



Male transitions in the face of COVID-19 illness

Transições masculinas diante do adoecimento por covid-19

Transiciones masculinas ante la enfermedad por covid-19

ABSTRACT

Objective: To promote a reflection on the transitions in hegemonic masculinity during COVID-19 illness. **Methodology:** This is a theoretical-reflective study, which used studies researched in databases such as PubMed, CINAHL, Scopus, PsycINFO, and LILACS as theoretical input. Of the 254 articles identified, 11 studies were selected and later organized, summarized and analyzed according to inductive thematic analysis. **Results:** The central theme called “Male transitional dimensions” was developed. Thus, five subdivisions were organized that emphasize the transitions in the face of affectivity, sexuality, fatherhood, violence, and work that describe these new male experiences, which were intensified by illness during the pandemic period. **Final considerations:** The transient dimensions are in constant development and the sources in the literature are still incipient for an in-depth understanding. Nevertheless, identifying transitions is needed to provide expanded care and construct positive actions for men and their masculinities in the field of public health. **Keywords:** Masculinity; Men’s health; Coronavirus infections; Social behavior; Public health.

RESUMO

Objetivo: Promover uma reflexão sobre as transições na masculinidade hegemônica durante o adoecimento por covid-19. **Método:** Trata-se de um estudo teórico-reflexivo, no qual se utilizou como aporte teórico estudos pesquisados em bases de dados como PubMed, CINAHL, Scopus, PsycINFO e LILACS. Dos 254 artigos identificados, selecionaram-se 11 estudos que posteriormente foram organizados, sumarizados e analisados conforme análise temática indutiva. **Resultados:** Foi desenvolvido o tema central, denominado “Dimensões transicionais masculinas”. Assim, organizaram-se cinco subdivisões que ressaltam as transições diante da afetividade, sexualidade, paternidade, violência e trabalho que descrevem essas novas experiências masculinas potencializadas no adoecimento durante o período pandêmico. **Considerações finais:** As dimensões transitórias estão em constante desenvolvimento e as fontes na literatura ainda são incipientes para compreensão em profundidade. Contudo, a identificação das transições faz-se necessária para oferta de cuidados ampliados e construção de ações positivas para os homens e suas masculinidades no campo da saúde pública. **Descritores:** Masculinidade; Saúde do homem; Infecções por coronavírus; Comportamento social; Saúde pública.

RESUMEN

Objetivo: Promover una reflexión sobre las transiciones en la masculinidad hegemónica durante la enfermedad por covid-19. **Método:** Se trata de un estudio teórico-reflexivo, que utilizó como sustento teórico estudios buscados en bases de datos como PubMed, CINAHL, Scopus, PsycINFO y LILACS. De los 254 artículos identificados, se seleccionaron 11 estudios, que posteriormente se organizaron, resumieron y analizaron mediante un análisis temático inductivo. **Resultados:** Se desarrolló el tema central “Dimensiones transicionales masculinas”. Así, se organizaron cinco subdivisiones que destacan las transiciones en relación con la afectividad, la sexualidad, la paternidad, la violencia y el trabajo, que describen estas nuevas experiencias masculinas, potenciadas por la enfermedad durante el período pandémico. **Consideraciones finales:** Las dimensiones transicionales se encuentran en constante desarrollo y las fuentes en la literatura aún son incipientes para una comprensión profunda. Sin embargo, identificar las transiciones es necesario para brindar una atención más amplia y construir acciones positivas para los hombres y sus masculinidades en el ámbito de la salud pública. **Descritores:** Masculinidad; Salud masculina; Infecciones por coronavirus; Comportamiento social; Salud pública.

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INTRODUCTION

There are multiple cultural perspectives on how men should be, act, feel, and speak. Nevertheless, traditionally, they are socially trained to repress the expression of emotions, fatigue, pain, illness, or to verbalize their longings and needs⁽¹⁾, to the detriment of embodying a hegemonic model of male identity that associates them with heterosexuality, self-control of their bodily functions, and the symbolic power to dominate the established relationships with other men and women. To this end, some employ violent impositions, demonstrations of physical strength, and expressions of emotional deprivation⁽²⁾. Naturalized in many cultures as implicit behaviors of those who identify as masculine men, such conducts are also associated with the increase in the number of deaths from firearms⁽³⁾, traffic accidents⁽⁴⁾, drug use⁽⁵⁾, and a disinterest in seeking health care, among other issues.

These male identities are shaped by various aspects and are pluralistically defended among men, and they can vary from individual to individual based on his personal characteristics^(6,7). Additionally, they are the result of power relationships, the cultural environment where they are embedded, and personal experiences through local, regional, and global configurations where they find themselves. Thus, it becomes possible to understand how these male relationships manifest, whether through dominance, subordination, collaboration, or marginalization⁽⁷⁾. Furthermore, according to a study⁽⁶⁾, masculinities are intrinsic to the culture of being and are identified in the position of men in gender relationships. In this context, there is a culturally hegemonic masculinity, an ideal type that serves as a reference point.

In order to achieve this status, men need to exert the culture of patriarchy guided by statements such as “a man does not get sick” and “a man supports his family and needs to earn more than a woman”. However, not all men adopt this role, and they can express different manifestations of masculinity in the same social context and in specific situations, resulting in differences in how they cope, for example, in financial, familial, or personal health contexts, which can lead to positive or negative outcomes depending on how the individual acts.

The coronavirus (Sars-Cov2) and the disease it causes, COVID-19, has become a public health problem, responsible for causing thousands of deaths, overwhelming health systems, and economic and social changes worldwide⁽⁸⁾. Men are more affected by the disease than women and have a higher mortality rate, researchers claim⁽⁹⁾. These characteristics are justified by a combination of factors such as lifestyle, behaviors, and biological differences between the sexes.

Scholars say that, during this period of COVID-19 illness, where protective measures of social confinement and the use of personal protective equipment, such as wearing masks, distancing, and isolation, were configured both as political instruments and became a gender issue for men in some cultures. Men are less likely to respect the use of masks compared to women, as they perceive this act as a sign of weakness and shame that places them in a condition of hypomascularity⁽¹¹⁾. Such behavior leads them to situations of greater vulnerability, compared to women, as they are more severely affected by the virus.

In this perspective, understanding

the transitions of masculinities can be a health measure that enhances the nursing field, enabling the approach to the break from unhealthy male behaviors throughout life—providing critical perspectives for the promotion of health measures⁽¹²⁾—as a coping strategy aimed at men's health, with the goal of reducing mortality and increasing the life expectancy of this population segment. This means that looking at the care and health characteristics of men will provide visibility to the vulnerabilities that this group is exposed to, shedding light on the issues faced and assisting nursing professionals in their intervention proposals for these individuals during their moments of transition and illness⁽¹²⁾.

Masculinities are shaped by time, culture, geographical location, social practices, customs, and values⁽²⁾. Therefore, in light of the new context of the pandemic, as exemplified, men have been demonstrating transformations in male behaviors. Motivated by this premise, nursing professionals are appropriating male knowledge and behaviors for the development of evidence-based clinical practice, as recommended by the guidelines of the Brazilian National Policy for Comprehensive Men's Health Care (PNAISH, as per its Portuguese acronym)⁽¹³⁾. Nevertheless, in national and international literature, there is currently no evidence that summarizes the state of the art on the theme. In addition, this approach is relevant because the transitions that have occurred in masculinities are directly related to health, which is presented as one of the goals of the 2030 Agenda for Sustainable Development. Therefore, guided by this knowledge gap, this study has the objective of promoting a reflection on the possible transitions

in hegemonic masculinity during COVID-19 illness.

METHODOLOGY

This study adopted a theoretical-reflective approach, conducting a critical analysis of scientific materials that address issues related to the transitions in hegemonic masculinity of men during COVID-19 illness. It is acknowledged that, due to its theoretical-reflective nature, the essay does not require empirical validation, but rather consistent theoretical grounding and analytical capacity to question and interpret phenomena in light of scientific knowledge. In this perspective, some authors^(14,15) highlight that, in theoretical-reflective studies, scientific thought gains autonomy, achieved when it allows the subjectivity of the essayist to exert influence and importance in understanding the object under analysis; thus, the appropriation of concepts by the essayist does not follow a systematic or organized approach, unlike the pattern observed in science, which uses and articulates concepts in a more formal way.

In this sense, two researchers (the first and third authors), independently, conducted searches in the critical literature on the theme in the databases of PubMed, CINAHL, Scopus, PsycINFO, and LILACS, during the period of January 2024, using descriptors and keywords such as: masculinity, men's health, changes, transition, health care, pandemic, and COVID-19, which were refined in all databases by the Boolean operators AND and OR. Documents in English, French, Spanish, Italian, and Portuguese were explored, without restrictions on publication date. As an inclusion criterion, studies addressing the theme were included. Conversely, as an exclusion criterion, non-conclusive studies on male transitions were excluded. Through the

association of descriptors in the electronic search, 254 articles were identified, which were initially selected by title, then by reading the abstract, and finally by reading the full text. After this initial stage, three researchers (the first, third, and fifth authors) subjected the articles to the pre-established inclusion criteria, making it possible to observe that 243 studies did not fit the research for the following characteristics: they did not focus on the theme in question and were repeated across the databases. Accordingly, 11 articles constituted the sample and theoretically grounded the reflection.

It is highlighted that the Microsoft Office Excel® 2023 program was used to organize the studies into spreadsheets and then the collected results were summarized in a synoptic table to facilitate the understanding of the phenomenon as a whole and to visualize the parts. Thus, it was possible to provide reflections on the parts and understand how they communicated with the phenomenon as a whole. Subsequently, the results were analyzed based on inductive thematic analysis⁽¹⁶⁾, following the proposed steps: familiarization with the data, generation of codes, search for themes, continuous review of themes, definition of themes, and production of an explanatory interpretation. Through inductive thematic analysis, they were organized in an explanatory and comprehensive way into a central theme called "Male transitional dimensions", highlighting five reflective dimensions: affectivity, sexuality, fatherhood, violence, and work.

It should be noted that this study, which takes a theoretical-reflective approach, does not describe the stages of identification, characterization, or search processes for the included studies. On the other hand, it focuses on summarizing the themes identified and the experiences of the authors in-

involved in the research.

RESULTS

Central theme: Transitional dimensions of masculinity

To transit means to undergo a change or even to react logically to something new, integrating experiences, knowledge, and practices. Nevertheless, transitions are not always interpreted positively by those who experience them, since many of their expressions lead to undesirable situations in the body, identities, and social relationships, as evidenced in a study conducted in Brazil, where men, when experiencing illness from prostate cancer, transitioned from a position of defending a hegemonic masculinity to subordinate positions in relation to other healthy men, marginalized in their relationships with society and complicit in their emotional issues.

In this perspective, it is possible to perceive that men transit their masculinities via various dimensions throughout life. Accordingly, although the transition is a natural process for human beings, the illness and protective measures for COVID-19 have intensified this phenomenon, providing new experiences. Thus, reflecting on possible dimensions of male transitions in the face of COVID-19 certainly constitutes a step towards strengthening treatments, implementing public policies, educational measures, and research focused on understanding this phenomenon. The current study addresses five dimensions that explore male transitions related to COVID-19 illness: affectivity, sexuality, fatherhood, violence, and work.

Affectivity

Hegemonic masculinities do not easily connect to empathetic emotional involvement, since they typically establish themself-

ves in relationships that exhibit the following characteristics: imposition of hierarchies, control/dominance, and power. Differently, marginalized, complicit, and subordinated masculinities are characterized by feelings of contempt/exclusion, sharing, and submission, which are activated to establish emotional relationships with others and with the world⁽²⁾.

During the pandemic, due to social isolation, many men sought more emotional connections, had affectionate experiences of sharing affection with their children, had more time to dedicate to their families, and got involved with their own emotions. Emotional men access more affectionate masculinities, are capable of creating empathetic and interactive bonds, essential elements for guiding non-hegemonic male experiences and strengthening a collective consciousness for adherence to protective health measures⁽¹⁸⁾. Thus, sharing meaningful moments with family, strengthening ties, dedicating time and attention to children, spouses, exploring and reflecting on emotions, reconstructing, and reinventing oneself for new adaptations to reality due to the presence of the new coronavirus have become transitions present in the reality experienced by many Brazilian men⁽¹⁹⁾.

Sexuality

Biologically, due to hormonal issues, it is believed that men's sexual desire is more frequent than women's. Although this premise remains alive in common sense and in the male world, there are researchers⁽²⁰⁾ who challenge it, highlighting that the COVID-19 pandemic intensified transitions, radically changing emotional relationships and the intimacy of couples. For men, confinement, job loss, the development of economic problems, and the presence of a scenario that

unveiled an uncertain future can act as elements that hinder sexual relationships, expressions of sexuality, and consequently disrupt many marital relationships⁽⁸⁾.

Researchers⁽⁸⁾ highlight that psychological, sociological, and biological factors should be investigated in the context of COVID-19 illness, regarding the increase of health care, given that sexuality is a complex phenomenon with many contributing factors, which, when not discussed, understood, and analyzed, it can become a major challenge for public health due to the prohibitions surrounding it, such as STIs, HIV, and AIDS.

Fatherhood

The exercise of fatherhood, as an expressive form of masculinities, has been constructed, deconstructed, and modified according to each historical and social context. Due to the distancing restrictions imposed by COVID-19 health measures, many men have been distancing themselves from hegemonic behaviors, such as the denial of spaces considered feminine (home, kindergartens, and schools), and transitioning to more involved paternities, increasing their daily routines with care for the children, participation in household activities, and support within their own families^(21,22).

In this context, there may be an active two-way relationship between father and child, as the father's well-being can positively influence both the child's and the family's well-being and vice versa, since harmonious bonds strengthen contexts of secure parenting attachments. On the other hand, the father may become a negative influence if he experiences threshold difficulties in economic, work, and family contexts, which, as a result of non-harmonic transitions, can lead to depressive events, marital stress, and do-

mestic violence, compromising the balance of maintaining active fatherhood⁽²²⁾.

Fatherhood, in the times of COVID-19, can be an opportunity for reflection and changes for men's physical and mental health, as their masculinities become more favorable to transitions that allow for self-care and care for others, which can modify risk behaviors that do not promote health during the pandemic, such as not wearing masks, not using hand sanitizer, and visiting crowded places.

Violence

Violence is a global public health problem. Certainly, it has always been part of human experience; however, in male culture, it is used by many men as a resource for imposing power to justify certain expressions of virility in order to demonstrate dominance over relationships established with other men, women, and family members. During the pandemic, these relationships were in constant transition, because in a context where economic power and social contact became restricted and uncertainties about the future became increasingly present, men, in some situations, reinforced violent practices as a way of reaffirming their masculinity. Even so, the pandemic cannot be held responsible for the increase in violence as a direct cause, since the phenomenon needs to be historicized and is linked to other perspectives⁽²³⁾.

Researchers⁽²⁴⁾ highlight that, during the pandemic, the increase in violence against women and families, child abuse, domestic violence, sexual abuse, physical aggression, and coercive control are related to the loss of socio-affective contact for both women and men, the disrupted financial condition, the increased alcohol consumption among men, and the reduced ac-

cess of women to support sources.

Work

In male culture, work is an activity valued and recognized for providing dominance of men over men and women, due to the control of physical, social, and economic resources⁽²⁵⁾. During the pandemic, transitions in the work environment are experienced in male relationships, as many men have become or will become unemployed and may need financial assistance, as is the case for many Brazilians, leading them to a moral judgment about their role as providers and leaders, transitioning to a masculinity of dependence and submission, thus distancing themselves from hegemonic masculinity. This movement can trigger feelings of stress, helplessness, and depression that may contribute to men's non-adherence to COVID-19 protective health measures.

In light of the global economic crisis, it should be highlighted that men who perform less skilled and precarious jobs are, predominantly, those who are most likely to become unemployed and experience transition processes. In this sense, the need for immediate responses and public policies aimed at the most affected male groups is relevant⁽²⁵⁾.

Implications for nursing practice

During COVID-19 illness, masculinities in the field of health have been, indirectly, the stage for discussions that point to a decrease in men's demand for health services⁽²³⁾, which can be interpreted as a logical reaction due to the fear of contamination by the virus, or even, although not exclusively during the pandemic period, the defense of certain hegemonic attributes that culturally value and encourage men to possess an inviolable, resilient, and virile body, untouched by weaknesses, such as illness.

In Brazil^(10,18), besides the current scenario where low investments in the health sector undermine the quality of coping strategies, as public managers tend to prioritize medium and high complexity units, such as hospitals, at the expense of promoting prevention actions and bringing men closer to primary care, masculinities that endorse non-compliance with social isolation, the use of masks, and hand hygiene, for example, make men potential vectors of infection and pose challenges for the provision of expanded nursing care.

In the Brazilian health model, the issues exposed here highlight unhealthy transitions to men's health and interconnect as limiting factors for the promotion of nursing care practices, as they hinder actions of surveillance, monitoring, risk control, analysis, and evaluation of measures to prevent the spread of COVID-19.

FINAL CONSIDERATIONS

The transient dimensions of affectivity, sexuality, fatherhood, violence, and work discussed in this study articulate possible reflections for planning strategies to control the virus and preparing for a post-pandemic period with new configurations of masculinity among men. In the context of public health, it is important to emphasize the need for collective or networked care structures to promote coordinated care based on a health care model that integrates behavioral patterns adopted by men during the transition process, which can regulate more effective actions in policy development, strategic planning, and public management to combat the disease.

The transient dimensions are under development, and nursing can represent an important link for improving the health conditions of the male population. From the

context of the coronavirus pandemic, the aspects addressed in this study enable nurses to enhance their practices and strategies for caring for men in transition and illness processes, as these health professionals can strengthen treatment through the expression and conversation about emotions, bonding with the family, development of active fatherhood, identifying risk behaviors, violence, and various other actions that, in turn, improve the holistic view of nurses and their way of caring for these users.

Conversely, the sources that highlight this phenomenon in the literature are still incipient, a characteristic that manifests itself as a limiting factor for a deeper understanding of this theme. Thus, it is recommended to develop interdisciplinary investigations that deepen the analysis of these dimensions in different social groups of men. Longitudinal studies, educational interventions, and theoretical-methodological productions aimed at identifying processes of transition can enhance the capacity of nursing and public health to plan more effective, welcoming, and equitable actions. Furthermore, there is a need for research that evaluates the incorporation of these new configurations of masculinity in public policies, care networks, and health care practices for men.

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