

## LETTER

## Social capital and perceived stress related to coronavirus disease in Colombia

In Latin America, emotional response to the coronavirus disease (COVID) epidemic is related to the social determinants of health due to disparities in access to health.<sup>1</sup> In Colombia, during the confinement that 14.3% of a reported high perceived stress related to coronavirus epidemic. Perceived stress was significantly associated with the perception of inconsistency between scientific recommendations and measures taken by the government authorities. Authors stated that the relationship was possibly explained by the country's low social capital.<sup>2</sup> Social capital is a resource favouring social action, and adaptive responses, then, individual and communities psychological well-being.<sup>3</sup>

An online cross-sectional study was carried out with the participation of adults residing in Colombia. The project was approved by an ethics board. Participants completed the Social Capital Scale, a five-item scale with four ordinal options. Total scores are between 0 and 15. Scores >5 were categorised as low social capital ( $\alpha=0.79$ ).<sup>4</sup> Moreover, the Scale of Perceived Stress Related to COVID-19 was fulfilled. It is a 10-item instrument with five ordinal responses. Total scores range from 0 to 40; scores >25 were categorised as high perceived stress related to COVID-19 ( $\alpha=0.88$ ).<sup>2</sup> Crude and adjusted ORs were determined by age, gender and working in the health sector.

A total of 700 adults answered the questionnaire, in ages between 18 and 76 years (mean =37.1, SD =12.7), 68% female,

52% without a permanent partner, 60% reside in low or medium socioeconomic status (Colombian classification of six status) and 90% with higher education (college or more). Also, 24.0% (n=168) participants scored low social capital and 7.6% (n=53) reported high perceived stress related to COVID-19. Low social capital was associated with high perceived stress related to COVID-19, crude (OR 2.23, 95% CI 1.25 to 2.99) and adjusted for age, gender and working in the health sector (OR 1.99, 95% CI 1.10 to 3.61).

Social capital is associated with psychological distress both in regular times and in unexpected crises. It corroborates the hypothesis presented by a previous Colombian study that suggested that mistrust in government measures to control the epidemic by COVID was a stressful element.<sup>2</sup> Political decisions are frequent far from scientific suggestions and, consequently, undermine trust in institutions, a central component of the construction of social capital.<sup>5</sup> In Latin America, research is needed on the effect of social capital on the psychological well-being of collectives.

**Adalberto Campo-Arias** <sup>1</sup>, **José Andrés Perdomo-Rojas** <sup>2</sup>, **Carmen Cecilia Caballero-Domínguez** <sup>2</sup>

<sup>1</sup>Programa de Medicina, Universidad del Magdalena, Santa Marta, Colombia  
<sup>2</sup>Programa de Psicología, Universidad del Magdalena, Santa Marta, Colombia

**Correspondence to** Adalberto Campo-Arias, Universidad del Magdalena, Carrera 32 No 22-08, Santa Marta 470004, Colombia; [acampo@unimagdalena.edu.co](mailto:acampo@unimagdalena.edu.co)

**Contributors** All authors contributed to the study conception and design and data interpretation, approved the final version and agreed to be accountable for all aspects of the work. JAP-R and CCC-D revised the intellectual content critically. AC-A drafted the article.

**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

**Competing interests** None declared.

**Patient consent for publication** Not required.

**Provenance and peer review** Not commissioned; internally peer reviewed.

This article is made freely available for use in accordance with BMJ's website terms and conditions for the duration of the COVID-19 pandemic or until otherwise determined by BMJ. You may use, download and print the article for any lawful, non-commercial purpose (including text and data mining) provided that all copyright notices and trade marks are retained.

© Author(s) (or their employer(s)) 2020. No commercial re-use. See rights and permissions. Published by BMJ.



**To cite** Campo-Arias A, Perdomo-Rojas JA, Caballero-Domínguez CC. *J Epidemiol Community Health* 2020;**0**:1.

Received 2 July 2020  
Accepted 4 July 2020

*J Epidemiol Community Health* 2020;**0**:1.  
doi:10.1136/jech-2020-215005

### ORCID iDs

Adalberto Campo-Arias <http://orcid.org/0000-0003-2201-7404>

José Andrés Perdomo-Rojas <http://orcid.org/0000-0002-8279-2851>

Carmen Cecilia Caballero-Domínguez <http://orcid.org/0000-0003-3730-2750>

### REFERENCES

- Atun R, Andrade LOM, Almeida G, *et al.* Health system reform and universal health coverage in Latin America. *Lancet* 2015;385:1230–7.
- Pedrozo-Pupo JC, Pedrozo-Cortés MJ, Campo-Arias A. Perceived stress associated with COVID-19 epidemic in Colombia: an online survey. *Cad Saude Publica* 2020;36:e00090520.
- Flores M, Rello F. 2003. Social capital: virtues and limitations. In: Atria R, Siles M, Arraiagada I, *et al.*, eds. *Social capital and poverty reduction in Latin America and the Caribbean: in search of a new paradigm*. Santiago de Chile: Naciones Unidas, CEPAL, Universidad del Estado de Michigan: 203–27.
- Martin KS, Rogers BL, Cook JT, *et al.* Social capital is associated with decreased risk of hunger. *Soc Sci Med* 2004;58:2645–54.
- Brune N, Bossert T. Building social capital in post-conflict communities: evidence from Nicaragua. *Soc Sci Med* 2009;68:885–93.