

METADATA – SOCIAL HEALTH

Description	<p>Percentage of the population aged 15 and over (for HIS) and 18 and older (for other surveys) who are dissatisfied with their social contacts</p> <p>Percentage of the population aged 15 and over (for HIS) and 18 and older (for other surveys) who perceive themselves as having weak social support.</p> <p>Percentage of the population aged 18 and older who feel moderately or severely lonely.</p>
Rationale	<p>Considering the World Health Organization's definition of health, which is influenced by a complex set of factors—biological, psychological, social, cultural, economic, and spiritual—it should be acknowledged that health and mental illness encompass not only biological and psychological aspects but also concurrent social dimensions. Social factors, which can play an important role in creating, maintaining, and promoting health, have been a major role in incidence, prevalence and persistence of diseases. [1]</p>
Primary Data source	<p>Health Interview Surveys 2001, 2004, 2008, 2013, 2018</p> <p>COVID-19 health surveys April 2020, June 2020, September 2020, March 2021, June 2021, October 2021, December 2021, March 2022, June 2022</p> <p>Belhealth surveys October 2022, February 2023, June 2023, September 2023, March 2024, June 2024</p>
Indicator source	<p>Sciensano: Health Interview Surveys, COVID-19 health surveys and Belhealth surveys</p>
Periodicity	<p>HIS: every 3 to 5 years</p> <p>COVID-19 health surveys: approximately every 4 months until June 2022</p> <p>Belhealth surveys: every 4 months from October 2022</p>
Calculation, technical definitions and limitations	<p>Different instruments were used in the surveys to assess the presence of social health disorders in the population aged 15 years and older.</p> <p>➤ Social dissatisfaction</p> <p><u>COVID-9 health survey and Belhealth survey</u></p> <p>Percentage of the population (aged 18 and over) who are dissatisfied with their social contacts, based on responses to the question about their social contacts in the past two weeks. Participants could choose from the following answers:</p> <p>1 = Very unsatisfying, 2 = Rather unsatisfying, 3 = Rather satisfying, and 4 = Very satisfying.</p> <p>Social dissatisfaction is defined as the percentage of people who answered “very unsatisfying” or “rather unsatisfying.”</p> <p><u>HIS</u></p> <p>Percentage of the population (aged 15 and over) who are dissatisfied with their social contacts, based on responses to the question “How do you find your</p>

	<p>social contacts?”. Social dissatisfaction corresponds to the percentage of people who answered “rather dissatisfied” or “really dissatisfied”.</p> <p>➤ Weak social support <u>COVID-19 health survey and Belhealth survey</u> Participants (aged 18 and over) were asked to assess their perceived level of support from those around them using the Oslo Social Support Scale (OSSS-3). The total score serves as an assessment of social support.</p> <p><u>HIS</u> Participants (aged 15 and over) were asked to assess their perceived level of support from those around them using the Oslo Social Support Scale (OSSS-3). The total score serves as an assessment of social support.</p> <p>➤ Loneliness <u>COVID-19 health survey and Belhealth survey</u> Participants (aged 18 and over) were asked to assess their level of loneliness by using the <u>6-item DeJong Gierveld Loneliness Scale</u> . This loneliness score was then categorized into three levels: <ul style="list-style-type: none"> • not lonely (score of 0 or 1), • moderately lonely (score of 2, 3 or 4) and • severely lonely (a score of 5 or 6). Loneliness was defined as feeling moderately or severely lonely.</p> <p>Limitations: The evaluation of social health problems through a general health survey has several limitations. These are mainly related to the fact that the estimates are based on screening instruments for social problems or the reporting of the individuals themselves, and thus are not obtained by clinical diagnostic tools, which are often more nuanced. Nevertheless, the results of general population health surveys are generally in line with the findings of specific mental and social health surveys. While the COVID-19 Health Survey used a mixed longitudinal and cross-sectional approach (addressing the same participants and recruiting new ones at each data collection point), BELHEALTH uses a longitudinal approach (follow-up of the same cohort of participants throughout data collection points). In order to achieve a representativeness of the general population, data are weighted for age, with a different methodology between the two surveys. It is important to note that the COVID-19 and BELHEALTH surveys were not designed to be fully representative of the Belgian population, but rather to track trends in social health disorders within the study population.</p>
International comparability	<p>Availability: These indicators are part of the European Health Interview Survey (EHIS) common set of indicators. Results for a majority of European countries are available in the Eurostat database.</p> <p>Comparability: The same questionnaire was used in different countries. However, self-reported information is influenced by a particular context and may vary among different cultures and socio-economic statuses.</p>

REFERENCES

- [1] Harandi TF, Taghinasab MM, Nayeri TD. The correlation of social support with mental health: A meta-analysis. Electronic Physician. 2017.
- [2] Health survey COVID-19 : preliminary results. Deposit number D/2022/14.440/18. Brussels: Sciensano; 2022. doi: [10.25608/mve9-bk51](https://doi.org/10.25608/mve9-bk51)
- [3] Belgian Health and Well-being Cohort (BELHEALTH) - Bulletin, Brussels: Sciensano; 2024. <https://www.sciensano.be/en/biblio/bulletin-ndeg5-belhealth-fr>
- [4] Health Interview Survey, Sciensano, 1997-2018. <https://www.sciensano.be/en/projects/health-interview-survey>