0.96.

After the instrument content validity stage, data collection was carried out virtually, and an access link was made available via WhatsApp® to mothers or guardians of children. Each participant was asked to forward the link to other guardians of children in the same age group and living in the municipalities covered by the study.

The collected data were consolidated in Google Sheets and exported to IBM® SPSS® Statistics software version 21.0, where the analyses were performed. In bivariate analysis, the R Project software was also used. Sample characterization was performed through descriptive statistics, with simple and relative frequencies for categorical variables, and means, standard deviations, medians and interquartile ranges for continuous variables, depending on the assessment of normality in the distribution of variables, verified through the Kolmogorov-Smirnov test.

The analysis of changes in family care for children related to food, leisure and education in the context of social distancing was performed using Student's t-test, for paired samples, the Wilcoxon test, for continuous variables, and chi-square test and Fisher's exact, test for categorical variables. The association of social network support practices for the family and the difficulties of those responsible for care with family socioeconomic, housing, biological and childcare characteristics was assessed using the chi-square test or Fisher's exact test. For all analyses, a significance level of 5% was considered.

The study complied with Resolution 466/12[13] of the Brazilian National Health Council, and the recommendations of Circular Letter 1/2021-CONEP/SECNS/MoH[14] for procedures in research with any stage in a virtual environment were followed. The Informed Consent Form was sent together with the data collection instrument. The project was approved by the *Universidaade Federal de Pernambuco* (UFPE) Research Ethics Committee (REC) on 01/15/2021, under Opinion 4,499,590 and Certificate

of Presentation for Ethical Consideration (CAAE - *Certificado de Apresentação para Apreciação Ética*) 40298620.9.0000.5208.

RESULTS

Fifty-seven mothers or guardians participated in the study. Thus, 84.2% were female; 47.4% declared themselves to be white; 80% had 10 or more years of education; 66.7% were married or in a stable relationship. Concerning participant socioeconomic status, 73.7% had a family income of less than two minimum wages; and 80.7% reported not having received emergency aid. Furthermore, 78.9% owned/borrowed/financed homes; 77.2% of households had more than five rooms; and 54.4% had up to two rooms used for sleeping.

Regarding the characteristics of mothers or guardians of children in the context of social distancing, it was observed that, in 91.2% of cases, the caregiver was the mother; 35.1% reported difficulties in caregiving; and 98.2% reported changes in children's routines. Physical activities (57.9%) and games (89.5%) outdoors were reported before distancing. During distancing, there was more time spent watching television/virtual games (57.9%) and a decrease in the percentage of games that were played outdoors (40.4%) (Table 1).

Among guardians of children, 19.3% reported a lack of frequent support from their social network in caring for their children. Healthcare services were used during the pandemic by 71.9% of guardians; 73.7% of parents or guardians confirmed the presence of dialogue between the school and the family. Satisfaction with the support of teachers was 91.2% before the pandemic and 64.9% during the pandemic (Table 2).

Support from the primary and secondary social network for those responsible for caring for children was reported by 78.9% of participants; 15.8% received support from the primary network; 1.8% received support from the secondary network; and 3.5% reported not receiving support. The largest proportion of support from the primary network was provided by the family (93%), and in the secondary network, by the school (70.2%). Support from healthcare professionals belonging to the secondary social network was offered to 54.4% of guardians. Non-governmental organizations and churches were reported as providing support by 21.1% and 33.3% of parents or guardians, respectively (Table 3).

Regarding changes in family care for children related to food, there was an increase in the number of meals, since 27.3% of children who always received up to three meals started receiving four or more after social distancing (100%), and in the average consumption of processed and ultra-processed foods, which increased after social distancing (p=0.036). The proportion of guardians who reported satisfaction with the help of teachers decreased after social distancing (p=0.047) (Table 4).

As for the association of support from the social network to guardians of children and family sociodemographic, economic, housing characteristics and childcare, only color/race showed a statistically significant difference (p= 0.047), with a lower frequency of support from primary and secondary social networks among parents who declared themselves to be black or yellow.

Table 1. Characteristics of family care for children living in the metropolitan region of Recife in the context of social distancing. Recife, Pernambuco, Brazil, 2021.

Variables	n	%
Responsible for care		
Mother/father/sister	52	91.2
Aunt/cousin/grandmother	4	7.1
Caregiver	1	1.8
Change in children's routine during the pandemic		
Yes	56	98.2
In part	1	1.8
Access to remote learning*		
Yes/in part	49	98
No	1	2
Difficulty in supporting remote learning*		
Yes/in part	37	64.9
No	16	28.1
Change in children's diet		
Yes	23	40.4
No	34	59.6
Responsible for preparing food before the pandemic		
Sometimes	6	10.5
Always/frequently	51	89.5
Responsible for preparing food during the pandemic		
Sometimes	55	96.5
Always/frequently	2	3.5
Number of meals children had before the pandemic*		
≤ 3	11	19.6
>3	45	80.4
Number of meals children had during the pandemic		
≤ 3	8	14.0
>3	49	86.0
Difficulty in caring for children		
Yes	20	35.1
No	37	64.9
Carrying out leisure activities with children		
Never/rarely	4	7.0
Sometimes	18	31.6
Always/frequently	35	61.4
Ability to reconcile care with other activities		
Yes/in part	54	94.7
No	3	5.3
Stress level		
Increased	38	66.7
Remained	10	17.5
Not stressed/decreased	9	15.8
Monitoring internet access		
Never/rarely	4	7.0
Sometimes	13	22.8
Always/frequently	40	70.2

Source: authors.
*Cases ignored

Table 1. Continued...

Variables	n	%
Implementation of hygiene measures		
Yes/in part	56	98.2
No	1	1.8
Playing outdoors before social distancing		
Yes	51	89.5
No	6	10.5
Playing outdoors during social distancing		
Yes	23	40.4
No	34	59.6
Physical activities before social distancing		
Yes	33	57.9
No	24	42.1
Entertainment during social distancing		
Television/virtual games	33	57.9
Physical activity/playing	15	26.3
Reading books	3	5.3
Others	6	10.5
Occurrence of domestic accidents during the pandemic		
Yes	6	10.5
No	51	89.5

Source: authors.
*Cases ignored

Table 2. Characteristics of the social network support of those responsible for caring for children living in the metropolitan region of Recife. Recife, Pernambuco, Brazil, 2021

Variables	n	%
Lack of support in care		
Never/rarely	25	43.9
Sometimes	21	36.8
Always/frequently	11	19.3
Use of healthcare services during the pandemic		
Never/rarely	16	28.1
Sometimes	26	45.6
Always/frequently	15	26.3
Difficulty with teaching activities before the pandemic		
Never/rarely	34	59.6
Sometimes	17	29.8
Always/frequently	6	10.5
Dialogue between school and family during the pandemic		
Never/rarely	15	26.3
Sometimes	18	31.6
Always/frequently	24	42.1
Satisfaction with teacher support before the pandemic		
Yes	52	91.2
No	5	8.8
Satisfaction with teacher support during the pandemic		
Yes	37	64.9
No	20	35.1

Source: authors.

Table 3. Social network support for those responsible for caring for children living in the metropolitan region of Recife. Recife, Pernambuco, Brazil, 2021

Variable	n	%
Social network		
Primary	9	15.8
Secondary	1	1.8
Primary/secondary	45	78.9
No support received	2	3.5
Primary social network		
Friends		
Yes	29	50.9
No	28	49.1
Family		
Yes	53	93.0
No	4	7.0
Neighbors		
Yes	28	49.1
No	29	50.9
Secondary social network		
School		
Yes	40	70.2
No	17	29.8
Healthcare professionals		
Yes	31	54.4
No	26	45.6
Non-governmental organizations		
Yes	12	21.1
No	45	78.9
Church		
Yes	19	33.3
No	38	66.7

Source: authors.

Regarding the association between difficulties faced by guardians and sociodemographic, economic, housing and childcare characteristics, greater difficulty in care was observed in the group of guardians who had help from a domestic worker (p=0.011), who reported changes in children's diet during social distancing (p=0.026) and who reported not being able to reconcile care with other activities (p=0.039) (Table 5).

DISCUSSION

The study showed that, when comparing changes in family care for children before and after social distancing caused by the COVID-19 pandemic, there was an increase in the number of daily meals, especially processed and ultra-processed foods. Inability to attend school may contribute to this outcome, given that, for some children, especially the poorest, schools are the main source of daily food for a consistent and healthy nutrient intake.[15,16]

Change in routine caused by social distancing makes it difficult for social networks to support children and increases stress on parents or guardians, who now have to provide full-time

Table 4. Changes in family care for children related to food, leisure and education in the context of social distancing. Recife, Pernambuco, Brazil, 2021

Care before social distancing	Care after social distancing		
Food preparation	n (%)	n (%)	p-value
	Sometimes	Always	
Sometimes	-	6 (100)	p*= 1.000
Always	2 (3.9)	49 (96.1)	
Number of meals for children	**≤ 3**	**>3**	
≤ 3	8 (72.7)	3 (27.3)	p*= 0.000
>3	-	45 (100)	
Playing outdoors	**Yes**	**No**	
Yes	22 (43.1)	29 (56.9)	p*=0.385
No	1 (16.7)	5 (83.3)	
Satisfaction with teacher care	**Yes**	**No**	
Yes	36 (69.2)	16 (30.8)	p*=0.047
No	1 (20)	4 (80)	
Median consumption of natural/minimally processed foods	**Median (interquartile range)**		
8.00 (3)	8.00 (3)		p**= 1.000
Mean consumption of processed and ultra-processed foods	**Mean ± standard deviation**		
6.81 ± SD (3.399)	7.35 ± SD (3.254)		p***= 0.036

Source: authors.
* Fisher's exact test; ** Wilcoxon test; *** Paired t-test

Table 5. Difficulties faced by guardians according to characteristics of care for children living in the metropolitan region of Recife in the context of social distancing. Recife, Pernambuco, Brazil, 2021

Variables	Difficulty in care				p-value
	Yes		No		
	n	%	n	%	
Domestic worker help					
Yes	11	57.9	8	42.1	p*=0.011
No	9	23.7	29	76.3	
Change in children's diet					
Yes	12	52.2	11	47.8	p*=0.026
No	8	23.5	26	76.5	
Ability to reconcile care with other activities					
Yes/in part	17	31.5	37	68.5	p**=0.039
No	3	100	-	-	

Source: authors.
*Chi-square test; **Fisher's exact test.

care for children, carrying out activities such as preparing food that were usually provided by the educational institution.[17] This fact can lead to greater consumption of inappropriate foods.

Excessive intake of processed and ultra-processed foods is a potential risk to children's health, and causes impacts not only in the short term, but also in the long term, such as the increase in chronic non-communicable diseases (NCDs) in adulthood, such as obesity, diabetes mellitus (DM) and arterial (HT).[18]

It was observed that there was a reduction in satisfaction with the support provided by teachers during the pandemic, which may be related to the global transformations resulting from the pandemic, such that society had to undergo changes in habits, customs and behaviors in order to adapt to the new reality of life, imposed by restrictive measures. Hence, the emotional support and guidance provided to families and teachers by authorities were insufficient during the pandemic.[15]

When it comes to balancing other activities and childcare, the results of this study support research that has shown that difficulties and stresses experienced by adults during contexts such as the pandemic can impair their ability to provide support and care for children.[19,20] According to the Brazilian National Council for the Rights of Children and Adolescents (CONANDA - *Conselho Nacional dos Direitos da Criança e do Adolescente*) recommendations during the pandemic, for children to have full protection, it is necessary to guarantee the right to life, health, and adequate living conditions for child development and their potential.[21] Adults' exacerbated concern with the complications of the new coronavirus may have caused a deficit in the ability to recognize and respond sensitively to the anxieties experienced by children.[19,20]

In pandemic scenarios, children experience significant changes in their routines, since social distancing has repercussions on changes in activities, such as attempts to maintain continuity of education through remote classes. In this study, 98% of children had access to remote education, which was a challenge for families who needed to make time and adequate conditions available for child care and education at home.[15-22]

Parents are also having to adapt to new social scenarios, which, in the case of social distancing imposed by the pandemic, have made it difficult to care for children due to changes in routines and difficulties in providing support for remote learning. School activities are responsible for providing structure and routine in children's and adolescents' daily lives, and their interruption has had numerous consequences. The COVID-19 pandemic has had a negative impact on children's routines, as they have had to adapt to their education, in addition to dealing with parents' difficulties in providing support for remote learning.[15-22]

This scenario stands out as a potential risk to children's educational development. The Brazilian Society of Pediatrics[23] (SBP - *Sociedade Brasileira de Pediatria*) does not recommend remote learning in early childhood for pedagogical and health reasons, as the level of learning tends to decrease in this modality, in addition to the time children are exposed to screens. Remote learning is also not recommended by the Common National Curricular Base, since children tend to learn better with playful, concrete and interactive teaching. Furthermore, not all children have access to digital media and the internet, which impacts access to education in social distancing scenarios, influencing children's behavior and resulting in a reduction in physical activity for children and adolescents.[15,16]

As for the association of social network support for guardians of children and family sociodemographic, economic, housing and childcare characteristics, the study showed that, with regard to color/race, there was a lower frequency of support from primary and secondary social networks in conjunction with guardians who declared themselves to be black and yellow. Data from the study "Social inequalities by color or race in Brazil" also highlight inequalities in access to goods and services considered basic by black and brown people, who account for, respectively, 9.1% and 47% of the Brazilian population in 2021. They have lower incomes, less access to education, formal work, basic sanitation and less access to the water supply network and garbage collection. In this context, support from institutions that make up the secondary social network could contribute to tackling these inequalities.[24]

Parents who had help from domestic workers to care for children during the pandemic, due to the domestic worker's absence, had greater difficulty in caring for children, which contributed to the difficulty in reconciling child care and their own activities.[15]

The lack of support from the primary or secondary social network in caring for children during the pandemic, reported by around 20% of guardians, and, among the actors in the secondary social network, the lack of support from healthcare professionals for more than 40% of the participants highlighted in this study reinforce the importance of organizing society to support families. It is understood that family and community ties and relationships, which characterize the primary and secondary social network, play an important and strengthening role for children in the context of their mental health. The presence and support of the family, children's primary social network, can protect them from mental distress. Community ties, pro-social action and a sense of responsibility are important when it comes to comprehensive child health.[15,18,25]

Hence, the secondary social network, represented by healthcare institutions, schools, non-governmental organizations, stands out as a potential source of informational support.[9] Dissatisfaction with the support of healthcare services is also reported by caregivers of children in long-term care settings, such as those with chronic illnesses and Down syndrome, with gaps in the provision of information, support and responses to care needs being mentioned.[26,27]

In order to meet the demands of children and their caregivers, the importance of the role of teachers and healthcare professionals, including nurses, is highlighted. These actors in the social network of children and their families are in a perfect position to identify difficulties in caring for children and participate in the formulation of public policies to guide actions aimed at promoting child health in adverse social contexts, such as that experienced during the COVID-19 pandemic.

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

The study highlighted changes in children's routines during the period of social distancing, such as an increase in the number of meals and an increase in processed and ultra-processed food consumption. The difficulties faced by caregivers were associated with the inability to reconcile caregiving with other personal activities, the absence of domestic workers, and changes in children's feeding routine.

Guardians received support from their primary and secondary social networks, with support from family, primary social networks, schools, and healthcare professionals, secondary social networks, being evident. Although present, there were weaknesses in the support from the secondary social network during the pandemic.

Satisfaction with the support from teachers was lower during social distancing, which highlights a reflection on the reduction in support from the social network by schools and teachers due to the difficulty imposed by social distancing. Even though families attended healthcare services during the pandemic, the support from healthcare professionals was not perceived by them.

Children's needs must be considered in public policies in order to comply with the third Sustainable Development Goal, to provide well-being and a healthy life for children as well as to mitigate difficulties that may have been experienced due to social distancing measures and future psychological, social and emotional consequences for children.

The study contributes to healthcare professionals' and education professionals' practice, as it describes factors associated with the difficulties of those responsible for caring for their children. This evidence can guide proposals for health education actions, developed by nurses in the care of children and their families, which provide parents/guardians with the necessary tools for appropriate care. Topics such as child nutrition, growth, development and child care that guide nursing consultations should underpin the activities performed by nurses to promote child health.

The weaknesses in the support received by families highlighted in results indicate the need for countries to be attentive to support actions of primary and secondary social network actors to families in caring for children in public health emergencies, which imply government decision-making at the levels of disease prevention and promotion of children's health.

Intentional sample was a limitation of this study due to the context of social distancing in which it was developed, and the consequent virtual data collection. Further studies that can describe the experiences of family members caring for children are recommended, in order to contribute to future interventions in adverse social contexts.

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