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ORIGINAL ARTICLE

AGREEMENT TO THE FLEXIBILITY MEASURES DURING THE COVID-19 PANDEMIC IN BRAZIL

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ABSTRACT

Objective: to analyze the factors associated with agreement with the flexibility of protection measures in Brazil during the COVID-19 pandemic. **Method:** cross-sectional study with data from a websurvey conducted with adults living in Brazil, between August 2020 and February 2021. **Results:** of the 1,516 respondents, the majority were aged between 40 and 59 years (38.8%), female (69.4%), graduate level (48%), white race/color (64.2%), separated/single (48.3%). Most participants agreed with the flexibility measures (41.1%), but considered the environments not suitable or inadequate for the resumption of daily activities (except for places open for physical activities). The measures implemented by the State during the COVID-19 pandemic were also seen as nothing and inadequate. There was a greater chance of agreement with the flexibility measures among people who lived with workers exposed to the risk of contracting COVID-19. **Conclusion:** in general, there was agreement to the flexibility measures in the country. Living/living with workers exposed to the risk of contracting COVID-19 was the main factor associated with the greater chance of agreeing with the flexibility measures, which signals the biopsychosocial burden brought by the disease.

Keywords: COVID-19. Pandemic. Socioeconomic factors.

INTRODUCTION

The pandemic caused by COVID-19 has significantly affected the Brazilian population. Brazil ranked fifth in the world in number of cases, with 34,771,320 cases recorded, and second in number of deaths, with 687,483 deaths (data from October 2022)[1].

In Brazil, since the announcement of the COVID-19 pandemic, it has been reinforced and widely publicized by scientists and health authorities in various communication channels on the importance of adopting preventive measures, with emphasis on the use of masks, use of alcohol gel for hand hygiene. Subsequently, with the number of cases and deaths increasing precipitously, more restrictive measures of physical distance were employed, with the closure of businesses, schools, universities, academies and other public services[2].

It is assumed that physical distancing measures and quarantine would avoid such high numbers of cases and deaths in the country if they had been adopted and encouraged by the Brazilian government at a more opportune time, especially among the most disadvantaged for the most part, they do not have access to information, protective inputs or were sometimes misled into not protecting themselves against COVID-19[3,4, 5].

In the literature, there are studies that

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investigate how protective and physical distancing measures against COVID-19 occurred in different contexts, both in Brazil and in countries[6]on other continents, and it was evidenced that the studies that evaluated the measures of permanence at home, use of masks or physical isolation culminated in a reduction in the transmission of SARS-CoV-2[7-9]. No studies were found on the population's perception of the measures, mainly studies that investigate from population surveys[9].

In a health crisis scenario in a country divided by social and political inequalities, this study questions the perceptions of the population in different since such results can demonstrate how social determinants influence the behavior of the Brazilian population in the midst of calamitous situations, and which paths should be adopted or encouraged amid future uncertainties of a present pandemic[4]. Given the above, we sought to analyze the factors associated with agreement with the flexibility of protection measures in Brazil during the COVID-19 pandemic.

METHOD

Study design and place

This is a cross-sectional study[10], with data collection via Survey web. The study covered the states of the five macro-regions of the country, from August 2020 to February 2021.

Study population and definition of the sample

The population was composed of people who lived or declared themselves residents in Brazil, aged 18 years or older who had availability of internet access.

In the sample design, we used the calculation for finite populations[11,12], n of the sample, equivalent to [z2 * p(1-p)] / e2 / 1 + [z2 * p(1-p)] / e2 * N]; N = population size; z_c of 1.96; margin of error of 5%, and p = deviation, standard, loss of 50% sample of 1428 participants.

The sample was recruited through the snowball technique (Snowball)[11,12], a non-probabilistic technique in which participants were invited to answer the questionnaire through the websites of the participating research institutions, email, WhatsApp®, social media (Facebook®, Instagram®, Twitter®), and people from the network of the researchers involved were invited[11,12].

Data instrument and collection

The instrument used for the study is entitled "COVID-19 Thermometer: Social Opinion", composed of 36 questions, produced by the National School of Health of the New University of Lisbon (UNL), adapted and validated by researchers from the Fiocruz National School of Public Health (ENSP-FIOCRUZ) and the Nursing School of Ribeirão Preto, University of São Paulo (EERP-USP), not yet published. The instrument was applied by trained interviewers.

Data analysis

Descriptive statistics were used, with calculation of absolute and relative frequencies. Subsequently, we used the chi-square test or Fisher's exact test, when appropriate, considering as an outcome the agreement of the population in relation to the flexibility measures (Agree: 0; Do not agree: 1).

The independent variables were: Age (18 to 39, 40 to 59, 60 or more), Sex (male, female), Education (incomplete higher education or less, complete higher education, post-graduation), skin color (white, black, brown, yellow, indigenous, without declaration) and marital status (married, separated/single, widowed). And also as dichotomous independent variables (yes or no), "Temporarily lost income due to the COVID-19 pandemic"; "Used the UHS"; "Havehealth insurance plan"; "Received a visit from the Community Health Agent"; "Have a health center in your community or neighborhood"; "Are part of a group of workers exposed to COVID-19" and "Live with people over 60 years old and/or with chronic disease(s)".

The variables "Perception of the population of adequacy measures for the reopening of spaces" and "Perception of the population about the measures implemented by the federative entities" presented the following alternatives:

inadequate, inadequate, inadequate, and very adequate.

After bivariate analysis, the binary logistic regression model was used, calculating the Odds Ratio (OR) and their respective 95% confidence intervals (95%CI)[14]. Variables with p<0.20 or with theoretical justification were included in the model. The quality of fit of the model was through the Maximum Likelihood test of Hosmer and Lemeshow. All analyses were performed using Stata software, version 15.1, considering a significance level of 5%.

Ethical aspects of the research and risks

The study was approved by the Research Ethics Committee (REC) of EERP-USP (CAAE: 32210320.1.3001.5393). The investigation complies with Resolution N. 466 of 12 December 2012 of the National Health Council[15]. Participation in the research was voluntary, occurring only after reading and accepting the Informed Consent Form (ICF), available on the first page of the electronic questionnaire.

RESULTS

Altogether, 1,516 subjects answered the electronic questionnaire, the sociodemographic characteristics are presented in Table 1.

Most participants reported being aged between 40 and 59 years (38.8%), female (69.4%), with graduate level (48%), white color (64.2%), separated/single (48.3%). Of these, 3.9% declared to reside in the Midwest region of Brazil (1.5% Federal District; 1.2% Mato Grosso do Sul; 0.8% Goiás; 0.4% Mato Grosso), 8.3% in the Northeast (2.8% Bahia; 1.5% Rio Grande do Norte; 1.1% Ceará; 0.9% Alagoas; 0.7% Paraíba; 0.5% Pernambuco; 0.3% Piauí; 0.3% Sergipe; 0.2% Maranhão), 6.7% in the Northern region (2.7% Pará 2.5% in Pará; 2.5.5% in Amazonas; 5.5% in Ama0% in Acre; 5.0% in Amazonas; 5.0% in Amazonas; 5.5.0% in Amazonas; 5.0% in Amazonas; 5.5.0% in Amazonas; 5.0% in Amazonas; 0% in Amazonas; 0.0.5.5.0.0 (20.9% São Paulo; 34.7% Rio de Janeiro; 6.7% Minas Gerais; 3.2% Espírito Santo) and 12% in the South region of the country (4.4% Rio Grande do Sul; 4.2% Paraná; 3.4% Santa Catarina), and 3.8% of participants did not answer this question.

Table 1. Sociodemographic characteristics of the sample, Brazil, 2020-2021.

Variables	n	%
Age		
18 - 39	389	25.7
40 - 59	589	38.8
60 years or more	333	22.0
Ignored	205	13.5
Sex		
Masculine	389	25.7
Feminine	1.052	69.4
Ignored	75	4.9
Education		
No education	4	0.3
Incomplete elementary school	39	2.6
Complete elementary school	34	2.2
Incomplete high school	22	1.5
Complete high school	78	5.1
Incomplete higher education	179	11.8
Complete higher education	364	24.0
Post-graduation	728	48.0
Ignored	68	4.5
Race/color		
Yellow	26	1.7
White	974	64.2
Indigenous	4	0.3
Brown	318	21.0
Black	108	7.1
Ignored	86	5.7
Marital status		
Married or stable union	684	45.1

Separated/Single	733	48.3
Widowed	36	2.4
Ignored	63	4.2

It was found that the majority of respondents (41.1%) said they agreed with the flexibility measures. However, the difference was small when compared to those who did not agree (38.7%), according to Table 2.

Regarding the agreement with the levels of adequacy, there was heterogeneous acceptance, depending on the environments, places or institutions of reopening. Most people considered the reopening of day care centers as inadequate (51.9%), as well as primary and/or secondary schools (55%) and universities and/or colleges (48.2%).

The reopening of shops and/or malls was pointed out as little adequate (39.7%), while the reopening of places open for physical activities was considered adequate (32.9%). Respondents considered the reopening of gyms (43.6%) as inadequate, as well as places of community activities (53.6%) and places of religious activities (47.7%), as shown in Table 2.

Table 2. Agreement regarding the easing of sanitary measures, perception regarding the appropriateness of reopening spaces/institutions and measures implemented by the State - Brazil, 2020-2021.

Variables	n	%
Flexibility measures		
Agree	623	41.1
Disagree	587	38.7
Could not answer	306	20.2
Flexibility for the reopening of kindergartens		
Inadequate	786	51.9
Little adequate	272	17.9
Adequate	95	6.3
Very Adequate	41	2.7
Prefer not to answer	322	21.2
Flexibility for the reopening of primary and/or secondary schools		
Inadequate	834	55.0
Little adequate	241	15.9
Adequate	95	6.3
Very Adequate	39	2.6
Prefer not to answer	307	20.2
Flexibility for the reopening of universities and colleges		
Inadequate	731	48.2
Little adequate	296	19.5
Adequate	136	9.0
Very Adequate	47	3.1
Prefer not to answer	306	20.2
Flexibility for the reopening of shops and or malls		
Inadequate	378	24.9
Little adequate	601	39.7
Adequate	196	12.9
Very Adequate	48	3.2
Prefer not to answer	293	19.3
Flexibility for the reopening of open spaces for physical activities (parks, etc.)		
Inadequate	171	11.3
Little adequate	466	30.7
Adequate	498	32.9
Very Adequate	87	5.7
Prefer not to answer	294	19.4
Flexibility for the reopening of gyms		
Inadequate	661	43.6
Little adequate	356	23.5
Adequate	157	10.4
Very Adequate	40	2.6
Prefer not to answer	302	19.9
Flexibility for the reopening of community activity sites (co-living centers, clubs, etc.)		

Inadequate	813	53.6
Little adequate	285	18.8
Adequate	88	5.8
Very Adequate	22	1.5
Prefer not to answer	308	20.3
Flexibility for the reopening of places of religious activities (churches, temples, etc.)		
Inadequate	723	47.7
Little adequate	315	20.8
Adequate	140	9.2
Very Adequate	39	2.6
Prefer not to answer	299	19.7

The adequacy of the measures implemented by federal entities in the fight against the COVID-19 pandemic, the actions of the Federal Government were judged as inadequate (47.7%), and those carried out by the State and Municipal Government were considered little adequate, representing 40.4% and 37.2% respectively (Table 3).

Table 3. Adequacy of measures implemented during the COVID-19 pandemic, according to Brazilians, Brazil, 2020-2021.

Variables	n	%
Measures implemented by the Federal Government to combat COVID-19		
Inadequate	723	47.7
Little adequate	328	21.6
Adequate	120	7.9
Very Adequate	48	3.2
Prefer not to answer	297	19.6
Measures implemented by the State Government to combat COVID-19		
Inadequate	289	19.1
Little adequate	613	40.4
Adequate	269	17.7
Very Adequate	51	3.4
Prefer not to answer	294	19.4
Measures implemented by the Municipal Government in the fight against COVID-19		
Inadequate	327	21.6
Little adequate	564	37.2
Adequate	260	17.1
Very Adequate	60	4.0
Prefer not to answer	305	20.1

Table 4 shows the association between sociodemographic characteristics and the agreement of the Brazilian population to the flexibility measures. The group of respondents in the "postgraduate" category of the variable "Education" presented lower chances of agreement with the flexibility measures only in the raw values (OR = 0.72; 95%CI: 0.54-0.96; p = 0.025). Respondents in the "complete superior" category had lower chances of agreement with the flexibility measures in both analyzes (OR = 0.71; 95%CI: 0.51-1.00; p = 0.047; ORa = 0.71; 95%CI: 0.50-1.00; p = 0.049). The values ignored or not answered were not considered in the association analysis.

Table 4. Association of sociodemographic characteristics and participants' agreement regarding flexibility measures, Brazil, 2020-2021.

Variables	N_T (%)	N_C (%)	Gross Measures OR** (95%CI)	P_B	Adjusted Model# ORa*** (95%CI)	P_A
Age						
18 – 39	389 (29.7)	209 (34.6)	Ref		Ref	
40 – 59	589 (44.9)	282 (46.7)	1.17 (0.90-1.52)	0.234	1.18 (0.90-1.54)	0.244
60+	333 (25.4)	113 (18.7)	0.75 (0.55-1.02)	0.071	0.78 (0.57-1.08)	0.133
Sex						

Masculine	389 (26.9)	183 (29.6)	Ref		Ref	
Feminine	1052 (73.1)	435 (70.4)	0.77 (0.60-1.00)	0.0468*	0.80 (0.61-1.04)	0.092
Education						
Incomplete higher education or less	356 (24.6)	147 (23.7)	Ref		Ref	
Complete higher education	364 (25.1)	155 (25)	0.71 (0.51-1.00)	0.047*	0.71 (0.50-1.00)	0.049*
Post-graduation	728 (50.3)	318 (51.3)	0.72 (0.54-0.96)	0.025*	0.75 (0.55-1.03)	0.072
Skin color						
White	974 (68.1)	409 (66.9)	Ref		Ref	
Black	108 (7.6)	42 (6.9)	1.16 (0.73-1.84)	0.544	1.08 (0.67-1.75)	0.759
Brown	318 (22.2)	151 (24.7)	1.22 (0.92-1.60)	0.164	1.20 (0.90-1.60)	0.217
Yellow	26 (1.8)	9 (1.5)	0.74 (0.31-1.78)	0.505	0.72 (0.30-1.73)	0.457
Indigenous	4 (0.3)	-	-	-	-	-
Marital status						
Married/stable union	684 (47.1)	303 (48.7)	Ref		Ref	
Separated/divorced/ single	733 (50.4)	306 (49.1)	0.94 (0.75-1.18)	0.584	0.88 (0.69-1.12)	0.292
Widowed	36 (2.5)	14 (2.2)	0.91 (0.43-1.94)	0802	1.01 (0.43-2.42)	0.973

#Adjusted Model for sex, race/color, age, education and marital status; **OR = Odds ratio; ***ORa = Odds ratio adjusted model; N_T: sample total number; N_C: n of the sample that agreed with the flexibility measures; P_B: p value referring to gross measurements; P_A: p value referring to the adjusted model; *: P<0.05 significant.

Table 5 shows that the participants who received government aid presented higher chances only in the analysis with gross measures (OR = 1.46; 95%CI: 1.05-2.02; p = 0.026) in relation to the outcome analyzed, compared to those who did not receive government aid. Participants who reported living with someone who is part of a group of workers exposed to the risk of contracting COVID-19 had higher chances, both in the gross measures (OR = 1.51; 95%CI: 1.17-1.94; p = 0.001) and in the adjusted model (ORa = 1.46; 95%CI: 1.12-1.89; p = 0.005), in relation to the outcome analyzed, compared to those who do not live and/or live.

Table 5. Factors associated with participant agreement regarding flexibility measures, Brazil, 2020-2021.

Variáveis	N_T (%)	N_C (%)	Medidas Brutas OR** (IC95%)	P_B	Modelo Ajustado# ORa*** (IC95%)	P_A
Perdeu temporariamente o rendimento devido à pandemia da COVID-19						
Não	768 (65,0)	215 (35,5)	Ref		Ref	
Sim	414 (35,0)	390 (64,5)	0,97 (0,76-1,23)	0,794	0,87 (0,67-1,13)	0,292
Recebeu auxílio governamental						
Não	1201 (84,5)	512 (83,4)	Ref		Ref	
Sim	221 (15,5)	102 (16,6)	1,46 (1,05-2,02)	0,026*	1,42 (0,98-2,06)	0,065
Utilizou o SUS						
Não	550 (52,3)	227 (36,4)	Ref		Ref	
Sim	502 (47,7)	396 (63,6)	0,93 (0,74-1,18)	0,558	0,86 (0,67-1,11)	0,245
Possui convênio ou plano de saúde						
Não	520 (36,0)	170 (27,4)	Ref		Ref	
Sim	923 (64,0)	450 (72,6)	0,82 (0,64-1,07)	0,142	0,93 (0,69-1,24)	0,615
Recebeu visita do agente comunitário de saúde						
Não	1212 (83,9)	519 (83,4)	Ref		Ref	
Sim	232 (16,1)	103 (16,6)	1,37 0,99-1,89	0,057	1,29 (0,92-1,81)	0,136
Tem posto de saúde na sua comunidade ou bairro						
Não	141 (10,4)	53 (9,1)	Ref		Ref	
Sim	1217 (89,6)	531 (90,9)	1,35 (0,92-1,98)	0,126	1,33 (0,89-1,98)	0,164

Faz parte de algum grupo de trabalhador exposto a COVID-19						
Não	840 (68,4)	411 (66,7)	Ref		Ref	
Sim	388 (31,6)	205 (33,3)	1,17 (0,92-1,50)	0,203	1,13 (0,88-1,46)	0,328
Mora/vive com alguém que faz parte de algum grupo de trabalhadores que estão expostos ao risco de contrair a COVID-19						
Não	865 (70,3)	411 (66,4)	Ref		Ref	
Sim	365 (29,7)	208 (33,6)	1,51 (1,17-1,94)	0,001*	1,46 (1,12-1,89)	0,005*
Vive com pessoas acima de 60 anos e ou com doença(s) crônica(s)						
Não	713 (57,9)	367 (59,1)	Ref		Ref	
Sim	519 (42,1)	254 (40,9)	0,92 (0,73-1,16)	0,481	0,89 (0,70-1,13)	0,341

#Adjusted Model for sex, race/color, age, education and marital status; **OR = Odds ratio; ***ORa = Odds ratio adjusted model; N_T: sample total number; N_C: n of the sample that agreed with the flexibility measures; P_B: p value referring to gross measurements; P_A: p value referring to the adjusted model; *: P<0.05 significant.

DISCUSSION

The study provided evidence on the main factors associated with the perception of flexibility measures and the resumption of daily activities during the COVID-19 pandemic by the Brazilian population.

Most of the participants were female, white and had a postgraduate level. More than half said they agreed to the easing measures. This fact can be explained by the fact that many have a higher level of education, since education influences access to information and confidence in what is advocated and encouraged by science, especially when it comes to the reintegration of public spaces[16].

It was observed that most respondents recognized as nothing adequate or inadequate the flexibility for the reopening of kindergartens, schools, universities, shops, places for religious activities, among others. These findings should be relativized due to the time of the study, in which few people had access to vaccination, which began in January 2021.

In relation to the actions carried out by the federal entities in the fight against the pandemic, the respondents' dissatisfaction was evidenced, which, for the most part, highlighted the measures of the federal government as inadequate and those of the state and municipal governments[4].

Making the movement of people in spaces more flexible, in view of the safety of all, and encouraging the resumption of face-to-face activities becomes an even more complex and uncertain process by highlighting diverse opinions and behaviors in an increasingly unequal society[17]. The fact that only the group of respondents with higher education (postgraduate) presented lower chances of agreement with the flexibility measures, considering the gross OR and CI, may be a reflection of this social inequality[17, 18]. The COVID-19 pandemic has accentuated social inequalities in several nations of the world, especially in developing countries, especially Brazil[19], which has faced a huge increase in unemployment, informality and the cost of living in general[20].

Respondents who were contemplated by the Brazilian government aid (Emergency Aid) also showed greater agreement with the flexibility measures. This may be linked to the need for many to return to face-to-face activities in various labor sectors, in order to ensure their household income and survival[21].

Still in relation to socioeconomic and work issues, the study brought evidence that people who live and/or live with someone who is part of a group of workers exposed to the risk of contracting COVID-19 showed greater chances of agreeing with the easing measures. A study that evaluated the influence of the pandemic on work activities identified an increase in psychosocial stress situations related to work, both outside and inside the home, mental health of workers in relation to their family and social contacts[21].

The result referring to the perception of the participants who judged as appropriate the flexibility for open places to perform physical activities can be explained by the fact that these spaces, usually open and outdoors, are ventilation and allow greater distance between individuals, avoiding agglomerations. Thus, they can be perceived as safer places to attend[16].

From the aspects raised, it is necessary a common commitment among all (population and government entities) for greater adherence to COVID-prevention measures19, so that the strategies adopted by governments occur effectively and the flexibility of spaces becomes safe. Even in this scenario of uncertainty, it is relevant to mention the role of health professionals, the media and science itself in encouraging the continuity of preventive care against the disease[22, 23].

The flexibility and reopening of public and private spaces are expected and will occur gradually with the arrival of vaccines in the country. There is evidence that such immunizations provide relevant protection against moderate to severe forms of COVID-19. Therefore, the need to take additional doses and maintain protective measures to reduce the number of contamination and death cases is reinforced[24].

As limitations of the study, the cross-sectional design stands out, in which measurements were performed in only one moment in time. We also highlight the difference between the profile of the participants compared to the Brazilian population. Because it is a survey conducted in an online format, several social segments were not contemplated.

Another limitation refers to the analyses being carried out in a disaggregated manner by states, since the absence of a national policy of physical distancing in Brazil, together with the policies of implementation and flexibility of the measures, were adopted differently by state governments.

Finally, the results of this study advance in knowledge by providing important information on the agreement of part of the Brazilian population with the easing of sanitary measures, their perception of the adequacy of the reopening of spaces/institutions, decisions, as well as the factors associated with agreement with this flexibility.

CONCLUSION

It is concluded that the agreement regarding the flexibility measures in the country was diverse and heterogeneous. Living or living with workers exposed to the risk of contracting COVID-19 was a factor associated with a greater chance of agreeing with the flexibility measures, indicating an influence of occupational activities and family exposure in the domestic environment. New studies are needed to address in a more comprehensive and representative way the different scenarios and populations, especially people in vulnerable situations that were not addressed in this study.

CONCORDÂNCIA ÀS MEDIDAS DE FLEXIBILIZAÇÃO DURANTE A PANDEMIA DE COVID-19 NO BRASIL

RESUMO

Objetivo: analisar os fatores associados à concordância com a flexibilização das medidas de proteção no Brasil durante a pandemia pela COVID-19. **Método:** estudo transversal, com dados de uma *web survey* realizada com adultos residentes no Brasil, entre agosto de 2020 e fevereiro de 2021. **Resultados:** dos 1.516 respondentes, a maioria possuía idade entre 40 a 59 anos (38,8%), sexo feminino (69,4%), nível de pós-graduação (48%), raça/cor branca (64,2%), separados/solteiros (48,3%). A maioria dos participantes concordou com as medidas de flexibilização (41,1%), todavia consideraram os ambientes nada ou pouco adequados para a retomada das atividades cotidianas (com exceção dos locais abertos para atividades físicas). As medidas implementadas pelo Estado durante a pandemia por COVID-19 também foram tidas como pouco e nada adequadas. Houve mais chance de concordância com as medidas de flexibilização entre as pessoas que moravam/conviviam com trabalhadores expostos ao risco de contrair a COVID-19. **Conclusão:** de modo geral, houve concordância às medidas de flexibilização no país. Morar/conviver com trabalhadores expostos ao

risco de contrair a COVID-19 foi o principal fator associado à maior chance de concordar com as medidas de flexibilização, o que sinaliza a carga biopsicossocial trazida pela doença.

Palavras-chave: COVID-19. Pandemia. COVID-19.Fatores socioeconômicos.

CONFORMIDAD CON LAS MEDIDAS DE FLEXIBILIZACIÓN DURANTE LA PANDEMIA DE COVID-19 EN BRASIL

RESUMEN

Objetivo: analizar los factores asociados a la conformidad con la flexibilización de las medidas de protección en Brasil durante la pandemia por COVID-19. **Método**: estudio transversal, con datos de una *websurvey* realizada con adultos residentes en Brasil, entre agosto de 2020 y febrero de 2021. **Resultados**: de los 1.516 encuestados, la mayoría poseía edad entre 40 y 59 años (38,8%), sexo femenino (69,4%), nivel de posgrado (48%), raza/color blanco (64,2%), separados/solteros (48,3%). La mayoría de los participantes estuvo de acuerdo con las medidas de flexibilización (41,1%), sin embargo, consideraron los ambientes nada o poco adecuados para la reanudación de las actividades cotidianas (con excepción de los locales abiertos para actividades físicas). Las medidas aplicadas por el Estado durante la pandemia de COVID-19 también fueron consideradas poco y nada adecuadas. La conformidad con las medidas de flexibilización se dio más entre las personas que vivían/convivían con trabajadores expuestos al riesgo de contraer la COVID-19. **Conclusión**: en general, hubo concordancia con las medidas de flexibilización en el país. Vivir/convivir con trabajadores expuestos al riesgo de contraer la COVID-19 fue el principal factor asociado a la mayor probabilidad de concordar con las medidas de flexibilización, lo que señala la carga biopsicosocial ocasionada por la enfermedad.

Palabras clave: COVID-19. Pandemia. Factores socioeconómicos.

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