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"Here in the favela, nothing stopped": perception of the COVID-19 pandemics by young men from Complexo da Maré, RJ, Brazil

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Abstract *This article discusses the perceptions of young men living in Complexo da Maré, Rio de Janeiro, Brazil, regarding the COVID-19 pandemic and the adoption of prevention techniques. Data were collected from semi-structured interviews with men between 18 and 29 years of age, conducted at the end of 2022, and analyzed using thematic content analysis. The results point to a partial adherence of young people to recommended prevention practices, with low social distancing, but a high vaccination rate and a resistance to negationist discourses, despite describing the favela as an environment that paid little attention to the pandemic. Factors, such as education and the fragility of employment contracts, were predominant in prevention strategies. The internet is the primary source of information accessed by this population and can be strategic for future health communication and education with young men.*

Key words *Men's health, Masculinity, Youth, COVID-19*

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Introduction

The present article seeks to reflect on healthcare and prevention practices adopted during the COVID-19 pandemic by young men, aged 18 to 29 years, living in *favelas* in Rio de Janeiro, Brazil, and the perceptions of this public regarding the experience of the pandemic in the *favela*. The new coronavirus pandemic was defined as the greatest health emergency of this generation, in which a greater vulnerability was identified in terms of the morbidity and mortality of men as compared to women[1]. Although there may be biological factors that account for this difference, even the biomedical literature has pointed out that cultural values of masculinity should be considered in understanding this epidemiological situation[2]. The notion of invulnerability, as well as resistance to preventive healthcare practices, characteristics of the hegemonic model of masculinity, would be a possible explanation for this difference[3-5]. Field research has shown results that corroborate this perception, whether in the relationship between the research subjects and their own health status, or through the speech of other men around them, who minimize and even ridicule the search for medical care.

Youth configures another population sample unequally affected by the pandemic, due to the interruption of classes, the forced migration to remote teaching, the fragility of labor relations, and the need to care for the elderly[6]. Added to this is the fact that gender binarism traditionally reserves the public space for men, who suffered greater impacts from the social distancing policies imposed during the pandemic[1,5]. Rio de Janeiro communities were also identified as more vulnerable environments to COVID-19 due to population density, the lack of basic sanitation, a poor quality of internet access, and the impossibility of migrating to remote work, as pointed out by Radar COVID-19 Favelas[6,7]. In addition, black people, the majority in Rio's *favelas*, were identified as the population that died the most from COVID-19.

Among the different answers provided by the Brazilian and world population to the pandemic, one of the most striking and criticized was the denialist attitude, which ranged from disbelief in the very existence of the virus to a generalized distrust in science's responses to the disease and its treatment[8]. Denialist postures are not restricted to the pandemic or health sciences, comprising a broad view based on conspiracy theories and uncritical refusals of portions of scientific thought that do not suit the political-ideological positions of certain social groups[9]. What can also be seen is an articulation between hegemonic masculinity[10] and the so-called scientific denialism[11], with dramatic consequences in the cases of COVID-19[1]. The intense interaction of young people on social media is often identified as a factor of vulnerability to conspiracy theories and denialism[6].

In this context, it is strategic to listen to young people themselves concerning their conceptions about health-disease processes and sources of healthcare information accessed and legitimized by them in order to better understand their choices and perceive their adherence to denialist discourses. In this light, we intend to work together with contemporary perspectives of the health sector, as well as to reflect on historical issues in the fields of studies of men and masculinity, along with gender and health. Using young people's responses to the COVID-19 pandemic as an acute portrait of men's chronic resistance to preventive care practices[3,12], it becomes possible to produce up-to-date data on ruptures and permanence in the decisions that men make when facing health problems as well as to design more effective educational, communications, and information actions and campaigns in health care geared toward a strategic public that is vulnerable to social inequalities in health.

Methods

The results presented here are an excerpt from a broader post-doctoral study in public health funded by the Inova Fiocruz Program. This work was a qualitative study, using a socio-anthropological and exploratory approach, through 10 semi-structured interviews carried out in person with young men, aged 18 to 29 years, living in Complexo da Maré, a *favela* region in the city of Rio de Janeiro, Brazil. Since the conception of this study, we defined that young people from other communities could be included in the sample, which happened in only one case, with a resident of the *Providência* neighborhood. Data collection was analyzed based on thematic content analysis[13].

The interview script was divided into six blocks of questions: (1) sociodemographic profile; (2) sociability and internet; (3) health status and medication use; (4) access to healthcare services and policies; (5) conceptions about gender, masculinities, and health; and (6) pandemic and

prevention of the new coronavirus. With this, we were able to organize a table that revealed the real possibilities of adherence and the level of participation of young people in existing actions in the healthcare system in order to explore whether and how denialist postures were related to different social markers and health behaviors within this social group.

Fieldwork was begun after approval by the Research Ethics Committee and focused on the last quarter of 2022. The *WhatsApp* application was the priority method of communication with the selected subjects. The inclusion criteria in this study were self-identification as a man and being a resident of the community. Table 1 below presents some characteristics of the sociodemographic profile of the interviewed subjects. Definitions of race/color and sexual orientation were obtained by self-identification. All participants identified as cisgender men. In this article, we will use a numerical indication (E1, E2, E3...) to refer to the interviewees, following Table 1.

Throughout the entire study, the researcher kept a field diary, reporting the routine of incursions into the territory. Specific reports of each interview were also made, widely used in the analysis to capture impressions about the context, environment and non-verbal reactions of the interviewees.

The sample proposed in this article focuses on the final category, concerning COVID-19. For the discussion, we organized the responses into two groups: the first on individual responses and impacts of experiences with coronavirus; while the second, focused on a collective look at COVID-19 in the *favela*.

Answers to the pandemic

This block in the interviews began by asking whether the respondent had caught COVID-19: six young people said they had not had it, while four had. Among these, two had it in early 2020, one (E4) with only mild symptoms, and the other (E3) with moderate symptoms, with emphasis on breathing difficulty. E2 had it in 2021, even before vaccination, but only in a mild form. Only one (E9) had COVID-19 more than once, at different times during the pandemic: twice in 2020, very close to each other, but with mild symptoms; and a third time in 2021, when he lost his sense of smell and taste, had a fever and felt exhaustion, but he did not need hospitalization. There were no reports of family members or friends who had died, only distant relatives and neighbors.

When asked about the contagion in their neighborhood, there were mixed perceptions; six considered that few people in the neighborhood had caught the disease and four described the opposite. Even respondents who lived very close gave different answers, which highlights that the perception of a lot or little contagion is personal and cannot be reduced to a quantitative look. This question brought about an association between age and the severity of the disease: there were no reports of deaths in the closest circle of friends, which led E1 to ponder that the reason would be because they were younger. Conversely, when they reported deaths of neighbors or relatives, they often explained that the victim was an elderly person.

Few continued to work during the pandemic, but the a common response was that parents

Chart 1. Sociodemographic profile of the interviewees.

	Age	Race/color	Sexual Orient.	Level of Education	Occupation
E1	27	Negro	Gay	Master's candidate	Teacher
E2	29	White	Hetero	Complete Higher Education	Merchant
E3	27	Brown	Hetero	Complete High School	Delivery boy
E4	20	Black	Hetero	Complete High School	Informal work
E5	19	Black	Hetero	Complete High School	Does not work
E6	23	Black	Gay	Complete High School	Boxing teacher
E7	22	Brown	Hetero	Complete High School	Does not work
E8	23	Branco	Hetero	Complete High School	Self-employed
E9	23	Negro	Hetero	Incomplete Higher Education	Pharmacy attendant
E10	21	Did not know	Hetero	Incomplete High School	Event producer

Source: Authors.

could not stop working at any time, often contracting the disease. Only one respondent (E1), who worked at Fiocruz, was able to migrate to remote work. Two young people, one working as a delivery boy (E3) and one as a barber (E9) ended up without work, not because of service interruption, but because of limited movement in the city. In the case of the delivery boy, one of the stores that he provided services to continued paying aid and food for the delivery boys. One young man (E10), who works with events, commented that the funk parties did not stop and stated: "I thought it was wrong, but it was my job, I had to support myself!". The need for economic survival was one of the main exposure factors to COVID-19 among young Brazilians[6].

The remote teaching experience was more present, considered "terrible" by the majority, mainly due to the difficulty in concentration when attending classes online, internet connection problems, and the absence of the school environment, as also observed by Vazquez et al.[14] Only E4 considered it positive: "more relaxed, you know, being able to think and having time to do things". E9 pondered that, despite the problems, it has the advantage of a flexible study schedule. E2 considers that "it loses a lot" in the quality of teaching, and quickly amends, "but it was necessary". On the other hand, E8 postponed plans to start a degree precisely to avoid beginning during the remote study period and because "when the pandemic came, I was kind of discouraged, like in that question, 'ah, there's something going on in the world', then I felt kind of discouraged".

One question that often got them thinking involved possible health impacts that COVID-19 has caused. For five young people, there was no change in this regard; however, others noticed effects on themselves or on others. The most commonly mentioned was a decline in mental health: "I think [...] it was more mental because, well, you [...] being a person who has depression, and your colleagues help you with this issue and you aren't able to see them because of the pandemic... it affected me a little" (E8). In the same sense, E7 stated that "there were people who panicked about this disease", though it did not happen to him. On the other hand, there was a report (E4) in which the pandemic greatly increased cigarette and marijuana consumption, which used to be sporadic and then became a daily activity. E10 said he was very "afraid of catching COVID and dying", but he had to deal with it in order to continue working, which he did without professional support. Who felt the greatest impact was E2, who considered that the pandemic greatly affected his mental health, leading to an abusive consumption of alcohol that affected his relationship (he was married at the time) and led him to leave isolation earlier than he intended. In addition, a relative of the ex-wife began to panic because of the pandemic and needed support, so he understands that there was a widespread impact on the mental health of the population. It is important to mention that the impacts on mental health have been pointed out by many studies as one of the biggest aggravating factors of COVID-19 among young people[6,14,15].

A very peculiar statement came from E9's report: "No, I was calm. As we grew up here, as I grew up here, I always did everything, jumping there, here in the sewage ditch, doing a lot of things, so, like, we get used to creating antibodies [laughs]. Ever since I was a child. So that's comfortable." In this excerpt, two issues stand out: first, the repetition of the argument used by former President Jair Bolsonaro at the end of March 2020, when he stated that Brazil would not have such serious numbers of COVID-19 precisely because Brazilians would be used to "jumping into the sewer". At this point, it is worth highlighting "environmental racism" and the historical exclusion of the black population from environmental sanitation, according to Victor de Jesus[16]. In addition, an idea of invulnerability and resistance to risks and possible harm is often associated with masculinity and is a justification for the worst rates of health and mortality from external causes among men[12]. Fortunately, this was the only mention of this supposed immunological advantage.

Everyone did some level of social isolation during the pandemic but for a period much lower than recommended. The exception was E8, who considered that he was not in isolation at any time, because, despite staying at home himself, his parents could not stop working in person at any time. Still, most were in fact isolated for about 4 months. Among the most mentioned factors for leaving were the need for work and missing friends. In fact, the only respondent (E1) who was able to adopt remote work spent more time isolated, returning to going out normally only "in mid-2021", having already taken two doses of the vaccine. Thus, his was also the most positive report on the experience of isolation:

I think it was reasonable. It was neither easier nor more difficult, but it was a moment, a context that could be adapted now to this reality that we live [...] of working every day of the week. I think the pandemic served that purpose, to show that it

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is possible, I don't know, to have a more flexible job, we could go, I don't know, to a hybrid format maybe, I think [...] some classes, some activities they can be remote.

For others, isolation was impossible or unbearable. Still, many said they avoided leaving the house as much as possible, only going out to buy essential items. Regardless of the time isolated, the way out invariably involved finding small groups of friends: "Less people. Four or five heads was a lot" (E4). Here again, we identify differences in perception among the interviewees. People who claimed to have been isolated for a long time did so for only one month, while others who stayed at home for months considered that they had spent little time in isolation. In any case, the internet and social networks were essential to keep in touch and guarantee a minimum of social distancing, as summarized by E1:

I continued to keep in touch with some people through social networks, you know, so friends used to go there, they went to my house, under these conditions of using alcohol (hand sanitizer), taking off slippers, anyway. And sex was the application. At that time, I used the application and managed, quickly, like, some contact with a neighbor, always someone very close so I didn't have to travel so much.

In addition to distancing, another unanimous prevention practice in the interviews was the use of masks, although always considered uncomfortable, corroborating other studies on the subject[6,17]. It is interesting that the most intense report in this sense was that of E1, who stated: "it suffocated me a lot. I couldn't talk much, it was difficult to communicate". Perhaps this young man's biggest annoyance is due to the fact that he spent more time at home, which may have led to a greater difficulty in adapting precisely because he did not use it as much. It was common to wear a mask when leaving home and take it off as soon as you arrived somewhere, unless you were forced to keep it on, as, for example, E5, who, in 2021, still attended school wearing a mask. For E7, the most "correct" prevention was "washing hands with soap" several times a day. The use of gel hand sanitizer was remembered by fewer respondents, but it was mainly associated with public transport.

Incidentally, young people reported that they and people in general wore masks on public transport, even though half of them did not use the service during the pandemic. In this sense, E2, who is a trader, claimed to have started using app cars (like Uber) mostly to avoid the bus, which he thought had a high risk of contagion. This question allows us to reflect on another specificity of this public. Many of those interviewed rarely leave the *favela*, having spent their entire lives in Complexo da Maré, especially the younger ones. As they often say, they are "born and raised" in Maré. School, work, family, friendships, dates, leisure, and healthcare services are all in the *favela* itself, so there is little reason to leave. Sometimes, it is seen as a lack of knowledge of other regions of the city; one of the youngest interviewees could not remember the names of the main avenues in the city center, for example. This heightens the feeling that the Complex is a city within the city, somewhat isolated from it. This limited urban mobility is not a peculiarity of Maré, but a reality of many *favelas* in Rio[18].

This characteristic must be considered when we think about how low the reports of contagion are, despite the prevention methods being below what has been indicated. Although these young people may have moved around even during the peak of the pandemic, the area in which they circulated was limited. This hypothesis was put forward in reaction to a current statement among them that everyday life had not changed that much in the neighborhood. For example, talking about why he stopped wearing masks, E2 explained: "here, in the favela, when I entered wearing a mask, I was an alien. Then I ended up not using it in here anymore. I took it off in here". E4, on the other hand, described the use of a mask in the neighborhood as having "phases": "One hour they wore it, one hour they didn't, social distancing was also not respected". It is worth remembering that E10 complained about not having had the chance to take precautions as he thought necessary due to his work, which is organizing events within the *favela* itself. Several times in the field, the interviewees, during or after the interview, said that most of everyday life remained unchanged throughout the period. The most critical speech in this sense, which we use in the title of this article, comes from E3; when asked about prevention around him, he summarizes: "Here in the favela, nothing has stopped!".

The pandemic in the *favela*

This perception of the environment was explored a lot during the interview and what was most repeated was the idea that people should have protected themselves more. Two interviewees (E6 and E7) considered that people acted appropriately; all the others brought up at least one

criticism, highlighting the absence of masks (E8). On the other hand, E10 said that their neighbors even wore masks and seemed to be concerned about the disease, but continued to circulate normally when they could have stayed home. Apparently, there was not a major response, leaving each person to deal with the pandemic in his/her own way. "They did what was possible, normally. Some stayed home, some didn't care that much, some wore a mask, others didn't..." (E5). For E9, who is a health professional and defended the importance of prevention, despite admitting that people could have been more careful, the final result was "sufficient, because, if it had been careless, the index could have been higher".

Something that was repeated was going out to leisure spaces within the *favela* itself: "Here in Maré, there is a space where people get together to have a rap session, so we would go to these spaces. We would go there and each one would bring a drink, we would talk, listening to music" (E4). Another option was to meet friends at home and have parties: "I had a lot of neighbors having parties, like, taking advantage of this moment that they were at home for leisure" (E1). However, as we saw with E10, the dances did not stop. For E3, father of a young son, this was a major source of concern. He described people in the neighborhood as "very relaxed", who "didn't think anything about the pandemic", acting normally, when everything was "abnormal". "We couldn't even sleep here. There were dances on my side [...] near Linha Amarela, there were dances there. Sleeping was tough" (E3).

Other respondents agreed, highlighting this as the main reason for the disease to spread. "Many people acted badly and [...] got the disease and died. I know a lot of people who died not respecting the rules" (E4). More than once, this posture was considered selfish, a lack of solidarity with the community:

For people to know that they are having a problem, a disease that has spread [throughout] the world, which has led many people to death and there are some that... don't care much, like, "oh why should I wear a mask if I'm here", "why should I wear a mask if I just go there". You have to have that empathy because [...] there were a lot of people who died! (E8)

This perception was repeated by E1, who considers that if people had "followed the recommendations [...] you would have less deaths today". Speaking about the variability in the response to the disease, he brings up another element, very present in the Brazilian response to the pandemic: "some wearing [masks] and others not, but within that understanding that some people were not yet believing [...] that it was a little flu, and others were already aware that it was something serious".

The idea of the "little flu" was frequently mentioned, always in a critical tone. In this sense, E2 brings the most forceful report:

I asked my friends who were here, "how are you?", "wow, we stopped" [working and walking the streets]. But when Bolsonaro arrived, on national television, at peak time, he arrived and said it was just a little flu, man, no kidding, in the same week there was already a stall. So, it was a deal that made a big difference! Then it started, "little flu", "no, this is chloroquine!", "well, then I'm going to take chloroquine, let's do this because we're safe. Let's get back to our lives here". [Then], it had a lot to do with how we were managing the thing, right? You have a representative who is there, all the time, saying that it is nothing, this ends up reflecting on people. It's called representativeness...

Despite the statement by E2, who reported knowing many people who used chloroquine and/or ivermectin, the supposed "COVID-kit" was not used much by the interviewees (only E3 claimed to have taken ivermectin, but he cannot say why or who recommended it). In fact, most young people did not even know what it was and claimed not to have heard of the drugs without proven efficacy. The same protection against denialist speeches about the disease was extended to vaccines, since everyone took at least two doses (some respondents towards the end of the field had already taken all four doses).

Unlike the "COVID-kit", young people knew that there were doubts hanging over vaccines, but they themselves did not have major questions regarding the safety or effectiveness of immunizers. E3, for example, thought it was "silly" to distrust vaccines. E8 could not understand the reason for the doubt: "I was calm, because if the vaccine was helping a lot of people, why wouldn't I [take it]? Even more so in terms of a disease that was very easy for you to catch, and if you have something that can help against it, why not do it?". In some cases, there was not even a reflection on whether to take it or not, simply following the recommendation of relatives, such as E5: "Everyone was taking it, and then my mother said, 'take it to be able to prevent yourself from getting it'", which he did without question.

Other young people had doubts, but they were answered when they realized that nothing bad happened to the people who took it. "At first,

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I was afraid because... in this case, the reaction. There were people saying that they had this and that, I was a bit hesitant to take it, but I took it" (E4). In the same sense, E10 felt insecure, but he took it because "everyone is taking it" and nothing happened; work required the vaccine, but he adamantly stated that he would take it anyway, regardless of the obligation.

The interview with E9 was the one that most disagreed on this point. It is important to note that the young man worked in a health unit, is graduating from a health course, and did not report personal doubts about the vaccine. Likewise, he was aware of, but did not use, the "COVID-kit" and considered that the most reliable information about the disease comes from health professionals and agencies. However, he was always reluctant to criticize people who acted outside these parameters and was uncomfortable talking about denialist postures. When asked about chloroquine, he matter-of-factly stated, "I don't have a formalized opinion on that," interrupting the subject. On doubts about vaccination, he said: "Well, I believe that everyone knows what they do. So, if he didn't feel comfortable with his choice, his choice, but...it could have a consequence. Maybe yes, maybe not, maybe it had a consequence, maybe it didn't have a consequence" (E9).

An interesting issue is that reports confirm the positive impact of a collective vaccination campaign. Young people who were insecure made their decision when they realized that vaccines did not produce the terrible adverse effects disclosed by denialists. They also noticed that people who had already been contaminated with immunization had milder conditions. And something that was presented as definitive proof of the effectiveness of vaccination was the drop in mortality rates. Even this was said with an air of obviousness.

Taken together, the data on hesitation with the vaccine and the use of the "COVID-kit" are very positive and lead us to think about the sources of health information accessed by young people with different eyes. All of the participants considered the information to which they had access to be sufficient, feeling confident to make decisions regarding the disease. Even though most everyone performs occasional searches on the internet or social media about health issues, few do so systematically, and the same habit has persisted during the pandemic. Especially about searching for symptoms on the internet, several young people reported avoiding "Dr. Google" (E2), because "sometimes we write one thing and another appears. It concerns us a lot" (E5) or "you say 'ah, I have a stomach ache', there on Google, it will say that I have cancer" (E8). Thus, the information coming from these random surveys does not generate much confidence, which also applied to pandemic issues. However, despite filtering the answers, the internet appears to be the main source of information about health in the interviews. But not the only one.

As COVID-19 was a ubiquitous topic in the news, many young people reported simply watching television and the news to find out. Twice, the family was highlighted as a source to confirm information (the parents, in the case of E8) or as the most informed person in their circle about the disease (a close aunt, in the case of E10). E9 also highlighted the role of the social movement in the fight against COVID-19: "the staff of the NGO Networks [of Maré]. There was a distribution of a basic food basket, alcohol (hand sanitizer), hygiene items, in order to reduce the rate." In this process, there was an education of the population by the NGO. Official institutions, such as universities and Fiocruz, were also mentioned as a way of guaranteeing the veracity of the information:

Institutions that are recognized, you know, by the Ministry of Health. Fiocruz itself, right? Universities were at that time sharing a lot of information. So, I follow the pages of UERJ, UFRJ. They always released some note of... the number of people who were dying, being infected, so, these sources like... primary institutions. I think... the information that was institutional, I gave a certain credibility, you know, and the ones that weren't, I tried to confirm (E1),

Opinions close to these were also given: by E9, who emphasized that health professionals are the people with the most authority to talk about the disease; by E2, who mentioned the Ministry of Health and the World Health Organization as sources of information, in addition to stating that he accompanied health professionals who stood out on social networks reporting on the disease, such as Átila Iamarino; and by E7, who accompanied Dr. Dráuzio Varella and claimed to follow his recommendations.

What is most striking about these perceptions about the pandemic in their neighborhood is how young people brought a critical eye not only to the attitudes of others, but also to their own; for example, E5 stated that "I could have done it differently. I could have stayed at home more, but then sometimes I went out". Reports of "breaking" isolation were shamed or justified as a way

to avoid more serious problems, such as E2 and alcohol abuse or E4 and marijuana. On the other hand, they showed little vulnerability to denialist discourses. Even with the massive use of social media (mainly cited Instagram, WhatsApp, and YouTube) in which these statements proliferated, young people are either unaware of them or exhibit sufficient competence to differentiate true discourses from fake news.

In the interviews, one last question was asked: "In your opinion, is there anything that has definitely changed with the pandemic?". For half of the respondents (E3; E5; E6; E9; E10), nothing has changed definitively, either in themselves or in the world. By contrast, E4 considers that leisure and commercial options were greatly affected, as several places closed and did not reopen or were replaced. E8, on the other hand, believes that there was a gain in the population's sanitary habits that will last even with the end of the pandemic: "In the past, if someone sneezed or coughed, it was just, "oh, that's cool", now, if you are wearing mask, you go back, use alcohol (hand sanitizer), wash your hands, wash your arm... or even jump back like that to talk to the person [laughs]". E2 pointed out another positive consequence:

I think science gained a lot of credibility during this period. I think that if there is something that triggered it, I think that science gained a lot of credibility because it showed, "no, look, this path is not like that. You can't solve it with chloroquine, you can only solve it with a vaccine", and people saw the change happening after the vaccine [...] I think science was highly valued, Fiocruz also gained credibility, and this is important!

Personal changes were also highlighted, and it is worth reflecting on two antagonistic positions in the field. For E1, the pandemic was a moment to look at oneself and rethink the way one sees oneself in the world and the relationship with one's own health, in a more introspective manner: "This desire to be alone, self-care, this individualized thing, you know , more personal, yours, I think that changed a lot for me". On the contrary, E2 is very critical of this speech:

In my personal life? It was a very, very bad period, very, very difficult, very cruel! So I don't have anything good to say. "Oh, I changed. It was good as hell, I did a self-analysis" [I could] do a self-analysis in another period, anyway, not necessarily in a pandemic that killed a shitload of people. I don't like this romanticized speech [...] my brother, how are you going to say that? There are six hundred thousand deaths! Anything! It was just bad!

Finally, perceptions about the end of the pandemic also diverged. During the fieldwork period, we were still officially in the pandemic, but COVID-19 was relatively controlled through adherence to vaccination, so that, for many people, the pandemic was already over in practice. The young people interviewed here, however, did not corroborate this point of view, considering that the coronavirus was still a problem, despite making a calculation that the risk has decreased a lot, especially in relation to deaths. Although most thought that way, three young people were more pessimistic: E6 considered that the pandemic would last for much longer, without being able to predict the end; for E5 and E7, the problem was the emergence of new variants, seen as inevitable. It is interesting that both referred to these possible new variants as "another disease" (E7), stating that "a new disease is discovered all the time", which would keep the coronavirus present in everyday life. Despite this, they consider themselves more able to deal with this renewed risk.

Final considerations

Examining at the reports as a whole, it is possible to state that prevention practices were not the strictest among these young men. Masks were used only when moving from one place to another, the use of hand sanitizer was considered optional or as an extra layer of protection (non-essential), daily activities continued without major changes, and the period of social distancing was short (four months on average, mid-2020). It is important to mention that the socioeconomic reality of the *favela* did not allow for greater isolation, since most people in the neighborhood could not stop working or migrate to remote models. In this sense, better living and working conditions, which were associated with higher education, brought greater awareness about the disease and led to longer periods of isolation. On the other hand, such factors also produced more pessimistic feelings and affected the mental health of respondents, which, in turn, led them to reduce distancing.

When we think about everyday life in the *favela* during the most serious periods of the pandemic, the picture is slightly more worrisome. There were frequent reports that life continued almost unchanged, that there was no collective gain in better sanitary habits, and that people acted irresponsibly throughout the process. Despite this, the interviewees stated that they did not

agree with these attitudes, describing themselves as more attentive and more responsible. Even though we consider that they may have adopted a politically correct discourse, only reproducing what they knew to be the "right answer" to the questions posed, many attitudes described confirmed the reported care and prevention practices. Contagion among the sample, little hesitation regarding vaccination, and non-adherence to the supposed "COVID-kit" are practical examples of the speech made in the interviews.

The sociability that was highly focused on the community itself worked as a protective factor, reducing the circulation area. Informal jobs in the *favela*, performed by many of the interviewees, ended up fulfilling the same role, despite the fragility of these contracts, which led some young people to spend periods with no source of fixed income. On the other hand, channels, profiles, or influencers famous for denialist speeches among the young people interviewed in this study were not mentioned. On the contrary, when provoked, these speeches were criticized or ridiculed, with the exception of E9, who, despite having another practice, was not comfortable bringing this criticism. This leads us to think that, contrary to a certain common sense, these young men of the periphery are not that vulnerable to denialism on the networks, still having official institutions, local NGOs, and health professionals as the main references.

Finally, we emphasize that it is not enough just to celebrate that young people were able to identify fake news during the pandemic. It is necessary to take advantage of a channel that works as the main source of information, not only about health, but also about different dimensions of these young people's lives. Using internet social medias to expand dialogue with this public, through scientific dissemination and more contemporary communication, is imperative to disseminate health education to this public. This must, therefore, be the priority in future health information and education actions and practices.

Collaborations

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