

KNOWLEDGE, ATTITUDES AND PRACTICES OF ELDERLY FACING COVID-19

CONHECIMENTOS, ATITUDES E PRÁTICAS DE IDOSOS FRENTE À COVID-19

CONOCIMIENTOS, ACTITUDES Y PRÁCTICAS DE LOS ADULTOS MAYORES
FRENTE AL COVID-19

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ABSTRACT

Objective: Identify the elderly knowledge, attitudes and practices regarding COVID-19, in the community. **Methodology:** It is an analytic cross-sectional study, having the elderly population as a target. A Family Health Strategy Program assisted them and, the criteria applied were: Sociodemographic profile; The CAP (which stands for Knowledge, Attitudes and Practices – KAP). **Results:** 89 elderly individuals were taken into the study, with ages ranging from 68 to 96 years old and predominantly female. When asked if human contact and eating wild animals meat would transmit the COVID-19 virus, 34,8% (n= 31) have answered “yes”. In regards to preventive measures, 97,8% (n=87) have agreed that using masks is necessary to avoid contamination from the new Coronavirus. The majority of them, 85.4% (n=76) have shown themselves hopeful towards the end of the pandemic. **Conclusion:** The majority of elderly people not only know about the disease but also have positive attitudes and adopt practices to control the COVID-19 contamination.

Descriptors: Health Knowledge, Attitudes, Practice; Aged; COVID-19.

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RESUMO

Objetivo: Identificar conhecimentos, atitudes e práticas frente à COVID-19 de idosos que vivem na comunidade. **Metodologia:** Trata-se de um estudo transversal analítico, a população constitui-se de idosos acompanhados por uma Estratégia de Saúde da Família, os instrumentos utilizados foram: perfil sociodemográfico e o CAP (Conhecimentos, Atitudes e Práticas). **Resultados:** Participaram do estudo 89 idosos, com média de idade de 68,96 anos, com predominância do sexo feminino. Ao serem indagados se o contato humano ou alimentar-se de animais silvestres transmite à COVID-19, 34,8% (n=31) responderam sim, já sobre as medidas de prevenção, 97,8% (n=87) concordam ser necessário utilizar máscara para evitar a contaminação pelo novo coronavírus. A maioria dos idosos 85,4% (n=76) apresentaram esperança sobre o fim da pandemia. **Conclusão:** A maioria dos idosos conhece, tem atitudes positivas e adotam práticas de controle da transmissão da COVID-19. **Descritores:** Conhecimentos, Atitudes e Prática em Saúde; Idoso; COVID-19.

RESUMEN

Objetivo: Identificar conocimientos, actitudes y prácticas frente al COVID-19 de los adultos mayores que viven en la comunidad. **Metodología:** Se trata de un estudio transversal analítico, la población está constituida por adultos mayores acompañados de una Estrategia de Salud de la Familia, los instrumentos utilizados fueron: sociodemográficos perfil y CAP (Conocimientos, Actitudes y Práticas). **Resultados:** Participaron del estudio 89 ancianos, con una edad media de 68,96 años, con predominio del sexo femenino. Ante la pregunta de si el contacto humano o comer animales silvestres transmite el COVID-19, el 34,8 % (n=31) respondió que sí, mientras que en cuanto a las medidas de prevención, el 97,8 % (n=87) está de acuerdo en que es necesario usar mascarilla para evitar el contagio. por el nuevo coronavirus. La mayoría de los adultos mayores 85,4% (n=76) mostró esperanza en el fin de la pandemia. **Conclusión:** La mayoría de los ancianos conocen, tienen actitudes positivas y adoptan prácticas para controlar la transmisión de la COVID-19. **Descriptores:** Conocimientos, Actitudes y Práctica en Salud; Anciano; COVID-19.

INTRODUCTION

COVID-19 is an emerging respiratory disease caused by a new virus that was first detected in December 2019 in Wuhan, China.¹ The disease is highly infectious, and its main clinical symptoms include fever, dry cough, fatigue, myalgia and dyspnea.¹

In response to this serious situation, the World Health Organization (WHO) declared a public health emergency of international concern on January 30, 2020 and called for collaborative efforts by all

countries to stop the rapid spread of the SARS-COV-2 virus.²

Globally, COVID-19 data show a higher mortality rate among people aged 80 years or older, in which 14.8% of those infected died, compared to 8.0% among the elderly aged 70 to 79 years and 8.8 % among those aged 60 to 69 years (rate 3.82 times higher than the general average), reinforcing concerns with the elderly population.²

The risk of death from COVID-19 increases with age, especially for elderly people with chronic diseases, including arterial hypertension and diabetes mellitus.³ The high prevalence of complications in the elderly is due to immunosenescence, which leads to a decrease in the effectiveness of the immune system, characterizing these people as a population at risk.³

In view of this, a relevant learning in the context of the COVID-19 pandemic is that the elderly have their own characteristics that are related to human aging.⁴ In this sense, one cannot abstain from the fundamentals of gerontological theory and practice, which promote the differential for adoption of effective measures to protect the risk group of the elderly.⁴

In this context, the Knowledge, Attitudes and Practices (KAP) method emerges as a form of formative assessment, which aims to collect data from a portion of the population and favor the development of interventions.⁵ This tool allows measuring the knowledge and actions of the population in relation to a given problem, by a set of questions drawn from the main variables (causes or effects), which a given theory understands as a determinant of behavior.⁵

In this direction, the study aims to characterize the sociodemographic profile of elderly people living in the community, describe their knowledge, attitudes and

practices in the face of COVID-19 and associate knowledge with the education of these individuals.

METHODOLOGY

Type and place of study

This is an analytical cross-sectional study with elderly people enrolled in a Family Health Strategy in a municipality in the State of Goiás, Brazil.

Participants

The population consisted of elderly residents and registered in the territory of an ESF in the city of Itumbiara-GO. The study included elderly aged 60 years or more regularly registered through the citizen's electronic medical record by the Primary Care Information System (SIAB) of the Primary Care computerization system (eSUS AB). Elderly people not located after 3 attempts on different days and times were excluded.

Data collection instruments

Questionnaire of the sociodemographic profile, in which items such as skin color, marital status, education in years of study, among others, are evaluated. Questionnaire on the Knowledge, Attitudes and Practices (KAP) of the elderly in the context of the COVID-19 pandemic. In the literature, an instrument was found that verified the CAP method on COVID-19

in a general population in China, entitled “Knowledge, attitudes and practices regarding COVID-19 among Chinese residents”⁶, during the rapid period of the COVID-19 outbreak and an article that applied KAP to pregnant women in the “Zika” pathology, entitled “Surveys on Knowledge, Attitudes and Practices Zika Virus Disease and Potential Complications Resource Pack”.⁷ Based on these two instruments, this questionnaire was adapted for the elderly population in the context of the COVID-19 pandemic and content was assessed and validated by three experts in the area.

The CAP method was carried out with a view to diagnosing a given population, as well as outlining action strategies with these individuals, with a view to recognizing their real needs and/or public health issues.⁸

Procedures

Initially, the elderly enrolled in a Family Health Strategy were identified through the consolidated individual registration report by Community Health Agent (ACS) contained in the eSUS-AB.

After this stage, the CHAs were contacted and each elderly person was identified by name, date of birth, and their respective address. The researcher made contact via telephone and invited them to participate in the research and clarify the ethical procedures and the Free and

Informed Consent Form (TCLE). Upon accepting participation, the day and time for data collection at her home were scheduled, according to her preference, and she was informed that the researcher would accompany the CHA during the home visit. Elderly people not found at home after three attempts were excluded from the survey.

Data collection took place from August to December 2021 and had the participation of a research assistant. A moment of training was carried out to help carry out the data collection, focusing on the content of the questionnaires, the approach to the elderly and the methodological stages of the research. The assistant was supervised by the master's student.

After reading, accepting and signing the TCLE, the questionnaire on the sociodemographic profile of the elderly was applied, followed by a questionnaire on knowledge, attitudes and practices to analyze the exercise of competences of the elderly at a time marked by the COVID-19 pandemic.

The CAP method is a path traditionally used by public health, with which there is greater familiarity and technical mastery, which, in this case, was used for a first approximation with social actors, in order to know their perception of the COVID-19 problem in its real-life context, giving a descriptive character to this study.

Data collection took place during a pandemic and for this reason, care was taken to maintain a minimum distance of 1.5m from the elderly person, in addition to the use of a mask and alcohol gel.

Data analysis

Data were analyzed using the SPSS statistical package (Statistical Package for Social Sciences) version 26.0. The characterization of the demographic, socioeconomic, health, knowledge, attitude and practice profile was carried out using absolute frequency (n), relative frequency (%). The association of knowledge, attitudes and practices with schooling was performed using Pearson's chi-square test. The significance level adopted was 5% ($p < 0.05$).

Ethical aspects

This project was approved by the Ethics and Research Committee of the Pontifical Catholic University of Goiás, Opinion nº 4.710.305 CAAE nº 46137321.5.0000.0037 (ANNEX A). The research followed all the norms established

by Resolution 466/12 of the National Health Council (BRASIL, 2012).

All elderly participants in the research went through the consent process and signed the TCLE.

RESULTS

Initially, 283 elderly people registered in the ESF and who met the inclusion and exclusion criteria were identified, of these, 28 refused to participate in the study, 122 were not found even after 3 attempts, 44 had changed address, and we obtained 89 elderly participants in the search.

Sociodemographic characteristics

A total of 89 elderly people participated in the study, aged between 60 and 93 years, with a mean age of 68.96, of which 69.7% (n=62) were female, 33.7% (n= 30) studied 3 to 5 years. Among the participants, 50.6% (n=45) considered themselves brown, a predominance of married people 34.8% (31); and Catholicism prevailed among religions with 57.3% (n=51) (Table 1).

Table1- Characterization of the demographic profile of the elderly enrolled in an ESF. Itumbiara, Goiás, Brazil, 2021. (n = 89).

	n	%
Age range (years)		
60 to 69	49	55.1
70 to 79	35	39.3
≥ 80	5	5.6
Gender		
Female	62	69.7
Male	27	30.3
Education (years)		
0	26	29.2
1 to 2	13	14.6
3 to 5	30	33.7
6 or more	20	22.5
Skin color		
Yellow	3	3.4
White	24	27.0
Indigenous	1	1.1
Brown	45	50.6
Black	16	18.0
Marital status		
Married	31	34.8
Divorced	17	19.1
Single	21	23.6
Widowed	20	22.5
Religion		
Catholic	51	57.3
Spiritist	6	6.7
None	2	2.2
Other	2	2.2

n = absolute frequency; % = relative frequency

Knowledge (symptoms, causes, preventive measures, transmission)

A total of 13 questions were applied to verify the knowledge of the elderly about COVID-19. Table 2 shows that 84.3% (n=75) of the participants responded assertively when asked about the most common symptoms of COVID-19 are fever, dry cough and tiredness. On the other hand, only

43.8% (n=39) answered correctly when asked if stuffy nose, runny nose, and sneezing are less common in people with COVID-19. When asked whether early treatment of symptoms can help most patients recover from the disease, 89.9% (n=80) of the elderly answered correctly.

With regard to the transmission of the new coronavirus, 34.8% (n=31) of the elderly

answered incorrectly, stating that contact with or eating wild animals transmits COVID-19 and the majority 96.6% (n=86) were right when asked about the way in which COVID-19 is spread, through droplets of saliva during speech, sneezing, coughing of infected individuals.

The elderly have knowledge about the prevention of COVID-19, the majority 97.8% (n=87) agree that it is necessary to use a mask to avoid contamination by the new coronavirus and 89.9% (n=80) state that individuals should avoid crowds of people.

Table 2- Characterization of the knowledge of the elderly enrolled in an ESF. Itumbiara, Goiás, Brazil, 2021. (n = 89).

	Answers n (%)		
	False	True	Do not know
C01. The most common symptoms of COVID-19 are fever, dry cough and tiredness.	3 (3.4)	75 (84.3)	11 (12.4)
C02. A stuffy nose, runny nose, and sneezing are less common in people with COVID-19.	30 (33.7)	39 (43.8)	20 (22.5)
C03. Early treatment of symptoms can help most patients recover from the illness.	6 (6.7)	80 (89.9)	3 (3.4)
C04. Not all people with COVID-19 will progress to severe cases	13 (14.6)	70 (78.7)	6 (6.7)
C05. Elderly people and individuals with chronic diseases, such as: diabetes, high blood pressure, asthma, obesity, are at greater risk of developing more severe cases	2 (2.2)	87 (97.8)	0 (0.0)
C06. COVID-19 can be transmitted by contact with or eating wild animals	46 (51.7)	31 (34.8)	12 (13.5)
C07. Individuals with COVID-19 who do not have a fever do not transmit the virus.	62 (69.7)	19 (21.3)	8 (9.0)
C08. The virus that causes COVID-19 spreads through droplets of saliva during speech, sneezing, coughing of infected individuals.	2 (2.2)	86 (96.6)	1 (1.1)
C09. Children and young adults do not need to take steps to prevent infection with the virus that transmits COVID-19.	71 (79.8)	15 (16.9)	3 (3.4)

C10. It is necessary to wear a mask to avoid being contaminated by COVID-19.	2 (2.2)	87 (97.8)	0 (0.0)
C11. To prevent COVID-19, individuals should avoid large crowds.	2 (2.2)	87 (97.8)	0 (0.0)
C12. Social isolation is an effective way to reduce transmission of the virus that causes COVID-19.	8 (9.0)	79 (88.8)	2 (2.2)
C13. Individuals who have had contact with people infected with the new coronavirus must be immediately isolated. In general, the isolation period is 10 days.	9 (10.1)	76 (85.4)	4 (4.5)

n = absolute frequency; % = relative frequency

Attitudes related to pandemic control, demand for health services and isolation

Five questions were asked to assess the attitudes of the elderly and their results are shown in Table 3. In the first question, most participants agreed that the COVID-19 pandemic will be controlled in the world 71.9% (n=64) and this number increases to 85.4% (n=76) in the statement that Brazil can win the battle against COVID-19. A

large part of the elderly, 97.8% (n=87), stated that if they had any symptoms of COVID-19, they would seek a health service. Most participants 93.3% (n=83) reported that if they had someone at home suspected or diagnosed with COVID-19, they would keep that person in isolation. This number increases to 97.8% (n=87) when asked if they would isolate themselves in case of COVID-19 infection.

Table 3- Characterization of attitudes of the elderly enrolled in an ESF. Itumbiara, Goiás, Brazil, 2021. (n = 89).

	n	%
A01. Do you believe that the COVID-19 pandemic will be controlled in the world?		
I agree	64	71.9
I disagree	20	22.5
I do not know	5	5.6
A02. Do you believe that Brazil can win the battle against COVID-19?		
No	13	14.6
Yes	76	85.4
A03. If you have any symptoms of COVID-19, do you go to a health service?		

No	2	2.2
Yes	87	97.8
A04. If you have someone at home suspected or diagnosed with COVID-19, will you keep that person in isolation?		
No	6	6.7
Yes	83	93.3
A05. Would you isolate yourself in case of COVID-19 infection?		
No	2	2.2
Yes	87	97.8

n = absolute frequency; % = relative frequency

Practices in the face of the COVID-19

Table 4 shows that 77.5% (n=69) of the participants responded that they had not visited a crowded place in the last 15 days. Most claim to wear a mask when leaving home 98.9% (n=88) and 88% (n=69) ensure they are complying with social distancing. A total of 94.4% (n=84) of the elderly say they wash their hands with soap and water and/or use alcohol gel when they return home, before touching any surface, and 88.8% (n=79) wash their hands after sneezing, coughing or scratching your nose. Of the 89 participants, 61.8% (n=55) sanitize purchases

or any other product that arrives at your home, with 70% alcohol or soap and water before putting them away.

The data show that 60.7% of the elderly (n=54) have not visited relatives and friends and deny receiving friends or acquaintances at home, 44.9% (n=40). In the ninth question, 42.7% (n=38) of participants report not having left home at the beginning of the pandemic to go to places like: supermarket, pharmacy and bank; this number increases to 53.9% (n=48) when asked if they leave today from home to places like: supermarket, pharmacy and bank.

Table 4- Characterization of practices of the elderly enrolled in an ESF. Itumbiara, Goiás, Brazil, 2021. (n = 89).

	No n (%)	Sometimes n (%)	yes n (%)
P01. In the last 15 days, did you go to any place with crowds of people?	69 (77.5)	5 (5.6)	15 (16.9)
P02. Do you wear a mask when you leave the house?	0 (0.0)	1 (1.1)	88 (98.9)
P03. Have you been complying with social distancing?	6 (6.7)	4 (4.5)	79 (88.8)
P04. Do you wash your hands with soap and water and/or use alcohol gel when you return home, before touching any surface?	2 (2.2)	3 (3.4)	84 (94.4)
P05. Do you wash your hands after sneezing, coughing or scratching your nose?	3 (3.4)	7 (7.9)	79 (88.8)

P06. Do you sanitize purchases or any other product that arrives at your home with 70% alcohol or soap and water before putting them away?	24 (27.0)	10 (11.2)	55 (61.8)
P07. Have you been visiting relatives and friends?	54 (60.7)	19 (21.3)	16 (18.0)
P08. Did you receive friends or acquaintances at your home?	40 (44.9)	25 (28.1)	24 (27.0)
P09. At the beginning of the pandemic did you leave the house to go to places like: supermarket, pharmacy and bank?	38 (42.7)	16 (18.0)	35 (39.3)
Q10. Nowadays, do you leave the house to go to places like:supermarket, pharmacy and bank?	13 (14.6)	28 (31.5)	48 (53.9)

n = absolute frequency; % = relative frequency

Association between knowledge and education variables

Data from table 5 showed that in relation to C05, there was a significantly higher frequency of correct answers from the elderly with 100% schooling (n=63) when asked whether the elderly and individuals with chronic diseases such as:

diabetes, arterial hypertension, asthma, obesity, have more risk of developing into more severe cases (p=0.02). In C06, there was a significantly higher frequency of errors in elderly people with no schooling 65.4% (n=17) when asked whether COVID-19 can be transmitted by contact with or eating wild animals (p=0,04).

Table 5- Association between education and knowledge of the elderly enrolled in the ESF-14. Itumbiara, Goiás, Brazil, 2021. (n = 89).

	Education		<i>p</i>
	With schooling n (%)	No schooling n (%)	
C01. The most common symptoms of COVID-19 are fever, dry cough and tiredness.			
Right	54 (85.7)	21 (80.8)	0.56
Wrong	9 (14.3)	5 (19.2)	
C02. A stuffy nose, runny nose, and sneezing are less common in people with COVID-19.			
Right	27 (42.9)	12 (46.2)	0.77
Wrong	36 (57.1)	14 (53.8)	
C03. Early treatment of symptoms can help most patients recover from the illness.			
Right	58 (92.1)	22 (84.6)	0.29
Wrong	5 (7.9)	4 (15.4)	

C04. Not all people with COVID-19 will progress to severe cases				
	Right	50 (79.4)	20 (76.9)	0.79
	Wrong	13 (20.6)	6 (23.1)	
C05. Elderly people and individuals with chronic diseases, such as: diabetes, high blood pressure, asthma, obesity, are at greater risk of developing more severe cases				
	Right	63 (100.0)	24 (92.3)	0.02
	Wrong	0 (0.0)	2 (7.7)	
C06. COVID-19 can be transmitted by contact with or eating wild animals				
	Right	37 (58.7)	9 (34.6)	0.04
	Wrong	26 (41.3)	17 (65.4)	
C07. Individuals with COVID-19 who do not have a fever do not transmit the virus.				
	Right	46 (73.0)	16 (61.5)	0.28
	Wrong	17 (27.0)	10 (38.5)	
C08. The virus that causes COVID-19 spreads through droplets of saliva during speech, sneezing, coughing of infected individuals.				
	Right	61 (96.8)	25 (96.2)	0.87
	Wrong	2 (3.2)	1 (3.8)	
C09. Children and young adults do not need to take steps to prevent infection with the virus that transmits COVID-19.				
	Right	53 (84.1)	18 (69.2)	0.11
	Wrong	10 (15.9)	8 (30.8)	
C10. It is necessary to wear a mask to avoid being contaminated by COVID-19.				
	Right	62 (98.4)	25 (96.2)	0.51
	Wrong	1 (1.6)	1 (3.8)	
C11. To prevent COVID-19, individuals should avoid large crowds.				
	Right	62 (98.4)	25 (96.2)	0.51
	Wrong	1 (1.6)	1 (3.8)	
C12. Social isolation is an effective way to reduce transmission of the virus that causes COVID-19.				

Right	57 (90.5)	22 (84.6)	0.42
Wrong	6 (9.5)	4 (15.4)	
C13. Individuals who have had contact with people infected with the new coronavirus must be immediately isolated. In general, the isolation period is 10 days.			
Right	52 (82.5)	24 (92.3)	0.23
Wrong	11 (17.5)	2 (7.7)	

*Chi-square; n = absolute frequency; % = relative frequency

DISCUSSION

COVID-19 quickly became a threat to global public health and led the elderly population to acquire knowledge about the pandemic, seek positive attitudes and comply with effective practices for coping with the disease.⁹ Thus, with this research it was possible to identify the knowledge, attitudes and practices of the elderly in the face of COVID-19 and also, to associate knowledge with schooling.

The results are consistent with many other studies already carried out on PAC in the health area, such as, for example, Knowledge, Attitude and Practice in relation to COVID-19 among the Malaysian population, which, through an online survey, obtained 4,850 participants and with its results, it was possible to highlight the importance of consistent information by the authorities and the need for health education actions, in order to improve levels of knowledge, attitude and practice.¹⁰

A study with the CAP method carried out with the general population, including health workers in Nigeria, had 886

participants and the results showed that 60% of the individuals considered that the pandemic was a punishment from God and 77.7% agreed with the cancellation of pilgrimages religions in order to reduce the spread of COVID-19.¹¹ This study highlights the importance of considering beliefs in the development of pandemic control measures.¹¹

Another study carried out in India aimed to assess the knowledge, attitude and practice of the general population in relation to COVID-19.¹² The study was carried out with 1,574 social media users (facebook and whatsapp) and the results showed that 89%(n=1358) knew all forms of coronavirus transmission, 40% (n=602) felt that COVID-19 is a serious disease, and that most participants, 87% (n=1,318), reported washing their hands with water and soap regularly.¹²

The Knowledge, Attitudes and Practices (KAP) in relation to COVID-19 play a fundamental role in determining society to accept the suggestions of the health authorities, related to the changes in

behavior imposed by the pandemic.¹⁰ Studies with the KAP method are able to provide important data to determine the type of intervention that may be necessary to change misconceptions about the disease.¹⁰

The profile of the participants in this study shows that they are elderly, aged between 60 and 93 years. A total of 13 questions were applied to verify the knowledge of the elderly about COVID-19. Most participants responded assertively when asked about the most common symptoms of COVID-19 are fever, dry cough and tiredness.

Considering the severity of the disease and its worse prognosis, the role of Primary Health Care in tackling COVID-19 is reinforced, which consists of health promotion, prevention and disease control. Thus, primary care strategically helps to reduce the risk of transmission of the disease through early identification of symptoms, follow-up and monitoring of patients and their families.¹³

The elderly person who is linked to Primary Care, regardless of being assisted at another point of care, must be accompanied in an articulated and integrated way to other points of care.¹⁴

With regard to the transmission of the SARS-COV-2 virus, there was confusion of elderly people, because many were wrong, stating that the COVID-19 transmission occurs through contact with or eating wild

animals, such confusion was noticeable in a CAP study carried out with the Malaysian population, in which only 35.7% (n=1,731) of the participants answered correctly.¹⁰

It is interesting to note that most elderly people were correct when asked about the way in which COVID-19 spreads, through droplets of saliva during speech, sneezing, coughing of infected individuals. In a CAP study with the population of Nigeria, it is possible to observe that the participants also shared the same answer.¹¹

Regarding the prevention of COVID-19, most participants agreed that it is necessary to use a mask to avoid contamination by SARS-COV-2 and stated that individuals should avoid crowds of people.

According to the CAP method study carried out through social media in India, it was observed that the most used means to obtain information about COVID-19 are newspapers, internet and television. Thus, the high levels of knowledge and concern on the part of the elderly about COVID-19 may be related to the means of spreading information related to the pandemic. Also noteworthy is the role of the media in disseminating information on COVID-19 prevention, democratizing information and creating a culture of care to combat the infection.¹²

In this sense, communication in health aims at social intervention actions to

promote health and prevent diseases, through health information, to generate knowledge to the population with possible changes in behavior.¹⁵

Five questions were asked to assess the attitudes of the elderly towards COVID-19. In the first two questions, the elderly have an optimistic attitude, as most participants agreed that the COVID-19 pandemic will be controlled in the world and an even greater number affirm that Brazil can win the battle against COVID-19. Thus, it is believed that religiosity and faith may have been fundamental for the belief in the end of the pandemic.¹⁶

The third and fourth attitude questions asked if the elderly had any symptoms of COVID-19, would they seek a health service and if someone in their home with suspected or diagnosed COVID-19 would they keep that person in isolation. In both questions, the majority of the elderly stated that they had these attitudes. Thus, it is understood that the elderly are aware of the need and importance of social isolation. It is observed that the vast majority are aware of quick measures in case any contaminated family member remains among them. Furthermore, social distancing has proven to be extremely effective in containing COVID-19, especially for the elderly, and the population has had to adapt to this new way of living.

While measures to contain the spread of COVID-19 were necessary, they ended

up causing individuals to increase behavioral risk factors. In a study carried out with the objective of describing the changes in lifestyles, regarding the consumption of tobacco, alcoholic beverages, food and physical activity, in the period of social restriction resulting from the COVID-19 pandemic, it was observed that Brazilians reduced healthy practices such as physical activity and healthy eating and increased time on television, tablet, computer, as well as cigarette and alcohol consumption.¹⁷

With regard to care practices for the elderly in the face of COVID-19, the majority claimed to wear a mask when leaving home and ensure that they are complying with social distancing. Most claim to wash their hands with soap and water and/or use alcohol gel when they return home, before touching any surface and still wash their hands after sneezing, coughing or scratching their nose. Of the 89 participants, most sanitize purchases or any other product that arrives at their home, with 70% alcohol or soap and water before putting them away. The elderly have not visited relatives and friends and refuse to receive friends or acquaintances at home. Thus, with the results of the study, it is clear that most elderly people are aware of the prevention measures recommended by the Ministry of Health.

In the face of the pandemic, the daily routine of seniors everywhere in this country

has completely changed. It was necessary to adapt to the new moment, the social distance imposed by the disease. Perhaps the insistence of some elderly people on going to the streets, even with the recommendation of social isolation, can be attributed to several factors, such as: they have no one to count on to go shopping, to the doctor or to the pharmacy; they don't like to bother family members; others want to reassert their independence; do not believe in the disease. In addition, it is understandable that changing routines, in groups of this age group, which have been practiced for a long time is not so simple and presents a lot of resistance on the part of the elderly, as if it meant the loss of their autonomy.¹⁸

Despite the peculiar context arising from the pandemic and the need to maintain social isolation, especially from risk groups, it is necessary to guarantee coexistence among elderly family members, friends, in order to avoid greater psychological damage to them, even if exceptionally through virtual tools, seeking to ensure the right to healthy aging in this period.¹⁸

Results showed that elderly people with schooling had a higher frequency of correct answers when asked whether elderly people and individuals with chronic diseases such as diabetes, high blood pressure, asthma, obesity, have a greater risk of developing more severe cases. The highest frequency of elderly people with no

schooling was wrong when stating that COVID-19 can be transmitted by contact or feeding on wild animals. Thus, it is noticed that people with less education have less knowledge about certain diseases and, consequently, it is understood that they may be less careful with their health.¹⁸

CONCLUSION

The COVID-19 pandemic has become a major threat to the health of the elderly, which has greatly impacted the lives of this population. This CAP method study on knowledge, attitudes and practices of the elderly in the face of COVID-19 showed that the elderly assisted in the Family Health Strategy, where the study took place, acquired knowledge, took attitudes such as social isolation, not crowding, not visiting family and friends, adopted practices of hygiene such as washing hands with soap and water, using gel alcohol and wearing a mask. During the pandemic, they socially isolated, they did not go to places such as supermarkets, pharmacies, banks, or the homes of family members and friends.

The study draws attention to health professionals who care for elderly people in Primary Care, especially those who work in the Family Health Strategy to carry out lectures, activities to promote information and prevent diseases related to COVID-19.

It is believed that health education programs are strong collaborators and can

improve the population's knowledge regarding health care, especially in times like this, marked by a pandemic.

Among the limitations of the study, the type of sample stands out, which was only from one ESF in the municipality, portraying the specific reality of that location and the cross-sectional design itself, which is restricted to the moment the research was carried out. Further studies are suggested in order to expand knowledge about this area and apply effective interventions that can achieve changes in attitudes and practices.

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