









# Vulnerabilities perceived by men in the context of the Covid-19 pandemic

Vulnerabilidades percebidas por homens no enquadramento da pandemia da Covid-19

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-  Anderson Reis de Sousa<sup>1</sup>
-  Thiago da Silva Santana<sup>2</sup>
-  Evanilda Souza de Santana Carvalho<sup>2</sup>
-  Isabel Amélia Costa Mendes<sup>3</sup>
-  Milena Bitencourt Santos<sup>1</sup>
-  Jean Limeira Reis<sup>4</sup>
-  Adailson Vieira da Silva<sup>5</sup>
-  Álvaro Francisco Lopes Sousa<sup>3</sup>

<sup>1</sup>Universidade Federal da Bahia.  
Salvador, BA, Brazil.

<sup>2</sup>Universidade Estadual de Feira de Santana.  
Feira de Santana, BA, Brazil.

<sup>3</sup>Universidade de São Paulo, Escola de Enfermagem de  
Ribeirão Preto. Ribeirão Preto, SP, Brazil.

<sup>4</sup>Universidade Católica de Salvador.  
Salvador, BA, Brazil.

<sup>5</sup>Universidade de Fortaleza.  
Fortaleza, CE, Brazil.

## Corresponding author:

Anderson Reis de Sousa  
Escola de Enfermagem, Universidade Federal da Bahia.  
Rua Basílio da Gama, 241 - Canela,  
CEP: 40231-300. Salvador, BA, Brazil.  
E-mail: anderson.sousa@ufba.br

EDITOR IN CHIEF: Ana Fatima Carvalho Fernandes

ASSOCIATE EDITOR: Renan Alves Silva

## ABSTRACT

**Objective:** to understand the vulnerabilities perceived by men in the context of the Covid-19 pandemic. **Methods:** socio-historical, qualitative study, carried out from the results of online research in all regions of Brazil. The sample consisted of 200 men. The data were processed and analyzed methodologically by the Collective Subject Discourse, supported by the framework of epidemic disease. **Results:** men perceived the vulnerabilities due to the existence of chronic diseases in them and in the family, the need to maintain a work routine that limits the adoption of social distance, the uncertainties generated by the pandemic, which threatens the maintenance of employment and the professional achievement projects, in addition to the discomfort caused by the interruption of sexual interactions. **Conclusion:** men's perceptions of vulnerabilities in the pandemic revolved around health, professionalization, work and sexuality.

**Descriptors:** Vulnerability Analysis; Pandemics; Coronavirus Infections; Men's Health; Masculinity; Health Behavior.

## RESUMO

**Objetivo:** compreender as vulnerabilidades percebidas por homens no enquadramento da pandemia da Covid-19. **Métodos:** estudo sociohistórico, qualitativo, realizado a partir dos resultados de pesquisa *on-line* em todas as regiões do Brasil. A amostra foi composta de 200 homens. Os dados foram processados e analisados metodologicamente pelo Discurso do Sujeito Coletivo, suportados no referencial de enquadramento da doença epidêmica. **Resultados:** os homens perceberam as vulnerabilidades em razão da existência de doenças crônicas neles e na família, da necessidade de manter rotina de trabalho que limita a adoção do distanciamento social, das incertezas geradas pela pandemia com ameaça à manutenção do emprego e dos projetos de realização profissional, além dos desconfortos pela interrupção das interações sexuais. **Conclusão:** as percepções dos homens sobre as vulnerabilidades na pandemia giraram em torno da saúde, da profissionalização, do trabalho e da sexualidade.

**Descritores:** Análise de Vulnerabilidade; Pandemia; Infecções por Coronavirus; Saúde do Homem; Masculinidade; Comportamentos Relacionados com a Saúde.

## Introduction

Since the emergence of the Coronavirus pandemic (Covid-19), male people have been associated with the worst clinical outcomes resulting from Severe Acute Respiratory Syndrome (SARS), in countries like Germany, China, Italy, for example<sup>(1-2)</sup>, a pattern that presented itself in a similar way in the Brazilian context<sup>(3)</sup>. In Brazil, at the beginning of the pandemic, the data indicated that 59.3% of deaths were male, which revealed greater vulnerability among men<sup>(4,4)</sup>.

In addition to the aforementioned prevalences, among male people, other conditions of vulnerability are associated, such as the presence of previous comorbidities, whether in Brazil or in other settings<sup>(5-7)</sup>. In addition, a combination of habits, behaviors, hygiene, hormonal, immunological and genetic functions has marked greater male vulnerabilities to Covid-19<sup>(4-5)</sup>. However, studies that sought to deepen aspects related to behavior, perceptions about the disease and the situation of vulnerability, as well as the psychosocial dimensions that need to include the social constructions of masculinities, are still scarce<sup>(8)</sup>.

Thus, as a consequence of the deleterious and cataclysmic effects of the pandemic, concerns about the individual, family condition, related to contamination, the political/governmental, economic and work situation, and the maintenance of socio-affective networks are observed, albeit in an incipient way, in the literature<sup>(6-7)</sup>, prompting further research and more in-depth analysis, especially in the advancement of conducting original studies.

The pandemic produces health inequities, precipitates and intensifies psychosocial, socioeconomic and relational diseases and disorders of gender, race and social class<sup>(8)</sup>. The prolongation of patterns of suffering can manifest negative feelings in the individual, such as the increase in suicide cases, in countries like Colombia. In addition, the pandemic situation reveals a similar problem in India and Bangladesh<sup>(9)</sup>, which deserves attention from government and health au-

thorities, as well as from professionals in the health-care network, such as those in the nursing category.

This study is justified by shedding light on men's perceptions of their own vulnerability, as the concept of invulnerability can put them at greater exposure to the virus, increase resistance to compliance with social isolation orders and adherence to health measures<sup>(4)</sup>. The novelty is revealed in the explanation of pandemic phenomena and in the look of men on themselves, in the historical health moment, whose aspects in relief on social, individual and programmatic vulnerability<sup>(4)</sup> can subsidize nursing interventions, with a view to health promotion and harm reduction of the pandemic event on the collective of men.

The socio-historical perspective proposes a framework for the epidemic disease and the understanding of characteristic phenomena, figured in acts, which manifest themselves in pandemic contexts, over time, in a given social territory<sup>(10)</sup>.

When searching the scientific literature related to the Covid-19 pandemic, there were gaps in original studies involving male populations and focusing on masculinities. Thus, this study was guided by the research question: how do men perceive their own vulnerabilities, during the Covid-19 pandemic period in Brazil? Given the above, this study aimed to understand the vulnerabilities perceived by men in the context of the Covid-19 pandemic.

## Methods

Qualitative socio-historical study, which values descriptive aspects and personal perceptions, focuses on the particular as an instance of social totality, seeking to understand the subjects involved and, through it, also understand the context<sup>(10-11)</sup>. The study has a national approach, developed by a collaborative network in research on men's health. 200 men from the five regions of Brazil participated, 40 from the North, 60 from the Northeast, 30 from the Midwest, 50 from the Southeast and 20 from the South.

The data collection was made operational by researchers who were in five locations: Belém, Belo Horizonte, Brasília, Salvador and São Paulo. The inclusion criteria were adopted: being a man, adult, resident in Brazil. Men who were in transit in Brazil on international trips were not included. During the months of April and May 2020, a semi-structured form was made available online, in the Google Forms platform, with closed questions about sociodemographic, work and health characteristics; and open about experiences, emotions and feelings, vulnerabilities, attitudes and coping strategies, namely: tell us how do you perceive yourself experiencing the Covid-19 pandemic? Tell us how you have been experiencing the pandemic? Do you feel vulnerable in any sense? How have you dealt with the pandemic? Describe about this.

Digital social networks *Facebook*, Instagram and WhatsApp were used to invite participants. Sensitizations to disseminate the layout and form of the research were used in the referred social networks, by accessing pages with groups of men from Brazilian states. The data collection used the snowball, which allowed the consecutive recruitment of respondents<sup>(12)</sup>. The same occurred in a non-sequential manner and, concomitantly, in each region of Brazil. In this method, each researcher chose a seed (first participant), responsible for collecting and disseminating it to the social network. Of the total universe, four men who accessed the platform did not accept to participate in the research.

Two trained researchers extracted the data in its entirety from the platform and used the support of NVIVO12 Software for data processing. The corpus was submitted to the methodological analysis of the Collective Subject Discourse (CSD), which allowed apprehending the ke-expressions and the central ideas/anchors that make up the social representation of a collectivity<sup>(13)</sup>. For that, the initial data were analyzed from reading and rereading, line by line, of the responses. The periphery of the data and the location of the sense nuclei were taken as the first step, which

made it possible to highlight the key expressions. Subsequently, expressions were grouped into set of ideas with the same central core, in the search to find in which central ideas the expressions were anchored. This process made it possible to reveal the synthesis discourses of collective representation of the phenomenon.

The empirical findings apprehended resulted from the theoretical sampling<sup>(14)</sup>, when the co-occurrence, the divergences, the patterns and the convergences of the data were sought, through the empirical density, which made it possible to compose a corpus of analysis, based on the convergences and complementarities. Data analysis was carried out after the completion of the collection and covered all the answers to the questions. The empirical categories identified were validated by the research team, in three online meetings, on the Google Meet digital platform.

The interpretation of the empirical material was supported by the theoretical and conceptual framework proposed by Charles Rosenberg, in the book *Explaining epidemics and other studies in the history of medicine*, in which he proposes the framing of the epidemic disease, when interpreting the disease as a picture, a kind of frame, in order to highlight the appearance of defining phenomena/characteristics and elements during epidemics/pandemics<sup>(10)</sup>. This assumption makes use of the concepts of individuality, negotiations, social diagnosis, unity and diversity to illuminate the apparent phenomena in the course of an epidemic disease. Thus, it is possible to frame them in four acts: progressive revelation - denial; randomness management - explanation; negotiation of the public response - negotiation and subsidence; and retrospection - forgetfulness. In this process, the guidelines proposed by the Consolidated Criteria for Reporting Qualitative Studies (COREQ) were complied with<sup>(15)</sup>.

In the whole process of research development, ethical aspects were met. For this purpose, this study was approved by the Research Ethics Committee,

according to opinion number 4,076,529/2020. Participants were presented with the Free and Informed Consent Form on the first screen of the form. The confidentiality, anonymity and reliability and security of the data generated were respected.

## Results

The study participants were mostly cisgender gender, homosexual sexual identity, aged between 18 and 67 years old and self-reported colored. They claimed to have an approximate income above five minimum wages, complete universe education, live in the Northeast Region of Brazil, in houses, with non-elderly family members and were employed, working in the public service. Of this total, 18 men reported having tested positive for Covid-19.

The collective discourse of men revealed perceptions about individual and collective vulnerabilities, during the emergence of the pandemic in this country, and are expressed in the central ideas of the summary discourses below.

### Central idea 01A: Perception about the need to take care of yourself and the family

When impacted by the emergence of the Covid-19 pandemic in Brazil, men demonstrated that they affirm the need to maintain individual and family integrity, when they perceive the vulnerability of being infected and suffering from the disease. The concern was mediated by fear and the situation of vulnerability, given the presence of chronic illness in himself and in family members, considered an aggravating risk factor for Covid-19: *I am concerned with my health condition, because I have a chronic illness and I fear the possible lack of support from the public service, should I become infected. Because I belong to the risk group, since I have a chronic disease, I feel more powerless to protect myself and also to protect those I love. In addition, I am also concerned about the health of my parents and the rest of the family, for fear of them contracting the virus and running the risk of dying from the disease (CSD).*

### Central idea 01B: feeling of vulnerability to contamination

In this speech, the perception and the feeling of male vulnerability were evidenced in face of the possibility of contamination, due to the limitations for the fulfillment of social isolation measures, such as quarantine. The feeling of insecurity related to contamination is intensified by the need to remain assiduous and in constant contact with other people in the work environment, leading them to perceive themselves as a potential transmitter of the virus that can contribute to the spread of the disease: *I am concerned with this whole situation, because I work and I can't stay at home in quarantine. With these comings and goings to work, the feeling is of insecurity. I am afraid of getting the virus and also of being the potential vector of the virus for other people (CSD).*

### Central idea 01C: perception of economic vulnerability and fragility of work bonds

The economic and work situation emerged in the male discourse that is presented due to the feeling of uncertainty in the context of the pandemic context in Brazil. This perception came from the fear of possible breakdowns in the organization of finance, the threat of unemployment and, consequently, the compromise of the financial situation and the material conditions of existence: *The uncertainty of the scenario concerns me, because I fear the appearance of a financial crisis and thereby harming my situation with employment and the appearance of possible salary changes, which will change my financial schedule and even the risk of becoming unemployed. This is a situation that worries me a lot and makes me distressed (CSD).*

### Central idea 01D: concern with the interruption of personal development and professional training projects

In addition to concerns in the field of work and economics, in proximity, the discourse showed that men perceived themselves in a scenario of uncertainty

for the realization of personal development projects, due to the suspension of face-to-face activities and interruption of academic training processes that pointed to the conclusion of professional projects: *I had to interrupt the study and professional training activities, like the courses I was taking, due to the current pandemic situation. This situation made me raise concerns about the fulfillment of the academic semester and the emergence of a constant area of uncertainty as to when I will be able to resume activities, since the educational institutions were all closed and the professional training was suspended in face of the need for achievement of social isolation. This expectation of not knowing exactly what to expect, generates anguish, anxiety, uncertainty and a lot of fear of what may happen* (CSD).

### **Central idea 01E: disruptions in the pattern of affective-sexual interactions**

Faced with the limitations of physical contact imposed by sanitary measures, men reported discomfort with the impossibility of establishing sexual encounters and partnerships and sustaining the existing pattern of interactions prior to the pandemic: *With the beginning of the quarantine, I started to worry about the fact that face the difficulty of not having sexual encounters as before. I was impacted by having to interrupt the sexual relations that I had before, mainly with casual sex* (CSD).

## **Discussion**

This study has limitations related to the methodological strategy: the first concerns the fact that the data collection was exclusively online, which may have compromised the apprehension of findings that could be better explored in face-to-face strategies; the second considers that decisions regarding measures to control the disease were the subject of a dispute between political and health authorities, motivating divergent conduct among Brazilian states, so the experience of Covid-19 disease in Brazil may present regional contrasts that have not been explored here. The third relates to study participants, mostly cisgender, of homosexual sexual identity, a specific group target-

ted by numerous social vulnerabilities. However, the findings revealed significant substantial data for the adoption of strategic health actions in pandemic contexts.

This study presents contributions to scientific disciplinary knowledge and nursing practice, as it deals with an object of investigation that is consistent with the interests of professional nursing practice, in view of the production of health care for men, from the perspective of vulnerabilities. In addition, advances in scientific knowledge about pandemic events and the advent of a new disease, Covid-19, are promoted, which implies citizen commitment in the context of coping.

Individual perceptions of vulnerabilities have emerged in a big way through abrupt interruptions in plans, individual projects, a split in everyday relationships, social interaction, reduced flows between communities and with the socio-affective bonding network itself. Impacts on the maintenance of sexual practices are observed and have caused discomfort and male concerns during the course of the pandemic<sup>(3-5)</sup>. The men reported being particularly concerned with the conjuncture dynamics arising from political, governmental relations, the world of work and, especially, the employment and income relationship, for fear of job vulnerability and the decline of subsistence in the country, during the pandemic period. This problem has been pointed out in investigations related to gender issues, in the pandemic context, and they have raised greater attention on the part of managers and health professionals and related areas<sup>(3,7-8)</sup>.

The first characteristic act of framing the disease, progressive revelation, emerged in Brazil through negation ideals, the result of political, economic and global interests<sup>(6)</sup>. Such beliefs influenced, in part, the male discourse and revealed the presence of phenomena consistent with the pandemic reality, such as fear and psychological denial of the severity of the disease<sup>(10)</sup>, seen as something distant and discredited by this audience. This generated concerns and concerns, the result of uncertainties that accompanied the Co-

vid-19 pandemic in Brazil<sup>(16)</sup>, and contributed to promote delay in the acceptance of the pandemic, putting at risk the physical and mental integrity of this public.

As a consequence of these phenomena, it was possible to unveil, through the reports of these men, the presence of speeches that expressed emotions, feelings, attitudes, behaviors that revert to concerns during the pandemic<sup>(7-8)</sup>. It is emphasized that the apprehended findings represented the initial period of quarantine in Brazil, which allows to illustrate characteristic landmarks of the pandemic in the initial course, in which there was a significant denial by part of the population, characterized by the difficulty in recognizing potential threats; and on the other hand, due to emotional involvement, imaginations and concerns, as a reflection of the process of assimilation and transition to the second characteristic act of managing randomness - explanation<sup>(9)</sup>.

The concerns that revealed vulnerability of psycho-emotional health, in the second act of framing the pandemic, were the result of an attempt to explain the disease, which involves elements of moral, religious/spiritual and rationalist orders, attributing value to the phenomenon<sup>(9)</sup>, which causes feelings of anxiety, apprehension, fear, affliction, associated with negative thoughts about what may happen in the future<sup>(7-8)</sup>, and allows understanding and adhesion to the prevention and control measures recommended by health agencies<sup>(9)</sup>. The emergence of concerns is common in human life, however, in the face of contexts in which it presents itself in an excessive way associated with the absence of control attitudes, they may become unhealthy and destructive for the individual, distorting them from the present and not cooperating very much with the preparation to deal with the future<sup>(17)</sup>.

Events such as the pandemic<sup>(9)</sup> give rise to different fears, which potentiates social vulnerabilities<sup>(3)</sup>, as the maintenance of public order is threatened and life habits are significantly altered, which add up to a possible state of calamity public, which makes the

scenario uncertain, insecure, generating concerns and anxiety, which should be worthy of attention by public authorities and health professionals, especially nurses, for producing care and being in charge of the health care network, as with psychosocial care devices<sup>(9,16)</sup>.

The men perceived the programmatic vulnerability<sup>(3)</sup>, as from the existence of weaknesses in the Unified Health System, as it is the system responsible for providing universal health coverage to most of the Brazilian population, which intensifies with the concern of that a collapse also occurs in the supplementary health system in Brazil. These male perceptions reflect the attempts of explanations from the media about the pre-existing problems of the public health system, due to underfunding, corruption, precarious technological potential, investment in deficient science, which makes the health situation of this public even more vulnerable<sup>(6)</sup>.

In view of the occurrence of this characteristic and frequent phenomenon in pandemics, it implies problematizing about the place that death occupies for men who, in general, demonstrate in other contexts to withdraw from health services for fear of the unknown, of becoming ill and the risk of death, strongly related to fear of contamination and vulnerability of family harmony and integrity<sup>(18)</sup>. Working with the sense and meaning of death in an expanded way in health actions with the male public can constitute an important therapeutic strategy to promote psychological well-being, also minimizing stress<sup>(7,17)</sup>.

In addition to the fear of contamination and death, attention should be given to the outbreak of concerns arising from the feeling of insecurity, uncertainty that can strengthen the imaginary that men are potential transmitters of the coronavirus, being the main responsible for contaminating people in the life cycle. In addition to these factors, such a context can weaken the development of coping strategies that are capable of providing better responses to the impacts generated by the pandemic<sup>(19)</sup>. For these reasons, it is recommended that hyper vigilance, panic, phobia

behaviors are observed that may compromise the individual and family psychological well-being of men in this period, as well as the prolongation of these behaviors in the post-pandemic period<sup>(7-8)</sup>.

In addition, it was noticed in the speech the lack of protective measures to be taken by men, as well as the concern with the collective situation of the community, a circumstance also observed in previous pandemic events, and which can establish relationships with the social construction of masculinities<sup>(7)</sup>. In convergence with this context of male vulnerability, during the Covid-19 pandemic, countries such as the USA, Argentina, Chile and Guatemala developed public documents in order to support men regarding the reduction of exposure to the coronavirus. Strategies aimed at reducing sexual encounters during the pandemic were adopted, with men being encouraged to practice virtual sex, masturbation, sexting - exchanging erotic messages - and promoting affective bonds, even if limiting physical contact<sup>(6)</sup>.

Finally, the emergence of the third act called negotiation of the response to the public<sup>(10)</sup> which constitutes the incorporation of responses from the subjects in the face of the existence of the pandemic and consequent decision-making for coping may have been configured late among men in Brazil. Although the speeches have expressed male fears, which can express the mobilizations existing around the negotiations, it is possible that these were only in the field of ideas and not practices. Epidemiological findings have also made public the denial that exists among some Brazilian states<sup>(20)</sup>.

In the fourth and last characteristic act, the existence of subsidence and retrospection<sup>(9)</sup> was identified, demarcated by the end of the pandemic, when the incidence of the disease decreases or ceases. Such an act was not evidenced in this study, since the Covid-19 pandemic is still ongoing in the country, and can only be evidenced in future studies.

It is also important to consider, in actions to combat the pandemic, the field of the symbolic existing among men, who make up the constructs of mas-

culinities, such as virility, potency, vigor, sexualities, sex and sexualized attitudes, and therefore deserve space in the actions of production of care, and should encourage nursing professionals, for example, to deepen this dimension of human response. Thus, it is relevant to advance the knowledge about the gender specificities<sup>(19)</sup> existing in the disease, which implies progress in the production of generalized care in nursing and health, above all, based on the accurate understanding of male vulnerabilities in interface with social construction masculinities<sup>(6)</sup>.

By emphasizing that the groups that are not in the models of hegemonic masculinity, the experiences of transgender men and non-binary identities stand out, in which inequalities intersect that potentiate vulnerabilities, such as violence and other forms of structural oppression. In this way, a place of attention and vigilance must be dedicated to other references of masculinities, during and after the course of a pandemic, such as that of Covid-19. Such apprehended knowledge contributes to the formulation of programmatic and contingency actions in health and the production of nursing care.

## Conclusion

Men's perceptions of vulnerabilities in the pandemic revolved around health, professionalization, work and sexuality. There were concerns related to the condition of personal and family health, the fear of individual and collective contamination, the economic and work situation, the educational situation, professional training and sexual practices. Investigating the population's vulnerabilities during a pandemic context can be an important promoter of actions aimed at the profile of health knowledge and behavior, in view of the coping strategies of Covid-19.

## Collaborations

Sousa AR contributed with the conception, analysis, interpretation of data, relevant critical re-

view of the intellectual content and final approval of the version to be published. Santana TS and Carvalho ESS cooperated to analyze and interpret the data. Mendes IAC assisted in data collection and interpretation. Santos MB participated in data collection, analysis and interpretation. Reis JL, Silva AV and Sousa AFL contributed to the writing of the article and final approval of the version to be published.

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