



## Reliable sources of information about COVID-19 among users of the Family Health Strategy

*Fontes de informações confiáveis sobre COVID-19 entre usuários da Estratégia Saúde da Família*

**Bárbara Fortunato Bittencourt<sup>1</sup>, Magda de Mattos<sup>2</sup>, Leticia Silveira Goulart<sup>3</sup>, Débora Aparecida da Silva Santos<sup>4</sup>, Patrícia de Lima Lemos<sup>5</sup>**

<sup>1</sup> Graduate in nursing from Universidade Federal de Rondonópolis (MT), Brazil. <sup>2</sup> Ph.D. in education, professor in nursing, and graduate course in biosciences and health, Rondonópolis (MT), Brazil. <sup>3</sup> Ph.D. in cellular and molecular biology, professor in nursing, and graduate course in biosciences and health, Rondonópolis (MT), Brazil. <sup>4</sup> Ph.D. in natural resources, professor in nursing, and graduate course in biosciences and health, Rondonópolis (MT), Brazil. <sup>5</sup> Ph.D. in public health, professor in medicine, Rondonópolis (MT), Brazil.

**\*Corresponding author:** Bárbara Fortunato Bittencourt – *E-mail:* barbarafortunato2010@hotmail.com

### ABSTRACT

To analyze access to reliable sources of information about COVID-19 by users in the Family Health Strategy. Cross-sectional and descriptive study carried out with 400 users assisted in the Family Health Strategy, from January to September 2021, in a municipality in the south of Mato Grosso. A structured questionnaire was used, containing sociodemographic data and access to information. Statistical analyzes were performed using the Stata software, version 16.0. It was observed that younger people, aged 18 to 39 years, tend to trust social media more ( $p = 0.342$ ) and health professionals ( $p < 0.001$ ), while adults aged 40 to 59 years showed greater trust in the media traditional ( $p < 0.001$ ). Women trust more than men in all sources of information presented in this study. The reliability of the adult population to the different sources of information about COVID-19 is related to factors such as age, gender, and family income.

**Keywords:** Access to information. Primary Health Care. COVID-19. Dissemination of information.

### RESUMO

Analisar o acesso às fontes confiáveis de informações sobre Covid-19 por usuários na Estratégia Saúde da Família. Estudo transversal e descritivo realizado com 400 usuários atendidos na Estratégia Saúde da Família, no período de janeiro a setembro de 2021, em um município no sul do Mato Grosso. Utilizou-se um questionário estruturado, contendo dados sociodemográficos e de acesso às informações. Foram realizadas análises estatísticas por meio do software Stata, versão 16.0. Observou-se que pessoas mais jovens, de 18 a 39 anos, tendem a confiar mais nas mídias sociais ( $p = 0,342$ ) e nos profissionais da saúde ( $p < 0,001$ ), enquanto adultos de 40 a 59 anos apresentaram maior confiança nas mídias tradicionais ( $p < 0,001$ ). Mulheres confiam mais que homens em todas as fontes de informações apresentadas nesse estudo. A confiabilidade da população adulta às diferentes fontes de informações acerca da Covid-19 está relacionada a fatores como idade, sexo e renda familiar.

**Palavras-chave:** Acesso à informação. Atenção Primária à Saúde. Covid-19. Disseminação de informação.

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## **INTRODUCTION**

With the declaration of a COVID-19 pandemic by the World Health Organization (WHO) in March 2020, the challenges regarding the availability and access to information in order to guarantee knowledge and adherence to the recommendations for preventive measures became part of the daily life of the world's population<sup>1</sup>. Considering the seriousness of the pandemic, in which the primary purpose was to contain the circulation and transmission of the disease, the world began to be observed through windows, whether physical or digital, as social distancing was a necessary measure, in addition to the use of masks, hand hygiene, use of 70% alcohol gel, maintenance of well-ventilated environments and completion of the complete vaccination schedule against the disease<sup>2-3</sup>.

Likewise, access to information has become fundamental, considering the pandemic context, in which it was necessary to produce numerous information and scientific content<sup>4</sup>. The publicity and transparency of public information and data support not only the development of policies, but also the behavior of civil society, regarding clarity and prudence in the treatment of information. When the topic involves public health issues, such as the health crisis arising from the COVID-19 pandemic, access to information becomes, in addition to a constitutional guarantee and a human right, an indispensable tool in coping with the disease<sup>5</sup>.

Informational needs engendered some problems, such as false news and inaccurate guidelines that emerged practically at the same speed as the virus spread. A variety of information was transmitted and replicated, whether on the onset of the disease, symptoms, forms of transmission, treatment or on the necessary interventions. These and other information permeate the different informational environments and directly interfere with the

physical, mental, and emotional health of individuals<sup>2</sup>.

Primary Health Care (PHC) in the context of the pandemic, played a highly relevant role within the Unified Health System (SUS) by ensuring access to information, as well as early identification of signs, symptoms, monitoring, assistance and rehabilitation of patients<sup>6</sup>. In risk management during the pandemic, the work of professionals working in the Family Health Strategy (FHS) was important to support populations in situations of social isolation and the consequences arising from it, such as mental disorders, development and worsening of chronic illnesses. It should be noted that it was up to the health teams to maintain care by re-planning activities and restructuring services, based on the characteristics of the epidemic, such as priority care for users with signs and symptoms of the disease, intensification of educational activities and immunization, in addition to preserving contact and ties with users and the affiliated community<sup>7-8</sup>.

In this context, the justification for the study is the importance of the theme, given that a population with qualitative and quantitative access to information about COVID-19 will help spread science-based news and monitor the disease. Still, the research has social relevance in the face of the pandemic experienced worldwide, in which the population's access to information has never been so important.

The aim of the study was to analyze access to reliable sources of information about COVID-19 by users of Family Health Strategies units.

## **METHODS**

This is a cross-sectional and descriptive study, with a quantitative methodological approach, carried out with 400 users assisted in

the Family Health Strategy in the municipality of Rondonópolis, state of Mato Grosso, Brazil. The municipality in question had 50 Family Health Units (FHU) during the study period, of which 40 were selected to carry out the study, as they were registered in the National Register of Health Establishments (CNES) and served the urban population.

For the sample calculation, the adult population residing in the municipality was considered, which according to the last IBGE census (2010), corresponded to 138,326 inhabitants (70.76% of the population). From this, the probabilistic sampling procedure stratified according to health units was used. The assumptions for the sample calculation were: confidence level of 95%, sampling error of 5% and expected proportion of 0.50%. In this sense, the sample was constituted by convenience of 400 users of the FHS.

The inclusion criteria of the participants were: being aged 18 years or older and being present at the USFs on the days of data collection. Users who did not agree to participate in the study were excluded from the survey. The risk of the research was minimal and if the participants mentioned tiredness or discomfort during the interview, they could withdraw.

Data collection took place from January to September 2021 and was carried out in the health units that make up the FHS, in a reserved environment. The approach and invitation to the participants took place in the waiting rooms of the health units and those who expressed their willingness to participate in the study signed the Free and Informed Consent Form. For each health unit visited, 10 users were selected.

During data collection, all biosafety recommendations for COVID-19 were adopted, according to the Pan American Health Organization<sup>3</sup>, such as: use of mask and face shield by researchers, hand hygiene with 70%

alcohol gel, distancing minimum of 1.5 m, guaranteed distribution in the room of 3 m<sup>2</sup> per person, ventilated environment, doors, and windows open to ensure air circulation.

A structured questionnaire was used containing the variables: sociodemographic characteristics, with questions about gender, age group, monthly family income range, education and race/color and the variable sources of information accessed, and the confidence attributed to these sources. As for the source of information accessed, the following question was used: How do you find out about the CORONAVIRUS? Reliable sources of information were considered for the study: WhatsApp<sup>®</sup>, Facebook<sup>®</sup>, Instagram<sup>®</sup>, Television, Newspapers on TV and/or internet, radio, Church, friends/neighbors/relatives of the community, government officials (mayor, governor, president). To assess the confidence attributed to these sources of information accessed, the following question was asked: Which of these cited sources do you trust the most? With the same answer options as the previous question. The variables Facebook<sup>®</sup>, Instagram<sup>®</sup> and WhatsApp<sup>®</sup> were designated as social media, and for traditional media radio and television.

Data were entered into Microsoft Excel<sup>®</sup> spreadsheets, transferred and analyzed using Stata software, version 16.0 (StataCorp LP, College Station, United States), and then submitted to descriptive statistical analysis (frequency, mean, minimum value and maximum, standard deviation) and tests for comparison between categorical variables (Pearson's chi-square and Fisher's exact), considering a significance level of 95%.

The study respected the ethical aspects of research, was submitted to the Research Ethics Committee, with approval under Protocol No. 4,418,798 and CAAE No.: 39427420.1.0000.5541.

## RESULTS

Of the total of 400 participants, 70.5% (n= 282) were female and 29.5% (n= 118) male; the mean age of the participants was 42 years old (minimum=18; maximum=86; sd=15.1). Regarding self-reported race/color, most claimed to be brown 55.75% (n=223) and most reported having a partner 51.0% (n=204).

As for education, 2.3% did not have (n=9), 44.2% had completed primary education (n=177), 39.7% had completed secondary education (n=159) and 13.7% had completed higher education (n=55). Regarding monthly family income, 39.7% (n=158) received up to 1 minimum wage; 34.4% (n=137) up to 2 minimum wages; 16.6% (n=66) up to 3 minimum wages and 9.3% (n=37) more than 4 minimum wages.

Of the sources referred to by participants for information on COVID-19, 20.8% (n=82) sought both media (social and traditional); 27.1% (n=107) mentioned only traditional media; 52.2% (n=206) referred to different sources

such as health professionals, relatives/friends, government officials, church, and social media.

In general, regarding confidence in the sources of information cited, traditional media (radio, television) were most mentioned (51.7%); followed by health professionals (26.5%) and social media (Facebook<sup>®</sup>, Instagram<sup>®</sup> and WhatsApp<sup>®</sup>) 12.0%. The lowest percentages were relatives/friends (4.0%); church (1.0%); rulers (0.8%) and do not know/did not respond (2.3%).

In table 1, the sources of self-reported information were distributed according to the level of confidence between the age groups of the participants, of which individuals between 40 and 59 years of age attributed greater confidence in the sources of information arising from the traditional media (46.5%), between 18 and 39 years old, trust delegated to social media (54.2%) and to health professionals (58.3%) was more frequent. There was a statistically significant association with age and the following variables: traditional media (p<0.001) and health professionals (p<0.001) (Table 1).

**Table 1.** Distribution of participants, by age group, according to the type of information source they most trust (self-reported) about COVID-19 (n= 400), Rondonópolis-MT, 2022

Variables	Age group			Total n (%)	p-value*
	18-39 years	40-59 years	60 Or more years		
	n (%)	n (%)	n (%)		
<b>Social media</b> (Facebook <sup>®</sup> , Instagram <sup>®</sup> and WhatsApp <sup>®</sup> )					0.342
No	150(44.2)	141(41.6)	48(14.2)	339(87.6)	
Yes	26(54.2)	18(37.5)	4(8.3)	48 (12.4)	
<b>Traditional media</b> (radio, television)					<0.001
No	78(58.6)	41(30.8)	14(10.5)	133(34.4)	
Yes	98(38.6)	118(46.5)	38(14.9)	254(65.6)	
<b>Health professional</b>					<0.001
No	88(37.3)	113(47.9)	35(14.8)	236(60.9)	
Yes	88(58.3)	46(30.5)	17(11.3)	151(39.1)	

Variables	Age group			Total n (%)	p-value*
	18-39 years	40-59 years	60 Or more years		
	n (%)	n (%)	n (%)		
<b>family/friends</b>					0.175
No	139(43.9)	130(41.1)	47(14.8)	316(81.6)	
Yes	37(52.1)	29(40.8)	5(7.0)	71(18.4)	
<b>Governors</b>					0.256
No	148(44.1)	140(41.7)	48(14.3)	336(86.8)	
Yes	28(54.9)	19(37.2)	4(7.8)	51(13.2)	
<b>Church</b>					0.160
No	146(43.1)	140(41.9)	48(14.4)	334(86.3)	
Yes	30(56.6)	19(35.8)	4(7.5)	53(13.7)	

\* Chi-Square Association Test

Source: by the authors.

With regard to family income and the confidence attributed to information sources, despite not having statistical significance, it was observed that people who received up to one minimum wage were the ones who most

demonstrated confidence in the sources of information coming from the Church (42.3%), health professionals (41.8%) and social media (40.3%) (Table 2).

**Table 2.** Distribution of participants, by monthly family income, according to the type of reliable source of information (self-reported) about COVID-19 (n= 400), Rondonópolis-MT, 2022

Variables	Family income				Total n (%)	p-value**
	Up to 1 MS*	Up to 2 MS*	Up to 3 MS*	Up to 4 MS* Or more		
	n (%)	n (%)	n (%)	n (%)		
<b>Social media</b> (Facebook®, Instagram® and WhatsApp®)						0.732
No	135(39.5)	119(34.8)	56(16.4)	32(9.4)	342(87.9)	
Yes	19(40.3)	13(27.7)	10(21.3)	5(10.6)	47(12.1)	
<b>Traditional media</b> (radio, television)						0.759
No	55(40.4)	42(30.9)	24(17.6)	15(11.0)	136(34.9)	
Yes	99(39.1)	90(35.6)	42(16.6)	22(8.7)	253(65.1)	
<b>Health professional</b>						0.485
No	90(38.1)	87(36.9)	37(15.7)	22(9.3)	236(60.7)	
Yes	64(41.8)	45(29.4)	29(18.9)	15(9.8)	153(39.3)	

						(Conclusion)
Variables	Family income					p-value**
	Up to 1 MS*	Up to 2 MS*	Up to 3 MS*	Up to 4 MS* Or more	Total	
	n (%)	n (%)	n (%)	n (%)	n (%)	
<b>Family/friends</b>						0.557
No	127(39.8)	112(35.1)	51(15.9)	29(9.1)	319(82.1)	
Yes	27(38.6)	20(28.6)	15(21.4)	8(11.4)	70(17.9)	
<b>Governors</b>						0.805
No	135(39.8)	117(34.5)	56(16.5)	31(9.1)	339(87.2)	
Yes	19(38.0)	15(30.0)	10(20.0)	6(12.0)	6(12.0)	
<b>Church</b>						0.700
No	132(39.2)	118(35.1)	56(16.6)	31(9.2)	337(86.6)	
Yes	22(42.3)	14(26.9)	10(19.2)	6(11.5)	52(13.4)	

\* Minimum Salary BRL 1,212.00. \*\* Chi-Square Association Test

Source: by the authors.

According to the data collected, although there is no statistical evidence, it was found that women demonstrated greater confidence in information sources (social media, traditional

media, health professionals, relatives/friends, government officials and the Church) than men (Table 3).

**Table 3.** Distribution of participants, by sex, according to the type of reliable source of information (self-reported) about COVID-19 (n= 400), Rondonópolis-MT, 2022.

					(Continued)
Variables	Sex		Total n (%)	p-value *	
	Female n (%)	Male n (%)			
<b>Social media</b> (Facebook®, Instagram® and WhatsApp®)					0.736
No	242 (70.5)	101 (29.5)	343(87.7)		
Yes	35 (72.9)	13(27.1)	48(12.3)		
<b>Traditional media</b> (radio, television)					0.699
No	98(72.1)	38(27.9)	136(34.8)		
Yes	179(70.2)	76(29.8)	255(65.2)		
<b>Health professional</b>					0.665
No	166(70.1)	71(29.9)	237(60.6)		
Yes	111(72.1)	43(27.9)	154(39.4)		

Variables	Sex		Total n (%)	p-value *
	Female n (%)	Male n (%)		
<b>Family/friends</b>				0.436
No	224(70.0)	96(30.0)	320(81.8)	
Yes	53(74.6)	18(25.4)	71(18.2)	
<b>Governors</b>				0.966
No	241(70.8)	99(29.1)	340(87.0)	
Yes	36(70.6)	15(29.4)	51(13.0)	
<b>Church</b>				0.637
No	238(70.4)	100(29.6)	338(86.4)	
Yes	39(73.6)	14(26.4)	53(13.6)	

\* Chi-Square Association Test

Source: by the authors.

## DISCUSSION

The results indicate the trust of the study participants in the sources of information about COVID-19 and the association with some demographic variables. People aged between 40 and 59 years attributed greater trust in traditional media. This information corroborates a comparative study of secondary data carried out in the United States (n= 2,014) that aimed to analyze attitudes and behaviors of citizens in the face of the COVID-19 pandemic. The results showed that with the increase in people's age, they obtained information more frequently through traditional media, especially television, which reached consumer access (96%) among individuals<sup>9</sup>.

In Brazil, a study carried out with employees of an institution in the state of São Paulo (n= 2,646) with a predominance of the 35-44 age group, showed a general increase in daily exposure to traditional and social media to obtain information about the pandemic. There was a preference among participants for the use of traditional channels, followed by the use of WhatsApp<sup>®</sup>. Both have more illustrative

and graphic content, which contributes to a greater association of images with the facts that occurred<sup>10</sup>. In this context, traditional media were massively used by the adult population to obtain information about the pandemic, however, the influence of social media among the younger population cannot be ignored either.

A study carried out with participants residing in the southeastern region of Brazil (n= 2,477) identified that adults between 18 and 39 years old were the ones who most accessed information during the pandemic through digital information and communication technologies (DICTs), which cover the media social media, such as WhatsApp<sup>®</sup> and videos on Youtube<sup>®</sup>. The instant messaging application was the source most cited by most of the participants in order to check information and clarify doubts about the disease<sup>11</sup>.

In the last decades of the twentieth century, the emergence of DICTs boosted forms of communication by allowing the rapid dissemination of information, especially mobile devices connected to the Internet that made it possible to search, access and share informational content at any time and place<sup>12</sup>. In this line

of thought, the use of these communication strategies can contribute to individuals assuming a perception of health risk, especially in situations considered public health problems, such as the one experienced during the COVID-19 pandemic<sup>13</sup>. However, even with the accelerated and excessive use of these forms of access, it does not mean that most people trust the information obtained<sup>14</sup>.

In an online and cross-sectional survey conducted with residents of Saudi Arabia (n= 3,358), it was identified that most participants reported using social media to obtain information, however, searching for content via social media was significantly associated with to lower chances of having an optimistic attitude towards adherence to preventive measures<sup>15</sup>. In this regard, social media represented an important instrument of information, but its mass use and without criteria capable of filtering the reliability of the information led to the infodemic, which is characterized as an excess of information, some accurate and some not, which make it difficult for people to locate sources and correct guidance when needed<sup>3</sup>.

Regarding the confidence attributed to the information provided by health professionals, this study identified that the younger population, between 18 and 39 years old, was the one that most demonstrated credibility in these professionals. A survey carried out in different regions of Brazil (n= 210) with a mean age of 29.5 years, with a predominance of volunteers from the northeast and southeast regions, demonstrated after testing predictive models that the younger the individual, the greater the frequency with who access different means of communication and other information services, and the more informed the person is, consequently the chances of trusting health professionals increase. Thus, trust in health professionals and institutions is estimated by the frequency with which citizens access and

investigate information, as well as the credibility they attribute to the source of information used<sup>16</sup>.

On the other hand, the data from this research demonstrated that health professionals were not considered as the main source of information by the other age groups of the participants, in opposition to the result of the observational cross-sectional study carried out throughout the Brazilian territory (n= 1,291), based on data collected in 2020, in which participants demonstrated a high level of trust in health professionals<sup>17</sup>. In this sense, it is believed that social isolation measures, in which access to information occurred mainly through traditional media and even social media, somehow influenced people of more advanced ages regarding the credibility of the information provided by health professionals.

In this sense, the Family Health Strategy has the importance of territorial responsibility, community orientation and case surveillance in order to support its users regarding social isolation and at the same time maintain the link with the health professionals directly responsible for the care, performing their role primary function of guaranteeing daily and individualized attention<sup>7</sup>.

Although there is no statistical significance, it is possible to infer from the results that people who received up to a minimum wage are the ones who showed the most confidence in the Church, health professionals and social media to obtain information about COVID-19. A theological reflection sought to analyze how the Church reinvented itself in pandemic times, especially regarding the use of tools for meetings and to maintain communication with its faithful. For example, with the advent of the electronic and virtual Church, it enabled the preservation of pastoral programming, the transmission of practical guidelines and the affirmation of spiritual faith, which contributed to perpetuate



and captivate people's hope with the use of prayer, combating feelings of existing concern and anxiety because of social isolation and COVID-19<sup>18</sup>.

Still in this same line of discussion, people with low family income tend to agree with the recommendations of scientists, institutions and health professionals in a greater proportion compared to other socioeconomic classes, although the difficulty is in following them due to lack of resources<sup>1</sup>.

Another important result to be discussed is the predisposition of women to agree more than men with recommendations regarding COVID-19. Table 3 presents statistically significant results regarding the most reliable sources of information distributed according to gender. Women showed greater confidence in all information variables (social media, traditional media, health professionals, relatives/friends, government officials and the Church) compared to men. The study carried out with adult participants (n = 544) in Greece, through an online questionnaire, between December 2020 and January of the following year, aimed to investigate the factors that influence the attitudes of individuals towards COVID-19. Regarding sources of information in general, women reported believing that the frequent mention and demonstration of preventive measures by the media helped them to protect themselves from the disease, unlike men. Also, women followed the recommendations regarding restrictive measures more when compared to men who showed greater interest and ease in accepting scientific studies carried out abroad, as they believe they have more validity<sup>19</sup>.

Regarding the study participants' demonstration of confidence in government officials during the pandemic, it is known that according to the epidemiological, social and political context of each region and municipality

in the country, several strategic coping actions were taken, such as the involvement of PHC teams and epidemiological surveillance, which are subordinated to municipal health management, in addition to partnerships with Universities and other teaching and research bodies<sup>20</sup>, thus contributing to users having a positive perception and evaluation of their rulers.

The results of this research reveal issues that reaffirm other studies, such as the one carried out in the state of Ceará, in the year 2020 (n= 2,259), composed mostly of women, through an online questionnaire. When the responses between the participants were compared, an association was observed between women and the perception of high risk of contamination for the disease, while men were associated with not voluntarily performing the quarantine<sup>21</sup>. The study produced from semi-structured interviews (n=18) carried out with testimonials from men aged between 40 and 64 years in the city of Rio de Janeiro, reinforces the idea that prevention habits are usually more associated with women than men, highlighting the tradition and cultural ties about the imaginary of being a man, the socially instituted masculinity, as the male gender is synonymous with being virile, strong and not vulnerable<sup>22</sup>.

The study had limitations, as the selection of research participants was for convenience, in view of biosecurity measures, which prevented data collection from being carried out in households through a random sample.

## CONCLUSION

The results of this study demonstrated that the level of confidence attributed to the sources of information accessed during the pandemic by the population has statistical relevance regarding the age variable. It is therefore necessary that

the information be individualized according to people's ability to understand it, in order to achieve the proposed objectives in controlling the pandemic, importance attributed to health professionals trained in providing primary care in the Family Health Strategy of form accessible to all individuals.

Given the results presented in this research and its implication in practice, the study may help health professionals regarding the most appropriate options for information sources in educational activities, according to the assisted population profile. It is extremely important to have a population engaged in the subject, since it will directly imply the increase of awareness and the promotion of health in the face of the necessary attitudes to face epidemic and endemic situations as well.

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