




Original Article

Gender expressions in the care and COVID-19 prevention process during the pandemic: reflections *from* and *to* social occupational therapy¹

Expressões de gênero no processo de cuidado e prevenção da COVID-19 durante a pandemia: reflexões da e para a terapia ocupacional social

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How to cite: Braz, L. G. O., Leite Junior, J. D., & Borba, P. L. O. (2022). Gender expressions in the care and COVID-19 prevention process during the pandemic: reflections *from* and *to* social occupational therapy. *Cadernos Brasileiros de Terapia Ocupacional*, 30(spe), e3118. <https://doi.org/10.1590/2526-8910.ctoAO238931182>

Abstract

This article discusses the expressions of gender in the care and prevention process of COVID-19 and seeks to explain the manifestations of sexism in issues related to the changes in daily life caused by the pandemic, in addition to reflecting on the possibilities of actions of occupational therapy in this context. The investigation presented in this article unfolded from a broader project, entitled: “*Inequalities and vulnerabilities in the COVID-19 epidemic: monitoring, analysis, and recommendations*”, carried out between May and November 2020, whose general objective was to assess the impacts of the COVID-19 pandemic in more vulnerable neighborhoods of the municipalities where the study was carried out. The methodology was based on the use of material produced in the field research process; this is a qualitative study that focused on the information obtained through conversation circles, interviews, application of questionnaires, the production of reports and field diaries, and the articulation of this material with theoretical references that favor social occupational therapy and gender studies. Among the results, it’s possible to highlight the different ways in which men and women comprehended the period and established their ways of life in the pandemic, in addition to the different attitudes and behaviors towards the care necessary to

¹ Material result of the Research “Inequalities and vulnerabilities in the COVID-19 epidemic: monitoring, analysis and recommendations” and was approved by the Ethics Committee of the Universidade Federal de São Paulo by opinion number 4,091,794

Received on July 30, 2021; 1st Revision Sep. 29, 2021; 2nd Revision on Dec. 3, 2021; Accepted on March 3, 2022.



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prevent COVID-19. The critique of hegemonic masculinity allows for an accumulation of knowledge that favors the development of interventional processes, such as the carrying out of activity workshops and conversation circles that aim to soften the reflexes of this thought on society.

Keywords: Occupational Therapy, Gender Studies, Masculinity, COVID-19, Disease Prevention, Sexism.

Resumo

O presente artigo discute as expressões de gênero no processo de cuidado e prevenção da COVID-19 e busca explicitar as manifestações do sexismo nas questões relativas às mudanças no cotidiano acarretadas pela pandemia, além de refletir sobre as possibilidades de ação da terapia ocupacional social frente a essas problemáticas. A investigação se desdobrou de um projeto mais amplo, intitulado “*Desigualdades e vulnerabilidades na epidemia de COVID-19: monitoramento, análise e recomendações*”, realizado entre maio e novembro de 2020, cujo objetivo geral foi avaliar os impactos da pandemia de COVID-19 em bairros de maior vulnerabilidade dos municípios onde o estudo foi realizado. A metodologia se baseou na utilização do material produzido no processo de ida a campo. Trata-se de um estudo qualitativo que se debruçou sobre as informações obtidas na realização de rodas de conversa, entrevistas, aplicação de questionários, na produção de relatórios e diários de campo e na articulação deste material com referenciais teóricos que privilegiam a terapia ocupacional social e os estudos de gênero. Dentre os resultados, destaca-se a diferente forma como homens e mulheres compreenderam o período e estabeleceram seus modos de vida na pandemia, além das distintas atitudes e comportamentos frente aos cuidados necessários à prevenção da COVID-19. A crítica à masculinidade hegemônica permite um acúmulo de conhecimento que favorece a elaboração de processos interventivos, como a realização de oficinas de atividades e rodas de conversa que objetivam amenizar os reflexos desse pensamento na sociedade.

Palavras-chave: Terapia Ocupacional, Estudos de Gênero, Masculinidade, COVID-19, Prevenção de Doenças, Sexismo.

Introduction

The crisis caused by the COVID-19 pandemic has profoundly affected the lives of all individuals. However, the health, social and economic consequences triggered by mass contamination fall more heavily on the most vulnerable part of the population, opening up the pre-existing inequalities in society, whether economic, racial, and/or gender (Comissão Econômica para a América Latina e o Caribe, 2020; Farias & Leite Junior, 2021; Faustino & Gonçalves, 2020), with this last dimension being the focus of the discussions in this article.

Brazil is a country that notoriously reproduces patriarchal and sexist conceptions in all its social strata, and the fact that it is among the first in the ranking of countries the most violent and killing women in the world (Ferreira, 2020) reiterates and legitimizes this finding. The reproduction of machismo is rooted in the population, not only in the

individual reality of each citizen and the daily life of most Brazilian families but also in the way institutional processes – public and private – are conducted, with different manifestations that vary according to the intersectionality of some social markers of difference – in addition to genders – such as class, race, and religion (Melo et al., 2020; Brah, 2006).

The expression conceptualized by Connell (1995) as *hegemonic masculinity* is crossing all power relations, being present in the speeches of government representatives, in the formulation of laws and government projects, and even in the concrete and symbolic practices of violence that take place in the most intimate interpersonal relationships. It is possible to analyze the construction of a hegemonic concept about what it means to be a man and how it can be harmful to the entire population since we relate a set of actions carried out by political actors inserted in the State with the logic of behaviors associated with certain standard masculinity. Both the dissemination of information without a scientific basis proven by the main health agencies regarding COVID-19 and the poor execution of public policies that support socially vulnerable populations can be related to this concept of masculinity.

This gender normativity defines, directly and indirectly, the construction of practices and behaviors exercised by men and women of all social classes. These crossings are also noted at a time when the world is experiencing the pandemic of the new coronavirus, given that the most popular and scientifically discussed preventive measures against COVID-19 are effective - such as physical distancing, social isolation in the case of infection by the virus or its suspicion, the use of masks, hand hygiene, the vaccination schedule, among others (Centers for Disease Control and Prevention, 2021) - have been incorporated differently between men and women, as we observed based on this study.

Occupational Therapy, as an area of knowledge, has been called upon to intervene in different areas and contexts in the face of COVID-19. Turning specifically to Social Occupational Therapy as an area dedicated to dealing with individual and collective individuals who experience impediments in their social participation (Barros et al., 2002; Melo et al., 2020), such participation may be limited or interrupted by physical, mental, structural issues and even a social dimension, as a result of gender inequality that affects all individuals. However, we can say that women are limited in exercising their social participation on a larger scale (Alves & Cavenaghi, 2013), which causes damage to their ways of life. During the pandemic, this situation worsens;

The social isolation imposed by the COVID-19 pandemic brings to the fore, in an enhanced way, some worrying indicators about domestic and family violence against women. Organizations dedicated to tackling domestic violence have seen an increase in domestic violence because of forced coexistence, economic stress, and fears about the coronavirus (Vieira et al., 2020, p. 2).

We share with Silva & Oliver (2019, p. 859) that social participation is the involvement of individuals in social groups and/or in public and community spaces that generate transformations in their daily lives and in their living conditions that, according to the authors, may be marked “by illness, violence, mental and/or psychic suffering, social and occupational injustice, inequality, prejudice, exclusion, and oppression”.

In this article, we, therefore, seek to explain the manifestations of sexism in issues related to the changes in daily life caused by the pandemic, as well as to reflect on the possibilities of action of Social Occupational Therapy in the face of these problems.

Methodology

To carry out this study, we focused on the empirical materials resulting from the participation in the research “*Inequalities and vulnerabilities in the COVID-19 epidemic: monitoring, analysis and recommendations*”, carried out between May and November 2020.

The research “*Inequalities and vulnerabilities in the COVID-19 epidemic: monitoring, analysis, and recommendations*” was dedicated to analyzing the processes and impacts of the COVID-19 pandemic in 16 territories of five municipalities, all in the State of São Paulo, as well as the forms of operationalization of support and solidarity networks organized by the social groups participating in the investigation, considering their territorial realities and agencies.

The performance in the execution process of this research generated an accumulation of learning, whose analysis can be one of the bases for the construction of this article, which is an interpretation of the experiences and knowledge acquired through the insertion in the aforementioned research, using the same methodological procedures of the research “*Inequalities and vulnerabilities in the COVID-19 epidemic: monitoring, analysis and recommendations*”, in which our participation could give us another look for part of the data and experiences produced in the execution process.

To carry out the research “*Inequalities and vulnerabilities in the COVID-19 epidemic: monitoring, analysis, and recommendations*”, we used different methods for the composition of the empirical field: analysis of sociodemographic indicators of the territories studied; structured questionnaires and semi-structured interviews; conversation circles and user-guide.

The conduction of the research and investigative process was centered on thematic axes concerning: 1) the relationship between access to information and adherence to strategies and tactics to prevent and combat the spread of COVID-19; 2) the relationship between housing conditions and people's mobility and home isolation; 3) the intensification of the relationship of gender inequality during the pandemic period; and, finally, 4) the relationships between loss of income, the increase in poverty and food and nutritional insecurity and relationships with the production of health.

The four thematic axes mentioned guided the construction and analysis of the methods used for data production. After its survey and production, the data were separated into the same thematic blocks. For analysis, the researchers organized into groups, and each group was dedicated to analyzing one of the investigated themes.

The structured questionnaire was constructed in four different phases, each consisting of several stages. They were: the definition of content and elaboration of items, content validation by a committee of experts, and a pilot study, with adjustments to the instrument to obtain the final version. In the first phase of the research, we applied around 713 questionnaires, of which 100 were in Santos, São Paulo, in the Alemoa and Saboó neighborhoods.

The investigation of sociodemographic indicators was based on data collected from the following sources: 2010 IBGE census; SEADE (São Paulo Social Vulnerability Index); the “*Cad Único*” (single, official, and rigorously elaborated register with families assisted with some benefit); individual and household registration data collected by Community Health Agents and municipal epidemiological bulletins regarding COVID-19 morbidity and mortality.

With the evidence of some more emerging issues resulting from the questionnaire and the researchers' field trips related to gender inequality, we moved on to a second moment, in which nine in-depth interviews and two conversation circles were carried out, deepening the data related to the investigation proposed with the theme, so we could access in more depth the issues related to the problems crossed by the genre. Conversation circles were held with young girls living in the investigated territories. They took place through a collective conversation conducted by questions previously prepared by the researchers, but they were not followed with total rigidity, allowing for more fluidity and the spontaneous appearance of other questions relevant to the research. They were recorded through field diaries.

Thus, the analysis of these processes was carried out based on the theoretical-methodological assumptions of Social Occupational Therapy and studies on gender and sexism, mainly based on authors who use the concept of hegemonic masculinity, a concept that says about the regency of the forms how the relationships take place, both in the personal microsphere of each one and in the power relationships that are established in politics, in professional relationships and that are perpetuated through systematic and institutional mechanisms.

The research was approved by the Ethics Committee for Research on Human Beings², and all participations were previously authorized by signing the Informed Consent Form. All names mentioned in the article are fictitious, concerning the confidentiality of the information given by the contributors.

The discussion presented below is based on the dualistic male-female relationship, which does not mean that we disregard other forms of gender expressions and sexual orientations. The empirical field led us to this binary construction, which is the majority in the territories studied and a fundamental part of the problems brought up in this article. With this, we organized the information gathered and analyzed into two thematic axes that centralized the reflections proposed in this article: the female gender as a defining factor of the experience in the pandemic and masculinity and the negationist discourse - from the public to the individual sphere.

Results and Discussion

Gender as a defining feature of the pandemic experience

When reconstructing the history of women in Brazil, Priore (1997) showed in his writings how poor women have always headed their homes and are held responsible for

² Opinion number: 4.091.794

social reproduction, a reproduction that involves guaranteeing their economic and affective subsistence, themselves and their kids. This makes up the history of our society, and it is a reality that remains almost unchanged to the present day. Based on the information gathered in the empirical field and as a result of the advancement in recent years of neo-Pentecostal religions in Brazilian urban peripheries, we noticed a significant number of families that have been organized along the lines of the nuclear family: father, mother, and children, a model considered by many as unique, desirable and socially legitimized (Machado, 2017).

Within these compositions, we could observe some signs of the prevalence of an unequal model of division of responsibilities within the houses, following the standard dynamics in which the daily production of Brazilians is organized, which follows the socially established model, in which man is financially responsible for providing for the family, from the point of view that they (men) have the necessary aptitude and this responsibility is inherent to their condition of the male gender. On the other hand, the woman must then take responsibility for the other obligations related to domestic life and the care of children.

The unequal division of domestic tasks, which especially burdens married women with children, proves how the home environment is yet another sphere of the exercise of male power. Most of the time, the presence of men at home does not mean cooperation or a more harmonious distribution of tasks among the whole family, but an increase in the invisible and unpaid work of women (Vieira et al., 2020, p. 3).

According to Connell (1995), these characteristics unfold in everyday actions that make masculinity understood as a particular configuration of practices. In this sense, according to Nascimento et al. (2011, p. 184), “hegemonic masculinity is a recurring set of articulated elements (beliefs, attitudes, practices) as a reference for the definition of what it means to be a man in a given context”.

Based on questions on how household chores were divided before and during the period of social distancing, it became clear that, even in a reality of school closures and an increase in the burden of domestic work as a result of the presence of children in the house, how the functions related to the maintenance of the house, taking care of the children, preparing the food and other tasks of this nature remained the responsibility of the women, generating an excess of work for them. This reality was maintained even in the face of scenarios in which men remained at home during the day because they were unemployed.

It was always the woman. They were single mothers and housewives who took care of the house and were already there trying to help their partner; or housewives who did not have help from their partners and ended up losing their “beaks”, their cleaning, which made it possible to buy food. Always the woman. (Statement from the field diary of researchers B. and J., Santos, 2020).

We can observe this same reality in the report in another article written based on field experiences concerning the research “*Inequalities and vulnerabilities in the*

COVID-19 epidemic: monitoring, analysis, and recommendations”, which was part of the composition of the information brought in this article:

One of the field researchers, who during the pandemic was involved with the delivery of approximately 1200 food baskets, highlighted that the overwhelming majority of people assisted were women and that there is a feeling of shame by men in seeking this type of help. Even in situations in which the woman continued to work outside the home and the husbands were dismissed from work, the woman continued to be responsible for preparing the food (Furtado et al., 2021, p. 231).

In view that even in the face of a significant change in ways of life brought about by the pandemic, the unequal ways in which families share responsibilities of domestic life were still preserved, it is possible to perceive the prevalence of patriarchal hegemonic models as regents of relationships; “socially legitimized hegemonic models of masculinity are also at play in families. For example, men's gender strategies define negotiations around domestic work and the 'double shift'” (Connell & Messerschmidt, 2013, p. 253), evidencing how gender norms regulate the construction of roles in heteronormative relationships. In this case, women still assume the central role of organizing the family and the house, sometimes in addition to the need to generate income, which leaves them overloaded.

This overload could be observed in the field in which we were inserted, evidencing changes imposed by the pandemic, in the habits of prevention of COVID-19, maintenance of the house routine, care for children, and supervision of school activities and other activities that deepen a gender inequality that characterizes marital relationships, as argued by Oliveira (2020):

In a scenario of increasing political, economic, and social instability, it is women who bear the heaviest physical and emotional costs. They are also the ones that, connected in networks of mutual support and collaboration, express the solidarity action and horizontal resistance that survives the pandemic (Oliveira, 2020, p. 158).

Some lessons learned from going to the field reveal that the gender inequality that structures relationships was already a pre-existing problem before the outbreak of the COVID-19 pandemic, but that deepens and gains more visibility in this period; the central role of women in supporting domestic life is even more accentuated at this time of economic and social instability. Motherhood becomes a defining feature of much of the experience lived by a considerable portion of the women who participated in the study.

Based on interviews with men and women, the difference in the way they understand the period in which we live and in the way in which their ways of life are established is noticeable. The expectation that falls on women is that they are responsible for the care in general, be it the home, children, food, or even health care. This care is interpreted in an essentialist way, especially by men, as if it were something inherent to the condition of a woman:

Yes, women take care of themselves more, they value more for safety, for the family and have a greater affection, I think it is natural of the woman that's it. (Interview "Ágora", 22 years old, Alemoa).

The naturalization of the role of women as caregivers is also supported by the opposite role played by men, who neglect their health, since the idea of seeking medical assistance and, in this specific case, following the recommendations for preventing COVID-19, especially in the use of masks and physical distancing, can mean weakness and vulnerability (Gomes, 2003 as cited in Nascimento et al., 2011), also based on the more traditional perception of the link between self-care and femininity (Keijzer, 2006).

Such divergences generate disputes between conducts within the same family nucleus, making the relationship conflictive, with fights and discontent. This can be seen in the speech of Ana, a resident of the Alemoa neighborhood:

Oh, lately. Particularly, because I don't need to be lying, there's a lot of fights... a lot of fights, because I want to go out, leave the wife at home, because it's like that, right, here [...] my husband thinks he is immune, that he will not die. But he doesn't realize that it's not him not being afraid to take it, it's him taking it and passing it on to those who are inside the house, so much so that I already took it, my baby took it, he took it and he doesn't stop. So, the issue of fighting here ends up having a lot until... particularly until yesterday. He says he'll get better, he'll stop doing that [speaks with a tone of laughter and disbelief]. Then I told him that it won't work for me anymore, no. If he continues like this, it won't work. I have to take care of my children, I have to take care of my health, and taking care of a man who is not paying attention to the family he has, for me doesn't work. (Interview Ana, 30 years old, Alemoa).

The woman's criticism of her partner's behavior is evident, which, based on given masculinity, she reiterates the belief that men are strong and are not vulnerable to the disease. When we reflect on how gender roles are exercised within marital and family relationships, we evidence a reduction or even interruption of the social participation of women in the pandemic, who were restricted in the exercise of their freedoms, meaning they did not have other actions/activities other than those related to motherhood and the domestic universe, given the new demands and increased social vulnerability generated by the pandemic scenario.

The fulfillment of socially defined roles without a process of reflection or problematization regarding the discrepant experiences between men and women who live in the same house reinforces the idea that there is hegemonic thinking permeating how they project and establish each experience, constituting a process of domination. According to Bourdieu (1989), symbolic systems are historically constructed and considered natural, that is, when naturalized, they fulfill their political function as instruments of imposition or legitimation of domination.

Masculinity and the negationist discourse: from the public to the individual sphere

Among the characteristics of the set of elements referring to the hegemonic idea of masculinity, there is physical resistance, the belief that the male body should not be shaken because fragility is still associated with the feminine. Thus, care for the body and health are also not part of the male universe; as Keijzer (2006) points out, “in general, self-care and valuing the body in the sense of health is something almost non-existent in the socialization of men. However, taking care of oneself or taking care of others appears as something feminine” (Keijzer, 2006, p. 140).

The belief in the invulnerability of their bodies directly crosses how the health-disease process is perceived and how the COVID-19 pandemic was perceived in the social imagination, influencing the attitude of men in the new reality of health requirements and norms of coexistence. This posture was reinforced and reproduced in all segments of society, originating from the public sphere that spreads to the individual reality.

The hidden ideas about male virility are also reinforced and updated by the narrative of the current president of Brazil, Jair Bolsonaro, who, in his first statements about COVID-19, on March 24, 2020, declared:

“In my particular case, due to my athlete history, if I was contaminated by the virus I would not have to worry, I would not feel anything or would, at the most, be affected by small flu, or cold, as that well-known doctor from that well-known television program said. A few state and city officials must abandon the scorched earth concept, transport bans, business closures, and mass confinement” (British Broadcasting Corporation, 2020).

Declarations like these, the numerous agglomerations, and the disastrous technical actions to face the pandemic, adopted by the Ministry of Health³, culminated in several filings of impeachment proceedings, a complaint to the United Nations Commission on Human Rights. In the academic and social movements, the analysis of an institutional strategy, by the federal government, for the propagation of the virus is deepened (Conectas Direitos Humanos, 2021).

The option to adopt negationist and minimizing discourses demonstrates the institutional (and personal) irresponsibility of the federal government and the president, who, through pseudoscientific discourses, encourages disregard for the pandemic, obscurantist, and arbitrary conceptions and behaviors that are linked to the ideas of

³ The government of President Jair Bolsonaro is the third minister in charge of the Health Department in the period of the most serious pandemic health crisis experienced in the country. The current minister is General Eduardo Pazuello, who took over as interim minister since the departure of his predecessor, taking effect as minister on September 16, 2020. Since he took office as an interim, serious accusations have been made against his management; A lawsuit filed with the Federal Supreme Court forwarded to the Attorney General's Office denounced him for prevarication and administrative improbity due to the blackout of Covid-19 data on the Ministry of Health website. The total data of the epidemic stopped being released on June 5, when the Ministry of Health portal dedicated to coronavirus statistics was taken down for maintenance, and the government began to disclose only data on confirmed cases and deaths recorded in the previous 24 hours, hiding the total data. (CNN Brasil, 2020). More recently, in a statement by the Attorney General's Office (AGU- *Advocacia-Geral da União*) sent to the Federal Supreme Court, in January 2021, it is attested that the health ministry was informed about the critical situation of the depletion of oxygen stock in Manaus, through e-mails sent by the manufacturing company, although the minister denies any responsibility when summoned by the Senate to account for the government's omission due to the health disaster, the worsening of the situation with a high number of deaths from asphyxiation in Manaus, said the then minister that it would not be within the competence of the Union to do so (Agência Senado, 2021).

immunity that are part of the male imagination, as highlighted by Medrado et al. (2021):

It is not by chance, as reported by the Brazilian press, that President Jair Bolsonaro said, in a public statement, that it is necessary to face the problem “as a man, well, not as a kid”, on a tour of the shops in Brasília and neighboring cities, in the morning of 03/29/2020, “again, contrary to the [then] Minister of Health, Luiz Henrique Mandetta, and medical authorities around the world who defend social isolation against the new coronavirus (Medrado et al., 2021, p. 182).

The adoption of such practices and discourses has a profound impact on the population's conception of the disease, its severity, the protection measures adopted by the government, states, and municipalities, causing a series of reactions with incalculable repercussions, influencing the existence of household clashes, as demonstrated in this research. The clashes, which took place between men and women, based on the different postures they exercised in the face of possible contamination, generated power disputes in which inequality was established in many cases, leaving the woman and subordinate children to run the risk of becoming infected, caused because male companions choose not to adequately protect from the virus, based on speeches validated by people in the public sphere with a high degree of influence, such as the president of Brazil. We could witness the effect of such discourses present in the individual reality of the people we interviewed:

She said that there have been many fights with her husband, highlighted that she has been screaming and swearing at him, and commented that there was no physical aggression. She explained that the main reason for the conflicts in her husband's frequent departures and his concern for her, son and daughter's health safety. (Field Diary, interview A/Alemoa, Janine).

The use of masks, even though it is one of the most efficient methods for preventing COVID-19, is still crossed by factors that make its use difficult, especially among older men who somehow believe in their immunity. However, the same is true among young people, especially among men. Therefore, the markers of social class, generation, and gender are present, as also the social pressure around non-use due to the feeling of protection for being among known people, as evidenced by the following excerpts from interviews:

No, they deny it, they refused to believe that there was any of this aggressiveness that they were promoting. this [Covid-19] doesn't haunt you, no matter how bad it is, it doesn't haunt you that way, because the people who are most at risk, who are the oldest, feel that they've been through worse things, even if it's bad to get sick, got it? My father didn't care, most of the gentlemen here in the neighborhood didn't care either, the haunted one was me. (Ágora, 22 years old, Alemoa, 2020).

[...] so during the first weeks of the pandemic, when we still didn't know the proportion of what was happening, care was lower and people were a little more

negligent, they even reported moments when they didn't take care of themselves due to a certain social pressure, for example, because of being ashamed to wear a mask, because no one in the neighborhood was wearing it and things like that, but that changed as time went on. (Field diary, Braz, 23 years old, 2020).

It is also important to point out that the option of not following the recommended protocols for protection against COVID-19 mainly affects the disseminators of such practices; at this moment, we refer to men, because the ideas linked to what has been named hegemonic masculinity are present in the negationist discourse, such as negligence with the care of their health, which, according to Separavich & Canesqui (2013), means, for men, doing physical exercises and looking for the doctor in extreme situations, which turns out to be a determinant in the health-disease process caused by COVID-19. The report by researcher Israel Júnior Borges do Nascimento, from the Institute of Biological Sciences at UFMG, agrees with this statement: “men, in general, seek less medical care than women. They take longer and arrive at hospitals because of more serious cases” (Dias, 2020).

The ideas of male invulnerability, male abjection to care, and prevention are elements that are part of the male hegemonic model and hinder some of the main practices to prevent the spread of COVID-19, which are physical distancing, the use of masks, hand hygiene and complete isolation in case of presenting any symptoms. Such practices need to be the object of reflection as they put at risk the health of men and women and, more broadly, civilizing pacts and the social order (Medrado et al., 2021).

Some contributions from and to Social Occupational Therapy

Understanding that issues related to gender inequality come from the macro-social dimension and are rooted in deep aspects of our cultural constitution as a Brazilian society, thinking about Social Occupational Therapy intervention strategies in these contexts is thinking about approaches that provide for cultural confrontations, mainly in the problematization of widely reproduced sexist conceptions that cause impacts in the collective and individual spheres. The occupational therapist's action must extrapolate the limits of the individual, as the collective is understood as a central aspect of how social dynamics are established, a dimension that permeates professional practice (Melo et al., 2020).

The possibilities of intervention suggested here are reflections on possible ways for occupational therapists to approach this field of action, which were not put into practice due to the limitations of insertion in the field at the time of this research, mainly due to health issues involving the risk of contagion by COVID-19.

By looking at the reality of the territories that were part of the research “*Inequalities and vulnerabilities in the COVID-19 epidemic: monitoring, analysis, and recommendations*”, which is one of the bases of the reflections brought in this article, it was possible to think of an articulated intervention with social agents relevant to the territories studied, enabling the use of pre-existing collective spaces, such as local development projects, which are spaces that bring together both women and young people from the territory.

There is a multiplicity of possibilities for actions that could be reproduced considering the particularities of each context and territory; thinking about the audiences present in this context, we will focus on activity workshops and conversation circles, as interventions that expand the repertoires of everyday possibilities for overcoming barriers that prevent social participation (Farias & Leite Junior, 2021). The execution of activity workshops constitutes an active intervention tool that produces coexistence spaces that allow access to group and individual realities and the diversities present in a collective space (Silva & Malfitano, 2021).

Through the creation of these spaces, it is possible to have a discussion of ideas and joint reflection among peers, enhancing the development of new ways of thinking, as well as constituting more critical readings about machismo and sexism. Through activities with triggering themes for the issue to be worked on, in this case, gender inequality, bonds are created that enable the respectful exchange of ideas and experiences, which can be conducted in a way that aims to reformulate ideas and critical reflection on the topic being discussed.

In addition to the activity workshops, another resource that could be used is the conversation circles, which, based on the experiences of insertion in the field, proved to be a powerful tool, which provides not only a space for the reception but also for strengthening and union to formulate possible confrontations by women subjected to situations of abuse of any nature by men, enabling exchanges and the construction of alternatives for coping and re-signification of themselves (Melo et al., 2014).

In this context of working with women, we can understand these strategies as spaces of care for people whose social insertion is marked by subordination to culturally and historically dominant groups; the formulation of collective care spaces must also take place with the intention of articulating these groups dedicated to jointly thinking about strategies to confront issues related to the reproduction of symbolic and concrete violence that occur in the process of domination. For example, despite not having the intention to intervene, but with the presence of occupational therapists, were the conversation circles with women proposed in the second phase of the research, in which aspects related to the prevention of coronavirus can be debated, reflecting on their places, their conditions of subordination to their husbands/partners and their burdens.

A critical reading about hegemonic masculinity is necessary for the attempt to obtain more egalitarian relationships since it is one of the constituent factors of how daily life is organized, social participation is reduced, and determines the way men and women live. In this way, it allows an accumulation of knowledge and reflections that inform intervention processes to remedy or reduce the impacts of this hegemonic thinking reproduced at all scales of society, inviting occupational therapists to reflect on this and collaborate in the construction of other daily lives based on respect and in equity.

Final Considerations

The participation of researchers in the broader research allowed capturing and deepening the understanding of how the crossings between gender expressions, their inequalities, and the process of care and prevention related to the COVID-19 pandemic occur. Furthermore, it is important to highlight some factors that contributed to this process and can be inspiring for other research: to integrate and become part of a

collective work involving different areas of knowledge and territories, using different research methods, thematic axes, and in the interaction between many people, with their knowledge and diverse histories.

Through the insertion in the field of research and studies carried out in the process of formulating this article, we were able to observe the intensification of expressions of inequality that cross how social relations between men and women are organized, especially marital and family relationships. We found that the pre-existing marks of sexism, very prevalent in society in general and especially in Brazil, only deepened in a critical social scenario due to the repercussions of the pandemic on the daily lives of Brazilians.

The worsening of the unequal conditions that women and men occupy in their interpersonal relationships became evident; the pandemic and the processes of care and prevention of COVID-19 brought about by it crystallized the differences in the roles that men and women play in their daily lives so that the role of care (individual and collective) is socially attributed to the female, while the man, in general, is not responsible for health care (his care and others) and responsibilities linked to domestic life, such as taking care of the house and children.

The discrepancy in the social position present in the relationships generates tensions and aggressions that permeate the ways of life, raising situations of suffering and interrupting the social participation of women subjected to such abuses, inviting Social Occupational Therapy to reflect on its performance in different fields and to elaborate forms of professional insertion in situations related to processes of oppression, which are linked to conceptions rooted in the social imaginary and collectively reproduced in different scales of social life.

Finally, the challenge remains for us occupational therapists, although not only, but for all professionals who are dealing with the pandemic, to create, invent resources and tools to make us think, problematize and possibly change convictions that put us at risk not only the person who adheres to negationist discourses but all those around him. The analysis of the current social conjuncture and its mirroring in a given reality is a small step in the face of all the difficulties that are posed; however, not of lesser value, since overcoming immobility is urgent and necessary, as Paulo Freire has already warned us.

Acknowledgements

To professors Cristiane Gonçalves Santos and Eunice Nakamura, for coordinating the place of Santos, as well as undergraduate students, community researchers, professors, and collaborators involved in the research.

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Leonardo Graco de Oliveira Braz and Patricia Leme de Oliveira Borba were responsible for designing the text. Leonardo Graco de Oliveira Braz was also responsible for gathering and organizing the sources. Leonardo Graco de Oliveira Braz, Jaime Daniel Leite Junior, and Patrícia Leme de Oliveira Borba performed the data analysis, writing, and proofreading of the text. All authors approved the final version of the text.

Funding Source

Fundação Tide Setubal, Coordenação de Aperfeiçoamento de Pessoal de Nível Superior – CAPES – Code 001 and Fundação de Amparo à Pesquisa do Estado de São Paulo (FAPESP).

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