

Coping strategies, concerns, and habits of Brazilian men in the COVID-19 context

Estratégias de enfrentamento, preocupações e hábitos de homens brasileiros no contexto da pandemia da COVID-19

Estrategias de afrontamiento, preocupaciones y hábitos de los hombres brasileños en el contexto de la pandemia de COVID-19

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How to cite this article:

Sousa AR, Teixeira JRB, Mota TN, Santana TS, Santos SD, Mercês MC, et al. Coping strategies, concerns, and habits of Brazilian men in the COVID-19 context. Rev Bras Enferm. 2021;74(Suppl 1):e20210040. <https://doi.org/10.1590/0034-7167-2021-0040>

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EDITOR IN CHIEF: Dulce Barbosa
ASSOCIATE EDITOR: Hugo Fernandes

Submission: 01-19-2021 **Approval:** 02-18-2021

ABSTRACT

Objective: To describe coping strategies, concerns and habits of Brazilian men during the COVID-19 pandemic. **Method:** Cross-sectional, descriptive and nationwide study, carried out in 2020 with a total of 1015 men living in Brazil. A descriptive statistic was used. **Results:** Young (41.2%), black (61.4%), highly educated (66.8%), high income (33.2%), living with family/friends (49.7%) and formal workers (65.6%) predominated. As coping strategies predominated: exclusive use of the private health system (36.4%), support from family/friends (78.2%) and leisure (97.7%) and domestic activities (64.9%). Social distancing (59.7%), economic (58.0%) and work situations (44.4%) were the main reasons for concern. Among the prevention/control attitudes, hand washing (94.3%) and social distancing (91.0%) prevailed. Media consumption (84.6%) and health risk (65.4%) were the main increased habits. **Conclusion:** Brazilian men adopted coping strategies recommended by health authorities, with concerns and habits of potential risk to physical and mental health.

Descriptors: Pandemics; COVID-19; Men; Strategies; Habits.

RESUMO

Objetivo: Descrever estratégias de enfrentamento, preocupações e hábitos de homens brasileiros durante a pandemia da COVID-19. **Método:** Estudo transversal, descritivo e de abrangência nacional, que foi realizado em 2020 com 1.015 homens residentes no Brasil. Empregou-se estatística descritiva. **Resultados:** Predominaram jovens (41,2%), negros (61,4%), com alta escolaridade (66,8%), alta renda (33,2%), residentes com familiares/amigos(as) (49,7%) e trabalhadores formais (65,6%). Como estratégias de enfrentamento predominaram: uso exclusivo do sistema privado de saúde (36,4%), suporte de familiares/amigos(as) (78,2%) e atividades de lazer (97,7%) e domésticas (64,9%). Distanciamento social (59,7%), situações econômica (58,0%) e de trabalho (44,4%) foram os principais motivos de preocupação. Dentre as atitudes de prevenção/controla prevaleceram a lavagem das mãos (94,3%) e o distanciamento social (91,0%). Consumo de mídias (84,6%) e de risco à saúde (65,4%) foram os principais hábitos aumentados. **Conclusão:** Homens brasileiros adotaram estratégias de enfrentamento recomendadas pelas autoridades sanitárias, com preocupações e hábitos de potencial risco à saúde física e mental.

Descritores: Pandemias; COVID-19; Homens; Estratégias; Hábitos.

RESUMEN

Objetivo: Describir estrategias de afrontamiento, preocupaciones y hábitos de los hombres brasileños durante la pandemia de COVID-19. **Método:** Se trata de un estudio transversal, descriptivo y de alcance nacional, llevado a cabo en 2020 mediante estadística descriptiva entre 1.015 hombres residentes en Brasil. **Resultados:** Predominaron los jóvenes (41,2%), negros (61,4%), con estudios superiores (66,8%), ingresos altos (33,2%), que vivían con familiares/amigos (49,7%) y tenían trabajo formal (65,6%). Como estrategias de afrontamiento predominaron: el uso exclusivo del sistema sanitario privado (36,4%), el apoyo de la familia/amigos (78,2%) y las actividades de ocio (97,7%) y domésticas (64,9%). Las situaciones de distancia social (59,7%), económica (58,0%) y laboral (44,4%) fueron los principales motivos de preocupación. Entre las actitudes de prevención/control, predominaron el lavado de manos (94,3%) y el distanciamiento social (91,0%). Los hábitos de consumo de medios sociales (84,6%) y de riesgo para la salud (65,4%) aumentaron considerablemente. **Conclusión:** Los hombres brasileños adoptaron las estrategias de afrontamiento recomendadas por las autoridades sanitarias, con preocupaciones y hábitos de riesgo potencial para la salud física y mental.

Descritores: Pandemias; COVID-19; Hombres; Estrategias; Hábitos.

INTRODUCTION

COVID-19, a pandemic caused by the SARS-CoV-2 virus (Severe acute respiratory syndrome coronavirus 2), behaves as the greatest health challenge of the 21st century. Although the statistics are devastating in the world, particularly in Brazil the maintenance of high numbers of new cases and deaths is of great concern⁽¹⁾. Until January 9, 2021, Brazil was already in the third position worldwide in number of cases and deaths. In this country, up to the same date, 8075998 cases and 202631 deaths were registered by COVID-19, which makes the daily epidemic complex and dramatic⁽²⁻³⁾.

The pattern of distribution of cases is not homogeneous between different genders or age groups⁽⁴⁾. In Italy, seven out of ten deaths are men, whereas in Brazil this scenario is in the proportion of six in ten deaths⁽⁵⁾. From the analysis of laboratory tests of about 179 thousand people tested for COVID-19 in Brazil, Brazilian researchers identified that the infection in individuals aged 13 to 60 years old predominated among men. Men and older adults are at greater risk of evolving to severe conditions, and consequently to death, which needs greater attention from health professionals, as well as the reworking of the production of Nursing Care⁽⁶⁾.

So far, there is no robust evidence regarding the determinants of COVID-19 morbidity and mortality in the male population, although factors associated with lifestyle⁽⁷⁾, delay in seeking health services and even sexual behaviors have been identified as related to the occurrence of disease. For this reason, an important knowledge gap is seen in Brazilian and international literature on the subject. Furthermore, it reveals the expressive need to understand the factors that generate vulnerability of men in the pandemic context, which implies guidelines for the production of health and nursing care⁽⁸⁾, which justifies the performance of this study.

OBJECTIVE

To describe coping strategies, concerns and habits of men living in Brazil in the context of the COVID-19 pandemic.

METHOD

Ethical aspects

The research was developed considering the ethical aspects, safeguarding anonymity, autonomy, freedom, beneficence and non-maleficence in all stages. For this purpose, the research project was approved by the Research Ethics Committee. The Informed Consent Form was offered in digital format and it was only after the electronic signature that the filling of the form was released through the online platform and free access.

Design, study setting and period

Cross-sectional, descriptive study carried out through a virtual environment, with men living in Brazil. In order to guarantee the accuracy, quality, reliability and transparency in the description of the study, the recommendations of the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE)

were adopted. The study was conducted between March and May 2020, that is, during the period of social distancing that was determined by health authorities in most parts of the country due to the COVID-19 pandemic.

Sampling and eligibility criteria

A total of 1015 men living in Brazil, with a cisgender, transgender and non-binary gender identity participated. The inclusion criteria were being an adult, literate men, with access to the internet, aged 18 or over. Men traveling internationally in Brazil were excluded.

Study protocol

Data collection took place through an electronic form on a free digital platform made available by Google Forms. Research participants were invited by sharing the link with the form via digital social media (Facebook, Instagram and WhatsApp).

The structured form was composed of thematic blocks to assess: 1- Sociodemographic characteristics (age, race/skin color, education, monthly income, living with) and occupational (work situation and employment relationship); 2- Aspects related to pandemic coping strategies (use of the health system, type of support during the pandemic and strategies to make coping easier); 3- Reasons for concern, attitudes and habits adopted during the pandemic. To guarantee the quality of the study, the Reporting of Observational Studies in Epidemiology (STROBE) was fulfilled.

Data analysis

The Statistical Package for the Social Sciences software, version 23.0, was used for data analysis. Absolute and relative frequencies were estimated for categorical variables and minimum and maximum values, in addition to mean and standard deviation (SD) for quantitative variables with normal distribution.

RESULTS

A total of 1015 men living in Brazil were interviewed. Most were homosexuals (47.7%), aged between 18 and 29 years old (41.2%) (Min: 17 and Max.: 75; ± 33.3 e SD: ± 10.4), blacks (61.4%), higher education (66.8%), income of five minimum wages or more (58.1%), those who lived with family/friends (49.7%), workers (72.5%) and formal employment relationship (65.6%) (Table 1). It was evident that 212 (20.9%) were students and 22 (2.2%) were retired (data not shown in the table).

With regard to the characteristics related to coping with the pandemic and reasons for concern, to make the coping with the COVID-19 pandemic easier, most men reported using exclusively the private health system (36.4%), lack of support for coping with the pandemic (62.1%) and, of those who had support, the main source was family and/or friends (78.2%). Most men adopted some type of strategy to face the pandemic (97.9%) and the ones that predominated most were leisure (97.7%) and domestic activities (64.9%). Among the concerns, social distancing (59.7%), economic situation (58.0%) and work situation (44.4%) were the

most mentioned. Regarding the concerns experienced by men, there were attitudes towards prevention and control of infection with the new coronavirus, with evidence for hand washing (94.3%) and social distancing (91.0%). The low adherence to the use of protective masks (23.6%) stands out (Table 2).

Considering daily habits of life that were carried out before the pandemic, most men reported an increase in at least one type of behavior (95.9%). Among these habits, there was a significant increase in the consumption of media (84.6%) and health risk behaviors (65.4%). Most did not stock food (65.4%) and adopted new health care habits (81.1%). (Table 3).

Table 1 - Distribution of men according to sociodemographic and occupational characteristics, Brazil, 2020 (N=1015)

Variables	n	%
Sociodemographic and occupational characteristics		
Sexual identity		
Heterosexual	435	42.9
Bisexual	84	8.3
Homosexual	484	47.7
Others	12	1.2
Age range		
18 to 29 years old	418	41.2
30 to 39 years old	370	36.5
40 or more	227	22.4
Race/color		
Not black	392	38.6
Black	623	61.4
Education		
Elementary school	66	6.5
High school	271	26.7
Higher education	678	66.8
Monthly income (in minimum wages)*		
Up to 1	208	20.5
1 to 2	237	23.3
3 to 4	233	23.0
5 or more	337	33.2
Living with		
Family/friends	504	49.7
Partner/Children	297	29.3
Alone	514	21.1
Working situation		
Working	736	72.5
Not working	279	27.5
Working relationship (N=736)		
Formal	483	65.6
Informal	253	34.4

Note: * Minimum wage in the collection year (2020): R\$ 1045.00.

Table 2 - Distribution of men according to characteristics related to coping with the pandemic and reasons for concern, Brazil, 2020 (N=1015)

Health system use (N=978)		
Exclusively SUS	367	36.2
Exclusively Private System	369	36.4
SUS and Private System	242	23.8
Support for coping with the pandemic		
Yes	385	37.9
No	630	62.1
Type of support for coping with the pandemic (n=385)		
Health Service	53	13.7
Security and/or Public Administration	76	19.7
Religion/Spirituality	55	14.3
Family and/or Friends	301	78.2
Others	30	3.0

To be continued

Table 2 (concluded)

Reason(s) for concern		
No	38	3.7
Yes	977	96.3
Type of concern (n=977)		
Physical appearance	127	13.0
Distancing from contact/social life	583	59.7
Lack of leisure	270	27.6
Lack of physical activity	417	42.7
Sexual inactivity	342	35.0
Economic situation	567	58.0
Educational situation	337	34.5
Family situation	338	34.6
Working situation	434	44.4
Situation of loving relationship	131	13.4
Emotional situation	399	40.8
Adoption of strategies to make coping easier		
Yes	994	97.9
No	21	2.1
Types of strategy to make coping easier		
Domestic activities	645	64.9
Leisure activities	971	97.7
Physical activities	313	31.5
Working activities	490	49.3
Prevention/control attitudes		
Quarantine	735	72.4
Social distancing	924	91.0
Handwashing	957	94.3
Body hygiene	790	77.8
Food hygiene	637	62.8
Household hygiene	661	65.1
Use of hand sanitizer	794	78.2
Use of masks	240	23.6

Note: SUS: Unified Health System - Sistema Único de Saúde.

Table 3 - Distribution of men according to increased habits during the pandemic, Brazil, 2020 (N=1015)

Increased habits during the pandemic		
No	42	4.1
Yes	973	95.9
Increased habits during the pandemic (n=973)		
Media consumption	823	84.6
Family life	395	40.6
Leisure/health	613	63.0
Health risk behaviors (alcohol and other drugs)	636	65.4
Stocking food		
No	664	65.4
Yes	351	34.6
Adoption of new health care habits		
Yes	884	81.1
No	131	12.9

DISCUSSION

This is the first Brazilian study to raise substantial data on the ways of male experiences regarding the use of coping strategies, in addition to the characteristics of the concerns raised and the habits developed since the advent of the pandemic in the country where they live, which makes this innovative study.

The findings of this study showed the adoption of coping strategies recommended by the health authorities, which confirmed, in high prevalence, the emergence of male mobilizations to deal in a combative way in face of the disruptive phenomena caused and imposed by the pandemic and obtained recreational and domestic aspects in its composition. Furthermore, the results showed characteristics related to behavior and health control existing in the reasons that led men to raise concerns in the

face of the pandemic. The exercise of health care practices was noteworthy, which are based on the prevention and control of infection and viral transmission based on the insertion of sanitary measures recommended by the authorities, despite the reduced adherence to some of them, this in the period in which men were investigated. Furthermore, the findings showed the establishment of new habits adopted and incorporated into daily life by men living in Brazil, and this fact occurred in high prevalence after the advent of the COVID-19 pandemic. Among the habits adopted by the men, those aimed at consumption stood out, in this case, the media, and focused on the use of health risk behaviors, such as the use of alcohol and other drugs.

A relevant aspect to be analyzed about the COVID-19 pandemic is the social determination of the disease, as social conditions have played a significant influence on people's attitudes towards coping with the disease, as well as the emergence of concerns and fears⁽⁹⁾. And this occurs especially in men⁽¹⁰⁾, which in addition to having the highest rates of infection, complications due to the disease, for example, the Severe Acute Respiratory Syndrome, hospital admissions and deaths⁽³⁾, has expressed more clinical and behavioral outcomes unfavorable when compared to women^(4,11-14). It is relevant to emphasize that this study points out in its results expressive social markers regarding the analysis of male behavior in health and, in this case in particular, the health and disease process, both related to SARS-CoV2 and COVID-19. This provides an important epidemiological and social basis for the clinical understanding and socio-cultural phenomena of men in the context of the pandemic, information that can be consumed by professionals in Nursing, health and related areas.

Thus, it was found that the sample investigated is young, a marker that may generate greater vulnerability to infection and to the spread of SARS-CoV2. The literature indicates that among the younger population, adherence to disease control measures has been lower⁽¹⁵⁾. Therefore, unfavorable clinical outcomes are observed in relation to COVID-19, such as the increase in the number of new cases and the impacts on mental health. In addition, the fact that younger men are more likely to adopt/maintain health risk habits, such as abusive consumption of alcohol and other drugs, in addition to smoking^(12,15), which makes them even more vulnerable to outcomes unfavorable to health during social isolation, which is necessary in the pandemic period.

The most prevalent race/color among the men investigated was black, which includes black and brown individuals. Race/color is an important marker of analysis of the pandemic phenomenon, especially due to the expressive marks of structural racism in force in the country where the research was carried out. During the pandemic, both in Brazil and in other countries, black and brown men are the most vulnerable to COVID-19, as well as the difficulty in accessing health care⁽¹⁶⁻¹⁷⁾. It is worth mentioning that during the advance of COVID-19 around the world, outbreaks of racism, stigma and xenophobia were amplified in the communities, compromising the psychosocial well-being and the right to dignity, life and citizenship of these people⁽¹⁸⁻¹⁹⁾.

Most men had an income of five minimum wages or more, possibly configuring themselves as middle and upper middle class. However, about 20% of the sample is composed of men who live with only one minimum wage, which shows the disparities that

exist in facing the pandemic. Brazil is a country where there is a high concentration of income, accentuating social inequities, with the wealthiest population having the most access to health services, the highest level of education and the best living resources. In contrast, people with lower incomes often live in unfavorable social conditions, which points to the reflection of the markers that generate social inequalities related to COVID-19⁽²⁰⁾ on the need to target actions focused on their social and health demands.

The prevalent sexual identity among the participants in this study was homosexual, which requires a look at the vulnerabilities that are overlapping in this population group, strongly crossed by disparities in access to rights and weaknesses in socio-affective support networks, such as family. Thus, during the COVID-19 pandemic it has been identified that the LGBTQIA + population, especially among gay men (men who have sex with other men) has been more vulnerable to having their psychological well-being affected⁽²¹⁻²²⁾.

When analyzing who the men lived with, the findings showed living with family/friends during the pandemic, which may result in greater protection against the impacts of social isolation on people's mental health, culminating in the maintenance of satisfactory rates of psychosocial well-being⁽²³⁾, as well as in the development of positive attitudes and effective and healthy coping strategies⁽²⁴⁾. In this regard, it was identified that one in four of the respondents lived alone, a situation that may disadvantage healthy coping with the pandemic, making them more susceptible to loneliness, that is: romantic in having no one to share their emotions with, prolonged boredom experience, the inaccessibility to the socio-affective network, the difficulty in handling decision conflicts and confinement⁽²⁵⁻²⁶⁾. This is an issue that is ambiguous and relevant. The LGBTQIA + population usually experiences family conflicts related to their sexual orientation. In this context of the COVID-19 pandemic, due to the measures of social distancing, gay men started to spend more time at home, therefore, home and family life may not necessarily be a friendly and healthy environment for them, emphasizing the psycho-emotional suffering for facing intense pressure from the family for their non-heterosexuality⁽²⁷⁾.

Regarding the reasons that generated concerns among men during the COVID-19 pandemic in Brazil, it was found that physical appearance, distance from social contact, lack of leisure, lack of physical activity, sexual inactivity, the economic, family, work, love and emotional relationships are the most expressive. However, the social distancing, the situations, both economic and work, were more evident. This reflects the current Brazilian scenario, which is facing a serious budget crisis that joins the new phenomena caused by COVID-19. In this scenario, it is emphasized that the abrupt disruptions in daily relations and in the maintenance of the productive workforce, which were caused by the pandemic, have had a deleterious impact on psychosocial well-being⁽²⁸⁻²⁹⁾.

In countries such as Bangladesh, India and Colombia, COVID-19 has had a serious impact on the mental health of the population, with a high rate of suicide, especially among men⁽³⁰⁻³¹⁾. The construction of masculinities, loss of ability to work, difficulty in subsistence, abrupt reduction in income, weaknesses in social security, changes in daily life and in the situation of occupational health are elements that must be valued, since they are issues related to the outbreak of negative emotions and feelings among

men, which is also influenced by personal belief systems^(10,32-33).

In relation to strategies for coping with the pandemic, most men reported having leisure and domestic activities. The pandemic and social isolation imputed changes in the population's routine in general, added to the significant impacting changes in the mental health situation⁽³⁴⁾. With the greater availability of time, there was a greater investment in leisure activities and domestic work. Many families, due to the need for protection, ended up dismissing domestic workers and started to assume these functions. These activities became central and re-signified people's routines, which could be strategies for reducing anxiety and psychological distress⁽³⁵⁾. As an example, in Spain, being a man and practicing leisure activities was associated with less anxiety and depression symptoms⁽³⁴⁾.

The babelic scenario, which emerged in Brazil and in the world as a result of the pandemic, has demanded from men attitudes and behaviors to make coping easier and prevent situations harmful to physical and psycho-emotional integrity. It is challenging, in a country with such social inequality and territorial extension, to develop effective individual and collective coping strategies. Even so, a joint effort was evidenced, through changes in daily behavioral styles due to the imposed social isolation, to minimize the consequences caused by social confinement. It should be noted that in a period of social confinement, the population trends, in the short or long term, to present a sedentary lifestyle, which favors body overweight and the appearance of comorbidities associated with greater cardiovascular risk⁽³⁵⁾, as well as psychosocial disorders such as anxiety and depression⁽³¹⁾. Nursing workers are responsible for implementing interventions with a focus on reducing degrading impacts, especially on the physical and mental health of this public⁽¹⁹⁻²⁰⁾.

Restrictions on social contact due to the COVID-19 pandemic increased levels of stress and feelings of anxiety in the general population. As a result, media consumption has been increasing substantially, corroborating the results of this study, and has been observed in most countries around the world, since it is the option accessible to most people to minimize the deleterious impacts on mental health, expanding the possibilities of social interactions. However, the problematic use of certain online applications, even as an alternative to compensate for negative feelings and stress, can culminate in hypervigilance and anxiety, especially among men - who are more likely to increase the consumption of games and erotic platforms. This change in the consumption of media can represent a risk for mental disorders or can be considered a functional phenomenon and limited in time, requiring longitudinal monitoring to produce more robust evidence⁽³⁶⁾.

Most men established as social attitudes towards coping with the pandemic social distancing and positive behavior, considering that evidence has reinforced that the restriction of social contact is the basis for the prevention and efficient control of the spread of the virus, which significantly reduces the mass transmissibility to the population⁽³³⁻³⁴⁾. Social isolation, combined with isolation of cases, is essentially effective⁽³⁷⁾, which reinforces the importance of health professionals and services to encourage the adoption of this strategy to confront COVID-19.

Countries such as Singapore, South Korea and Japan recorded successful experiences, as they adopted early measures such as social distancing, in addition to showing that the immediate

implementation of these recommendations, in line with rigorous case management and mass diagnoses, positively influenced the course of transmissibility, resulting in a lower morbidity and mortality rate due to COVID-19⁽³⁸⁻³⁹⁾.

With regard to effective methods of prevention and control to reduce the progress and spread of SARS-CoV-2, recommended by the Ministry of Health of Brazil and in line with the WHO, converging the fact that most men have adopted personal care practices, such as hand hygiene with soap and water and/or 70% sanitizer, body hygiene, food and household hygiene, and the use of masks. These measures for the prevention of contamination are recommended based on evidence that has emerged through experience in previous epidemics in the world⁽³⁷⁾. Therefore, the pandemic event can be seen as a trigger for potentialities for self-care, mobilizing men to give more attention and, consequently, to exercise self-care practices.

However, it is noteworthy that of all the effective measures to avoid contagion, with regard to the use of masks, there was low adherence by men, which may be involved in different dimensions, such as factors of human behavior, self-perception of invulnerability, difficulties in accessing the acquisition, discredit and/or denial of the disease, underestimation of individual responsibility, habits and cultural belief systems that reflect the resistance of men in adopting the recommended protective measures and even the creation of safe strategies for coping⁽³¹⁻³²⁾.

It is important to note that it is already known that the use of the mask associated with social distancing is highly effective in coping with the disease. There is evidence that the chance of transmission of the virus is 2.6% in people who maintained a physical distance of one meter or more. At a distance of less than one meter, the risk of contagion reaches 12.8%. Regarding facial masks, the same study found that the correct use can also result in a great reduction in the risk of infection, with 3.1% of chances of contagion with the use of protection, against 17.4% in people who did not use the mask. Therefore, it appears that this attitude is liable to change, considering the period of data collection, as well as the positive data regarding the adherence to other coping strategies. As knowledge about the disease advances, as well as interventions by health professionals and the media, it can promote greater awareness of the importance and effectiveness of using masks to control and reduce the spread of COVID-19⁽⁴⁰⁾.

Limitations of the study

This study has limitations related to the cross-sectional design adopted, making it impossible to establish cause/effect. The data collection in a virtual environment also limited the analysis of the phenomenon only to the population with the most favorable socioeconomic situation, excluding men who did not have access to digital technologies and who were possibly experiencing difficulties in effectively adhering to the strategies for coping with the pandemic.

Contributions to Health and Nursing

The findings of this study contribute substantially to the advancement of scientific knowledge and practice in health and nursing in the face of the pandemic context, especially with regard to the

way it has affected the male population. The data may serve as a basis for structuring strategic, contingent and programmatic actions, both during and in the post-pandemic period. In addition, it constitutes an important subsidy for the advancement of the implementation of the National Policy for Attention to Men's Health.

CONCLUSION

Finally, it was identified that men adopted as the main coping strategies the exclusive use of the private health system, the

support of family/friends and the practice of leisure and domestic activities. The reasons for concern involved the restriction of social interaction, both economic and work situations. In addition, attitudes towards prevention/control showed adherence to social distancing, hand washing and use of 70% sanitizer. Still, there was an increase in habits related to the consumption of media and health risk behaviors. Thus, Brazilian men adopted coping strategies recommended by health authorities, with concerns and increased habits with potential risk to physical and mental health.

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