

Men, masculinity and the new coronavirus: sharing gender issues in the first phase of the pandemic

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Abstract *This article presents reflections on masculinity and the social construction of gender – based on the global phenomenon of the new coronavirus pandemic – produced by researchers who are part of the national research team on comprehensive health care policy for men in Brazil. From a gender-based standpoint, the article contends that it is necessary to note that cis heteronormative male socialization is guided by three core issues: 1) the submission to practices of care of self and others; 2) the rejection of preventive health practices, due to a distorted matrix of risk perception (and a certain sense of “invulnerability”); 3) the domestic dynamics marked by postures of command, order, and honor. These dimensions of everyday life were profoundly upset in this first phase of the epidemic, in which confinement became the most recommended alternative. These issues are configured as recurring (though not recent) repertoires that glorify the central model of a male order that needs to become an object of reflection, insofar as they endanger the health of men and women and, more broadly, of the status quo of the accepted tenets of domestic and social order.*

Key words *Men, Masculinity, Health, Covid*

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Introduction

We are currently experiencing one of the most challenging moments in recent world history, the SARS-CoV-2 pandemic, known as the “new coronavirus”. This troubling scenario has produced profound changes in our living conditions and in the way we relate. In the same measure, on the one hand, we started to perceive more clearly chronic problems that did not seem to exist before under conditions of supposed “normality” and, on the other hand, no knowledge accumulated so far has given us security about effective possibilities and conclusive strategies on immunization, treatment, and cure for COVID-19. In the global scenario, Brazil is the second country with the highest number of infected people and deaths, trailing only to the United States¹.

The first publications in the field of public health already point to a male overmorbidity. In a paper published in February 2020 by Chinese researchers, a brief analysis of the confirmed cases admitted in the 01-20/01/2020 period in a hospital in Wuhan, the probable epicenter of the outbreak, was made. Sixty-seven of 99 people surveyed were male (68%)².

These researchers go so far as to argue that “women’s reduced susceptibility to viral infections can be attributed to the protection of the X chromosome and sex hormones, which play an crucial role in innate and adaptive immunity”³. This hasty conclusion was based only on another paper published in 2019 (on sexual dimorphism in innate immunity), ignoring the historical innate vs. acquired controversy in Epidemiology and a vast literature on social determinants in health related to the gender cultural dimension.

In this meaningful field of uncertainties, we consider that any interpretation to produce answers is precocious. The group of researchers who signed this paper decided to share some questions that have fueled our debates today through this brief essay. Such debates on comprehensive men healthcare, from a feminist gender perspective, which are now even more poignant, can contribute to giving visibility to other vital issues in the current situation.

Such issues build on gender-based interpretations that we have made in developing the research, which started in 2018 and involved a group of researchers linked to universities and research centers in the country’s five regions (UFPE, UFPA, UFSC, UFMT, and Fiocruz). This research operated with different methodological strategies and dialogues with different interloc-

utors – between managers, health professionals, users, and potential users of PHC services.

We aimed to produce a memory about the first decade of policy implementation and discuss the content, stakeholders, contexts, and processes that underlie the first steps of this policy⁴. It is noteworthy that Brazil is one of the few countries with a specific men’s health policy, followed only by Ireland, Australia, and Iran⁵.

As a country with a continental dimension, with social inequalities between its different regions and political and health management perspectives to the pandemic, we should recognize its multiple facets on the national scene. Thus, we consider that our reflections are still incipient, and our interpretations cover the first semester of 2020, in which we have experienced, with more or less rigor, the complicated and necessary preventive social distancing measure, following guidelines of entities and professionals, based on the WHO’s protocols. Also, we should highlight the need to reflect on the health-disease-care process from a gender perspective⁶, understood here as an analytical approach that allows us to study regulations, specific social orders, and the production of meanings, also on care and health, and, in particular, in the context of pandemics⁷.

We recognize that, in the initial period of the pandemic, the intense search for the acquisition of respirators and personal protective equipment for health workers and workers, and the creation of more ICU beds in hospitals, was extremely relevant, as were the efforts coordinated by Brazilian entities in collaboration with international research centers in the discovery of a possible vaccine. However, we should follow other paths by adding and not replacing. Strengthening the Family Health Strategy, for example, can mean increasing prevention and health promotion through its proximity to people in their territories, and community health workers are key elements to bring information to households.

In this social distancing scenario, for example, noteworthy is that some people have lived alone and started living alone. Others started to spend 24 hours with people they only met at breakfast, in the evening, and on weekends. Others are being forced to live with whom conflicts and violence were already in the daily dynamics. As a result, there is invariably a potential increase in mental health problems and concerns, particularly among feminist social movements, concerning domestic and family gender- and sexuality-based violence. In a sexist and patriarchal Brazilian society, in which it was necessary to in-

stitutionalize a law to curb domestic and family gender-based violence, it is not an exaggeration to think that women, children, adolescents, older adults, and LGBTQI+, are even more vulnerable in a period of confinement, particularly in a domestic and family context⁸.

In the same measure, three axes guide cis-heteronormative male socialization: 1) abjection to caring for oneself and others; 2) the rejection of preventive health practices, given a distorted risk perception matrix (and a certain feeling of “invulnerability”); 3) the domestic dynamics marked by positions of command, order, and honor. These daily life dimensions were profoundly triggered in this first phase of the epidemic, in which social distancing became the most recommended alternative⁹.

A global pandemic’s economic context must also be considered in this scenario of intensification of domestic and family violence, based on more structural interpretations. A shock in unemployment rates is beginning to be felt both in Brazil¹⁰ and other countries¹¹. Since work is a fundamental point for the experience of several men’s masculinities, not being employed and losing the “place” of “family provider” can be closely related to increased abuse in the domestic environment and outside it.

Social distancing has also stepped up domestic chores, which, in the economic framework of (formal or informal) care, are traditionally delegated to women and people who have no alternatives due to their social class status. Considering that men’s current socialization still makes them unaccountable and incapacitates them for care practice, it is crucial to recognize women’s domestic work overload, at different ages, in times of confinement.

In the same measure, we cannot ignore that male socialization, notably marked by the valorization of honor and virility^{9,12}, is produced from an ideal cultural model that, while not attainable by practically any man, has a regulating and control effect over men and women¹³. In this ideal model – white, cis-heteronormative, patriarchal, and colonial – care is a female practice, and risk is considered through coping and not prevention.

The feeling of “male invulnerability” is a possible and expected effect of this gender economy. However, we should consider the gender dialectics configured in this gender economy because, on the one hand, such invulnerability and aversion to care do not necessarily perform all men’s practice. On the other hand, this position of subject can result in complex consequences, such as

the death of one in five men before the age of 50, mostly from external causes, and a life expectancy of 5.8 years less than women in the Americas¹⁴, or even that the levels of male mortality resulting from the pandemic are higher than that of women in most of the countries analyzed¹⁵.

So, again, it is consequent to think that men socialized in our culture become potential infection vectors, not because they “are as they are”, but because they were socialized and encouraged to hold public spaces, without restrictions and subject position, in a society that values and rewards specific attributes associated with male subjectivity, hindering some of the leading practices to prevent the spread of COVID-19, which are social distancing, the use of masks, and hand hygiene.

However, we would like to emphasize that thinking about men and masculinities from a feminist gender perspective transcends interpretations about socialization and male subjectivation. After all, masculinity and femininity are not associated, respectively, with cisgender men and women¹⁶. As Miguel Vale de Almeida¹⁷ warns, they are metaphors of power and capacity for action and, as such, can be accessed by men and women, regardless of sexual orientation and gender identity, albeit with notably different effects. To the same extent, they can express themselves in diverse materialities and even in discursive practices.

For example, in these first months of the pandemic, we have seen controversies intensify around the social distancing strategy, amidst political, electoral disputes and recurrent male and patriarchal discursive practices, highlighting the productive order at the expense of ethics of care and life¹⁸. We are left with the following question: is it possible to transform the meanings assigned to care or “de-generify” it in favor of a transformation and greater effectiveness of collective strategies to reduce the pandemic’s contagion?

As reported by the Brazilian press, it is not by chance that President Jair Bolsonaro, in a public statement, said that it is necessary to face the problem “as a man and not as a kid”, on a tour of the trade in Brasília and neighboring cities morning of 29/03/2020, “once again contradicting the [then] Minister of Health, Luiz Henrique Mandetta, and global medical authorities who advocate social distancing against the new coronavirus”¹⁹. In the same measure, we see expressions of this sexist framework, in its pronouncement on the national network, when stating that “in my particular case, because of my athlete’s history, I wouldn’t have to worry if the virus infected

me. I would feel nothing or be, at most, affected by some harmless cold or flu"²⁰. The May 2020 editorial in the British journal *The Lancet* points out such postures by the Brazilian government as one of the major problems facing the pandemic in the country²¹.

The pandemic makes us think about the production of meanings about care by men and women and the conditions and possibilities provided or regulated in society's unequal, unchanged social order. We must pay attention to the gender-care relationship to think about strategies to contain the pandemic. It is also necessary to recognize the diversity of subject positions

assumed by men, also considering a look at the populations of men historically stigmatized and often excluded from the right to enjoy adequate public health policies, such as the LGBTQI+ population, blacks, indigenous people, quilombola, and riverside dwellers.

Concepts of male invulnerability, overvaluing virility, and male abjection to care and prevention are recurrent (albeit not recent) repertoires that reify the central model of a male order that must become an object of reflection, insofar as they put at risk the health of men and women and, more broadly, the civilizing pacts and the social order.

Collaborations

B Medrado, J Lyra, M Nascimento, A Beiras, ACP Corrêa, EC Alvarenga and MLC Lima participated in the production of information, bibliographic review, and construction of the arguments that supported the drafting and review of the paper. As the first author, B Medrado also worked on the design and coordination of the paper.

References

1. World Health Organization (WHO). *Coronavirus Disease (COVID-19) Dashboard*. [acessado 2020 Jun 24]. Disponível em: <https://covid19.who.int/>
2. Chen N, Zhou M, Dong X, Qu J, Gong F, Yang Han, Qiu Y, Wang J, Liu Y, Wei Y, Xia J, Yu T, Zhang Z, Zhang L. Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study. *Lancet* 2020; 395:507-513. [acessado 2020 Jun 25]. Disponível em: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30211-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30211-7/fulltext)
3. Jaillon S, Berthenet K, Garlanda C. Sexual dimorphism in innate immunity. *Clin Rev Allergy Immunol* 2019; 56(3):308-321.
4. Lyra J, Medrado B, Nascimento MAF, Alvarenga EC, Azevedo M, Correa ACP, Beiras A, Lima MLC. Implementação da Política Nacional de Atenção Integral à Saúde do Homem Reflexões Metodológicas. In: X Simpósio Brasileiro de Psicologia Política, 2018, Macaé/AL. *Anais do X Simpósio Brasileiro de Psicologia Política*. Belo Horizonte/MG: Associação Brasileira de Psicologia Política (ABPP), 2018. p. 116-116.
5. Baker P. *From the Margins to the Mainstream: Advocating the Inclusion of Men's Health in Policy. A scoping study*. London: Global Action on Men's Health; 2020.
6. Heise L, Greene ME, Opper N, Stavropoulou M, Harper C, Nascimento M, Zewdie D. Gender inequality and restrictive gender norms: framing the challenges to health. *Lancet* 2019; 393(10189):2440-2454.
7. Wenham C, Smith J, Morgan. COVID-19: the gendered impacts of the outbreak. *Lancet* 2020; 395(10227):846-848.
8. Marques ES, Moraes CL, Hasselmann MH, Deslandes SF, Reichenheim ME. A violência contra mulheres, crianças e adolescentes em tempos de pandemia pela COVID-19: panorama, motivações e formas de enfrentamento. *Cad Saude Publica* 2020; 36:e00074420.
9. Leal OF, Boff AM. Insultos, queixas, sedução e sexualidade: fragmentos de identidade masculina em uma perspectiva relacional. In: Parker R, Barbosa R, organizadores. *Sexualidades Brasileiras*. Rio de Janeiro: Relume-Dumará; 1996. p. 119-135.
10. Brasil. *Número de pedidos de seguro-desemprego aumentou 1,3% em 2020*. [acessado 2020 Maio 13]. Disponível em: <https://www.gov.br/economia/pt-br/assuntos/noticias/2020/maio/numero-de-pedidos-de-seguro-desemprego-aumentou-1-3-em-2020>
11. El País Brasil. *Desemprego nos EUA chega a 14,7%, o mais alto em 70 anos*. [acessado 2020 Maio 13]. [acessado 2020 Maio 13]. Disponível em: <https://brasil.elpais.com/economia/2020-05-08/desemprego-nos-eua-chega-a-14-7-o-mais-alto-em-70-anos.html>
12. Arilha M, Unbehauam S, Medrado B. *Homens e masculinidades: outras palavras*. São Paulo: Editora 34; 1998.
13. Almeida MV. Gênero, Masculinidade e Poder: Revendendo um caso do sul de Portugal. In: *Anuário Antropológico*, 95. Rio de Janeiro: Tempo Brasileiro; 1996. p. 161-190.
14. Organización Panamericana de la Salud (OPS). *Masculinidades y salud en la región de las Américas*. Washington: OPS; 2019.
15. Baker P, White A, Morgan R. Men's health: COVID-19 pandemic highlights need for overdue policy action. *Lancet* 2020; 395(10241):1886-1888.
16. Medrado B, Lyra J. Por uma matriz feminista de gênero para os estudos sobre homens e masculinidades. *Revista Estudos Feministas* 2008; 16:809-840.
17. Almeida MV. *Senhores de si. Uma interpretação antropológica da masculinidade*. Lisboa: Fim de Século; 1995.
18. JGF. Algumas reflexões sobre dilemas éticos del cuidado en un entorno de pandemia. *Psicología & Sociedad* 2020; 32:e020003. [acessado 2020 Set 4]. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-71822020000100402&lng=pt&nrm=iso&tIng=es
19. UOL. *Bolsonaro diz que é preciso 'enfrentar vírus como homem e não como moleque'*. [acessado 2020 Maio 13]. Disponível em: <https://noticias.uol.com.br/ultimas-noticias/agencia-estado/2020/03/29/bolsonaro-diz-que-e-preciso-enfrentar-virus-como-homem-e-nao-como-moleque.htm>
20. UOL. *Diferente do discurso de Bolsonaro, "histórico de atleta" não salva competidores profissionais do coronavírus*. [acessado 2020 Maio 13]. Disponível em: <https://jc.ne10.uol.com.br/colunas/vida-fit/2020/03/5603546--historico-de-atleta--nao-salva-competidores-profissionais-do-coronavirus.html>
21. Prado B. COVID-19 in Brazil: "So what?". *Lancet* 2020; 395(10235):1461.

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