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How can COVID-19 pandemic affect men's health? a sociohistoric analysis

Como a pandemia por COVID-19 pode afetar a saúde de homens? uma análise sócio-histórica
¿Cómo puede la pandemia de COVID-19 afectar la salud de los hombres? un análisis sociohistórico

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ABSTRACT

Introduction: The COVID-19 pandemic unveils gender markers linked to masculinities in the sociohistorical way the disease fits in Brazil and in other parts of the world. The objective is reflecting from a sociohistorical analysis how the pandemic of the novel coronavirus in Brazil can affect men's health. **Outline:** Theoretical reflection study supported by the theoretical framework proposed by Charles Rosenberg that makes it possible to analyze the epidemic disease from the appearance of its own defining phenomena / characteristics. **Results:** The following is presented: considerations on the characteristics of the epidemic disease from the framing perspective, the defining elements emerged in a pandemic, and the way how it has been affecting Brazilian men's sociocultural experience. **Implications:** Sociohistorical knowledge of the pandemic make it possible to identify current SARS-CoV-2 pandemic phenomena in Brazilian men's experience, which allow us to deepen social investigations on the disease, transmissibility, potential for lethality, biopsychosocial impacts, to redirect health practices, health education, and to equip professionals involved in combating the pandemic.

DESCRIPTORS

Men's Health; Masculinity; Pandemics; Coronavirus Infections.

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INTRODUCTION

Historically and chronologically, epidemics since classical antiquity were constituted of narratives that illuminated the construction of an image marked by tragic events, apprehended with serious illnesses, with similarly frightening symptoms, permeated by terror, deaths, conflicts, disaggregation, invasion of cities, with great extension and high mortality. Interwoven with these contexts, epidemics have found correlations with periods of war, invasion, disaster, destruction, and famine. During this period, epidemics were understood as a natural category, consisting of a grouping of phenomena that were based on the differences identified between a set of phenomena and their binary opposite.¹

Throughout the evolution of societies, solutions around performing work responsible for dealing with a plague / epidemic and/or a disease, became effective, gaining prominence from the Theory of Germs, which later would materialize in hygiene actions. It is based on fear and anxiety that imperative needs of understanding are created, in order to ensure the desired safety. The explanations about the epidemic begin to reflect intimately the cultural and intellectual assumptions of a given generation, in a given particularity and repertoires available to their time and spaces, which configures greater attention to the emergence of a pandemic, the one capable of global spread and impact.¹

In order to analyze it from a perspective of social constructionism, and transposing it beyond it, contemplating social thinking and social structure, Charles Rosenberg¹ proposes a look from the changes in the social perception of diseases. Given historiographic, multidimensional work, which comprehends the disease as an interactive system, in which such understanding about the disease is able to interact with the manifestations in the lives of women and men in a particular way, extrapolating to the dimension between doctor and patient, doctors

and families, medical institutions and the practice of medicine, thus structuring mediations in these established relationships.

Based on this assumption, it is possible to analyze the emergence of the novel coronavirus pandemic in Brazil over time. Currently, the planet has been going through an expressive challenge, that of concentrating efforts of different orders to face the pandemic context caused by the Corona Virus Disease 2019 (COVID-19), which is part of a family of coronavirus, which causes severe respiratory infections.²⁻³ Emerged in the city of Wuhan, Hubei province in China, at the end of 2019, the epidemic outbreak revealed unique aspects of a population with particular cultural, dietary, labor, hygiene control and sanitary habits, causing the virus to have rapid spread in Chinese territory and soon afterwards on several continents in the world.⁴

Due to the abrupt illness and mortality of high proportions, global health authorities, like the World Health Organization, declared a global health emergency due to the new pandemic.⁵ With this confirmation, logistical, pharmacological, professional, budgetary, managerial, administrative, political, technological, scientific, environmental, and other efforts had to be put into practice in order to control the progress of transmission and ensure the maintenance of life.⁶⁻⁷

Among the first measures adopted by countries, quarantine, social distancing, social isolation, and testing of suspected and confirmed cases stood out. This global cooperation movement also raised concerns about knowledge about the natural history of the disease.

COVID-19 started to demonstrate that it has high complexity, especially because it demands, for most cases, the use of critical and intensive hospital care, due to the Respiratory Discomfort Syndrome. After the first few months, investigations into measures to combat transmission, such as closing borders between countries, ports, airports, shops, and non-essential services, as well as a massive

investment in the production of masks, products for infection control and maintenance of hygiene, health communication through the media and journalism, clinical, genetics, mathematics, and medical and biomedical treatment investigations.

In addition to these efforts, but to a lesser extent, scientific investigations have been pointing out how the population reacted to pandemic and was impacted by it. Specifically, in Brazil, the first case to be reported is that of a man, elderly, upper-class, resident in the city of São Paulo, capital, recently arrived from another country, demarcating the first fact related to gender issues involving transmission in the country, which followed a similar pattern among the early subsequent cases.⁸⁻⁹

Knowing that the global male population and Brazilian present social constructions of masculinities with certain similar characteristics, such as being part of the largest workforce, with greater expressiveness in services considered essential, more vulnerable and dangerous, and which historically permeates public spaces daily and on the other hand resist therapeutic measures in health, with harmful lifestyles, which put them at greater risk for the transmission of the novel coronavirus and developing the severe form of the disease, it is necessary to devote greater attention to this public, paying attention to social and historical facts in order to understand and better face the current context of the pandemic in Brazil.¹⁰⁻¹¹

In Brazil, until May 3, 2020, 101,147 cases had already been confirmed, 7,025 deaths, with a fatality rate of 6.9%. Up to that moment, 51,131 people were being followed up, 42,991 people recovered, and 1,364 deaths under investigation. The Southeast and Northeast regions are the most affected, concentrating most cases and deaths by COVID-19. Deaths due to Severe Acute Respiratory Syndrome (SARS) due to COVID-19 are from men. The states of São Paulo, Rio de Janeiro, Fortaleza, Manaus and, Pará stand out.¹²⁻¹⁷

Death data by COVID-19 in Brazil since the beginning of the pandemic in the country have already revealed the prevalence of elderly men with comorbidities. Among the main comorbidities, heart diseases, diabetes, pneumopathies, neurological disease, kidney disease, immunosuppression, obesity, asthma, hematological disease and liver disease stood out, in that order.¹⁸

The study was guided by the research question: How can the pandemic affect men's health? Given this context, this study aims to reflect from a sociohistorical analysis how the pandemic of the novel coronavirus in Brazil can affect the health of men.

METHOD

Theoretical reflection based on the theoretical framework of Charles Rosenberg, supported by the work: Explaining epidemics and other studies in the history of medicine,¹ to analyze sociohistorical frameworks and theoretical phenomena about the epidemic disease and its potential for generating a pandemic context.

For the methodological structuring of the study, the following were revisited: the current literature on the pandemic of the novel coronavirus in the world, its arrival in Brazil, and the intersection with aspects related to the way men are dealing with the problem and how it has been generating impacts for them. To this end, investigations of official documents such as epidemiological bulletins and facts presented in the digital media on the subject were carried out.

The textual organization sought to encompass two dimensions: epistemological and methodological, so that, the first aims to discuss the theoretical bases proposed by Rosenberg,¹ second, its application in the practical field, male social behavior.

RESULTS AND DISCUSSION

Nowadays, as the novel coronavirus pandemic occurs, societies are experiencing the post-modern

era, with strong industrial, technological, market-centered influence, digital advances, important climate change, political conflicts between nations. These are new outlines to the way people conceive and behave in the face of a pandemic context, as well as suffering from impacts and outlining strategies for coping. In the past, each generation permeated by its particular culture sought to find diverse ways to better understand epidemic diseases. It is a fact that many of them disregarded this need, or even underestimated the potential for seriousness of these diseases, subsequently suffering from the degradations that occurs, such as the current SARS-CoV-2 epidemic.

Although Brazil is a country with a powerful health system in terms of technological potential and the complexity of implanted equipment and devices, like the national surveillance system, other dilemmas make it vulnerable to the pandemic: be a populous, unequal country, with problems of underfunding the Unified Health System (UHS), illiteracy and precarious work, in the industrial area, science and technology, unequal distribution of income, political and ideological conflicts, corruption and public bureaucratization.¹⁹⁻²⁰

In order to overcome these dilemmas, actions have been considered and involve: monitoring cases in real time; applying mathematical and statistical models; defining action strategies; setting up emergency contingency plans; using the media in an advanced way to report the dissemination of false information, such as fake news, suppressing the return of myths, conspiracy theories and denialist practices, such as the refusal of the vaccine; expanding laboratory surveillance; processing, sharing and analyzing epidemiological data; training professional teams; acquiring equipment and materials.¹⁹ However, there is little or almost no action development around knowledge based on a social bias, about how the population has reacted to the pandemic, just as it is with the male population.

Specific phenomena are noted in epidemic diseases, just as in pandemic situations, such as relationships of understanding about the climate, correlations with sin as the result of human behaviors and attitudes considered by the church to be sinful, disordered air, water, bacteria, retroviruses, and others, which add efforts from generation to generation in the search to explain the control of scares from infectious diseases. Such phenomena will be constituent elements of a certain democracy among the hypothetical etiologies that on the one hand approach and oppose the relationship between the natural world and the real world. What prevails in the understanding of an epidemic disease is not exactly the specific contents generated by it, but the function, which is configured as the inevitable act of explanation in itself. In this particular sense, the distinction between individual and collective illnesses is represented logically and historically, expressed in the situation in which several people get the same illness at the same time.¹

Regarding the aspects related to male behavior observed by the digital media in contemporary times since the emergence of the pandemic of the novel coronavirus in Brazil in its first wave, it is clear that the first causes of death in Brazilian states were male. Deaths of young men are revealed, contrary to the maxim that has come to prevail in the social imagination that the disease would affect only elderly people.²¹⁻²² In addition to these milestones, other multidimensional repercussions of social aspects began to be reported due to the emergence of the pandemic in the country, such as the financial crisis, unemployment, and poverty, mostly affecting the male population, such as the professional category of workers, gravediggers, and others. Without the right to work called "home office", these men are more vulnerable to contagion and are more unprotected, given occupational insecurity.²³⁻²⁴

Aspects such as the diversity of diseases and the uniformity of diseases were substantial to understand their behavior, from the perspective of

the diversity of human lives, time, place, lifestyle, course of life, knowledge, and its use social. This differentiation between an individual and a collective illness was extremely relevant so that one could observe that on the one hand there is the result of an individual's life course from its cumulative consequences and interactions present in a standardized way in the environment in which he lives, on the other, in the case of epidemic diseases, they will be observed from a moment in time, a cross-section, represented by a result of causes that are capable of affecting many people at once.¹

Based on this arrangement of understanding, the epidemic disease, which generates a pandemic, redirects medical explanations of the problem, formerly holistic and inclusive, making the appearance of a "normal" disturbance in the maintenance of health and its constituents, like the climatic, environmental and community arrangement, arising from the consequences of a unique configuration of circumstances, responsible for providing greater knowledge about infectious agents.¹

In addition to this advance, as a way of making a leap in the understanding about the term epidemic, seen in the past as a synonym for contagious, the demarcation of the contamination terminology emphasizes the implication on the idea of disorder responsible for subverting health maintenance from the action of an event or agent. Another need to expand knowledge about the epidemic disease was the "predisposition" relationship, which was widely used to explain the influence of individual immunity to the possibility of succumbing or not to an epidemic. In turn, "susceptibility" explained, in a frightening way, the arbitrary selection of victims. The fact is that all these structures made it possible to outline explanatory tables / models culturally adapted to the time, as a way of understanding how epidemic diseases occurred, composing an element called "configuration".¹

Such contextualization is necessary to demonstrate how, over the decades, societies

understood, defined and responded to the disease, based on intellectual, attitudinal, professional factors and public policy actions.

In this context, it involves a significant relationship from three spheres: disease, patient, and doctor. Such spheres are complex, since the disease needs to be seen as an illusory entity, a repertoire of generations, verbal constructions, historiographic, intellectual and institutional reflexes, a social and intrapsychic role and not as a value below the physiological ideal, after all, it involves relationships with demographic changes, declining morbidity, mortality rates, medicalization of society, prolonging life, economic change, municipal sanitation, public health administration, hegemonic enterprise, social circumstances, and individual and intrapsychic identity.¹

In a more comprehensive sense, Rosenberg seeks to understand the disease, as well as epidemic and pandemic character, from the logic of the "framework". In this light, "disease as a framework" (a kind of frame) plays a structuring factor in social situations, acting as an actor and social mediator, receiving investments that configure unique social characteristics in a complex network of negotiations, full of value, responsibility, epistemological and ontological status in order to explain, for example, the devastating and episodic infections caused by viruses, and consequently their chronic and diffuse symptoms.¹

This framework is composed of "individuality", in which social roles are often shaped from the disease and its biological identity, as well as economic, personal and family dilemmas, which allows that the definitions of public health policies and therapeutic options to be adopted by people take place through understanding the biological character of the disease in its particular dimension.¹ Considering this theoretical element, it is possible to identify that Brazilian newspapers began publishing investigations into the question of why men were infected with the novel coronavirus, with rates of

hospital admissions, worse clinical outcomes, and a higher number of mortality than women.

This scientific concern revealed that the first patients with COVID-19 in China were male and on average 56 years old. In later weeks, 51% of the cases were already composed of men, with a mortality rate between 2.8% for males and 1.7% for females. As a justification, hormonal questions were raised, identifying that estrogen (sex hormone present in cisgender women and trans men) could stimulate the immune response and make these people more protected. It is important to note that the study conducted by the department of microbiology and immunology at the Johns Hopkins Bloomberg School of Public Health, in the USA, did not make this gender identity distinction (between cisgender and transgender people), which makes the approach essentially sexist. Cellular aspects were also mentioned by researchers, stating the need to consider sex as a relevant biological variable in understanding the disease, stating that women had more satisfactory results than men after having viral infections, including influenza. A current preliminary study also identified the presence of coronavirus in the testis, being another finding related to the dimension of sex / gender in the knowledge about the disease.²⁵⁻²⁶

Lifestyle-related issues made the sociocultural aspect more at "stake", as they surfaced, revealing that the number of people who smoke is predominantly male, which makes the lung condition more vulnerable to contamination by the novel coronavirus. Accordingly, gender-related issues are emphasized, seeking to delineate the existing distinctions between men and women in relation to social behaviors and roles, and this includes behavior with health.²⁷⁻²⁸ In Brazil, the Brazilian Association of Collective Health published a note with considerations on the health of the LGBT population in the context of COVID-19, highlighting the role of the State in promoting and ensuring actions with a focus on reducing inequalities, vulnerabilities,

inequities, stigmas, and discrimination. Such action reaffirms the need to look at gay, bisexual, trans men and transmasculine people as a "key" population given the historical stigmatization projected to it.²⁹

In addition to individuality, the framework of the epidemic disease is involved in "negotiations", which take place mainly around the definitions and responses to be attributed to diseases in their complexity, which includes the existence of cognitive, disciplinary elements, institutional responses, and health policies, particularly, adjusted by individuals and their families. After agreeing on the framework of the disease, it becomes an actor in the social environment, guaranteeing legitimacy and guidelines regarding social decision-making.¹

In relation to the Brazilian reality, one cannot lose sight of the fact that political-party and ideological polarization emerges significantly in the country, reminding historical movements of political power struggle during a pandemic period. Especially in Brazil, this polarization is influenced by the male presidential figure that contradicts the recommendations of the World Health Organization and the Ministry of Health, and he is also a generator of conflicts and substitutions. The current President Bolsonaro strengthens the establishment of a hegemonic model of masculinity that can influence the social representation of the disease, as represented in official pronouncements such as: [...] *"it's necessary to face this disease like a man"* [...] *"in my particular case, because of my athletic history, if I were infected by the virus, I wouldn't have to worry"* [...] *"it's a little flu"* [...].³⁰

The president was also involved in conflicts between ministers and anti-democratic mobilizations that had an impact on reckless crowding, increased risk of contamination, disbelief on the part of the population, stress, discontent, strengthening of myths, fake news, and conspiracy theories.³¹

It is from this cyclical phenomenon that exists in certain bodies and family contexts that the "social diagnosis" is instituted, being articulated with

“unity” and “diversity”. Therefore, it is necessary to seek to know more about individuals, as well as better understanding the disease experience in time and place, together with the role of culture in definitions, creation of behaviors and attitudes, definition of responses to it, organization of the medical profession and institutional health care. In addition, it implies identifying the distinctions between ontology and physiology, between biological event and socially negotiated construction, in order to understand the pandemic as an interactive system, which interacts with the life manifestations of specific individuals.¹

In Brazil, a novel coronavirus has affected vulnerable population groups, and most of this public affected and jeopardized by COVID-19 has been indigenous men. In deprivation of liberty, military police officers are affected by contamination by the novel coronavirus.³²⁻³⁵ It is also concerned with other “key” populations, such as men on the street, blacks, *quilombolas*, and the poor, men who live in slums and/or who are homeless, men who live in places of difficult access such as the riverside dwellers, the men of the countryside, the forests and the waters (fishermen, shellfish gatherers and others), as these will suffer greater consequences, given the overlapping socio-cultural, educational, territorial structuring inequalities and vulnerabilities in health.

Characteristically, an epidemic disease such as AIDS, for example, coexists in an invoked manner, composed of larger structures of meanings, being able to reflect the continuous interaction that exists between incident, perception, interpretation, and response. In this sense, based on the assumptions provided by Rosenberg¹, it is possible to understand a pandemic through apparent phenomena, in which they can be read as acts, namely: “act one: progressive disclosure”, in which communities take time to accept and recognize an epidemic and later a pandemic, emergence of failures of imagination, difficulties in recognizing threats to economic and institutional interests, and ensuring the emotional

complacency of ordinary women and men. There is, in the first instance, fear on the part of traders due to the possible effects generated by the pandemic on trade, while political authorities fear the budgetary effects, in the public order and daily habits. However, it is only when the situation becomes inevitable that there is public admission of its existence.¹

Such theoretical structure contributed by Rosenberg¹ highlights the relevance of combating stigma and social exclusion that emerges with the arrival of the pandemic, making people suffer because they are on the margins of social and health coverage. This is the case of “invisible men” in Brazil, who do not appear on the union’s records and, therefore, do not exist for them. Currently, digital media and television journalism have exposed the situation in which long lines of people are seeking emergency aid and most of them are having difficulty accessing, whether it is inaccessibility to technological resources such as smartphones to access a website or download an application and be able to register in order to receive the benefit, whether physical or even documentary. Amid these circumstances, the precariousness of work was also revealed, while the unsafe working conditions of men working in garbage collection, such as gravediggers, delivery men, truck drivers, drivers, stretcher-bearers, were analyzed, making them even more vulnerable.³⁶⁻³⁷

The appearance of bodies starts to accumulate, as well as the increasingly high appearance of patients suffering, but even so, a pattern of denial is repeated, causing doctors to identify the cases, but suppress the information and reports of suspected cases to authorities, while the authorities also show no enthusiasm to publicly acknowledge the presence of a dangerous intruder of such magnitude. Still part of this act, social dissolution to the responses to admit the emergence of an epidemic disease. It is expected, therefore, escape from possibly contaminated neighborhoods, interruption of

commerce and communication (social distancing), quarantine institution (feared administratively, but politically convincing), questioning and medical skepticism regarding the contagiousness of the epidemic disease and what could be potential sources of infection.¹

In approximation with what Rosenberg theorized in the first act, there are currently situations in Brazil that there is male resistance in the adoption of quarantine measures, social distancing, hygiene control, and the use of individual protective face masks.¹ This situation intertwines with two dimensions: the first concerns the gender relation based on the construction of masculinities, which is impregnated with the hegemonic model in which overstrengthens the idea of the strong body, the invincible, unshakable man, resistance and consequently autoimmune to coronavirus and the second to the social representation of the disease from the accesses made and made possible to men, who are also strongly associated with education category, critical education, politicization and emancipation of these.³⁸⁻⁴¹

An important parallel needs to be observed, which occurs in the existence of the relationship between biologically determined factors, between a chronology of the epidemic intertwined with its social chronology, which could justify the accentuated appearance of incidence of cases and exhaustion of individuals with susceptibility, gradual spread of the epidemic and anticipation of its arrival in the territories, such as the expansion, characterizing the appearance of a pandemic.¹

A "second act" can be perceived in the appearance of an epidemic disease, as well as in the context of a pandemic, what Rosenberg¹ called: "managing randomness", as a way to point out the emergence of an acceptance on the existence of a pandemic, which implies, in a certain way, the appearance of demands, the creation of a moral and transcendent structure, based on submission, consolation, formerly linked to religion and

fundamentalism, which give rise to spiritual assumptions, as well as the birth of explanations more secular and mechanistic, forces of human rationalization based on moral convictions and values attributed to biological processes, based on a dual relationship: health or disease, individual sin or collective sin.¹

In addition, the following are identified in a pandemic context, explanations of phenomena based on the logic of the promise of control, involved in minimizing the sense of vulnerability, formulations of hypothetical schemes to explain predisposition, susceptibility, risk factors, relationship between behavior, lifestyle and environment, thus characterizing the social management of the pandemic.

After the recognition that the pandemic is real, the "third act: negotiation of the public response" appears, in which it will imply the appearance of collective action, based on the social pressure that is generated by the community, making sure there are crucial and viable decisions to face it. In this act, a dramaturgical phenomenon, a defining characteristic present, would be the constitution of collective rituals, through the interaction of cognitive and emotional elements, such as the imposition of a quarantine, the disinfection of public environments, the use of products to clean the contaminated atmosphere (smoke cars), gathering of people in church, fasting and collective prayers, all in a similar act of community solidarity.¹

In this third act of the pandemic, beliefs, attributions to family origins and political opinions also emerge as pandemic generators (religious and rationalist or mechanistic thinking). In addition, cultural attitudes resulting from public health measures, which can also be linked to belief systems, ideological and political dimensions.

A class dimension has been remarkable, since the targeting of actions centralizes the focus on the poor and socially marginalized, as well as on immigrants, populated in slums, prosperous suburbs,

less crowded and apparently less unhealthy, such as the middle class, but not aimed at the rich, labeling them throughout history as the disproportionately likely victims of the epidemic and the spread of diseases. Such a panorama is not what happens with the emergence of the pandemic in Brazil, for example, in which the first identified and reported cases are of upper-class people, as well as the progress of the disease in the country, in which a man fails to comply with the measures of social isolation, makes interstate trips, promotes private parties at home and puts workers and domestic workers at risk, thus causing community transmission of the virus.⁴²

Finally, due to the emergence of a “fourth act” represented by “subsidence and retrospection”, in which the pandemic usually ceases with a geminate, but not as an outbreak, in which susceptible individuals can flee, die or recover, with an incidence of the disease that gradually decreases, in a generally flat, ambiguous and inevitable sequence for a last act. In this context, an implicit moral structure can be observed, which can be imposed as an outcome. Could one of them be the fact that the determined communities and their members dealt with and faced the challenge of a pandemic? As well as what lasting impacts, specific incidents and what lessons have been learned?¹

In view of this presented panorama, supported theoretically, it is possible to highlight the need to recognize sociohistorical facts as essential elements in understanding the epidemic disease, its potential impact on people’s lives and the responses presented by them, as occurs in the male population. In this

way, the findings reveal an intimate connection with contemporary times and attract greater attention to men in terms of strengthening strategic health actions, as a way of reducing vulnerabilities and health risks, which directly impact quality of life, well-being and living well for them and the community.

CONCLUSION

The sociohistorical findings presented as a background provide support for the interpretation of contemporary health facts, unveiling fundamental categorical landmarks for understanding the health and disease process, the social responses and constructions that directly imply in health attitudes and behaviors. In this way, it supports the planning and organization of programmatic actions and practical interventions in order to ensure the maintenance of quality in men’s health in Brazil, reducing the impacts caused by the novel coronavirus pandemic in its first wave and in the post-pandemic period.

The pandemic phenomenon changes social organization, as well as living conditions and health of men, generating significant impacts, especially of global public health, and with significant data on Brazilian public health. In this sense, emphasizing the visibility of issues in the pandemic context in the light of social and gender-related issues in the male sphere allows us to advance scientific and applied knowledge on the subject, still little explored in the Brazilian context.

RESUMO

Introdução: A pandemia da COVID-19 desvela marcadores de gênero ligados às masculinidades no modo sócio-histórico como a doença se enquadra no Brasil e em outras partes do mundo. O objetivo é refletir a partir de uma análise sócio-histórica como a pandemia do novo coronavírus no Brasil pode afetar a saúde de homens. **Delineamento:** Estudo de reflexão teórica apoiado na referencial teórico proposto por Charles Rosenberg que possibilita analisar a doença epidêmica a partir do surgimento de fenômenos / características definidoras próprias. **Resultados:** São apresentadas considerações sobre as características da doença epidêmica sob o prisma de enquadramento, os elementos definidores emergidos em uma pandemia e o modo como tem atingido homens brasileiros em sua vivência sociocultural. **Implicações:** O conhecimento sócio-histórico de pandemia possibilita a identificação de fenômenos atuais da pandemia do SARS-CoV-2 na vivência de homens brasileiros, o que permite aprofundar as investigações sociais sobre a doença, transmissibilidade, potencial de letalidade, impactos biopsicossociais, redirecionar práticas sanitárias, educação em saúde e instrumentalizar profissionais envolvidos no enfrentamento.

DESCRITORES

Saúde do Homem; Masculinidade; Pandemias; Infecções por Coronavírus.

RESUMEN

Introducción: La pandemia de COVID-19 revela marcadores de género vinculados a las masculinidades en la forma sociohistórica de la enfermedad en Brasil y otras partes del mundo. El objetivo es reflexione de un análisis sociohistórico ya que la pandemia del nuevo coronavirus en Brasil puede afectar la salud de los hombres. **Delineación:** Estudio de reflexión teórica respaldado por el marco teórico propuesto por Charles Rosenberg que permite analizar la enfermedad epidémica a partir de la aparición de sus propios fenómenos / características definitorias. **Resultados:** Se presentan consideraciones sobre las características de la enfermedad epidémica desde el punto de vista del encuadre, los elementos definitorios que surgieron en una pandemia y la forma en que ha afectado a los hombres brasileños en su experiencia sociocultural. **Implicaciones:** El conocimiento sociohistórico de la pandemia permite identificar los fenómenos actuales de la pandemia SARS-CoV-2 en la experiencia de los hombres brasileños, lo que permite realizar más investigaciones sociales sobre la enfermedad, la transmisibilidad, el potencial letal, los impactos biopsicosociales, la redirección de las prácticas de salud, educación en salud y equipar a profesionales involucrados en el afrontamiento.

DESCRIPTORES

Salud del Hombre; Masculinidad; Pandemias; Infecciones por Coronavirus.

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SAR: Contributed to work conception and outline; to data collection, analysis and interpretation; to article writing and to its critical review; to the final version to be published. The author agrees and takes responsibility for the content of this manuscript version to be published.

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