









Social representation of Covid-19 for the population of a small-sized city

Representação social da Covid-19 para a população de uma cidade de pequeno porte

Representación social del Covid-19 para la población de un pequeño pueblo

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ABSTRACT

Objective: to analyze the social representation of Covid-19 among the general population of a small-sized city in the State of Rio de Janeiro. **Method:** Qualitative study, based on the structural approach of social representations. One hundred healthcare service users participated. Data were collected through a sociodemographic questionnaire, free word evocation, and a semi-structured interview guide. The data were analyzed using Excel software, EVOC 2005, and thematic-categorical content analysis for contextualization of the evocations, respectively. **Results:** the terms of the possible central core were: death, suffering, care, anxiety-distress, and vaccine. In the first periphery: fear and prevention. In the second periphery: information-misinformation; mismanagement; having faith and protection. The contrast zone: disease; social isolation; difficulties; global catastrophe; unemployment; and pandemic. **Final considerations:** this representation was marked by the negative psychosocial impacts resulting from the disruption of life and the deaths caused by the new disease; however, the group adhered to protective care measures.

Descriptors: Pandemics; COVID-19; Social Representation; Cities.

RESUMO

Objetivo: analisar a representação social da Covid-19 para a população geral de uma cidade de pequeno porte do Estado do Rio de Janeiro. **Método:** estudo qualitativo, apoiado na abordagem estrutural das representações sociais. Participaram 100 usuários de serviços de saúde. Os dados foram coletados por questionário sociodemográfico de evocações livres de palavras e roteiro de entrevista semiestruturada. Os dados foram analisados com o auxílio dos softwares Excel, EVOC 2005 e análise de conteúdo temático-categorial para contextualização das evocações respectivamente. **Resultados:** os termos do possível núcleo central foram: morte, sofrimento, cuidados, ansiedade-angústia e vacina. Na primeira periferia: medo e prevenção. À segunda periferia: informação-desinformação; desgoverno; ter-fé e proteção. A zona de contraste: doença; isolamento-social; dificuldades; catástrofe-mundial; desemprego e pandemia. **Considerações finais:** marcaram essa representação os impactos psicossociais negativos resultantes da desestruturação da vida e das mortes ocasionadas pela nova doença, no entanto o grupo aderiu as medidas de cuidados de proteção.

Descritores: Pandemias; COVID-19; Representação Social; Cidades.

RESUMEN

Objetivo: analizar la representación social del Covid-19 para la población general de una pequeña ciudad del Estado de Río de Janeiro. **Método:** estudio cualitativo, basado en el enfoque estructural de las representaciones sociales. Participaron 100 usuarios de servicios de salud. Los datos se recolectaron mediante un cuestionario sociodemográfico con evocación libre de palabras y una guía de entrevista semiestructurada. Los datos fueron analizados utilizando lo *software* Excel y EVOC 2005 y análisis de contenido temático-categorial para contextualizar las evocaciones respectivamente. **Resultados:** los términos del posible núcleo central eran: muerte, sufrimiento, cuidados, ansiedad-angustia y vacuna. En la primera periferia: miedo y prevención. En la segunda periferia: información-desinformación; desgobierno; tener fe y protección. La zona de contraste: enfermedad; aislamiento-social; dificultades; catástrofe-mundial; desempleo y pandemia. **Consideraciones finales:** esta representación se caracterizó por los impactos psicosociales negativos derivados de la desestructuración de la vida y de las muertes causada por la nueva enfermedad, sin embargo, el grupo adhirió a las medidas de protección.

Descriptorios: Pandemias; COVID-19; Representación Social; Ciudades.

INTRODUCTION

The disease caused by the coronavirus type 2 (SARS-CoV-2), or Covid-19, was first identified in the city of Wuhan, China, in November 2019, initially as an outbreak of respiratory illness. The disease attained pandemic status on March 11, 2020, declared by the World Health Organization (WHO), declaring the epidemic as a public health emergency of international concern¹.

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Covid-19 was characterized by rapid spread, with millions of infection cases confirmed in just two months, affecting especially pregnant women, the elderly, immunocompromised individuals, among others¹. These impacts deepened existing social precarities, such as poverty, vulnerability of fundamental rights, labor conditions, and the unsuitability of housing.

In this scenario, several challenges emerged, including changes in social practices and individual health behaviors. In Brazil, the pandemic led governments to adopt prevention measures and strategies to combat Covid-19, such as lockdown, aimed at containing virus transmission and reducing the social burden caused by the disease, as well as mortality and severity³. Another Covid-19 prevention measure began in Brazil on January 17, 2021, with the nationwide vaccination of the population, aiming primarily to reduce hospitalizations and deaths from the disease, especially among the higher-risk groups⁴.

The pandemic brought a new socially relevant object into everyday reality - Covid-19 - requiring changes in the daily lives of societies and social groups, demanding adaptations of everyday practices, such as self and others' protection practices, public circulation, commerce, and interpersonal relationships, among others. The symbolic constitution of this new object demanded the construction of a new social representation of the disease and the virus, in order to attribute meaning to the new required practices.

It is considered that understanding this context makes it possible to unveil norms, values, and attitudes that underpin the meanings guiding the practices and behaviors adopted in response to Covid-19⁵. In this scenario, understanding the development of psychosocial processes during the Covid-19 pandemic in the population within small-town contexts is considered fundamental.

The psychosocial processes in this study were focused on using the Social Representation Theory (SRT), which allows for the analysis of the construction of new common-sense knowledge about a socially relevant reality, Covid-19, as well as analyzing the expression of this knowledge in social practices. This is achieved through observing how people transform their ideas into practices and how this phenomenon constructs the identity of a social group⁶.

As a means of approaching this new psychosocial reality, the present study aimed to analyze the social representation of Covid-19 among the general population of a small-sized city in the State of Rio de Janeiro.

METHOD

This study is part of the integrated research project entitled: "The Social Construction of Coronavirus and Covid-19 and its Lessons for Personal, Professional, and Social Care Practices." This is a descriptive study with a qualitative approach, supported by the SRT in its structural approach.

From the perspective of the structural approach, social representations are organized and function based on two complementary systems, namely: a central system (the central core) and a peripheral system, with more individual and contextualized characteristics. The first is considered the essential element of the representation, as it determines its main significance and internal organization; the second is formed by elements that are located around the central core and are organized by it, establishing connections with practices⁷.

The study was conducted in four Family Health Clinics (FHC) located in the urban and rural areas of the city of Valença - Middle Paraíba Region of the State of Rio de Janeiro. The choice of this setting is justified by the need to retrieve the specificity of symbolic constructions, social profiles, and cultural characteristics typical of small-sized municipalities, as well as the different perceptions of the Covid-19 pandemic constituted in this context.

Data collection took place from July to August 2022. The study participants were 100 healthcare service users, from whom sociodemographic data were collected, as well as free word evocations related to the term "Covid-19," by verbalizing five words or expressions that came to the interviewee's mind after the interviewer's enunciation of the inducing term, in addition to interviews. From the total sample, 30 users were randomly selected to participate in semi-structured interviews.

The sociodemographic data were analyzed using descriptive statistics with the aid of Excel software. The analysis of evocations was conducted using the *Ensemble de Programmes Permettant L'analyse des Evocations* (EVOC® 2005) software, which allows the organization of evocations produced according to frequency and spontaneous order of production. This construction enables the structural observation of the analyzed representation by constructing the framework and four houses based on the indicators of frequency and order of word evocations.

For the analysis of interview data, the thematic-categorical content analysis' technique⁸ was used, with selected units of record (UR) from the interviews for the semantic contextualization of the evoked terms presented in the framework of four houses. To ensure anonymity, the UR were identified by the letter I (interviewee), followed by the corresponding Arabic number for subject identification.

This study was conducted following ethical principles, in accordance with Resolution No. 466, dated December 12, 2012, of the National Health Council. It was approved by the Research Ethics Committee of the institution involved, and all participants signed the Informed Consent Form.

RESULTS AND DISCUSSION

In the analysis of the characterization of the study participants, it was observed that 44% are aged between 50 and 75 years old, 66% are female, and 45% have completed high school or have incomplete higher education. Regarding religion, 43% are Catholics. Meanwhile, 69% declared not to have any political orientation. Regarding their professional activity, 41% do not work, are retired, or engage in domestic work, and 65% have an individual income of up to BRL 2,000.00 per month. The majority of participants, 56%, did not contract Covid-19, and all participants reported having been vaccinated against Covid-19.

The *corpus* formed by the evocations of the 100 participants to the inducing term "Covid-19" totaled 467 words, with 63 of them being different. On a scale of 1 to 5, the average of the mean order of evocation (MOE) was 2.9, the minimum frequency of word evocation was 7, and the mean frequency was 19 (MFE).

Data analysis resulted in the four-house chart shown in Figure 1.

	MOE < 2,9			MOE ≥ 2,9		
mf	Evoked term	f	MOE	Evoked term	f	MOE
≥ 19	Death	53	2.679	Fear	36	2.944
	Suffering	41	2.268	Prevention	20	3.150
	Care measures	24	2.875			
	Anxiety-distress	23	2.522			
	Vaccine	22	2.818			
< 19	Disease	18	2.500	Information-Misinformation	10	3.700
	Social isolation	18	2.222	Mismanagement		
	Difficulties	14	2.571	Having faith	9	3.111
	Global catastrophe	12	2.167	Protection	8	3.500
	Unemployment	8	2.875		7	3.000
	Pandemic	7	1.714			

Figure 1: Four Houses Framework of the evocations to the inducing term "Covid-19". Valença, RJ, Brazil, 2022.

In the upper left quadrant are the terms highlighted as the most important for the participants in terms of frequency and average order of evocations, constituting the possible central core (CC) of the social representation of Covid-19⁷. It is noted that the central elements *death*, *suffering*, *care*, *anxiety-distress*, and *vaccine* encompass the conceptual, imagistic, and affective-attitudinal dimensions of the social representation of Covid-19.

The most evoked term by users was *death* (f=53), representing the negative impact of Covid-19 and the perception of personal finitude imposed by the pandemic. This term also assumes an imagistic dimension, portraying iconically the large number of people who lost their lives during the pandemic, as well as the marks of destruction left by it. The second most evoked cogneme was *suffering* (f=41), with the lowest average order in the analysis (MOE=2.268), indicating a meaning of the pains associated with losses during the pandemic and insecurity in the face of an uncertain future.

Covid-19 has claimed thousands of victims and caused many losses, and this fact has become striking due to the quantity and speed at which they occurred. In this way, reflecting on death becomes important, as this evocation is related to both the physical deaths observed during the pandemic and the social death experienced by the population.

In the unit of record (UR) below, participants report the negative feelings generated by the deaths, characterizing Covid-19 as a bad disease that generated feelings of suffering, fear, and dread.

*Before, I was **afraid, terrified** of catching Covid-19, you know that **fear of leaving** the house and possibly **dying**, it was **terrifying** to think of the possibility of going to the market and possibly **dying**. (I030)*

As it is characterized as a new disease, of which little scientific knowledge existed at its onset, various negative feelings were generated, such as *suffering, anxiety-distress, and dread* in the face of the unknown and the insecurity of the future. Authors⁹ state that the mass deaths occurring in a short period imposed several challenges, as many people on the verge of death remained isolated, without the possibility of social interaction, leading to significant psychosocial repercussions.

The cognemes *care* and *vaccine* present a pragmatic dimension associated with preventing coronavirus contamination, that is, with disease control practices required of the population and disseminated worldwide. It is worth noting that the Covid-19 pandemic required the adoption of self-care and care practices for others, as it imposed restrictions on people due to its high transmissibility initially, and the need for population containment of dissemination later on. Furthermore, to combat the pandemic, it was necessary to develop safe and effective vaccines to contain the spread of Covid-19 at the collective level¹⁰.

Participants report adopting different self-care and care measures for others to avoid Covid-19, including protective measures such as wearing masks, hand and food washing, glove use, changing clothes upon arriving home, and social isolation, as can be seen in the unit of record below:

*The **care** practices are the same, wearing a **mask**. Now I feel more at ease because I'm **vaccinated**, I believe in the vaccine, I believe in science. **Care is the vaccine, maintaining hygiene, and wearing a mask**. (I003)*

The term *vaccine* was associated with the trust that part of the study group developed in the safety of using the vaccine and the perception that it was the main means of preventing coronavirus infection. This belief in the vaccine was associated with the desire to return to the pre-pandemic daily situation.

The peripheral system's function is to protect the central core from attacks that could lead to changes in the representation, as well as to establish relationships with the practices developed, having a more functional character. This system allows for the integration of individual experiences, is flexible, and is sensitive to the immediate context⁷. The periphery of a social representation is considered protective of the CC because it is more resistant to changes and is situated between reality and the CC⁷.

In the upper and lower right quadrants are located the elements of the first and second periphery, respectively. In the first periphery, the group reaffirms the affective and preventive dimensions of Covid-19 present in the CC, highlighting the terms *fear and prevention*. The negative impacts of the pandemic on physical and mental health, expressed in the experience of *social fear*, are evident in facing situations that generate intense suffering. Covid-19 was a global health emergency, responsible for causing psychological discomfort and emotional instability on a large scale, as well as serious illness and death, experiences that affected not only the infected individuals but also their families and the community at large¹¹.

*I was **afraid of death** because **so many people are dying** because of Covid-19, I confess to you that I was, like, **scared**. I even became **anxious**, I felt **anxious**, I was **very anxious**. (I008)*

Prevention also constitutes the social representation of Covid-19 in other studies^{12,13}, appearing in the first periphery. These findings corroborate the importance of implementing preventive measures as a way to address pandemic situations and, especially, the coronavirus.

The different preventive measures have proven to be the main ways to confront the virus since the onset of the pandemic, in the absence of effective medications to combat the disease, being incorporated into the social representation of Covid-19. The main preventive measures adopted are highlighted below:

***Care with masks, washing hands, clothes, and groceries bought at the market**, I think that's the basics. So it's about being careful **not to touch people** and always **wearing a mask**, even though I always **wore a mask**, taking care of clothes, initially there was that care of **changing shoes, not entering with them at home, sanitizing**. (E014)*

In the second periphery, the words *information-misinformation, mismanagement, having faith, and protection* appeared. The cogneme *information-misinformation* reveals the need for access to clear and accurate information in pandemic situations, which was not observed in the Covid-19 pandemic, essential for guiding behaviors and adopting protective habits, as they can influence the perception of personal and social vulnerability, as well as health beliefs and practices adopted¹⁴.

*Sometimes there is a **lack of information** [...] the **information**, I think it takes longer to arrive, so people go about without worrying too much. People **don't have knowledge**. (I011)*

A study points out that the misinformation network that has been established in the country, especially triggered by representatives of the federal government, has led to attacks on democracy and freedom of the press, as well as uncertainty about essential aspects such as prevention strategies, use of medications, social isolation, among others¹⁵. Considering this, the search for reliable information about the Covid-19 pandemic has given new life to traditional media, becoming a reference point in the fight against the coronavirus and in the defense of science, a counterpoint to the denialism of the current government.

The element *mismanagement* is associated with the previous context, showing the political dimension assumed by the pandemic. A study¹⁶ discusses that the Covid-19 pandemic was massively associated with politics, with the intertwining of the reified and consensual universes observed in the constitution of the representation. Thus, the authors point out that the social representation of Covid-19 also had repercussions such as disbelief in institutions, government officials, and the media, as demonstrated in the UR below.

*the **government** should have **acted more, sent more funds to hospitals and health centers** than was delivered because once we couldn't cover the number of patients, **many people ended up dying due to lack of resources**, it's proof that **the government acted wrongly regarding healthcare**. (I012)*

The term *having faith* introduces a specific dimension in the study, which is the spiritual and religious aspect. A similar result was found in study¹⁷ on the social representations of quarantine, which showed the involvement of positive psychoactive elements in this process. Religiosity and spirituality have been highlighted as a dimension that influences the health conditions of the population, being an important social determinant to be considered in public health, as well as for coping with situations of illness that can compromise life¹⁷.

*I believe in the **Holy Spirit** and in the things of **God**, and that's where **my will to face, to confront evil** comes from. (I025)*

The term *protection* suggests a concern for preventive care for oneself and others to avoid virus contamination. A study¹⁷ found that an important component for understanding the period of the Covid-19 pandemic was the forms of protection and care adopted by the community, that is, the use of protective strategies against Covid-19.

***Precautions** were not as extensive back then; it was mainly **wearing masks, using hand sanitizer, 70% alcohol, taking a shower** upon returning home, **putting clothes outside**, if possible, **washing clothes, and changing** upon going out the next day or on the same day. And some items purchased on the street, **everything bought on the street had to be sanitized with alcohol, to clean, sanitize, [...]**. The key was **general precaution, in everything**. (I024)*

In the contrast zone are the less frequent terms, but promptly evoked, therefore considered important for the few who evoked them, potentially expressing a central nucleus of a subgroup. The elements *disease and pandemic* express a conceptual dimension of Covid-19, revealing the perception of its nature as both an individual and collective disease.

It is worth noting that the high potential for contagion and transmission of the coronavirus, along with reliable and false information about factors related to the virus transmission, its incubation period, geographic spread, number of infected individuals, and actual mortality rate, led to insecurity and fear among the population. The social explanation processes of a new disease, such as Covid-19, are often developed based on similar situations from the past¹⁶.

*It caused a bit of **terror**, a **pandemic** that decimated many people [...] Covid-19 was a **disease** that didn't just appear, it was studied, **it was projected**. (I014)*

The term *social isolation* presents a dimension of prevention strategy, which was instituted as an essential measure in dealing with the pandemic. However, there is also a political dimension to the pandemic due to the personal involvement of the President of the Republic at the time in combating the adoption of this strategy. In this study, isolation was shown to be essential for disease control and effective in reducing transmission¹⁷.

***It was essential** (isolation) at the beginning of the pandemic, **my family and I also did it**, and I think **it was important** so that many people wouldn't get infected. But also, **he (the president) was against social isolation**, and that was the reason why many people got infected. (I003)*

The terms *difficulties* and *unemployment* present a social dimension associated with Covid-19, demonstrating the existence of a social and economic problem resulting from the pandemic, as numerous families faced difficulties, such as widespread food insecurity among thousands of people. Amid the pandemic, stressors related to financial hardships following psychosocial risks, commonly present during economic crises, can persist for months, during and after the quarantine, especially in situations of unemployment and poverty¹⁷.

*It brought **unemployment**, it greatly affected people, including children, **as many workplaces closed down**.* (I022)

Finally, the term *world catastrophe* presents a dimension of life destruction and global disruption present in the representation of Covid-19 in the pandemic context. This finding is supported by a study¹⁸ that presents the pandemic as an event linked to death and destruction, with Covid-19 perceived as an evil that surprised everyone, disrupted lives, and brought about isolation.

*It's a **very bad disease**, the pandemic. It took a lot of people away.* (I015)

Exactly, the elements present in the zone of contrast reinforce the probable central nucleus and also the first periphery of the social representation of Covid-19, as they encompass terms related to Covid-19 prevention and the destruction of life that occurred during the pandemic. However, it reveals a contrasting dimension to the other quadrants related to the social consequences of the pandemic, regarding unemployment and the difficulties generated by the economic crisis, especially observed among the poorest families in the population.

This social dimension likely characterizes the existence of a subgroup within the general group, which perceives at the central level of the representation these impacts, so essential and important associated with the pandemic situation and the need for social isolation. In this aspect, it should be highlighted the uncommitted performance of governments at the beginning of the pandemic, delaying the adoption of protective measures for the most vulnerable groups of the population.

Study limitations

As a limitation of this study, it is worth mentioning the lack of confirmation of the centrality of representational elements, which presents itself as a limitation, requiring the consideration of the centrality of elements as a hypothesis. The fact that the study was conducted only in one city in the *Médio Paraíba* region of the state of Rio de Janeiro demands the development of further research in other regions with different sociocultural characteristics, in order to establish new evidence on the subject.

FINAL CONSIDERATIONS

The contents and dimensions that compose the social representation of Covid-19 highlighted in this study are those related to attitudes, knowledge, feelings, and images constructed during the pandemic, aimed at forming a social representation of Covid-19. The set of results from the structural analysis indicates a social representation of Covid-19 structured around negative feelings of suffering and anxiety-distress in the face of the imminent possibility of death, configuring an affective dimension of this representation. It was possible to identify forms of prevention and healthcare adopted, focusing primarily on the care of others, with a view to prevention.

The peripheral elements reaffirm the affective, preventive, and coping dimensions, and reveal the dimensions of health education, politics, and religion, demonstrating concern not only for one's own health but also for that of others. The educational dimension highlights the importance of access to accurate information, associated with a policy for combating the pandemic. Regarding the zone of contrast, contents related to the already described dimensions of Covid-19 were observed, such as individual and collective disease, the dimension of prevention, reinforcing the probable central nucleus and the peripheral system, but also revealing a specific dimension related to the suffering experienced due to the economic crisis that developed in the country.

The strategies of healthcare and prevention adopted during the pandemic were highlighted in the possible central nucleus of this representation. Several negative feelings were also highlighted, showing the affective dimension assumed by the disease and the pandemic.

In this perspective, the social representation of Covid-19 incorporates the implementation of targeted healthcare measures, primarily focused on preventing virus infection, as other forms of self-care were not reported.

It is believed that this study could contribute to the formulation and implementation of health education initiatives and public policies to address Covid-19 and future pandemics. This would involve incorporating knowledge about their relationship with healthcare, valuing the representations constructed through attentive listening and commitment to reified knowledge as part of the collective response to catastrophic situations. Thus, it could assist in defining strategies to combat diseases and proposing ways to provide healthcare according to individual and collective needs.

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Authors' contributions

Conceptualization, K.P.S. and D.C.O.; Methodology, K.P.S. and D.C.O.; Formal Analysis, K.P.S., R.L.M.S., A.P.M.P., S.S.C., J.P.D. and Y.Y.M.; Investigation, K.P.S. and D.C.O.; Resources, D.C.O.; Data Curation, D.C.O. and Y.Y.M.; Manuscript Writing, K.P.S., R.L.M.S., D.A.T.S., S.S.C., A.P.M.P., J.P.D. and Y.Y.M.; Writing – Review and Editing, D.C.O. and Y.Y.M.; Visualization, D.C.O. and Y.Y.M.; Supervision, D.C.O.; Project Administration, K.P.S. and D.C.O.; Funding Acquisition, D.C.O. All authors read and agreed with the published version of the manuscript.