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### Interfering factors of the emergency and risk of infection by COVID-19

Factores que interfieren en la emergencia y riesgo de infección por COVID-19

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#### ABSTRACT

The objective of the study was to analyze the factors that hinder submitting to the state of emergency due to COVID - 19 and their relationship in the risk of infection by Coronavirus in informal providers. The survey was used as the technique and two questionnaires as instruments of data collection, one alluding the factors that hinder submitting to the state of emergency for COVID-19 and the other that measured the risk of infection by coronavirus. The results demonstrate that 45.3% (24) of informal providers present a high risk of infection by Coronavirus. It is concluded that unfavorable management of the factors that hinder the state of emergency in informal providers exponentially increases the risk of infection by COVID-19.

**Keywords:** State of emergency due to COVID-19, risk of infection.

#### RESUMEN

El objetivo de estudio fue analizar los factores que obstaculizan someterse al estado de emergencia por COVID - 19 y su relación en el riesgo de infección por Coronavirus en proveedores ambulantes. Se utilizó la encuesta como técnica y dos cuestionarios como instrumentos de recolección de datos, uno aludiendo a los de factores que obstaculizan someterse al estado de emergencia por COVID-19 y el otro que midió el riesgo de infección por coronavirus. Los resultados demuestran que el 45.3% (24) de proveedores ambulantes presenta riesgo alto de infección por Coronavirus. Se llegó a la conclusión que el manejo desfavorable de los factores que obstaculizan el estado de emergencia en los proveedores ambulantes incrementa de manera exponencial el riesgo de infección por COVID-19.

**Palabras clave:** Estado de emergencia por COVID-19, riesgo de infección.

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## INTRODUCTION

The World Health Organization (2020) reports that the coronavirus (CoV), "is an infection that usually presents with fever and respiratory symptoms (cough and dyspnea or shortness of breath). In the most serious cases; it can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death". (1). Worldwide, this respiratory infection has caused the death of hundreds of thousands of people, originating in the city of Wuhan (China), as analyzed by the health page Infobae, (2020) (2) which cites as the date of detection of the first case on November 17th, 2019; patient zero was a 55 years old person from Hubei, this being the epicenter of the epidemic that after its spread would reach the level of a pandemic affecting the entire world to this day.

At the international level, the World Health Organization (2020) (3) emphasizes that in the face of the increase in confirmed and suspected cases in China and various countries in the world; it declares on January 30th, 2020 the State of International Emergency, with first restrictions to consider (such as basic preventive measures for isolating suspected patients and practice of disinfection in homes and hospitals, etc.), in order to prevent the spread of the Coronavirus. However, many critics analyze that major decisions had to be taken into account (limitation of travel and trade activities through export, etc.) and not underestimate the Coronavirus that today reaches high peaks in mortality.

Faced with the exponential advance of the epidemic in multiple nations due to various factors in the population (lack of a definitive practice of prevention and control measures for the spread of COVID-19), and uncertain decisions by health elites and large World powers; affirms the page of health medical writing, (2020) (4) on March 11h, the WHO represented by the director Tedros Adhanom Ghebreyesus declares the level of pandemic. Considering that the panorama in figures according to the Department of National Security of Spain, (2020) (5) reported "that from December 31th, 2019 and until March 11th, 2020; 118,629 cases of COVID-19 had been reported (according to the case definitions applied in the affected countries), including 4,292 deaths. Deaths were reported in China (3,161), Italy (631), Iran (291), South Korea (60), Spain (35), France (33), United States (28), Japan (12), International transport in Japan (7), Iraq (6), United Kingdom (6), Netherlands (4), Australia (3), Switzerland (3), Germany (2), San Marino (2), Argentina (1), Canada (1), Egypt (1), Lebanon (1), Panama (1), Philippines (1), Taiwan (1) and Thailand (1)".

In this panorama, measures are sharpened to cut the spread of COVID-19 such as social isolation, quarantine stages, extreme hygiene as an essential mechanism to control contagion; in addition to the definitive closure of borders, cutting of national and international flights and other specific measures under the responsibility of each nation. The *Libero* journal, (2020) (6) shows us an Ecuadorian context with 29 071 cases of COVID-19 confirmed to date and 1717 deaths as of May 9th, 2020; it also calls for reflection on the panorama that the country lived and is experiencing, entangled in a critical situation, when corpses of various age groups, collapsed hospitals, despair and frustration are found in the streets, all according to demonstrations because the country's state of health emergency was not complied with the seriousness of the case. However, the paradigm that not everyone can be in the condition to cease their work activities, even more so when the work is for day-to-day food (itinerant suppliers) is gaining reflection; however, this does not justify awareness, irresponsibility and lack of collective organization to face the problem. Just like Ecuador, many other nations live this reality minute by minute.

At the national level in Peru, the journalistic medium RPP Noticias, (2020) (7) reports that although a series of ordinances have been followed (scenarios of social isolation, quarantine and preventive measures at the first level of care) from the Central level in Palace of Government, Regional and of each Municipality in a specific way grows exponentially the number of cases by COVID-19, being as of May 10th, 2020; the count of 65015 confirmed cases and 1814 deaths. According to reports, Peru has been making an immense challenge to control the pandemic, in order to reduce its incidence; however, the existence of a good percentage of the population with low economic resources that carry out day-to-day economic activities (street

vendors, minority merchants, etc.) are a potentially harmful source of risk to the population in view of the fact that little or no prevention measures are implemented to reduce the incidence of COVID-19 cases.

Finding clusters of merchants, locals crammed into the markets, that far from supporting; they generate anxiety, fear and disorder in the population despite the fact that they are given the facility to continue working to achieve their subsistence. Despite the fact that the national police and military officials control that people comply with the quarantine and isolation status, there is a notable disorder in the population and difficulty in achieving awareness to fight against the COVID-19 infection. Due to this panorama, the President of the Republic Martín Vizcarra extended the quarantine to May 24th, 2020.

At the local level in the district of Tarma, DIRESA Junín, (2020) reports that as of May 10th, 2020; there is a total of 67 confirmed cases, the highest number being directly for the city of Tarma with 44 cases, followed by La Unión Leticia (11), Palcamayo (2), Acobamba (6) and San Pedro de Cajas (4) (8). Although to date the Municipality of Tarma has been complying with the requirements of the State of Sanitary Emergency (Social Isolation, state of quarantine, massive prevention measures, in order to avoid contact and spread of coronavirus, etc.); a great disorder is still observed in the community of street vendors who do not fulfill the mandates to face the coronavirus, triggering crowding of people, and what is potentially harmful to health is that they do not fulfill with the personal protection materials to be used. Likewise, their products are exposed to the outdoor and many of them are necessity products that do not have the necessary hygiene conditions; being a potential source of infection on a day-to-day basis.

By version of radio stations, it is heard daily that the entire population of street vendors are subject to continue with their continuous work because the vast majority generate income to cover the expenses of necessity (food for the home and utensils for the home, education of their children, etc.) for the day; another group does not take due importance to the disease and forming group, they resist being able to comply with the demands of the state. On May 4th, 2020; the Municipality was forced to close one of the largest markets in Tarma, given that after an evaluation and the significant increase in cases, it was reported that the population of street vendors complied little or almost nothing the demands against the state of emergency, triggering the significant increase in the number of COVID-19 cases. Therefore, Mayor José Luis Mancilla, determined with a Municipal resolution to temporarily close the wholesale market, relocating street vendors to the Tarma stadium, having to redesign its interiors to house this population, with a view to having greater control in compliance with the requirements of the state of emergency and thereby, reduce the risk of infection by Coronavirus.

## **THEORETICAL FOUNDATION**

### **Background**

VARGAS, A. (2020) "Impact of the Coronavirus (COVID-19) epidemic on the mental health of health personnel and the general population of China." He reached the representative conclusion that: the anxiety rate of health personnel was 23.04%, higher in women than in men and higher among nurses than among doctors. Likewise, in the general population of China, a 53.8% moderate to severe psychological impact was observed; 16.5% of depressive symptoms, 28.8% of anxiety symptoms and 8.1% of stress, all between moderate and severe. The factors associated with a high psychological impact and high levels of stress, symptoms of anxiety and depression were female gender, being a student, having specific physical symptoms and a poor perception of one's own health. (9)

DAILYFOREZ, (2020) reports that Latin America has 543,000 confirmed cases and at least 33,300 deaths as of May 25. There are now nearly 5.6 million COVID-19 cases worldwide, with 347,907 deaths and more than 2.3 million people recovered. The United States has more than 1.7 million cases with just under 100,000 deaths, and Brazil is the country with the second highest number of cases with 376,699 cases. The World Health Organization continues to warn of a second wave of infections as countries reopen and people become

laxer about social distancing. However, European leaders remain confident that with increased testing and contact tracing capabilities, they will be able to prevent a second wave while reopening their economies, according to a Reuters report. (10)

MARCA, (2020) internationally that the United States is by far the country in which Covid-19 is causing the most havoc. From Trump's initial denial of the pandemic to effects that are already among the most terrible in the history of the country, above the victims of the Vietnam War in the past week. The United States has 1,666,829 cases. It is an abysmal difference with Brazil. The death toll is 98,683 (5.9% of those affected) as of May 26th, 2020, followed by Brazil with 349,113 infected and 22,165 deaths. (11). MC TRENDING, (2020) reports that, although it is true that the inhabitants of China, the epicenter of the coronavirus pandemic, they are beginning to recover normalcy; in addition to that in Europe they are already beginning to slow down the contagion curve, Covid-19 is still the enemy of planet earth, since it has claimed the lives of more than 346 thousand people and there are already more than 5 million 495 thousand infections, although also more than 2 million 253 thousand recovered as of May 26, 2020. (12)

THE WORLD HEALTH ORGANIZATION, (2015) entitled "Surveillance of human infection by the coronavirus that causes the Middle East respiratory syndrome (MERS-CoV)", reports the worrying wave of mortality from MERS-CoV that unleashed at the time reaching mortality rates of 30%. In addition, a person-to-person transmission was documented in several countries in various clusters of cases, both in families and in health centers. Although, in seasons there are still outbreaks. For this reason, the key recommendation of avalanche entities at that time was the quarantine status and the importance of home isolation. (13). CULQUICHICÓN, C. (2020) "Risk factors associated with severe infection and death from pneumonia of coronavirus-19 in patients of the social health insurance". The bibliographic analysis allows us to foresee that 100% of people who have acute or chronic comorbidities, they have a potential risk of severe infection by COVID-19 with a high risk of death. (14)

EL DIARIO EL COMERCIO, (2020) reports that 71 days have elapsed since the Executive ordered the state of national emergency and 81 days since the first positive case of Coronavirus in Peru. During this period, 123,979 people have been infected with COVID-19; there are 3,629 deaths and more than 123 thousand cases of COVID-19 on day 71 of the emergency. (15). ANDINA, (2020) reports that in a state of national emergency to prevent the spread of the new coronavirus (COVID-19), personnel from the Municipality of San Juan de Miraflores together with the National Police of Peru (PNP) seized dozens of merchandise of street vendors, who were illegally installed around the "Ciudad de Dios" and "Señor de Muruhuay" markets. (16). NACIONALPE, (2020) reports that the Supervisors of the Municipality of Lima, members of the National Police and agents of the Army intervened a group of informal street vendors who sold masks, gloves and alcohol, in the area of Mesa Redonda and the Central Market, without respecting the measures to prevent the spread of the new coronavirus (Covid-19). (17).

### **Theoretical basis**

According to Dávila, K. (2020) defines the state of Health Emergency due to COVID-19, a strategy that aims to "efficiently protect the life and health of the population, reducing the possibility of an increase in the number of people affected by the COVID-19, without affecting the provision of basic services, as well as the health and nutrition of the population". (18). Its execution results in the restriction of constitutional rights related to freedom and personal safety, the inviolability of the home and the freedom to gather in groups, and the cutting of the walkability of wandering and the use of private vehicles, all in protection and safeguarding of global public health. The specific measures correspond to: Compulsory social isolation, with the exception of exceptional cases. Order of immobility between specific times, except in exceptional cases.

The Ministry of Justice and Human Rights, (2020) (19), emphasizes that the Supreme Decree arises in response to compliance with articles 7 and 9 of the political constitution of Peru, emphasizing that all citizens have the right to health. Likewise, it emphasizes the strict compliance with 12 Articles that make up its

structure, below, this mention is made of the representative part of each article, taken from "El Peruano" newspaper, (2020) (20):

Article 1: Declaration of a State of National Emergency. He mentions that the time of the state of Emergency is at the discretion of the meticulous evaluation of the morbidity and mortality of the real situation of the COVID-19 pandemic and is ordered by the President of the Republic. In addition: During the state of emergency, the supply of food, medicine, as well as the continuity of basic services that allow the subsistence of the subject population must be guaranteed.

Article 2: Access to public services, goods and essential services. The state is committed to guaranteeing the supply of food, medicine and the continuity of basic services and other specifics. The right to freedom and public transit is restricted, only justifiable cases can transit under certain restrictions.

Article 3: Suspension of the exercise of Constitutional Rights. The exercise of constitutional rights concerning the freedom and security of citizens is restricted.

Article 4: Limitation to the exercise of the right to freedom of movement of people. The movement of people through public use roads is authorized for the provision and access to the following services: Acquisition, production and supply of food. - Acquisition, production and supply of pharmaceutical products. - Assistance to Health contexts. - Provision of services that operationalize the use of basic services of society. - Return to the place of habitual residence. - Health care and care for vulnerable people. - Operation of financial entities under restrictions. - Production, storage, transportation and distribution of fuel. - Media and mobile service centers. - Public sector workers with activities related to the state of emergency produced by COVID-19 may commute to their jobs in a restricted manner. - The restricted continuity of essential activities determined by the central body of the country may be included. - Other activities not described that must be carried out by force majeure.

Article 5: Measures aimed at strengthening the National Health System throughout the territory. The Ministry of Health remains as the Governing Body to enforce its powers in making decisions and actions that allow reinforcing the National Health System throughout the National territory. (With the involvement of public, private and mixed institutions).

Article 6: Measures for the assurance of the supply and services necessary for the protection of public health, these are governed under the following competences of the Ministry of Health: To impart normative provisions to ensure the supply of the market and the operation of health services, in order to protect public health. - Provide provisions to guarantee the entry and exit of products and services needed by health authorities. - Impart specific measures to safeguard public health.

Article 7: Restrictions in the field of commercial activity, cultural activities, establishments and recreational activities, hotels and restaurants. - The opening of activities that concentrate a large number of people in their interiors, as well as that put the person at high risk individually and collectively are restricted.

Article 8: Temporary closure of borders. During the state of emergency, the total closure of the borders is ordered, as a result the international transport of passengers by different means of transport is suspended; only the entry and exit of first need products that is required to attend the health emergency.

Article 9: Transportation in the national territory. National transportation is restricted to 50% of total capacity in strict compliance with the recommendations of the Ministry of Health. While interprovincial transport is suspended.

Article 10: Of the intervention of the National Police of Peru and the Armed Forces. In order to guarantee compliance with the provisions of isolation, quarantine and other specific measures dictated by the State of Sanitary Emergency due to COVID-19, the armed forces and the National Police of Peru participate, having the capacity to apply all the weight of the law to all persons who comply with the indications for the state of emergency, with the occurrence of exceptional cases duly supported in a verbal and documented manner.

Article 11: Competent entities for the fulfillment of this supreme decree. The Ministries and public entities dictate the different Norms that contribute to the fulfillment of the State of Sanitary Emergency due to COVID-19.

Article 12: Endorsement. This supreme decree is raised in consensus with all authorities and critical judgment corresponding to the care of the Public Health of the Country.

### **Economic, social and personal factors**

Economic factors: Ortiz, J. (2014) (21) mentions that economic factors are a set of activities that the person develops to increase the productivity of goods and services in their internal economy, with a view to satisfying individual and family needs socially human (at the macro level we find factors of production, circulation, distribution and consumption of resources that affect the balance or imbalance of economic factors). Within this we can find key phases immersed in indicators based on the need, perception, situation, income and expenses of the person, however, it is observed in most cases that economic factors prevail over the aptitude and attitude of people for being an essential factor for the balance in the satisfaction of both food and clothing needs, etc. This does not want to justify the mismanagement of economic resources only to cover basic needs that have economic support; however, it is a predisposing factor to widely regulate the attitudes and aptitudes of the person, if tangible and sustainable strategies are not strengthened that allow to regulate the balance between income and expenses of the person individually and with the family.

Social factors: The familydoctor.org, (2018) (22) highlights that the social factors of the person are complex and are diversified based on intervening variables such as: context, degree of education, financial support, etc. Among them, we can mention education, income, housing, access to health, among others. However, the study approach, the user's ability to relate to others; likewise, of the attitudes and aptitudes that it adopts in relation to the degree of relationship that it handles with the individuals in its environment based on indicators of behavior, participation, commitment, environment and relationships. Each of these indicators determine the social factors that the individual puts into practice and that play an important role in maintaining their health.

Personal factors: Nieto, P. (2020) (23) makes mention of the importance of not underestimating the participation and impact of the physical, physiological conditions, attitude, behavior and learning process that each individual enjoys in different ways depending on opportunities and caring for one's own health. These indicators act as intervening factors that at first glance are underestimated, however, they have a significant impact on the person's decision-making for their health care. For example, even if a person has good knowledge about the disease and does not show a reflective attitude to change towards their lifestyles and habits that adjust to the new work situation required by the state of emergency due to COVID-19; Sooner or later it will end up being a potentially harmful carrier for the health of those in its environment and that of itself.

### **Risk of infection by coronavirus (COVID-19)**

The World Health Organization (2020) states that "coronaviruses are an extensive family of viruses that can cause disease, both in animals and in humans. In humans, various coronaviruses are known to cause respiratory infections that can range from the common cold to more serious illnesses such as Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS). The most recently discovered coronavirus causes the coronavirus disease COVID-19." (24). It also analyzes that COVID-19 is an infectious disease caused by the coronavirus, this virus and the development of the disease it causes were unknown until before its outbreak in Wuhan (China) in December 2019. To this day, this disease It has grown exponentially, affecting multiple countries around the world, currently considered a deadly global pandemic.

Symptoms of COVID-19. The main symptoms of Coronavirus infection will largely depend on the type of coronavirus, the severity of the infection and predisposing factors for comorbidity (age, sex, chronic disease involved, etc.), in general the Mayo Clinic, (2020) (25) prioritize the following symptoms: Profuse cough - Sore throat - Hyperthermia - Dyspnea - Headache that worsens according to the evolutionary picture. - Decreased olfactory capacity and taste. - Integumentary manifestations such as: urticaria with and without itching, multiform erythema. - General malaise that is becoming chronic. - Marked chills. - Abundant presence of nasal

discharge, which causes obstruction of the airways and drip. - Difficulty expressing oneself verbally. - Difficulty in ambulation.

Likewise, these can appear between 2 and 14 days after being exposed to the virus. (Incubation period). Other less common symptoms are: nausea, vomiting and diarrhea. The severity of the symptoms can be from mild to extreme severe in view of the fact that the symptomatological picture becomes more acute when comorbidities (gastritis, diabetes, TB, degenerative diseases, etc.) are added, in addition to risk factors. (Age, sex, etc.) Causes related to COVID-19 infection. Although to date, the origin of the Coronavirus family is unknown, studies show that some animals such as bats act as reservoirs and that transmissibility between humans is limited and they are generally transmitted through the airways. The health page CuidatePuls, (2020) (26) mentions the care with microdroplets expelled at the time of talking, coughing or sneezing. In addition, that the Coronavirus that haunts the world, it could have animal origin, assuming that the first cases in China were closely related to the live animal market in Wuhan. Spread of COVID-19.

The Center for Disease Control and Prevention, (2020) (27) analyzes the spread of the virus from person to person: under the following situations with the greatest impact: People who are in close contact, even one meter away. - Expulsion of droplets from the respiratory tract by actions such as: coughing, sneezing and talking. - Drops in suspension can be inhaled up to the lungs. - People who have the disease, but do not develop the clinical picture (they only act as reservoirs of the disease), they have the condition of being potentially infectious. It should be noted that the transmission of the virus between people is fast and continuous, if prevention measures are not put into practice, such as the use of protective barriers.

Prevention measures against COVID-19. The World Health Organization, (2020) (28) refers to a number of general prevention measures to be put into practice, in order to avoid the risk of infection by Coronavirus (COVID-19): Wash your hands frequently: the first essential measure to To fight the virus, hand washing should be with an alcohol-based solution or soap and water. - Adoption of respiratory hygiene strategies: when coughing or sneezing, the mouth and nose should be covered with the elbow region (front), then hands should be washed with antiseptic solution. - It is important to maintain social distancing: it must be kept at least one meter away from everyone, even more if the person shows actions of sneezing, coughing, etc. - You must avoid touching the eyes, nose and mouth: the hands have greater contact with external surfaces that could be infected, when bringing the hands to these any of these three anatomical structures, there is a potential risk of acquiring the virus since the three have secretions where the virus can host and incubate. - If you have a respiratory infection or symptomatological picture (fever, cough or dyspnea) that needs medical attention, do not hesitate to do so. (However, take precautionary measures before traveling.) - Staying constantly informed to take action against fluctuations in the advance of COVID-19.

Treatment for people infected with COVID-19. El Peruano Newspaper, (2020) (29) makes mention of Ministerial Resolution No. 270-2020-MINSA: Modification of the technical document: Prevention, Diagnosis and Treatment of people affected by COVID-19 in Peru. In point 7.9. Specific treatments for COVID-19, reports that to date, there are no randomized trials to recommend specific treatments; however, in case analysis and discussion of several documents in majority opinion in favor of the team (National Institute of Health and others) puts the treating medical community rigorous treatment through the use of Hydroxychloroquine, Ivermectin, among others in patients with COVID-19. However, to this day studies have made clear the adverse reactions of these drugs when administered to the human body that can be potentially harmful, in view of this, the Ministries of Health together with the World Health Organization have been analyzing the continuity of its administration in hospitalized users and even more so in a good percentage of people who use it preventively within their homes.

Home or social isolation due to COVID-19. Home isolation due to COVID-19 according to the Ministries of Health, (2020) "it is a restriction of activities that are usually carried out outside the home, for those people who were exposed to an infectious agent, and who currently have no symptoms. Being able to develop the disease and therefore transmit it to other people" (30). Home isolation lasts 14 days, from contact with a person with COVID-19, as well as from the date of departure from a country that had a COVID-19 outbreak.

On the other hand, the *Gestión* newspaper, (2020) refers that social or home isolation "occurs when a person must completely move away from their environment and remain at home on a mandatory basis. This means that you should stay at home, not call meetings at your home or attend any type of event or party." (31) In addition, it arises in response to the significant increase in cases and has the following objectives: To stop contagions so that health care contexts do not collapse. - Control the fatality rate of COVID-19. - Reduce the exposure of vulnerable groups. (Children, the elderly, people with comorbidity, etc.)

Quarantine for COVID-19. The *RPP Noticias* newspaper, (2020) (32) the state of quarantine means separating people who are not sick but who may have possibly been exposed to COVID-19; although at the moment they do not present any symptoms, being the objective of the quarantine preventing transmission. In this case, the following recommendations should be followed: the room you occupy must be individual, this means that it must have basic services for personalized use. - Faced with its impossibility, the beds should be spaced at least one meter apart. - Maintain the distance between household members and other people when you have to come into contact with a considerable number of people. - Do not underestimate differential symptomatological pictures between COVID-19 and other respiratory infections, therefore the need to be up-to-date in knowledge about the disease and medical review, if it proceeds. - Quarantine makes it impossible for the person who suspects or has been in contact with sick people with COVID-19 to leave the home. (For a period of 14 calendar days).

Personal Protective Equipment against COVID-19. The Pan American Health Organization, (2020) (33) mentions the basic elements of Personal Protection for health personnel and recommendations for the general population: Health personnel (PPE and accessories): liquid soap for hand hygiene, disposable towel for drying hands, alcohol-based solutions (alcohol gel), non-sterile and sterile gloves, protective glasses or goggles, medical mask (surgical), N95 respirator / PPF2 - Face shield, sleeveless apron or bib and aprons with sleeves. (or protective coveralls), protective glasses, surface disinfectant (0.05% and 0.5% hypochlorite), sharps disposal container, hospital waste bags and mortuary bags. Likewise, the use and management of PPE must be in strict compliance with the technical document of the World Health Organization, (2020). (34)

General population. The Pan American Health Organization together with the World Health Organization recommend that protective equipment for the general population is specific in evaluating contact with risk groups, and should practice the following recommendations: If you go to markets or other contexts regular concentration of groups of people, you must wear a mask in the best of cases N95, face shield, cap, protective overalls, glasses and gloves. - Constantly practice hand washing. - Carry a disinfectant alcohol to disinfect surfaces of market products bought outdoors, as well as to disinfect coins and bills, etc. It is necessary then the personal protection equipment that the citizen must wear for their daily actions as recommended by the World Health Organization, (2020). (35).

## **Conceptual Basis**

Pender, N. (2012) cited by the page *The Care* analyzes in its theory of Health Promotion "the identification in the individual of cognitive-perceptual factors that are modified by situational, personal and interpersonal characteristics, which results in participation in health-promoting behaviors, when there is a guideline for action" (36). For ANNÍA et al., (2019) (37) and RAMÍREZ et al., (2019) (39), emphasizing that Health professionals have the ability to identify relevant concepts about the behaviors that the person shows to practice Health Promotion in the well-being of individual and collective health, based on the importance of the education provided to users so that They can take care of themselves and the other people in their environment, however, it invites the same Health professionals to take care of themselves in the first instance to be able to take care of and teach health care to the population, having as a key idea the following statement: "It is necessary to promote a healthy life, which is essential before care because that way there are fewer sick people, fewer resources are spent, people are given independence and they improve in the future". In this sense, the theory of Health Promotion of Nola Pender supports the research in the reflection of integrating



nursing methods in the behavior of people, influencing their decision-making in the well-being of individual and collective health, addressing in an integral way the biopsychosocial scenario of people to improve their quality of life.

**METHODOLOGY**

**Type of study**

It was correlational, prospective of a cross-sectional type, whose design was descriptive correlational responding to the following scheme:

Where:

M: Sample

O1: Factors that hinder submitting to the state of Emergency for COVID-19

O2: Risk of infection by Coronavirus.

r: Relationship between variables

Sample

Hernández, R. et. to the. (2014), (39)., The sample is a representative part of the population, after a simple sampling for a finite population with a confidence level of 95%. A sample of 53 street vendors from the city of Tarma was obtained.

The technique that was applied was the survey and as

Instruments: A questionnaire on Factors that hinder submitting to the state of Emergency due to COVID-19, and another that measured the Risk of infection by Coronavirus.

The content of the data collection instrument was validated, for which the validation by judgment of 5 experts was considered, to validate the data collection instruments, who issued their judgment for each instrument. Then, in the agreement, the Binomial test was used.

It was considered that there is validity of the instrument when the value of the coefficient of the Binomial Test was 0.02 equal to or greater than 0.05.

Regarding the reliability analysis, the first questionnaire reached a cronbach's alpha of 0.909 and the second instrument of 0.832. Kendall's Tau B statistical test was used to test the hypothesis. For statistical significance, a reliability of 95.0% was used. SPSS version 27.0 statistical software had to be used in all data processing.

**RESULTS**

Table N ° 1. Factors that hinder submitting to the state of Emergency for COVID-19 and its relationship with the risk of coronavirus infection in its empiricism dimension in ambulatory providers of the city of Tarma - 2020.

Factors that hinder submitting to the state of Emergency for COVID-19	Dimension: Empiricism											
	Very low		Low		Regular		High		Very high		TOTAL	
	f	%	f	%	f	%	f	%	f	%	f	%
Very favorable	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Favorable	0	0.0%	0	0.0%	25	47.2%	0	0.0%	0	0.0%	25	47.2%
Poor	0	0.0%	0	0.0%	4	7.5%	12	22.6%	0	0.0%	16	30.2%
Unfavorable	0	0.0%	0	0.0%	0	0.0%	12	22.6%	0	0.0%	12	22.6%
Very unfavorable	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL	0	0.0%	0	0.0%	29	54.7%	24	45.3%	0	0.0%	53	100.0%

Source: Questionnaire of factors that hinder submitting to the state of Emergency for COVID - 19 and risk of infection by Coronavirus in street vendors in the city of Tarma - 2020.

54.7% (29) of ambulatory providers present risk of infection by Coronavirus in its regular empirical dimension, of which 47.2% (25) of street vendors develop factors that hinder submitting to the state of emergency due to COVID-19 favorable and 7.5 % (4) unfavorable. 45.3% (24) of ambulatory providers have a high empirical risk of Coronavirus infection, of which 22.6% (12) of street vendors develop factors that hinder submitting to the state of emergency due to COVID-19 poor and another 22.6% (12) unfavorable. Furthermore, we can statistically conclude that after applying Kendall's Tau b test, a p value of  $0.000 \leq 0.05$  was obtained, which indicates that there is a relationship between the variables under study, in addition, there is a very high correlation of 0.822.

Table N ° 2. Factors that hinder submitting to the state of Emergency due to COVID-19 and its relationship with the risk of coronavirus infection in its knowledge dimension in street vendors in the city of Tarma - 2020

Factors that hinder submitting to the state of Emergency for COVID-19	Dimension: Knowledge										TOTAL	
	Very low		Low		Regular		High		Very high		f	%
	f	%	f	%	f	%	f	%	f	%		
Very favorable	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Favorable	0	0.0%	25	47.2%	0	0.0%	0	0.0%	0	0.0%	25	47.2%
Poor	0	0.0%	0	0.0%	16	30.2%	0	0.0%	0	0.0%	16	30.2%
Unfavorable	0	0.0%	0	0.0%	12	22.6%	0	0.0%	0	0.0%	12	22.6%
Very unfavorable	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL	0	0.0%	25	47.2%	28	52.8%	0	0.0%	0	0.0%	53	100.0%

Source: Questionnaire of factors that hinder submitting to the state of Emergency for COVID - 19 and risk of infection by Coronavirus in street vendors in the city of Tarma - 2020.

47.2% (25) of street vendors present risk of infection by Coronavirus in its low knowledge dimension and develop factors that hinder submitting to the favorable state of emergency due to COVID-19. 52.8% (28) of street vendors present risk of infection by Coronavirus in its dimension regular knowledge, of which 30.2% (16) of street vendors develop factors that hinder submitting to the poor state of emergency due to COVID-19 and the 22.6% (12) unfavorable. Furthermore, we can statistically conclude that after applying Kendall's Tau b test, a p value of  $0.000 \leq 0.05$  was obtained, which indicates that there is a relationship between the variables under study, in addition; there is a very high correlation of 0.888.

Table N ° 3. Factors that hinder submitting to the state of Emergency due to COVID-19 and its relationship with the risk of coronavirus infection in its protection dimension in street vendors in the city of Tarma - 2020.

Factors that hinder submitting to the state of Emergency for COVID-19	Dimension: Protection										TOTAL	
	Very Low		Low		Regular		High		Very high		f	%
	f	%	f	%	f	%	f	%	f	%		
Very favorable	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Favorable	0	0.0%	0	0.0%	20	37.7%	5	9.4%	0	0.0%	25	47.2%
Poor	0	0.0%	0	0.0%	0	0.0%	9	17.0%	7	13.2%	16	30.2%
Unfavorable	0	0.0%	0	0.0%	0	0.0%	12	22.6%	0	0.0%	12	22.6%
Very unfavorable	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL	0	0.0%	0	0.0%	20	37.7%	26	49.1%	7	13.2%	53	100.0%

Source: Questionnaire of factors that hinder submitting to the state of Emergency for COVID - 19 and risk of infection by Coronavirus in street vendors in the city of Tarma - 2020.

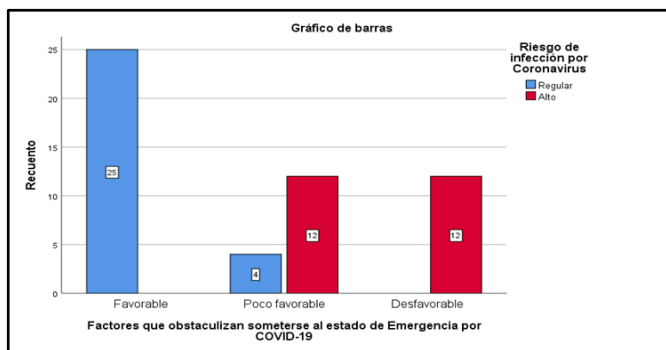
37.7% (20) of street vendors present risk of coronavirus infection in its regular protection dimension and develop factors that hinder submitting to the favorable COVID-19 state of emergency. 49.1% (26) of street vendors present a risk of infection by Coronavirus in its high protection dimension, of which 22.6% (12) of street vendors develop factors that hinder submitting to the unfavorable state of emergency due to COVID-19, on February 17 % (9) unfavorable and 9.4% (5) favorable. 13.2% (7) of street vendors present a very high risk of infection by Coronavirus in its protection dimension and present factors that hinder undergoing the poor state of emergency due to COVID-19. Furthermore, we can statistically conclude that after applying Kendall's Tau b test, a p value of  $0.00 \leq 0.05$  was obtained, which indicates that there is a relationship between the variables under study, however, there is a moderate correlation of 0.590.

Table N ° 4. Factors that hinder submitting to the state of Emergency for COVID - 19 and its relationship with the risk of infection by Coronavirus in street vendors in the city of Tarma - 2020.

Factors that hinder submitting to the state of Emergency for COVID-19	Risk of Coronavirus infection										TOTAL	
	Very low		Low		Regular		High		Very high		f	%
	f	%	f	%	f	%	F	%	f	%		
Very favorable	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Favorable	0	0.0%	0	0.0%	25	47.2%	0	9.4%	0	0.0%	25	47.2%
Poor	0	0.0%	0	0.0%	4	7.5%	12	22.6%	0	0.0%	16	30.2%
Unfavorable	0	0.0%	0	0.0%	0	0.0%	12	22.6%	0	0.0%	12	22.6%
Very unfavorable	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL	0	0.0%	0	0.0%	29	54.7%	24	45.3%	0	0.0%	53	100.0%

Source: Questionnaire of factors that hinder submitting to the state of Emergency for COVID - 19 and risk of infection by Coronavirus in street vendors in the city of Tarma - 2020.

Graph N ° 1.



54.7% (29) of ambulatory providers present regular risk of infection by Coronavirus, of which 47.2% (25) of street vendors present factors that hinder submitting to the favorable state of emergency due to COVID-19 and 7.5% (4) poor. 45.3% (24) of street vendors present a high risk of Coronavirus infection, of which 22.6% (12) of ambulant providers present factors that hinder submitting to the poor state of emergency due to COVID-19 and another 22.6% (12) unfavorable. Furthermore, we can statistically conclude that after applying Kendall's Tau b test, a p value of  $0.00 \leq 0.05$  was obtained, which indicates that there is a relationship between the variables under study, in addition, there is a high correlation of 0.822.

## DISCUSSION

Although measures were taken worldwide (Declaration of states of Sanitary Emergency, quarantine, social isolation, participation of specific groups such as the Armed Forces - National Police and support NGOs to ensure compliance with specific regulations in order to safeguard health population, etc.); in order to counteract the advance of COVID-19 that today stalks the world as a lethal pandemic for vulnerable groups such as people with comorbidity, frail older adults, among others. Today, the lethal behavior of COVID-19 in our Peruvian territory grows exponentially and the collapsed and ongoing clinical contexts are becoming more and more innumerable in all Levels of Care and this because the subject population is largely underestimated to precarious economic needs, who use the work carried out on a day-to-day basis through informal trade to be able to meet basic necessities within their homes.

We are talking about a population of street vendors that is between 60% to 70% of the country's internal trade, it is precisely this population that is made up of increasingly younger age groups and with a high presence of vulnerable population (Presence of comorbidities), those who to date have been exercising their various working hours normally; however, develop them widely underestimating the risk of infection by Coronavirus. (There is the use of masks, as the only barrier method in 90%, likewise the need prevails before individual and collective health care).

In this way, in the city of Tarma, this panorama is quite unfortunate, having a high population of street vendors that reaches 80% of the merchant population in the same city, based on the results, we find that despite the fact that 71.1% of street vendors in the study; use a mask as the only barrier method, they use masks not recommended by the Ministry of Health, and the remaining 28.3% think that despite being exposed to infection, it is only necessary sometimes to use masks having daily contact with many street vendors. In this way, the results of the study make it clear that the approach to comply with the State of Sanitary Emergency with which the country and specifically the street vendors of the City of Tarma; It is not a question of rigorous control, on the contrary it shows us a sad reality reflected in a poor Cultural level and a selfish thought that distances us from collective care; as a result of a weak management of economic, social and personal factors; keys practiced poorly and irresponsibly.

In this scenario, the study's general objective was to analyze the factors that hinder undergoing the state of Emergency for COVID - 19 and its relationship in the risk of infection by Coronavirus in street vendors of the city of Tarma - 2020, finding in its results that 45.3% (24) of street vendors present a high risk of infection by Coronavirus, of which 22.6% (12) of street vendors present factors that hinder submitting to the poor state of emergency due to COVID-19 and another 22.6% (12) unfavorable. It is important to note that precisely due to the poor approach to social, economic and personal factors; the risk of infection by Coronavirus becomes more latent and lethal even more in populations with some degree of comorbidity, this is also demonstrated in the results of the study of Culquichicón, C. which shows in its final conclusion that 100% of people with acute or chronic comorbidities have a potential risk of severe infection by COVID-19 with a high risk of death. On the other hand, specific objectives 1, 2 and 3 sought to assess the factors that hinder undergoing the state of Emergency due to COVID-19 and its relationship with the risk of coronavirus infection in its empiricism, knowledge and protection dimension in ambulatory providers of the city of Tarma - 2020, finding in its results that:

45.3% (24) of street vendors present a high empirical risk of Coronavirus infection, of which 22.6% (12) of street vendors develop factors that hinder submitting to the poor state of emergency due to COVID-19. This shows the population's lack of education and lack of interest in knowing about the disease reflected in their empirical actions driven by need, but which has resulted in the sale of their products in an irresponsible and potentially harmful way. 52.8% (28) of street vendors present risk of infection by Coronavirus in its regular knowledge dimension, of which 30.2% (16) of street vendors develop factors that hinder submitting to the poor state of emergency due to COVID-19. This makes it clear that, despite the knowledge of the population

regarding basic issues of the disease, there is no interest in self-care, or collective care, and they believe they know about the disease, but its mortality rate is underestimated.

49.1% (26) of street vendors present risk of infection by Coronavirus in its high protection dimension, of which 22.6% (12) of street vendors develop factors that hinder submitting to the unfavorable state of emergency due to COVID-19. These results show that despite the fact that financial need may be critical, it is difficult to make the population of ambulatory providers understand that, if they do not take care of their health, their expenses will be more in the treatment of the disease and even greater the outcome, if this reaches its high index of pathogenesis: cessation of life; in this scenario, there is the use of masks, but this action is useless since in the vast majority, they are made of material not recommended by the Ministry of Health and this being its only barrier method, the results are shown with a high risk of infection and spread of the Coronavirus.

Nacionalpe's report converges with the results of the study, informing that the Inspectors of the Municipality of Lima, members of the National Police and Army agents intervened a group of informal street vendors who sold masks, gloves and alcohol, in the area Roundtable and the Central Market, without respecting the measures, in order to prevent the spread of the new coronavirus (Covid-19). Also, in the DailyForez study, he reports that the World Health Organization continues to warn of a second wave of infections as countries reopen and people become laxer about social distancing. This panorama makes clear the critical situation that emerges exponentially in the City of Tarma and the advance by leaps and bounds in the rate of mortality and infection by Coronavirus product of high-risk groups in the spread of the virus (COVID-19) such as street vendors.

## **CONCLUSIONS**

45.3% (24) of street vendors present a high empirical risk of infection by Coronavirus, of which 22.6% (12) of street vendors develop factors that hinder submitting to the poor state of emergency due to COVID-19, which shows that the empirical way of coping with the risk of infection is highly damaging to your health. 52.8% (28) of street vendors present risk of infection by Coronavirus in its dimension regular knowledge, of which 30.2% (16) of street vendors develop factors that hinder undergoing the poor state of emergency due to COVID-19, this shows the low interest of the target population to strengthen their knowledge about COVID-19.

49.1% (26) of street vendors present a risk of infection by Coronavirus in its high protection dimension, of which 22.6% (12) of street vendors develop factors that hinder submitting to the unfavorable state of emergency due to COVID-19, this shows the degree of irresponsibility of the target population, widely underestimating the proper use of PPE for their health care. 45.3% (24) of street vendors present economic factors that hinder submitting to the unfavorable state of emergency due to COVID-19 and high risk of Coronavirus infection, a fact that shows that the economic need with which street vendors prevails care, they must face their health in these times of pandemic.

75.5% (40) of street vendors present social factors that hinder submitting to the unfavorable state of emergency due to COVID-19, of which 47.2% (25) of street vendors present regular risk of infection by Coronavirus; this panorama leaves in clear the influence of the groups with which the person frequents and their variability, in order to follow weak behaviors that put their health status at greater risk.

52.8% (28) of street vendors present personal factors that hinder submitting to the unfavorable state of emergency due to COVID-19, of which 45.3% (24) of street vendors present high risk of infection by Coronavirus, this demonstrates the little commitment and development of behaviors subject to necessity and leave your health fully exposed to potential damage at the risk of becoming infected with the Coronavirus. 45.3% (24) of street vendors present a high risk of Coronavirus infection, of which 22.6% (12) of street vendors present factors that hinder submitting to the poor state of emergency due to COVID-19 and another 22.6%

(12) unfavorable, it is appreciable that in the vast majority of street vendors, there is a need to manage the factors studied that are the focus of the exponential behavior of increase in cases of COVID-19 infection.

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