

# Men's mental health in the COVID-19 pandemic: is there a mobilization of masculinities?

*Saúde mental de homens na pandemia da COVID-19: há mobilização das masculinidades?*  
*La salud mental de los hombres en la pandemia del COVID-19: ¿existe una movilización de masculinidades?*

**Anderson Reis de Sousa<sup>I</sup>**

ORCID: 0000-0001-8534-1960

**Gilson Vieira Alves<sup>II</sup>**

ORCID: 0000-0002-1053-2081

**Aline Macêdo Queiroz<sup>III</sup>**

ORCID: 0000-0002-7374-011X

**Raíssa Millena Silva Florêncio<sup>IV</sup>**

ORCID: 0000-0002-5085-830X

**Wanderson Carneiro Moreira<sup>V</sup>**

ORCID: 0000-0003-2474-1949

**Maria do Perpétuo Socorro de Sousa Nóbrega<sup>VI</sup>**

ORCID: 0000-0002-4974-0611

**Elizabeth Teixeira<sup>VII</sup>**

ORCID: 0000-0002-5401-8105

**Murilo Fernandes Rezende<sup>VIII</sup>**

ORCID: 0000-0002-6262-9299

<sup>I</sup>Universidade Federal da Bahia. Salvador, Bahia, Brazil.

<sup>II</sup>Universidade do Estado da Bahia. Salvador, Bahia, Brazil.

<sup>III</sup>Universidade Federal do Pará. Belém, Pará, Brazil.

<sup>IV</sup>Faculdade Estácio de Alagoinhas. Alagoinhas, Bahia, Brazil.

<sup>V</sup>Universidade de São Paulo. São Paulo, São Paulo, Brazil.

<sup>VI</sup>Universidade do Estado do Pará. Belém, Pará, Brazil.

<sup>VII</sup>Associação Brasileira de Psiquiatria. Sergipe, Aracajú, Brazil.

## How to cite this article:

Sousa AR, Alves GV, Queiroz AM, Florêncio RMS, Moreira WC, Nóbrega MPS, et al. Men's mental health in the COVID-19 pandemic: is there a mobilization of masculinities?. Rev Bras Enferm. 2021;74(Suppl 1):e20200915. <https://doi.org/10.1590/0034-7167-2020-0915>

## Corresponding author:

Anderson Reis de Sousa

E-mail: anderson.sousa@ufba.br



EDITOR IN CHIEF: Dulce Barbosa  
ASSOCIATE EDITOR: Álvaro Sousa

**Submission:** 08-13-2020    **Approval:** 09-26-2020

## ABSTRACT

**Objective:** to understand how the COVID-19 pandemic mobilizes masculinities in relation to mental health. **Methods:** qualitative study conducted with 400 men, in a virtual environment, in all regions of Brazil. The data were analyzed by the Discourse of the Collective Subject and based on Symbolic Interactionism. **Results:** the mobilization of masculinities emerged from men towards the recognition of weaknesses and psycho-emotional vulnerabilities, with narratives that reveal the expression of feelings, pain, discomfort and psychological suffering, and showed themselves to be sensitive and engaged in performing practices, including autonomous ones, of health care mental. **Final considerations:** the pandemic mobilizes masculinities as men print meanings and senses, in their interaction and interpretation of mental health, and is a marker for the nursing clinic conduct.

**Descriptors:** Pandemics; Coronavirus Infections; Masculinity; Men's Health; Mental Health.

## RESUMO

**Objetivo:** compreender como a pandemia da Covid-19 mobiliza as masculinidades em relação à saúde mental. **Métodos:** estudo qualitativo realizado com 400 homens, em ambiente virtual, em todas as regiões do Brasil. Os dados foram analisados pelo Discurso do Sujeito Coletivo e fundamentados no interacionismo simbólico. **Resultados:** a mobilização das masculinidades emergiu dos homens em direção ao reconhecimento de fragilidades e vulnerabilidades psicoemocionais, com narrativas que revelam a expressão de sentimentos, dores, desconfortos e sofrimento psíquico, e se mostraram sensíveis e engajados a desempenharem práticas, inclusive autônomas, de cuidado em saúde mental. **Considerações finais:** a pandemia mobiliza as masculinidades na medida em que os homens imprimem sentidos e significados, em sua interação e interpretação à saúde mental, e é um marcador para a condução da clínica em enfermagem.

**Descritores:** Pandemias; Infecções por Coronavirus; Masculinidade; Saúde do Homem; Saúde Mental.

## RESUMEN

**Objetivo:** comprender cómo la pandemia COVID-19 moviliza masculinidades en relación a la salud mental. **Métodos:** estudio cualitativo realizado con 400 hombres, en un ambiente virtual, en todas las regiones de Brasil. Los datos fueron analizados por el Discurso del Sujeto Colectivo y basados en el Interaccionismo Simbólico. **Resultados:** surgió la movilización de masculinidades desde los hombres hacia el reconocimiento de las debilidades y vulnerabilidades psicoemocionales, con narrativas que revelan la expresión de sentimientos, dolores, malestares y sufrimiento psicológico, y demostraron ser sensibles y comprometidos en prácticas de realización, incluyendo el cuidado autónomo. en salud mental. **Consideraciones finales:** la pandemia moviliza masculinidades en la medida en que los hombres imprimen sentidos y significados, en su interacción e interpretación de la salud mental, y es un marcador para la conducción de la clínica de enfermería.

**Descriptores:** Pandemias; Infecciones por Coronavirus; Masculinidad; Salud de los Hombres; Salud Mental.

## INTRODUCTION

The COVID-19 (Coronavirus Disease 2019) pandemic stems from the spread of SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2), which can have an impact on other organ disorders. Such a pandemic has had significant impacts on the psychosocial dimensions of the world population, with compromises in the mental health situation, taking shape in a global health emergency<sup>(1-3)</sup>.

In Brazil, between April and June 2020, the period in which we collected the data for this study, the pandemic context presented a progressive course, with a significant increase in new cases and the rise of the epidemiological curve, in which the implementation take off the protection measures<sup>(4-5)</sup> recommended by health organizations, such as the World Health Organization (WHO)<sup>(1)</sup> among States, such as mask use, hand hygiene and social isolation. Even during this period, adherence to social isolation was less than 70%<sup>(4-5)</sup>, interruptions in school activities, the functioning of public and private bodies, industries and commerce, added to political and ideological conflicts, massive spread of fake news and denialist movements<sup>(2,6-7)</sup>.

Concerning the relational aspects of gender, the scientific literature has pointed out greater male vulnerability to COVID-19<sup>(8-10)</sup>, highlighting the clinical conditions and organic responses to infection, in which aspects such as hormonal and chromosomal function, presence of previous comorbidities and the maintenance of unhealthy patterns, habits and lifestyles, as observed in smoking. However, there are limited investigations that analyzed the dimensions related to masculinities in the course of the pandemic, which concern the positions of men in a given gender order, the attributes, behaviors, attitudes and social and historical practices, considered as masculine<sup>(11-15)</sup>.

With the need for social detachment, men were forced to remain absent from public spaces, from physical contact interactions in affective, daily and work environments. If these environments give them a level of social significance, they consequently cause tension in symbolic places of masculinities, and, possibly, their masculinities may have been put to the test, in the certainty that they should not suffer any kind of consequences, threats or harm<sup>(9-12)</sup>. Thus, the social construction that men must be strong can produce the fear of social judgment and the loss of masculinity, especially when they attribute meanings to the dimensions and circumstances of life, such as those related to mental health<sup>(16-18)</sup>. In this regard, harmful influences can be present in the behaviors and practices of care for oneself and the community, on the part of the male public, such as strategies to protect and cope with COVID-19.

Starting from the fact that, historically, most masculinity models have been resistant to mobilizations around individual and subjective perceptions and reflections, such as self-care, this study was guided by the research question: how does the COVID-19 pandemic mobilize masculinities in relation to the mental health of men living in Brazil?

## OBJECTIVE

To understand how the COVID-19 pandemic mobilizes masculinities in relation to mental health.

## METHOD

### Ethical aspects

This study met all national and international standards of ethics in research involving human beings. Anonymity of participants was ensured, with speeches identified by initials DCS (Discourse of the Collective Subject).

### Theoretical-methodological framework

The basis of this study is theoretical-reflective, anchored in Herbert Blumer's Symbolic Interactionism, which has an epistemological centrality in the historical landmarks of social currents/social sciences, particularly in the field of social psychology, with an emphasis on the individual and the interactions, meanings and actions human. Social acts, interaction processes and mediation by symbolic relations are objects of interest in Symbolic Interactionism<sup>(19)</sup>.

In this study, this theoretical construct is assumed to anchor the findings' conceptual interpretation, especially with regard to mobilization processes. Formerly, with regard to the analysis of gender-specific relational aspects of masculinities, the theoretical perspective proposed by Connell was adopted, which analytically defines the concept of masculinities, advancing scientific knowledge by revealing the breakdown of the hegemonic and masculinity model subordinate and/or marginalized masculinities<sup>(15)</sup>.

### Type of study

This is an analytical and qualitative study.

### Study scenario

The research was carried out in a virtual environment in all regions of Brazil.

### Data sources

The survey participants were 400 men who are of legal age (aged 18 years or over). Men whose declared they did not have a permanent residence in Brazil (foreigners) were excluded.

The criterion of theoretical data saturation was considered<sup>(20)</sup>. The strategy for selecting participants took place using the "snowball" technique<sup>(21)</sup> on digital social networks such as Facebook, Instagram and WhatsApp, supervised by four researchers with expertise in the field.

### Data collection and organization

Data collection took place between April and June 2020, in a non-sequential and non-consecutive manner between the states, using a form hosted on Google Forms, validated internally by the researchers and members of the research group, and externally through a pilot test with 20 participants. Aesthetics and terminologies were changed, without the need to adjust the content. The form was composed of closed and open-ended questions. The closed-ended ones dealt with sociodemographic characteristics

such as education, age, gender identity, sexual identity, race/color, region in Brazil, type of housing and with whom they live; labor, such as occupation, income; health problems, such as COVID-19 disease, access to the system and health professionals, use of psychotropic drugs. The open-ended questions used were: how have you experienced the COVID-19 pandemic? Did the COVID-19 pandemic bring you repercussions and/or compromise? Tell me more about it.

### Data analysis

The answers from the closed-ended questions characterized participants, and the open-ended ones were organized and systematized after reading line by line, processed and coded in NVIVO12 software, submitted to analysis by the Discourse of the Collective Subject (DCS) method<sup>(22)</sup>. This procedure took place under the execution and supervision of researchers with expertise and training in the area. The totality of the data obtained from the 400 forms was analyzed by identifying co-occurrences, convergences and complementarity, in compliance with the theoretical saturation criteria<sup>(20)</sup>.

DCS is an inductive method that allows access to the construction of collective thinking, elucidating the generalities about the investigated phenomenon<sup>(23)</sup>. It consists of key expressions (KE), composed of the speech fragments that made up a certain unit of meaning; central ideas (CI) and/or anchors, which give support and density to a collective representation of an analytical object, referring to the mobilizations of masculinities related to mental health in the context of the COVID-19 pandemic, materialized in synthesis speeches (SS).

## RESULTS

In the universe of 400 men (100%), most were cis-gender 330 (82.5%) - an individual who identifies himself, in all aspects, with his "birth gender"; 37 (9.2%) participants declared themselves trans; 33 (8.2%) had a non-binary gender identity. Most of them revealed to have heterosexual sexual identity (162; 40.5%), followed by homosexuals (140; 35%) and, finally, bisexuals (98; 24.5%), which represented an expressive number, compared to the total number of men. Most of them revealed to have heterosexual sexual identity (162; 40.5%). The predominant race/color was mixed-race (215; 53.7%), aged between 29 and 39 years (198; 49.5%), single (190; 47.5%), with a complete higher education level (286; 71.5%), with an average income above five minimum wages (175; 43.7%), civil servants (107; 26.7%), residing in northeastern Brazil (140; 35%), living with family members (parents and/or siblings) (107; 26.7%).

They declared that they use the Unified Health System (*Sistema Único de Saúde*) and the private health plan (186; 46.5%), not having undergone psychotherapy (300; 75%) and not visiting a psychiatrist (320; 80%). They also reported not having taken or taking any psychotropic drug (320; 80%). Among those who mentioned having used or using any medication, fluoxetine, ansitec, escitalopram, paroxetine and ritalin stood out. Of the total investigated, 21 (5%) men reported having been diagnosed with COVID-19.

The following SS emerged: Mobilization of masculinities to meet the senses and meanings of mental health; Mobilization of masculinities to meet coping for maintaining mental health;

which will be described below, with the central ideas emerging, through participants' speeches. Such SS, composed of their respective CI, emerged from the methodological analysis of DCS, in the search to find the centralities of the meanings about the investigated phenomenon.

### SPEECH-SYNTHESIS 1: MOBILIZATIONS OF MASCULINITIES TO MEET THE SENSES AND MEANINGS OF MENTAL HEALTH

This category revealed the mobilizations of masculinities to meet the senses and meanings of mental health.

#### Central Idea 1A: Finding the place of mental health

*[...] as soon as i became aware that the pandemic had indeed arrived in Brazil and was already affecting my city, i felt the impacts on my mental health. I began to realize that my mental health was fluctuating during the pandemic. My mental health became more affected when I started to see positive cases in people who work with me. Other problems have contributed to changing my mental health, such as fear of the possibility of being infected with the Coronavirus and having COVID-19. In addition to my risky condition, since I have diseases and the constant experience of the feeling of discomfort and imminent danger, especially when I need to go to the street and the uncertainty that generates impacts. (DCS)*

#### Central Idea 1B: Realizing the mental health concerns

*[...] with all the worry caused by the pandemic, I started to experience a variety of emotions, especially negative and neutral emotions, many of them generated by insecurity and uncertainty. I had changes in routines and behaviors. Because of this, I started to have moments of temporary change in my mental health status, leaving me more distressed and sadder. As the days went by, I noticed that my mental health was getting affected due to the tension of having to leave the house to go to work. (DCS)*

#### Central Idea 1C: Expressing, fears, pains, suffering and discomfort to mental health

*[...] with the emergence of the pandemic, I started to feel afraid. Really, a fear of being infected and getting into bad statistics. Fear of leaving home to go to the supermarket or work. Fear of getting on public transport. I am afraid of contaminating people in my family and of developing some mental illness due to all the stress experienced. Fear of being on the front line and having to continue acting even in the face of the risks of COVID-19, which constantly generates the feeling of contaminating me. I felt a lack of concentration and noticed my stress level rising, which has upset me. I had episodes of insomnia, which was caused by accelerated thinking and agitation; because of that, I needed to use medication to get to sleep during the night, increasing pressure and stress. The tension was very strong and reverberated throughout my body, lasting for many days. (DCS)*

#### Central Idea 1D: Naming mental health problems

*[...] after the arrival of the virus in Brazil, I started to have anxiety and panic attacks, which increased, mainly, in the beginning of March. Anxiety started to appear very strongly and I started*

*to have panic attacks. My individual existential issues became more vibrant and urgent during this period. It has been a time of extreme agony, a feeling of helplessness and a feeling of unease. Furthermore, I started to intensify depression, having to be forced to deal with this pathology alone during quarantine. (DCS)*

## **SPEECH-SYNTHESIS 2: MOBILIZATIONS OF MASCULINITIES TO MEET COPING FOR MENTAL HEALTH MAINTENANCE**

The mobilizations of masculinities presented in this category demonstrate coping for mental health maintenance.

### **Central Idea 2A: Recognizing vulnerabilities and developing awareness to make decisions and act preventively**

*[...] after having the notion that the pandemic could affect me directly, especially with the arrival of cases in Brazil and the determination of quarantine in my city, I created a rehabilitation plan with the objective of reducing the impacts that could be caused to my health mental. I acted that way by imagining what was to come and fearing the worst, in addition to realizing that I could be unemployed and not be able to maintain my expenses, provide for the family and other people who are dependent on my work performance and my financial control. In this way, I sought to carry out activities aimed at controlling stress, anxiety and confinement caused by social isolation. (DCS)*

### **Central Idea 2B: Developing first-time collective care**

*[...] I started calling family members to establish information about preventing the virus, especially with my father and mother, who are already elderly and are part of the risk group. I also tried to guide my family on how to face the problems that could be generated in the economic situation. I got in touch with friends, to get information and to create strategies to strengthen friendship, to understand and better deal with reality and to reduce the loneliness caused by isolation. With my friends, I try to exchange experiences of the situations we are experiencing, as many of them come from similar problems. (DCS)*

### **Central Idea 2C: Practicing self-care in mental health**

*[...] I have been trying to filter what I have been accessing in the media, because it is a very large amount of information and a large part of it is fake news, especially the ones I receive by cell phone through social networks, and all of this makes me more anxious and worried. To help me deal with my mental health problems, I tried to access content on the internet on trusted sites, such as the Ministry of Health and television programs. Early in the pandemic, I started to practice meditation and physical and breathing exercises as a way to relax and release the excess information absorbed about the pandemic throughout the day. I have also been trying to develop activities that help to divert thinking about COVID-19. When I'm at home, I try to watch movies, read books and study, listen to music. I started a professional training course online and also started to participate in a reflective and also therapeutic group with men in the virtual environment. There have been moments of questioning, reflection, transformation, the search for overcoming and learning about the whole situation faced. (DCS)*

## **DISCUSSION**

The findings of this study revealed mobilizations in the masculinities of men residing in Brazil in relation to mental health in the pandemic context of COVID-19. The male perception of mental health and related health care in the face of the pandemic are crossed by the intrapersonal sphere, in which cognition, (inter) subjectivities and psychoanalytic processes are found<sup>(12)</sup>. Moreover, they involve being and being in the world of these men and the accesses they have available, such as education, literacy, which is configured in the level of literacy and self-knowledge self-management<sup>(17)</sup>, employability and income and how they receive, recognize, process, code, assimilate, mean and attribute meanings and judgments to what they called "impacts" on mental health, mobilizing masculinities to face and care for themselves and the other in relation to mental health.

Most participants have a higher level of education, which can influence the findings, especially in raising awareness of health care. We assume that men with higher education are more prepared and more easily recognize the possible risks and damages to health, as seen in the perceptions about the damage caused by the pandemic to the mental health situation, measures employed by men, as recognized in the investigated non-pandemic context<sup>(23)</sup>.

When analyzing the meanings of male mental health during the pandemic, we highlight the aspect of paradigmatic change in the social construction of the masculinities of the men participating in this study, which reveals itself as an expressive new finding for health and nursing, since the place of mental health is recognized and demarcated by them through speeches, once veiled and stigmatized by the male audience<sup>(12-14,17-18,23)</sup>. Studies that intersect the relationship of masculinities and health reveal that the maintenance of the ideal and the constructs of hegemonic and/or dominant masculinity has also occurred to maintain physical and moral attributes, expressed in the function of the exercise of heavy work, in family provision and in adoption of addictions; however, it is in transition and reframing<sup>(8,15,24-26)</sup>, which may have presented greater tension with the advent of the pandemic.

The attribution of male meanings, from the perspective of Symbolic Interactionism<sup>(19)</sup>, showed changes in meanings related to mental health, through the interpretative process resulting from social interaction in the pandemic context, seen while men faced with the needs of adopting coping strategies. In this regard, modification and/or manipulation of meanings in the face of social interaction leads the individual's path to meet new paradigms that mobilize masculinities, by tensioning models, behaviors, attitudes and practices historically constructed.

It was noted that men express self-perception of impacts, demonstrating to recognize when the situation and/or state of mental health is "affected", when they are in "oscillation". This study reveals that the health status in the pandemic is found elsewhere than the body in its physical dimension, which is strongly marked among this audience<sup>(18)</sup>, reaching the psychic dimension when recognizing that the pandemic and its consequences interfere in the state mental health. In this sense, when recognizing mental health as a dimension of health, men denounce, through the discourse evidenced in this study, the movements of changes around the understanding and conception of health, which is relevant to the practice of nursing and health.

The impacts on mental health revealed by men correlate with the experience of situations that generate psychosocial disorders, especially anchored in the fear of contracting the virus, developing the disease and evolving to death, illustrated by the feeling of "being at risk", individual or collective and the presence of organic health conditions expressed in symptoms. Thus, the global health dimension has shown that COVID-19 is more lethal for infected men, which indicates a higher male mortality rate among Chinese men<sup>(27)</sup>, with a similar pattern in Brazil<sup>(5)</sup>. In both countries, degrading markers of the mental health situation are explained in the literature in view of the constant feeling of "imminent danger" and continuous hypervigilance<sup>(27-29)</sup>.

The malaise and disturbances in male mental health recognized in this study revealed the abrupt changes caused by the pandemic to the way of life of men: routine work activities and established habitual behaviors. It is necessary to mention that men experienced the intensification of problems, such as the increase in "pressure" and "stress" and "presence of very great tension", which may have reversed itself in unfavorable consequences for the psychological well-being of men.

Expressions of feelings, pain, discomfort and psychological distress were revealed in the speech of altered sleep and thought patterns, psychomotor agitation and the installation of episodes with symptoms of a depressive spectrum and/or relevant anxiety, due to the manifestation of complaints of depressed mood and irritated, descriptions of anxious mood, excessive worries, hypochondriac ideas, catastrophization and elusive behavior, which can revert to insomnia, ruminations and cognitive impairment<sup>(27-29)</sup>. From another dimension, the most resilient individuals described functional and adaptive safety behaviors.

In the search for individual resources for self-management of impacts on mental health, part of the men resorted to psychotropic drug use, demonstrating the intrinsic suffering in this attitude. In this sense, even though men have exposed unspecific sensations and/or complaints, there is a movement around the male in the search for closeness, connection, knowledge/understanding and mental health self-management, discreet in other scenarios<sup>(12-14,17-18,23)</sup>. The speech also explained that men call symptoms in psychiatric pathologies and recognize the intensification of pre-existing conditions, which may indicate the presence of previous suffering and valorization of models still focused on the disease and medicalization of life. However, some acknowledged difficulties in dealing with the problem on their own and did not perceive the structuring of health care networks to meet the demands, which implies the need for attention from health managers and professionals<sup>(30)</sup>.

Concerning the impacts on the mental health of men in the context of the COVID-19 pandemic, although it considers the fact that the findings of this study are similar in the general population, it is a specific population group. This scenario involves factors and characteristics that are still covered and little investigated in the literature regarding mental health<sup>(12,16-17)</sup>. Moreover, knowing, accurately, the "new" elements understood in male experiences makes it possible to advance in the conduction of interventions and the production of nursing care, which makes the results of this study unprecedented and relevant to clinical knowledge and practice and everyday assistance.

When analyzing the coping strategies for maintaining mental health, we observed that men saw themselves and took on a condition of vulnerability, which contradicts the hegemonic masculinity model<sup>(15)</sup>, which, if questioned, would not present their anxieties, weaknesses, limitations, fears and concerns, on the contrary, would challenge and/or deny them<sup>(15,26)</sup>. It is noted that this search movement expresses the mobilization of masculinities to mental health, making the appearance of new symbolic meanings<sup>(19)</sup> of issues related to care by men notorious. Thus, the strategies for preventing and coping with the impacts on mental health dealt with the elaboration of plans for "re-adaptation of life", which reveals contradictions between hegemonic masculinity and the mobilization of other possible masculinities.

In this light, we are not saying that, based on the findings of this study, men do not assume hegemonic contours of masculinity, but, considering that the social construction of masculinities is fluid, temporal, changeable and/or modifiable, and that based on the dimensions of social class, cultural, educational, ethnic, generational, political, territorial and socio-historical<sup>(15)</sup>, we believe in the possibility of the influence of these structural markers and the pandemic itself in this process of mobilization of masculinities in relation to mental health.

It is also essential to highlight that men presented the understanding that the need for social isolation and isolation of bodies, in order to minimize the virus proliferation, can be overcome with the construction and approximation of affections present in virtual networks through family support, friend support and institutional support. Thus, when establishing these coping strategies, masculinities mobilized themselves to be with others, in a group, to strengthen bonds with a focus on promoting the care of those who are part of their socio-affective network, in overcoming solitary pursuits, which minimized the pandemic impacts. Therefore, it becomes necessary to think about reformulation of therapeutic nursing and health interventions, aimed at user care, in order to cope with the new demands caused by the pandemic.

A masculinist movement of singularization, which proposes to establish a care relationship between peers, was demonstrated in the findings of this study, which implies that men have built strategies for internal care reviews and reflections, such as the creation of cooperative and/or virtual groups. Reflective of the encounter, using other technological resources in their socio-affective networks to: approach friends and family; access to information and vocational training; recreation; decision making for the care of the other and of oneself. That said, there is a highlight that this attitude strengthens the positive male fraternity, which transposes the previous understanding of groups that strengthen toxic masculinity, now recognizing the weaknesses and vulnerabilities before the pandemic in their country of residence.

Therefore, we encourage strengthening and expanding risk promotion, protection, prevention and stratification actions and mental health maintenance in the context of the COVID-19 pandemic, based on the production of gender-based care, from the perspective of the formulation of new strategies to meet the male audience's demands, based on non-medicalizing actions that value dialogic practice and recognition of masculinities as a significant marker for nursing care.

## Study limitations

The profile of selected participants may have influenced the findings, such as the high level of education and academic training. Moreover, data were gathered by filling in an online form, which can limit the extraction of more sensitive data as in the face-to-face collection process, limiting the access of men with low access to Information and Communication Technologies (ICT).

## Contributions to nursing and public health

The contributions of this study are expressed in: a) providing advances in knowledge about the context of the COVID-19 pandemic and the interfaces with gender and health; b) explaining masculinities as influencing mental health care for men; c) demonstrating the characteristics of the impacts on male mental health and the coping strategies adopted by men in the course of the pandemic; d) presenting the elements that made up the mobilizations of masculinities in relation to mental health; e) elucidating defining characteristics of the phenomenon of masculinities and mental

health care in the context of the COVID-19 pandemic for nursing and health care; f) converging with the need to enhance the Brazilian National Policy for Integral Attention to Men's Health (*Política Nacional de Atenção Integral à Saúde do Homem*) implementation.

## FINAL CONSIDERATIONS

The COVID-19 pandemic has mobilized masculinities insofar as men impart senses and meanings, in their interaction and interpretation, to mental health. Male mental health takes on a place of visibility, of valuing its impacts, in which they perceive discomfort, malaise, breakdowns, express feelings and psychological suffering referring to diagnoses and establish coping strategies, self-care and the other.

We emphasize that, with the pandemic scenario, mobilizations of masculinities towards the recognition of psychoemotional weaknesses and vulnerabilities and the search for mental health care may reveal a new scenario, favorable for psychosocial care, service organization, prevention strategies/treatment and the production of nursing care.

## REFERENCES

1. World Health Organization (WHO). Coronavirus Disease (COVID-19) Dashboard. 2020 [cited 2020 Jun 20]. Available from: [https://covid19.who.int/?gclid=CjwKCAjwiMj2BRBFEiwAYftbCr25ymd0RbO5LrdGb7TaMaPX5GG34KRF3YpJ9e9t8Lhr7AGADYUsCxoCf-kQAvD\\_BwE](https://covid19.who.int/?gclid=CjwKCAjwiMj2BRBFEiwAYftbCr25ymd0RbO5LrdGb7TaMaPX5GG34KRF3YpJ9e9t8Lhr7AGADYUsCxoCf-kQAvD_BwE)
2. Sodre F. Epidemia de Covid-19: questões críticas para a gestão da saúde pública no Brasil. *Trab Educ Saúde*. 2020;(18):3:e00302134. <https://doi.org/10.1590/1981-7746-sol00302>
3. Lima RC. Distanciamento e isolamento sociais pela Covid-19 no Brasil: impactos na saúde mental. *Physis*. 2020;30(2):e300214. <https://doi.org/10.1590/s0103-73312020300214>
4. Aquino EML, Silveira IH, Pescarini JM, Aquino R, Souza-Filho JA, Rocha AS, et al. Medidas de distanciamento social no controle da pandemia de COVID-19: potenciais impactos e desafios no Brasil. *Ciênc Saúde Coletiva*. 2020;25(Suppl1):2423-46. <https://doi.org/10.1590/1413-81232020256.1.10502020>
5. Ministério da Saúde (BR). Coronavírus. Boletim epidemiológico nº 16 [Internet]. Brasília; 2020 [cited 2020 Sep 20]. Available from: <https://portalquivos.saude.gov.br/images/pdf/2020/May/21/2020-05-19---BEE16---Boletim-do-COE-13h.pdf>
6. Ferreira LDL, Angelim DA, Sabóia RR, Demes CI, Carvalho CS, Noronha NFM, et al. COVID-19 no Estado do Ceará, Brasil: comportamentos e crenças na chegada da pandemia. *Ciênc Saúde Coletiva*. 2020;25(5):1575-86. <https://doi.org/10.1590/1413-81232020255.07192020>
7. Caponi S. Covid-19 no Brasil: entre o negacionismo e a razão neoliberal. *Estud Av*. 2020;(34):99, 209-24. <https://doi.org/10.1590/s0103-4014.2020.3499.013>
8. Conti P, Younes A. Coronavirus COV-19/SARS-CoV-2 affects women less than men: clinical response to viral infection. *J Biol Regul Homeost Agents*. 2020;34(2):339-43. <https://doi.org/10.23812/Editorial-Conti-3>
9. Purdie A. Sex, gender and COVID-19: disaggregated data and health disparities. *BMG Global Health* [Internet]. 2020 [cited 2020 Jun 20]. Available from: <https://blogs.bmj.com/bmjgh/2020/03/24/sex-gender-and-covid-19-disaggregated-data-and-health-disparities/>
10. Schurz H, Salie M, Tromp G, Hoal EG, Kinnear CJ, Möller M. The X chromosome and sex-specific effects in infectious disease susceptibility. *Hum Genomics*. 2019;13(1):2. <https://doi.org/10.1186/s40246-018-0185-z>
11. Bwire GM. Coronavirus: why men are more vulnerable to Covid-19 than women? *SN Compr Clin Med*. 2020;4:1-3. <https://doi.org/10.1007/s42399-020-00341-w>
12. Boysen GA. Explaining the relation between masculinity and stigma toward mental illness: the relative effects of sex, gender, and behavior. *Stigma Health*. 2017;2(1):66-79. <https://doi.org/10.1037/sah0000041>
13. Sousa AR. How can COVID-19 pandemic affect men's health? a sociohistoric analysis. *Rev Pre Infec Saúde*. 2020;6:10549. <https://doi.org/10.26694/repis.v6i0.10549>
14. Sousa AR, Silva NSB, Lopes S, Rezende MF, Queiroz AM. Expressions of masculinity in men's health care in the context of the COVID-19 pandemic. *Rev Cuba Enferm* [Internet]. 2020 [cited 2020 Jun 20];36:e3855. Available from: <http://www.revenfermeria.sld.cu/index.php/enf/issue/view/41>
15. Connell RW. Margin becoming centre: for a world-centred rethinking of masculinities. *NORMA: Int J Masc Stud*. 2014;(9):4:217-31. <https://doi.org/10.1080/18902138.2014.934078>

16. Mascayano F, Tapia T, Schilling S, Alvarado R, Tapia E, Lip W, et al. Stigma toward mental illness in Latin America and the Caribbean: A systematic review. *Rev Bras Psiquiatr*. 2016;38(1):73-85. DOI: 10.1590/1516-4446-2015-1652
  17. Campos IO, Ramalho WM, Zanello V. Saúde mental e gênero: o perfil sociodemográfico de pacientes em um centro de atenção psicossocial. *Estud Psicol (Natal)*. 2017;22(1):68-77. <https://doi.org/11b994e1/16082466eb91101118b>
  18. Garcia LHC, Cardoso NO, Bernardi CMCN. Autocuidado e adoecimento dos homens: uma revisão integrativa nacional. *Rev Psicol Saúde*. 2019;11(3):19-33. <https://doi.org/10.20435/pssa.v11i3.933>
  19. Blumer H. *Symbolic interactionism: perspective and method*. USA: University of California Press, 1986.
  20. Nascimento LCN, Souza ITV, Oliveira IICS, Moraes JRMM, Aguiar RCB, Silva LF. Theoretical saturation in qualitative research: an experience report in interview with schoolchildren. *Rev Bras Enferm*. 2018;71(1):243-8. <https://doi.org/10.1590/0034-7167-2016-0616>
  21. Patias ND, Hohendorff JV. Quality criteria for qualitative research articles. *Psicol Estud*. 2019;24:e43536. <https://doi.org/10.4025/psicoestud.v24i0.43536>
  22. Lefevre F, Lefevre AMC, Marques MCC. Discourse of the collective subject, complexity and self-organization. *Ciênc Saúde Coletiva*. 2009;14(4):1193-204. <https://doi.org/10.1590/S1413-81232009000400025>
  23. Milner A, Shields M, King T. The influence of masculine norms and mental health on health literacy among men: evidence from the ten to men study. *Am J Men's Health*. 2019;13(5):1557988319873532. <https://doi.org/10.1177/2F1557988319873532>
  24. Kågesten A, Gibbs S, Blum RW, Moreau C, Chandra-Mouli V. Understanding factors that shape gender attitudes in early adolescence globally: a mixed-methods systematic review. *PLoS One*. 2016;11(6):e0157805. <https://doi.org/10.1371/journal.pone.0157805>
  25. Gibbs A, Vaughan C, Aggleton P. Beyond 'working with men and boys': (re)defining, challenging and transforming masculinities in sexuality and health programmes and policy. *Cult Health Sex*. 2015;17(Suppl2):85-95. <https://doi.org/10.1080/13691058.2015.1092260>
  26. Gomes R, Couto MT, Keijer B. Hombres, género y salud. *Salud Colectiva*. 2020;16:2788. <https://doi.org/10.18294/sc.2020.2788>
  27. Qiu J, Shen B, Zhao M, Wang Z, Xie B, Xu Y. A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations. *Gen Psychiatr*. 2020;33(2):e100213. <https://doi.org/10.1136/gpsych-2020-100213>
  28. Ornell F, Schwartzmann HS, Paim KFH, Magalhães NJC. The impact of the COVID-19 pandemic on the mental health of healthcare professionals. *Cad Saúde Pública*. 2020;36(4):e00063520. <https://doi.org/10.1590/0102-311x00063520>
  29. Hiremath P, Kowshik CSS, Manjunath M, Shettar M. COVID 19: Impact of lock-down on mental health and tips to overcome. *Asian J Psychiatr*. 2020;51:102088. <https://doi.org/10.1016/j.ajp.2020.102088>
  30. Moreira WC, Sousa AR, Nóbrega MPSS. Mental illness in the general population and health professionals during COVID-19: A scoping review. *Texto Contexto Enferm*. 2020;29:e20200215. [doi.org/10.1590/1980-265x-tce-2020-0215](https://doi.org/10.1590/1980-265x-tce-2020-0215)
-