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MEN'S HEALTH IN THE COVID-19 PANDEMIC: BRAZILIAN PANORAMA

SAÚDE DE HOMENS NA PANDEMIA DA COVID-19: PANORAMA BRASILEIRO

LA SALUD DE LOS HOMBRES EN LA PANDEMIA DEL COVID-19: PANORAMA BRASILEÑO

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Objective: to present the health panorama of men experiencing the Covid-19 pandemic in Brazil. Method: qualitative study conducted with 100 men living in Brazil. An online form was applied and the data were analyzed using Collective Subject Discourse, supported by Nursing Adaptation Theory. Results: the Covid-19 pandemic mobilized men's physical, affective and sexual, family and marital, health at and from work, financial, social, emotional, psychological and mental, spiritual, religious, and bioenergetic health dimensions. Conclusion: deleterious repercussions, coping adaptive modes, and men's self-care comprise the health panorama in the Covid-19 pandemic context.

Descriptors: Pandemics. COVID-19. Men's Health. Masculinity. Health Care.

Objetivo: apresentar o panorama da saúde de homens em vivência da pandemia da Covid-19 no Brasil. Método: estudo qualitativo, realizado com 100 homens residentes no Brasil. Aplicou-se um formulário online e os dados apreendidos foram analisados pelo Discurso do Sujeito Coletivo, sustentado na Teoria da Adaptação de Enfermagem. Resultados: a pandemia da Covid-19 mobilizou as dimensões de saúde física, afetiva e sexual, familiar e conjugal, saúde no e do trabalho, financeira, social, emocional, psicológica e mental, espiritual, religiosa e bioenergética dos homens. Conclusão: repercussões deletérias, modos de adaptação para o enfrentamento e o cuidado de si dos homens compuseram o panorama da saúde no contexto pandêmico da Covid-19.

Descritores: Pandemias. COVID-19. Saúde do Homem. Masculinidade. Assistência à Saúde.

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Objetivo: presentar el panorama de la salud de los hombres viviendo la pandemia de Covid-19 en Brasil. Método: estudio cualitativo realizado con 100 hombres residentes en Brasil. Se aplicó un formulario en línea y los datos se analizaron mediante el Discurso del Sujeto Colectivo, basado en la Teoría de la Adaptación de Enfermería. Resultados: La pandemia de Covid-19 movilizó las dimensiones de salud física, afectiva y sexual, familiar y conyugal, de salud en y desde el trabajo, financiera, social, emocional, psicológica y mental, espiritual, religiosa y bioenergética de los hombres. Conclusión: las repercusiones deletéreas, los modos de adaptación para el enfrentamiento y el cuidado de si de los hombres compusieron el panorama de la salud en el contexto pandémico de la Covid-19.

Descriptores: Pandemias. COVID-19. Salud del Hombre. Masculinidad. Prestación de Atención de Salud.

Introduction

The pandemic of Covid-19 is configured as the greatest global cataclysm of the century and the main health challenge to be overcome in this time[1]. Brazil is appointed as the second country with the highest number of cases of the disease and has experienced, in addition to deleterious impacts on conditions and lifestyles, compromises to population health[2]. Analyzing this worrying scenario from the relational perspective of sex and gender, specifically masculinities, we find specific markers that reveal that peoplo from the male sex have been most affected by SARS-CoV-2[3].

In this panoramic scenario, it is worth emphasizing that, in Brazil, until August 29, 2020, 56.6% of confirmed cases and 58.2% of deaths were of males[2]. Recent and little in-depth explanations, by looking only at the category sex, and not gender, have published, in a sexist way, some explanations for this scenario presented: biological and chromosomal, hormonal and immunological factors[3].

Other findings have drawn attention to the health behavior and lifestyle habits of men. However, fewer studies have directed attention to the relation of masculinities, care and health status of men, not only by looking at the clinical and epidemiological aspects of Covid-19, but in the social and global health dimensions; which calls for investigations in this area[4]. Thus, there is a great need to strengthen the production of nursing and health care, in order to implement coherent, sensitive, effective, and resolutive interventions that have as their centrality the guarantee of promotion and protection of men's health.

By recognizing that the Covid-19 pandemic has caused disarray and impacts on the health situation/condition of people, it becomes relevant to train Nursing and health professionals to positively intervene in front of the demands and needs presented by men, considering that the male population presents greater vulnerability to illness, to the decline in self-care, to not seeking, difficulty and/or resistance to access health services[5].

By understanding the adaptive responses that promote the integrity of individuals and groups, through the theoretical bases of Nursing, for example, it is possible to recognize how men have constructed and established their modes of adaptation[6]. In this sense, this study was guided by the research question: How is the health of men in the experience of the Covid-19 pandemic in Brazil configured? This article aims to present a panorama of men's health in experience of the Covid-19 pandemic in Brazil.

Method

Qualitative study, in a socio-historical perspective, in which the language is a social practice that is achieved through dialogical processes[7]. The data presented in this study constitute a panorama of a macro-research, entitled "Experiences of men in the context of the new Coronavirus-SARS-CoV-2 (Covid-19) pandemic in Brazil: an approach to health", which resulted in three underlying research studies. The first of these sought to analyze the attitudes and coping strategies to the Coronavirus-SARS-CoV-2

pandemic; the second, the mental health of men; and the third, the experiences of discrimination and stigma of men who tested positive for Covid-19 (Figure 1).

In the three studies 2,170 men participated in the surveys: 1,015 in the first, 1,084 in the second, and 71 in the third.

Figure 1 – Layout of the micro-surveys linked to the matrix project, carried out in the five regions of Brazil.

Source: Created by the authors.

The data was collected between the months of April and August 2020 in a virtual environment. A form hosted on the *Google Forms*® platform was used. The selection of participants occurred non-sequentially and non-consecutively among the Brazilian states. To gain access to the participants, the link to the form was widely publicized on digital social networks, such as *Facebook*®, *Instagram*® and *WhatsApp*®. The inclusion criteria were: being an adult male resident in Brazil. Men who were in transit on an international trip during the pandemic and tourists were not included. Moreover, it was also excluded participants whose forms were inconclusive and/or those who did not answer the open questions. Thus, for the purposes of analysis, the empirical material composing the corpus included 100 participants, selected from the larger surveys in search of previous categories of analysis.

The form was composed of closed and open questions. The closed-ended questions dealt with sociodemographic, economic, and health characteristics. The open-ended questions dealt with men's experiences in the context of the Covid-19 pandemic, namely: Tell us how you have experienced the Covid-19 pandemic? Has the Covid-19 pandemic brought any repercussions and/or compromises to you? Tell us about your health during the Covid-19 pandemic.

Due to the fact that it is a new socio-historical context, the pandemic led to the adoption of new ethical conducts and its own criteria for data protection, namely: presentation of the Free and Informed Consent Form in the imaging modality and the adoption of digital security of the data derived from the virtual environment. The project was approved by the Research Ethics Committee, under Opinion number: 4.076.529, CAEE: 32889420.9.0000.5531.

After the participants finished the research, they were provided with links and contacts to access support services and psychosocial support and the indication to access the project's page on Instagram® - @cuidadoasaudedehomens - with the goal of providing information, education and communication on men's health care, and also to enable the follow-up of the research results.

The data were analyzed line by line, organized and coded. The NVIVO12® software was used. Data processing was carried out in the Iramutec® software, which allowed the expression of

the most evoked words and the nuclearity of meaning based on the similarity tree. Based on this representation, the data were submitted to the Discourse of the Collective Subject (DCS) method, an inductive method that allows access to the construction of the collective thought and elucidates the generalities about the investigated phenomenon, as well as the Key Expressions, the Central Ideas and the Anchorages of the collective representation[8]. Thus, the data are presented in categories of discourse-synthesis. The categorization structure is represented by the infographic built with the support of the online tool Coggle®.

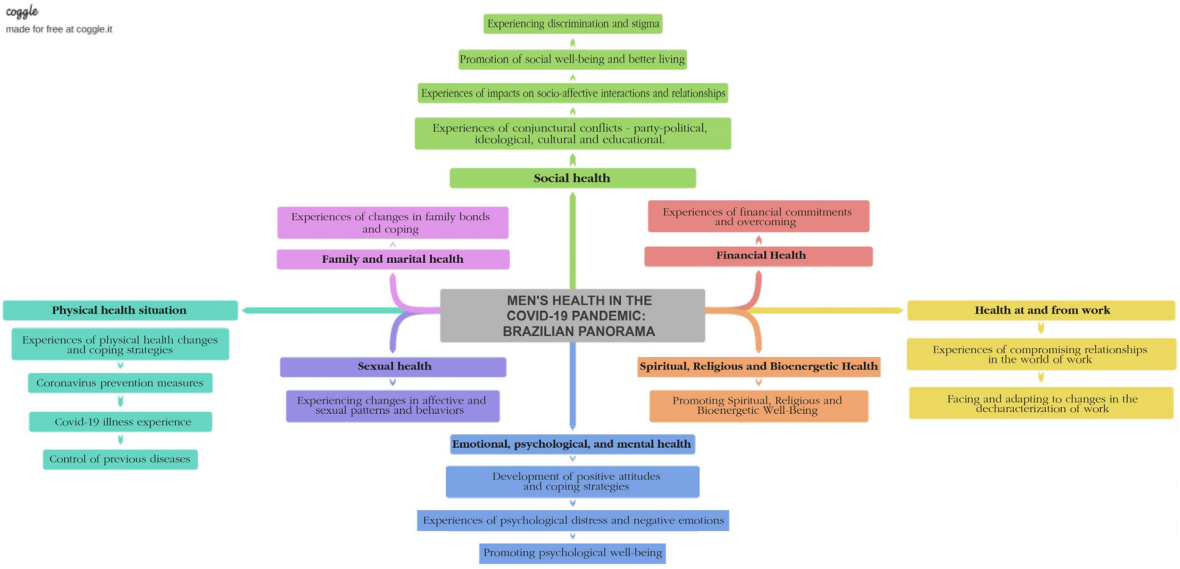
Data interpretation is anchored in the assumptions of the Adaptation Theory[6], regarding the concept of health adopted in the theoretical metaparadigm, by understanding health as a process, a state of being and becoming whole, integrated, reciprocal, individually and collectively, driven by their adaptive responses. The Consolidated Criteria for Reporting Qualitative Research (COREQ) was adopted for compliance with the quality of qualitative research.

Results

The participants were mostly of cisgender identity, heterosexual, brown race/color, between 29 and 39 years old, single, with complete college education, and average income above five minimum wages.

The panorama of the health situation of men living in Brazil in the context of the Covid-19 pandemic revealed the dimensions of health contemplated in the male discourse, structured in the following infographic (Figure 2):

Figure 2 – Categorization of data: dimensions of the health of men in the context of the Covid-19 pandemic.



Source: Created by the authors via *Coogle*®.

DISCOURSE-SYNTHESIS: MEN'S HEALTH DIMENSIONS IN THE CONTEXT OF THE COVID-19 PANDEMIC

The discourse-synthesis category is organized into Central Ideas and their adjacent subcategories, laid out based on the multiple dimensions of human health.

Central Idea 1: Physical health status

The physical health situation evidenced in the male discourse explains the appearance of changes in lifestyle habits, in daily dynamics, which food, physical activity, and the consumption of Internet content stand out. It was also noted the adoption of prevention measures for the

Coronavirus, the control of previous diseases for the prevention and protection against Covid-19, and the experience of illness - reserved for men who tested positive for the disease - marked by the perception of the disease, the progression of signs and symptoms, the clinical complexity of the disease, and the outbreak of negative and positive feelings and emotions:

1A: Adaptive modes and responses to changes in physical health:

> [...] *with the social isolation I have been sleeping and eating more than usual. I spent more time on the Internet, and exercising less, but I became aware that I needed to eat better, go on a diet and exercise. With physical exercises I feel happy and relieve tensions.* (DCS).

1B: Adaptive modes and responses to Coronavirus prevention:

> [...] *this has been a time to protect myself and take preventive measures, both for myself and for others. I tried to improve my immunity and tried not to catch the flu during the pandemic period. I paid more attention to hygiene and started to adopt daily habits, from personal hygiene to food and house hygiene.* (DCS).

1C: Modes and adaptive responses to the control of previous aggravations:

> [...] *I have been taking care of my physical health, because I have comorbidities and this condition puts me at risk for the new Coronavirus. So that the situation does not worsen, I have been trying to keep my medical appointments, even if from a distance, such as by phone, since now during the pandemic I cannot go to the service. Also, I am afraid of exposing myself and afraid of contracting the disease, which causes me to stay indoors more, in social isolation.* (DCS).

1D: Adaptive modes and responses to illness by Covid-19:

> [...] *I experienced moments of ups and downs. I was a victim of the damned virus and a miserable disease that debilitated my health a lot. Before I was asymptomatic, but it got worse and worse and I needed hospitalization and then transfer to the Intensive Care Unit* (ICU). *I had changes in smell and taste, fatigue, discomfort, body and head pain, shortness of breath, fever, cough, and then pulmonary complications, dyspnea, pneumonia, drop in saturation, suffocation, tachycardia. When I got sick I felt powerless, insecure, having to isolate myself from everything and everyone. During this period I kept thinking about alcohol gel, home, caution, chloroquine, China, contagion, care, cure, disease, fatality, IgG, intubation, ICU beds, mask, death, pandemic, prevention, lung, respirator, breathing, treatment, vaccine, virus, which left me in anguish, anxiety, apprehension, expectation, uncertainty, nervousness, panic, dread, worry, loneliness, and sadness. Then came relief, love, God, family, faith, strength, patience, health, and overcoming.* (DCS).

Central Idea 2: Emotional, psychological and mental health

The collective speaking subject denounced the experiences of psychic malaise and the outbreak of negative emotions and feelings, which led them to express suffering and the degradation of emotional, psychological, and mental health:

2A: Adaptive modes and responses to psychological distress and negative emotions:

> [...] *the first feelings that appeared were those of insecurity and incapacity, I felt very bad. They were difficult days, I didn't sleep well, I was always tired, with decreased self-esteem and emotionally unstable. I felt anxious, depressed, ambiguous, distressed, apathetic, disappointed, depressed, hopeless, unbelieving, stressed, euphoric, angry, bored, grieving, frustrated, unstable, insecure, melancholic, afraid, nervous, nostalgic, panicky, neurotic, unoptimistic, imprisoned, lonely, unimportant, unloved, surprised, afraid of death, and often imagining that I was getting sick and living a nightmare. Sometimes I even acted with indifference before everything I was living, but it was only as a form of defense.* (DCS).

2B: Adaptive modes and responses for promoting psychosocial well-being:

> [...] *by reflecting on my lifestyle, on my priorities, I started to feel good, especially by trying to take care of my mind, my life, and who I am. I tried to give more importance to my well-being, making the news and the bad situations not affect me so much. With that I started to rethink my feelings and relax.* (DCS).

2C: Modes and adaptive responses for promoting positive attitudes:

> [...] *it has been a lot of pressure on my mental health, but I have tried to look to the future with hope and optimism, trying to be calm, patient, to overcome each day this terrifying virus, to always see the best and do the activities that make me motivated and that make me happy and joyful. I also felt in love during this quarantine period, especially with myself. The pandemic also gave me the opportunity to evolve as a person and to become more active and influential in society, and it made me exercise more courage to face the day-to-day challenges and to see the future better, thus nourishing my hopes.* (DCS).

Central Idea 3: Family and marital health

3A: Adaptive modes and responses to changes in family bonds:

> [...] *I have a lot of concern about my parents and family members, because many of them are already elderly and others have chronic diseases and for these reasons are part of the risk group, and I fear that they might get*

infected. With the pandemic I needed to get away from my family because I was afraid of transmitting the virus to them, but even with all of this I tried to enjoy my family members more, I tried to be close to them through phone calls, video calls, and I started to pay more attention to them. In relation to married life I started to experience more conflict than before, but I have tried to control stress, keep calm, be patient and try to solve disagreements friendly. (DCS).

Central Idea 4: Sexual health

4A: Adaptive modes and responses to changes in affective and sexual patterns/behaviors:

[...] *I felt a greater need to have sex, at least more than once a day, but at other times the total absence of this desire. My sexual relationships were damaged because I didn't have the means to keep the meetings and the dates as before.* (DCS).

Central Idea 5: Health at and from work

5A: Adaptive modes and responses to work relationship compromise:

[...] *The fact of witnessing the labor flexibilizations, the reduction of public spending to face the pandemic also affected my health, because they caused me fear. I am afraid to go out to work because I am afraid of getting contaminated, and on the way to work and even in the environment where I work, there is no protection. For the most part I feel pressured and overloaded, at times even exhausted in having to maintain work productivity and intellectual productivity during this period. It has been difficult to maintain productivity during this period of the pandemic, and feeling pressured. There is also an impact on meeting my academic obligations, as I am demotivated.* (DCS).

5B: Adaptive modes and responses to changes in the decharacterization of work:

[...] *even with all the transformations I had with work, once I had to readapt and have to work at home, with home office work, I have been trying to keep a work routine, because I fear being fired, and also for the fact that it is important to work.* (DCS).

Central Idea 6: Financial health

6A: Adaptive modes and responses to the commitment of finances:

[...] *Due to social isolation I had a lot of problems balancing finances. I was impacted by work and expenses increased a lot. Prices, such as food at the supermarket, became very high. It has been difficult to maintain the financial issue, but I have been trying to control the expenses, buy only the essentials, avoid waste, and to review professional positions, career project and academic assignments, because I don't have good perspectives for the future regarding the economy.* (DCS).

Central Idea 7: Social health

7A: Modes and adaptive responses to situational conflicts – party-political, ideological, cultural, and educational:

[...] *I ended up experiencing situations that left me at the opposite of what would be ideal to be fulfilled during a pandemic, because I witnessed politicians accusing each other, authorities accusing the countries of responsibility for the emergence and advance of the disease, as occurred with China. All these situations compromised my decisions during this period, made me have disbelief in the political environment, which besides not fulfilling its role, is directed to the opposite side of what should be done in a pandemic, taking advantage of the moment to commit acts of corruption and theft and making my health situation even more vulnerable, since it does not guarantee the necessary care and security. In addition, I started to feel a lot of anger and shame for Bolsonaro's misgovernment and frustration with Brazil.* (DCS).

7B: Adaptive modes and responses to impacts on social-affective interactions/relationships:

[...] *the social isolation caused me a lot of loneliness. My relationship with my closest people and friends was totally affected. I started to miss seeing people and miss them a lot, because the frequency of human contact that I had before the pandemic has completely changed. It has been a growing feeling of insecurity, mainly due to the uncertainty of not knowing how the future would be and the return to the normal coexistence that existed before.* (DCS).

7C: Adaptive modes and responses to discrimination and stigma:

[...] *I suffered discrimination, prejudice and stigma after learning that I had the disease. Friends, acquaintances, family members, and co-workers distanced themselves. Some even stopped talking to me and others started pretending they didn't know me. I was called by the name of the disease, even by health professionals and all this shook my psychological and negatively influenced my recovery.* (DCS).

7D: Adaptive modes and responses for promoting social well-being and better living:

[...] *it has not been easy to stay indoors for a long time, isolated, without being able to be involved with the daily routines, in contact with co-workers, family, and people with whom I relate affectively, generate moments of apprehension. I have been trying to realign the relationships.* (DCS).

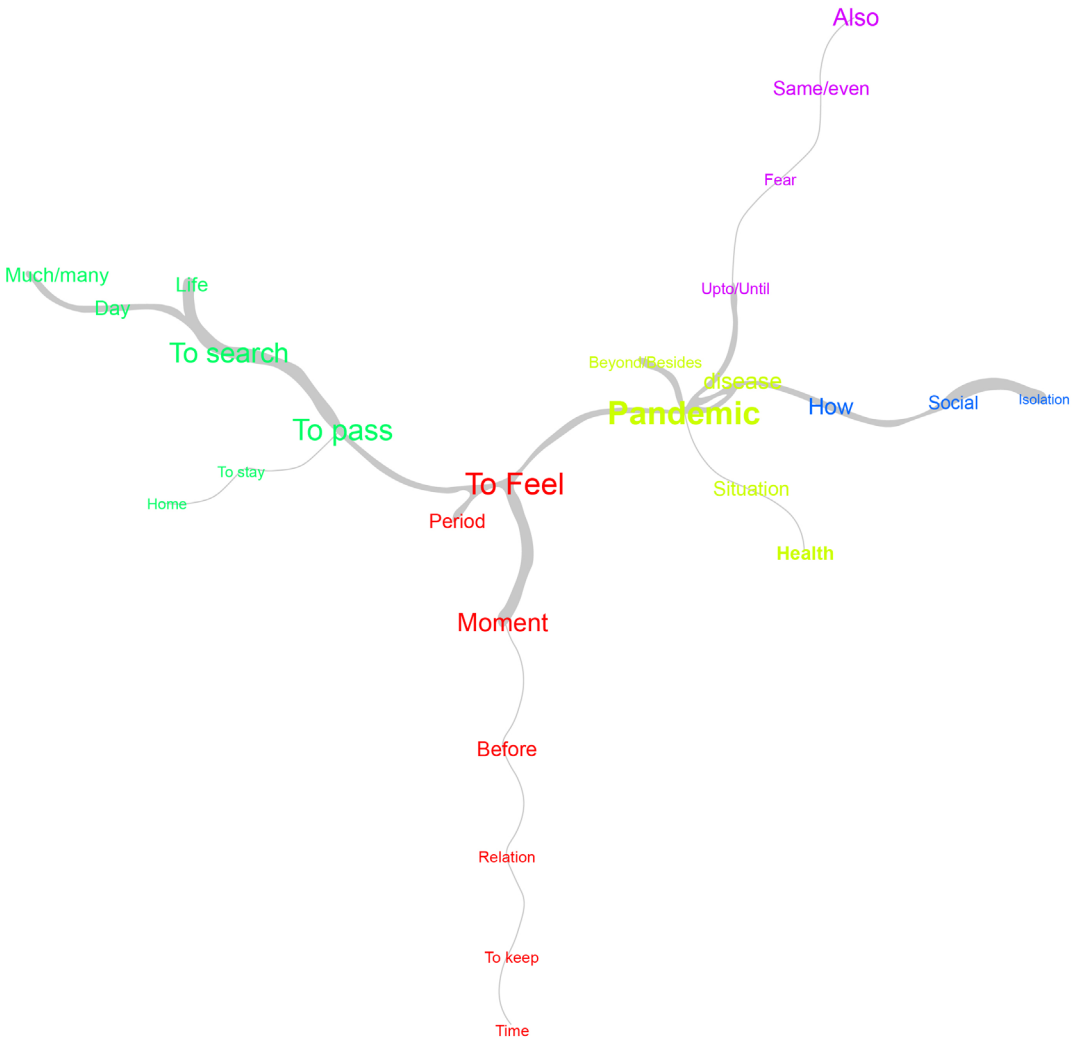
Central Idea 8: Spiritual, religious and bioenergetic health

8A: Adaptive modes and responses for promoting spiritual, religious, and bioenergetic well-being:

[...] *I have been trying to become aware, to go in search of peace, contentment, and the encounter with myself and to have a sense of life. It has been a moment of recollection and reflection, mainly spiritual, reserving my energies, and avoiding the negative exchanges that are brought by the pandemic. I try to look more inward, to be in balance, to reflect on my social position and my value to others and to the world, and to be open to a new start in life, like new learning, new life experiences, and new discoveries. Furthermore, I sought to have faith, not in the rulers, but in God and the nation. I glorify God every day for being alive, for not being sick, and so I seek to rejoice in this.* (DCS).

The lanDCSape of men's health in the context of the Covid-19 pandemic in Brazil is evidenced in the Similarity Tree (Figure 3). One notices four branches of the most prominent configuration and with connections existing between their branches. In the center, "feel", mobilized by "pass" and "pandemic", which connects to other branches, represented by "until" and "how".

Figure 3 – Similarity Tree about men's health in the context of the Covid-19 pandemic in Brazil.



Source: Created by authors via Iramutec®.

Discussion

The findings of this study are able to reveal the health panorama of men living in Brazil in the context of the Covid-19 pandemic and make explicit the distinct dimensions of men's health manifested in the collective discourses, which allows glimpsing the magnitude of the repercussions and adaptations[6] in the pandemic course.

When analyzing the dimensions of physical health, even if it is an effective measure for the

control and dissemination of the virus, social isolation can bring deleterious impacts and consequences, such as increased sedentariness and lack of physical activity. Moreover, spending more time indoors provides less social interaction and, consequently, greater use of electronic equipment, such as computers, cell phones, and TV, which can lead to longer periods of inactivity while sitting and/or lying down[9]. It is noteworthy that internal and external factors can be configured as stimuli to the adaptive systems, compromising the capacities for coping, and for this reason should be better investigated[6].

The literature has pointed out that men, compared to women, had a higher prevalence of risk factors, such as smoking, overweight, and alcohol abuse. In addition to making them more vulnerable to SARS-CoV-2 infection[3], such problems may intensify during the confinement imposed by Covid-19. Moreover, mortality related to cardiovascular risk has been higher among the male public[10]. In this sense, focused attention should be given by nursing and health professionals in order to employ effective coping strategies, as has been disclosed in the scientific production in the pandemic context, by highlighting the exergames as an effective strategy to promote body practices in the isolation period[11].

The findings showed that part of the men experienced Covid-19 illness, which confirms its veracity and impacts, and fear, especially by those men who were in the "key group" for the new disease, and there was an attempt to locate the adaptive environment in which these men grow, modify, develop, and flourish[6].

In the scope of men's mental health, the pandemic caused negative repercussions, either by the increase in anxiety, stress, social isolation, or by the fear of infection, death, complex and close mourning, the fear of losing a loved one, or even by the massive broadcasting of news linked to the effects of the pandemic. However, at the core of coping strategies for the atypical moment, it is possible to visualize positive aspects, such as the possibility of spending more time with the family, reflecting on new habits of life improvement and new routines that allow inner satisfaction. In the same way, understanding that other people are also suffering from the new Coronavirus reduces the feeling of failure and/or loneliness, aspects that must be better explored among the male[12].

The study shows that the pandemic context negatively impacted the mental health of men in an (inter)subjective way, a dimension that Calista Roy understands as adaptive systems[6], which may be a result of insecurity, fear and inability to face the phenomenon. This unstable environment generated in men a malaise, whose expressed feelings showed psychic suffering. The literature on the subject has revealed expressive male mood swings, depressive and anxious symptomatology during the pandemic, but contradicts the studies with the general population, which indicate a less favorable scenario for women[13]. Another relevant mark of this study concerns the fact that men made mental health explicit as a dimension of health of notorious importance among male experiences, especially because of the concealment of this place in overall health. Another advance occurred with the overcoming of adversities and the use of adaptive practices to promote psychosocial well-being, such as self-compassion, resilience and the re-signification of life[14-15].

In convergence with this panorama, some relationships have been distanced because of the measures of social isolation, forcing several families to stay away, which causes anguish, enhances the uncertainties, distances from loved ones and has generated the male emotional commitment[15-18]. Family bonding and family health was expressed by men, which comes from the reflection of family degradation and the feeling of powerlessness in face of the restrictions and limitations in the integration with the socio-affective/family networks[17,19]. The family can be configured as an adaptive system and allow the individual to adapt in an integrated, compensatory, or compromised way[6]; which allows male adaptation in pandemic contexts to be recognized by Nursing and health professionals. Thus, to enhance family

care in the context of strategic, contingential and programmatic interventions of Nursing are indispensable in the pandemic context, as a way to minimize the impacts on family and marital health of men, since evidence already signalize the contributions of the family to the strengthening of resilience[15].

Furthermore, by experiencing the prolongation of the pandemic together with their consorts and/or spouses, men may be experiencing emerging emotional changes. Increased stress, interpersonal conflicts and lack of privacy can make the scenario more conducive to violence and increased psychological, moral, property, physical, sexual and other damages caused by such context[15]. Thus, it is relevant the joint conduct of managers, nursing and health professionals and the network for prevention and confrontation to overcome the degrading impacts caused to marital and community health.

Sexual health was highlighted as a dimension of male health impacted by the pandemic. With the removal of bodies and close physical contact, unexpected repercussions compromised male sexual practices. The absence of integrated adaptation, when structures and functions are absent, as is occurring with the interruption of sexual relations, compromises human needs[6]. Permeated by relational perspectives of gender and masculinities, sexual relations contribute to the promotion of self-esteem and general and psychological well-being. Changes in sexual behavior patterns – alteration in frequency, libido, quality of sexual intercourse, affection, partnership or solo sexual relationship – have implied direct impacts on mental health and need to be taken into consideration during this context[16].

Interspersed with the sexual health aspects, when associated with emotional oscillations due to fear, anxiety, worry and loneliness, physiological and behavioral reflections can further compromise the dimension of sexualities. The abandonment of protective measures in sex during the pandemic, the non-adherence to barrier methods, such as the use of condoms, the lack of interest in sex, even if virtual, and the compromise in establishing affective relationships of a sexual nature are observed in the literature[17].

Still on this aspect, in an attempt to outline coping strategies, some institutional actions and those coming from social movements are seeking to guide and support the population to adapt to new sexual practices during the pandemic. For this, it is being promoted, for example, the encouragement to adopt sexting, quarantine, remote threesomes and sext bunker practices, virtual sex, and the use of geolocation applications for online sexual encounters. In addition, it is important to reflect that motels, sex clubs, saunas and other points for sexual encounters were almost completely closed, which made sexual practices more difficult, and for these reasons, should be considered[18-19].

By directing attention to social health, the discourse of men revealed the experiences of repercussions of structural, political, negatively linked, which has compromised the population to achieve rights, have access to safe information and adopt the indicated measures of prevention and disease control[20]. For men who experience the disease, the emergence of discrimination and stigma has made men's health even more affected, especially by the overlapping of barriers to be faced[21].

Regarding the dimensions of the health of and in the workplace, as well as the financial health of the male population in the face of the Covid-19 pandemic in Brazil, it is essential to consider that, in the Brazilian scenario, the social function of work has been severely altered. The problem has been more impactful for the group of men who live with precarious work relationships, those who are self-employed, with no fixed income, and those who deal daily with wage instability. Added to this is the fact that, due to the required social isolation, many men have lost contact with their work environments and colleagues and/or people they used to interact with when performing their activities, and are still compromised by the severe financial loss and the economic crisis. Thus, to adaptively compensate this scenario, the individual needs

to rely on cognitive-regulatory or stabilizing-innovative resources to overcome the problem experienced[6].

It is important to highlight that, by experiencing impacts on health at work and financially, men may be more vulnerable to exposure and dissemination of the Coronavirus, because they are maintaining their work activities even with the ongoing pandemic[20]. Added to this is the fact that they are living with precarious working conditions, overload, decharacterization of labor relations, increase of new demands with telecommuting and *home office*, unemployment, wage losses, difficulty in accessing emergency aid, besides being more susceptible to psychological suffering at work and to develop anxiety disorders, depression and suicide. Thus, there is an urgent need to strengthen the initiatives of organizational support and policies to promote well-being and protection at work.

The dimension of spiritual, religious and bioenergetic health emerged in the collective discourse and may have manifested due to the sudden recollection, which is challenging in the context of self-preservation, contributing to the search for spirituality, belief and faith, important allies in maintaining the mental and spiritual balance of men in the pandemic[22]. Positive attitudes and feelings, such as love, hope, and faith, as well as the production of senses, meanings, and purposes in people's lives, can be amplified, which contributes to the confrontation and elevation of the energetic and vibrational fields[23]. Therefore, religious practice has proven effective in helping to reduce anxiety, brings satisfactory value to the notion of existence, and can promote joy[22]. It is relevant to emphasize that health emerges as a reflection of personal and environmental interactions that are adaptive[6], which are in intimate convergence with existentialism, with humanism existing in the spiritual, religious, and bioenergetic dimension. Thus, the production of Nursing care needs to explore, value, and stimulate the use of health care practices in this dimension.

The contributions of this study are directed to the advancement of knowledge and nursing practice regarding the production of care in the pandemic context in face of the advent of a new infectious disease and its correlated repercussions of sociocultural, economic, structural and gender. It provides contributions to clinical nursing and health care focused on the demands, needs, and specificities of men's health, interfacing with their masculinities, to the extent that it reveals their attitudes, behaviors, and practices during the course of the Covid-19 pandemic; which may imply a better direction for strategic, contingency, and programmatic health interventions and actions.

It is also noteworthy that this study, besides locating the uniqueness of the phenomenon in Brazil, shows its pioneerism in Latin America and worldwide, especially with regard to qualitative investigations. In addition, it converges with the recommendations of the main global and Brazilian health agencies, such as the National Policy of Integral Attention to Men's Health. Finally, it guarantees the advance of the validations of theoretical and epistemological assumptions of Nursing, to the extent that a Nursing Theory is used for the analysis of the investigated phenomenon.

The limitations of this study are concentrated in the use of a single data collection technique, the impossibility of collecting data face to face, the high concentration of men from a particular region of the country, and the selectivity given to men with greater access to Information and Communication Technologies and literacy. These factors made it impossible to reach less favored groups of men, in addition to the possibility of bias existing in the access to men through the social networks used.

Conclusion

Men's discourse evidenced that the health panorama of men in the context of the Covid-19 pandemic mobilized men's physical, affective and sexual, family and marital, health at work, financial, social, emotional, psychological and mental, spiritual, religious, and bioenergetic health dimensions. In addition, deleterious

repercussions, coping adaptive modes, and men's self-care comprised the health lanDCSape in the pandemic context of Covid-19.

Collaborations:

1 – conception, design, analysis and interpretation of data: Anderson Reis Sousa;

2 – article writing and relevant critical review of the intellectual content: Isabella Félix Meira Araújo, Cléa Conceição Leal Borges, Josias Alves de Oliveira, Márcio Soares de Almeida, Wellington Caribé and Fernando Jorge Nascimento Santos Junior;

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