MASCULINITIES AND COVID-19

MAKING THE CONNECTIONS

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Masculinities and COVID-19:
MAKING THE CONNECTIONS

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About Promundo:

Founded in Brazil in 1997, Promundo works to promote gender equality and create a world free from violence by engaging men and boys in partnership with women, girls, and individuals of all gender identities. Promundo is a global consortium with members in the United States, Brazil, Portugal, the Democratic Republic of the Congo, and Chile that collaborate to achieve this mission by conducting cutting-edge research that builds the knowledge base on masculinities and gender equality; developing, evaluating, and scaling up high-impact interventions and programs; and carrying out national and international campaigns and advocacy initiatives to prevent violence and promote gender equality. For more information, see: www.promundoglobal.org

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EXECUTIVE SUMMARY

This report provides an evidence-based overview of key issues in relation to men, masculinities, and COVID-19, setting these within a gendered approach. It explores the impact of COVID-19 on men and women in different social groups and sets out principles and recommendations for policymakers and other decision-makers to take masculinities issues into account in response to the crisis. The report was written between May and July 2020, during the pandemic, and is therefore a snapshot of evolving events in different countries at a particular point in time. The evidence presented here focuses more on the experience of higher-income countries, in particular the United Kingdom and United States. This reflects in part the high death rates in these countries at the time of writing, but there are also dangerous increases in cases now taking place across the Americas, South Asia, and parts of Africa.

Men appear to be more likely to die from COVID-19 than women, according to evidence from many countries around the world (though not everywhere, with some countries seeing relatively even proportions of deaths or higher death rates among women).[1] **Some men are much more at risk than others**, including those who are older,[2] have disabilities and/or chronic health conditions,[3] live on low incomes,[4] or are Black, Indigenous, and people of color (BIPOC).[5]

Focusing on COVID-19's effects on men does not mean ignoring the virus' impact on women and girls. Women make up 70 percent of health and social services staff globally,[6] and thus, are at the forefront of efforts to tackle the virus.[7] They consistently carry primary responsibility for caring for children, older people, and those who are sick or disabled.[8] There is also evidence that gender-based violence increases during crises and disasters.[9]

Key Findings: Masculinities, COVID-19, and Health

- **The World Health Organization notes that based on available data, 58 percent of people who have died from COVID-19 globally have been men, even though there appears to be a similar distribution of infections between women and men.**[10] It seems likely that a range of biological and social factors are at play in this disparity.[11] For example, men are more susceptible to infectious diseases in general because women tend to have a stronger immune response.[12] Many chronic health problems that appear to worsen the effects of COVID-19 are more common in men, such as high blood pressure, cardiovascular diseases, lung diseases, and diabetes.[13]

- **Masculine norms expect men to be tough, stoic, and self-reliant; this may mean that men with COVID-19 symptoms are more likely to avoid or delay seeking medical advice.**[14] Women are frequently more experienced in making use of health facilities, while men may perceive healthcare spaces to be "feminized" and often have lower levels of health literacy.[15]

- **Some men may be taking COVID-19 and measures to prevent its spread less seriously.** There is evidence that fewer men are choosing to wear face masks and coverings,[16] as well as that men may engage less in personal hygiene practices such as handwashing.[17] There is also a risk that men are adhering to social distancing less stringently than women.[18]

- **COVID-19 is having huge impacts on mental and emotional health and well-being.[19]** People with existing mental health problems or who have already suffered highly distressing experiences such as violence and abuse are at particular risk of psychological harm during the crisis – compounded by difficulties accessing support services.[20] Lockdowns are leaving people highly isolated at a time when emotional support is most needed, and men are often less likely to talk about or seek help for emotional and psychological problems.[21] There is concern that the economic fallout from COVID-19 could lead to an increase in suicides, especially among men.[22]

Key Findings: Masculinities, COVID-19, and Violence

- **By leaving many victims trapped at home with their abusers, COVID-19 has compounded the already hugely prevalent levels of gender-based violence in societies across the world.[23]** During COVID-19 lockdowns, some forms of crime appear to have gone down.[24] However, this is not the case for forms of violence that take place primarily in the home, such as intimate partner violence and child abuse.[25] The attention toward domestic violence during the pandemic represents a crucial opportunity to engage with more men and boys about the positive role they can play in helping to end gender-based violence.

- **In recent years, gender-based violence online and facilitated by technology has proliferated,[26] and this appears to have increased during lockdowns as many people spend more time than ever on the Internet.[27]** Online sexual harassment and abuse is a massive issue amidst the pandemic; for example, reports of online abuse (including cyberbullying, image-based sexual abuse, and sex-based extortion) to the Australian eSafety Commissioner increased by 40 percent in March.[28] The pandemic may have, thus, increased opportunities and motivations for some men to exert power and control over women and children.

Key Findings: Masculinities, COVID-19, and Care

- **COVID-19 is deepening existing inequalities; unpaid care work demands have increased dramatically, with less visible parts of the care economy coming under growing strain.[29]** School and nursery closures (or reduced opening hours) have put extra pressure on parents – and mothers, in particular – to care for their children at home and undertake homeschooling.[30] Heightened care needs of older people and ill patients have also had a significant impact, especially on women within families and on the predominantly female care and nursing workforce.[31]

- **It is still unclear what the long-term effects will be of enforced working from home as a result of the pandemic.** On the one hand, many women who would otherwise be engaged in paid work are now at home full time and are more likely to be doing the majority of childcare and household labor.[32] On the other, more men are working remotely, too, and many are increasing their share of unpaid care.[33]

- **It is possible that COVID-19 may reshape the gendered division of labor, with some fathers remaining more engaged at home in the longer term.[34]** However, it is also possible that the pandemic could lead to steps backward in gender equality due to, for example, women losing their jobs in greater numbers, the resurgence of the "breadwinner" model, and women taking primary responsibility for homeschooling.

- **While COVID-19's impact on workers in care professions (where women predominate) at the forefront of the crisis has rightly been highlighted, a less visible aspect of the pandemic is men's significant contribution to maintaining essential services beyond the healthcare system.** This includes male-dominated sectors such as transportation, logistics, security, waste management, emergency services, and funeral services. Death rates appear

to be significantly higher in occupations where physical distancing is difficult and where personal protective equipment has been less available.[35] The risk facing BIPOC is often significantly higher than for those from White backgrounds, with the former being overrepresented in low-paid roles.[36]

Key Findings: Masculinities, COVID-19, and the Economy

- **COVID-19 has brought about unprecedented shocks to economies and labor markets, and a global recession on a massive scale is emerging.** According to World Bank estimates, when compared with pre-crisis forecasts, COVID-19 could push 71 million people into extreme poverty.[37] There is also evidence of growing food insecurity; the number of people facing acute food insecurity stands to rise to 265 million by the end of 2020, up from 135 million in 2019, as a result of COVID-19's economic impact, according to the United Nations World Food Programme.[38]

- **International Labour Organization risk assessments suggest that women's employment is likely to be hit more severely than men's by the current crisis,** especially as they are more likely to work in low-paid and labor-intensive sectors.[39] The pandemic is also having a deep impact on other disadvantaged groups, including those in precarious work, young people, the self-employed, and BIPOC.[40]

- In recent months, many national governments have launched, or been in the process of developing, stimulus packages and recovery plans to cope with the economic and social fallout created by the crisis. Experience following the 2008 financial crisis suggests that government action often prioritizes subsidies to, for example, car plants and the construction industry (which tend to employ men) over subsidies to sectors such as textiles or retail (which employ more women).[41] **This shows the need for gender-responsive recovery plans that address the specific circumstances of women and other disadvantaged groups.[42]**

- Given care's prominence and significance to economies, which COVID-19 has highlighted, there is an important case for **investment in what has been termed "social infrastructure"** (i.e., social care, education, childcare, and health), as well as physical infrastructure.[43] Investing in care yields returns to the economy and society well into the future in the form of a better-educated, healthier population. These female-dominated sectors are low-carbon and could play a vital role in green recoveries.[44]

Key Findings: Masculinities, COVID-19, Politics, and Human Rights

- In some countries, **the influence of masculinist perspectives has hampered government responses to coronavirus, such as by encouraging a dismissiveness based on being "too tough" to need to worry about the virus.[45]** Some leaders have used violent, warlike rhetoric in relation to the pandemic, drawing upon discourses of militarism to emphasize supposedly "male" values of power, domination, and violence – and the rejection of "female" weakness and vulnerability.[46] Masculinist ideals of self-reliance, individualism, and competitiveness could also be contributing to a lack of willingness for international cooperation.

- **There is a danger that reactionary political views and ideologies could grow in influence during and after the crisis.[47]** Certain politicians and policymakers have justified the imposition of exceptional or emergency measures as necessary to protect the population on the grounds of public health, empowering the overwhelmingly male-dominated police and security forces to exercise authority and maintain order. In some countries (e.g., the Philippines, India, Uganda, Kenya, Qatar, Hungary, and Russia), this militaristic approach has been used to exploit the crisis as a pretext for repressive measures by the state, justifying violence, human rights violations, and the undermining of democratic institutions.[48]

Conclusion and Selected Recommendations

The ongoing COVID-19 pandemic is having far-reaching impacts on every aspect of society in countries across the world. Many men may feel less able or less willing to acknowledge the scope of COVID-19 in terms of lives lost because they have learned to suppress uncomfortable emotions like loss and trauma. Some governments may also be keen to avoid people reflecting on this grief for too long, lest it lead them to start questioning whether their leaders could have done a better job of responding to the virus. However, it is vital that we contemplate where things have gone wrong in our approaches to the pandemic so far, not just to learn lessons for future public health crises but also because this one appears to be far from over, and indeed, is accelerating in many countries. There are many steps policymakers should be taking right now to improve how they are responding to COVID-19 and its societal fallout. Foremost among these include:

- ***Collecting sex-disaggregated data:*** Governments at all levels should regularly and transparently publish detailed public data about the health impacts of COVID-19. This should be broken down by sex and also by other key social factors, including age, race, ethnicity, socioeconomic status, employment, location, disability, sexuality, and gender identity. This should be the norm with all health data.

- ***Engaging men in self-care:*** Healthcare services should actively address potential barriers for men to approach them (such as limited opening hours) and engage with men and boys in their communities in gender-sensitive and gender-transformative ways about physical and mental health during and beyond the pandemic.

- ***Providing support services:*** Governments should ensure that women's organizations and gender-based violence services are well-funded and supported during and after the pandemic so that they are available to all who need them. Similar services should also be available for LGBTQIA+ people and male victims and survivors of abuse.

- ***Tackling the roots of violence:*** Evidence-based perpetrator programs and other initiatives to change the behavior of men who use violence should be invested in, together with gender-transformative primary prevention campaigns to stop violence in the first place.

- ***Valuing care:*** Governments, employers, trade unions, education, civil society, and media should all promote a cultural shift toward valuing care as a key foundation of the economy, society, and environmental sustainability. Harmful gender norms, such as the notion of care being women's responsibility alone, should be challenged.

- ***Transforming men's involvement in care:*** Experiences during lockdowns present an opportunity to transform masculinities and get men more involved in care work in the long term. Governments should develop cross-departmental strategies to support men's involvement in care, and encourage services (e.g., antenatal, child welfare, education, and health) to engage with fathers actively and routinely.

- ***Conducting gender analysis of economic packages:*** All policies and programs, including stimulus and recovery packages, should be designed, assessed, and tracked for their impact on gender and other equalities issues. Methodologies should involve best practices on gender analysis and gender budgeting.[49]

- ***Ensuring senior men support gender equality:*** Men holding senior positions in government, business, trade unions, nongovernmental organizations, and beyond should provide high-profile and proactive support for gender equality measures and encourage other men to play their part. They should also model good practices for men in organizations, working collaboratively with and supporting female colleagues in relation to gender issues.

- **_Ensuring women's voices are heard:_** It is vital that women's voices are strongly represented in responses to COVID-19 to ensure their experiences feed into policy and practice.[50] Women should be equally represented in decision-making bodies and processes related to the pandemic at the local, national, and international levels, and they should be able to actively and meaningfully participate in these. Men should be vocal and visible partners and allies in this process.

- **_Modeling preventive health behaviors:_** Political and community leaders, especially men, should lead by example and model following preventive public health measures such as social distancing and mask-wearing to challenge the idea that doing so is emasculating.

- **_Transforming organizational cultures:_** The military, police, prison, and security services remain heavily masculinized. Efforts should be strengthened to develop innovative programs to challenge and transform the social norms that underpin militarism and masculinities.[51] Nonconfrontational and de-escalating approaches to conflict resolution should be fostered, and men trained in these methods.

WHY THIS REPORT ON MASCULINITIES AND COVID-19?

Men appear to be more likely to die from COVID-19 than women, according to evidence from many countries around the world. Investigations continue into the extent to which men's deaths may be linked to biological factors, such as different immune responses between men and women. **This report argues that biology can only be a partial explanation and that other social factors are also highly relevant – in particular, the dynamic ways that men's and women's gendered identities, attitudes, and behaviors affect how they live their lives.**

Focusing on COVID-19's effects on men does not mean ignoring the virus' impact on women and girls. There is evidence that gender-based violence increases during crises and disasters.[52] Women also make up 70 percent of health and social services staff globally[53], and thus, are at the forefront of efforts to tackle the virus.[54] They consistently carry primary responsibility for caring for children, older people, and those who are sick or those with disabilities and are more likely to be excluded from the labor market than men are.

This report examines the COVID-19 crisis through a masculinities lens and is rooted in an explicitly pro-feminist standpoint. From this perspective, the pandemic has brought to the fore a range of key social issues around gender and masculinity that require analysis. These include, for example, how men navigate health issues such as risk, trauma, grief, and loneliness; the effects on their livelihoods and relationships at home (including on levels of violence); their involvement as fathers and caregivers for others (and for themselves); and their contributions as essential workers.

Masculinity issues also influence public policy responses to the pandemic. They may underpin particular forms of "masculinist" leadership which emphasize dominance rather than cooperation, exacerbate conflict, and undermine human rights. Masculinist perspectives are also likely to frame economic recovery plans; they influence the undervaluing of care (largely carried out by women), and they drive responses (including a lack of priority given) to public health and violence issues. These are some of the issues addressed in this report.

Why focus on men and masculinities?

Men's and women's lives, and the gender relations between them, change over time, across cultures, and within particular societies. Such shifts undermine any crude notion that there is one universal form of "masculinity"[55] (or "femininity") applicable to all societies at all times. But some features of men's experiences are common to all men. All of them benefit, but to significantly varying extents, from the fact that they belong to the dominant group in society. For instance, they generally have higher incomes and undertake less unpaid care and household work than women.[56] However, there are significant differences among men (as there are among women), and the term "masculinities" has been coined to reflect the many possible ways of "being a man." Some groups of men (in many societies, those who are White, heterosexual, able-bodied, and affluent) hold more power than others, while other groups live in contradiction to the dominant ideals of masculinity. Factors such as age, social class, sexuality, gender identity, race and ethnicity, religion, and disability (or

a combination of these) all shape the construction of different masculinities.

This report draws, too, upon the notion of **gender norms, the implicit and informal rules of behavior that are expected of women (i.e., what is understood as being "feminine") and of men (i.e., what is seen as being "masculine").** The concept of the "Man Box"[57] has been used to describe how masculine norms often encompass a set of rigid and constraining standards that place pressure on men to act a certain way, including to be self-sufficient, act tough, look good, stick to rigid gender roles in the home, be heterosexual and homophobic, display sexual prowess, be prepared to use violence, and control household decisions and women's independence.[58] However, gender norms are dynamic, and they are continually contested and reformed. They do not just influence individuals but also are embedded and reproduced in wider organizations, institutions, and policies. Gender norms differ according to the contexts and the social groups where they are present, and although they

help to shape the attitudes and behavior of men and boys, these norms do not determine them.[59]

What long-term change will COVID-19 bring in terms of gender relations? In many ways, the pandemic may exacerbate pre-existing health, gender, and other social inequalities (e.g., by increasing levels of violence within the home). In others, it could provide the opportunity to disrupt unequal gender patterns by, for example, increasing men's involvement in caregiving. As yet, however, there are only limited signs of this happening. Recent reports suggest that COVID-19 has intensified, rather than alleviated, the care crisis in many countries, with limited, if any, change in the unequal sharing of care work in heterosexual households.[60]

This report is a contribution to an ongoing debate. The authors hope that the analysis and recommendations set out here will raise awareness among policymakers, employers, and other key stakeholders on some of the pressing gender issues that must be addressed if effective long-term responses to the pandemic are to be developed.

About This Report

This report aims to:

1. Provide an evidence-based overview of key issues in relation to men, masculinities, and COVID-19, setting these within a gendered approach.

2. Explore the intersectional aspects and the impact of COVID-19 on men (and women) in different groups (based around elements such as age, race and ethnicity, social class, sexuality, and disability).

3. Set out principles and recommendations for policymakers and other decision-makers to take masculinities issues into account in response to the crisis.

Information sources

The report was written between May and July 2020, during the pandemic, and is therefore a snapshot of evolving events in different countries at a particular point in time. This is important, as there is evidence of dangerous increases in COVID-19 cases in some countries at the time of writing, especially those in the intense transmission phase across the Americas, South Asia, and parts of Africa.[61]

The evidence presented here focuses more on the experience of higher-income countries, in particular the United Kingdom and United States. This reflects in part the high death rates in these countries at the time of writing, as well as the fact that the authors and Promundo-US are located in the United Kingdom and the United States, respectively. In general, higher-income countries have also collected more data, and COVID-19 has tended to hit these countries harder so far (although patterns are now changing).

The analysis draws on both academic and gray literature, as well as newspaper reports, primarily from English-language sources. While the authors have searched for current data and materials (and acknowledged, where possible, precise publication dates), they have also reflected on pre-crisis literature where relevant. Much of the recent research cited has not yet achieved the threshold of peer review but instead often represents internal documents, administrative data, and pre-published drafts or working papers.

Data limitations and cautions

It is important to note that much of the data about COVID-19 should be treated with a degree of caution, especially when making country-by-country comparisons, given the significant variations in how countries are collecting, recording, and presenting data. For example, the number of COVID-19 cases in each country simply reflects the number of people who have *tested* positive for the virus, with different countries having substantially different approaches to, and resources for, testing. There is also significant variation in how countries count coronavirus-related deaths.[62] Furthermore, many countries are not publishing sex-disaggregated data.[63] **By May 6, 2020, only 40 percent of confirmed COVID-19 cases reported to the World Health Organization (WHO) had been broken down by sex and age.[64]** This makes it much more difficult to understand and investigate the differential gendered impacts of the coronavirus, what they mean, and how they can be addressed.[65]

In addition, it should be noted that this report focuses primarily on the experience of adults rather than children. This is largely because at the time of writing, little robust evidence had emerged as to the experiences and perspectives of children and young people during the pandemic. Where possible, however, it does refer to relevant literature.

1. MASCULINITIES, COVID-19, AND HEALTH

The impact of COVID-19 on men's physical health

In most countries where statistics are available, more men are dying of COVID-19 than women, and this disparity is stark in some cases (though not everywhere, with some countries seeing relatively even proportions of deaths [e.g. Portugal, Republic of Ireland, Scotland], or higher death rates among women [e.g. Canada, Estonia, Finland, Slovenia]).[66] The WHO notes that based on available data, 58 percent of people who have died globally have been men, even though there appears to be a similar distribution of infections between women and men.[67] Men also typically seem to suffer worse effects from the virus more broadly, with higher numbers of men than women being hospitalized and admitted to intensive care due to COVID-19 in many countries.[68]

It seems likely that a range of biological and social factors are at play in these differences.[69] Men are more susceptible to infectious diseases in general because women tend to have a stronger immune response.[70] This is linked to hormones more common in women such as estrogen, which has a positive impact on immunity.[71] Meanwhile, androgens (hormones more prevalent in men, such as testosterone) appear to boost the virus' ability to get inside cells. For instance, prostate cancer patients in Italy who were receiving treatment to suppress the production of androgens that fuel prostate cancer cell growth had a much lower risk of COVID-19 infection.[72] In addition, the X chromosome contains genes connected to immunity, so women's having two X chromosomes could offer extra protection.[73] Evidence also suggests that men and women have different amounts of certain receptors that recognize pathogens or that serve as an invasion point for viruses like COVID-19.[74] For example, once someone is infected, the virus' main route into the cells is via a receptor that sits on cell walls, angiotensin-converting enzyme 2 (ACE2). ACE2 levels are generally higher in men, meaning more of their cells may be vulnerable to the virus, placing them at higher risk.[75]

We still have a lot to learn about biological differences in how women and men respond to viruses because **medical research has traditionally treated the male body as the default.[76]** Women, and female bodies (including in animal research) have often been seen as too "complicated" to research to the same extent because of factors such as the menstrual cycle, which now means we don't know enough about why women's immune systems seem better able to fend off coronaviruses.[77]

Masculine norms and men's physical health

Biological factors alone are unlikely to fully explain the more severe impacts that COVID-19 is having on men.[78] **It is probable that social constructions of masculinity are also having a significant influence on men's physical health in relation to coronavirus.[79]** Men are more likely to have many of the chronic diseases and health conditions that make COVID-19 more damaging – and that also contribute to men having lower life expectancies more broadly.[80] For example, high blood pressure, cardiovascular diseases, lung diseases, and diabetes are all likely to worsen the effects of COVID-19 and are all more common in men.[81] This is, in turn, connected to social norms around masculinity, which encourage some men to take less care of their physical health (for example, men tend to have less healthy diets than women[82]) and engage more often in risk-taking behaviors such as the consumption of alcohol, tobacco, and drugs.[83]

Of course, gender norms don't solely have harmful effects. For instance, ideas of masculinity also often emphasize physical fitness, and some groups of men spend lots of time engaging in exercise (and may feel pressure to do so) as a result. These gendered factors must also not be given more power than they merit; research is clear that racial and income disparities, and the nature of working lives, are also large factors in differential COVID-19 infection and mortality rates among both populations as a whole and among men, which is discussed further in the following section.

Existing research also tells us that men have lower levels of health literacy and are less likely to seek medical help, especially at earlier, preventive stages of illness.[84] This is influenced in part by masculine norms that often expect men to be tough, stoic, and self-reliant, whereby recognizing one's own bodily fragility, seeking help, and "bothering" service providers about one's health problems may feel emasculating.[85] Women are also frequently more experienced in making use of health facilities due to factors such as pregnancy and childcare, while men may perceive healthcare spaces to be "feminized."[86] In the context of COVID-19, this could mean that men with virus symptoms are avoiding or delaying seeking medical advice.[87] Indeed, they may be reluctant to contact medical services during the pandemic for other health issues as well; some may be more hesitant to recognize and take seriously other health problems and ask for help when they know services are under particular pressure. Of course, many men do monitor their health status, make deliberate decisions about when and how to seek help, and use primary and secondary care services, as well as health checks and screenings.[88] For some illnesses, gendered differences in consultation rates appear to be relatively small. Nonetheless, the fact that men are generally slower to seek help for health problems than women may be compounding the impact of COVID-19 for some.

Differing gendered impacts of COVID-19 should come as little surprise when looking at previous disease outbreaks.[89] For example, men appear to have been disproportionately vulnerable to the health effects of previous respiratory epidemics for reasons similar to those suggested for COVID-19. In Hong Kong during the 2003 Severe Acute Respiratory Syndrome (SARS) epidemic, 21.9 percent of men who caught the virus

died compared to 13.2 percent of women.[90] Meanwhile, a study of Middle East Respiratory Syndrome (MERS) infections between 2017 and 2018 found that 32.1 percent of men who had the disease died compared to 25.8 percent of women. During the 1918 influenza pandemic, the deadliest pandemic in the last century, more men also died than women; in the United States, for example, there was a difference in male and female death rates of 174 per 100,000.[91] At the same time, women have typically been disproportionately impacted by the social and economic consequences of disease outbreaks, such as Ebola and Zika in recent years.[92]

The need to apply an intersectional lens

The pandemic illustrates it is crucial to adopt an intersectional approach to gendered health issues. As with other morbidities, not all men are affected equally by COVID-19. **Older men are significantly more likely to suffer ill effects of the virus** because they are more likely to have chronic health conditions and because immune systems weaken as people age.[93] **People on low incomes and in poverty are also dying in much larger numbers** for several reasons, including having more underlying health issues, living in overcrowded housing, working in jobs with higher exposure to infection, being unable to work from home or afford not to go to work, and having less access to preventive health resources, services, and activities.[94]

Black, Indigenous, and people of color (BIPOC) have been particularly badly affected by COVID-19 in many countries, and a significant component of this is likely the institutionalized racism, structural disadvantage, and greater levels of poverty they experience compared to White populations.[95] This means that many BIPOC share the aforementioned risks facing people on low incomes, such as suffering more of the comorbidities linked to COVID-19, like diabetes.[96] The connections between the pandemic and systemic racism (including how governments have generally done little to address the disproportionate numbers of BIPOC dying) were seen as a key factor in the massive Black Lives Matter protests that were ignited by George Floyd's killing in Minneapolis in the United States by a police officer on May 25, 2020, and that subsequently spread to countries across the world.[97]

While anyone can be infected by COVID-19, those with more wealth and resources are much better protected against it. **For instance, coronavirus has found it much easier to spread among people who live in shared, overcrowded, densely populated, poor-quality housing.[98]** In many countries, migrants, refugees, and people of color are much more likely to live in this kind of accommodation.[99] Similarly, COVID-19's effects appear to be worse for people living in urban areas with high levels of air pollution, who are again more likely to be BIPOC and people on low incomes.[100] There are also concerns that governments have not been doing enough to engage or share information with underserved groups about the virus (e.g., in different languages),[101] which may be another reason rates of infection have been higher among BIPOC communities. In addition, migrant groups may avoid engaging with services such as testing and healthcare for fear of being deported due to aggressive anti-immigration measures and may work in jobs with fewer employment rights, such as health and safety protections.[102]

Another group often underprioritized in policy responses, yet particularly at risk in lots of ways during the pandemic, are people with disabilities and chronic health problems.[103] In England and Wales, people with disabilities have made up almost two-thirds of individuals who have died.[104] Younger women and girls with disabilities (those aged 9 to 64 and "limited a lot" in daily life) were 11.3 times more likely to die from COVID-19 than non-disabled women and girls in the same age group, and younger men and boys with disabilities were 6.5 times more likely to die than those without disabilities.[105] There are particular challenges when it comes to adhering to guidelines around social distancing and hygiene for people with personal and intimate care needs, both for themselves and their caregivers.[106] There may have also been disruptions to healthcare services that people with disabilities rely on, and they may face barriers to getting information about COVID-19, especially if this is not provided in an accessible way.

Social care and care in the community have sometimes been significantly neglected in government responses,[107] and **some politicians appear to have simply seen it as almost inevitable that large numbers of older adults, people with disabilities, and those with chronic health problems would die from the virus.**

Similarly, **gay, bisexual, and transgender men may also be at greater risk of COVID-19.** For example, they may be more reluctant than the general population to access healthcare services, less likely to engage in physical exercise (which can be an important protective factor), and more likely to be homeless.[108] LGBTQIA+ people are also disproportionately impacted by HIV, and without the right treatment, a compromised immune system is more vulnerable to COVID-19. There are also reported cases of transgender people being denied access to prescribed and scheduled hormone injections because they have been deemed "nonessential."

Impacts on homeless and incarcerated populations

In many cases, the most marginalized groups of people in society are particularly at risk when it comes to COVID-19. This includes homeless people and people in prison, who don't have spaces in which they can safely self-isolate. Both groups may be forced to live in cramped and unsafe conditions, with a lack of access to water, sanitation systems, and health facilities and in which social distancing and hygiene practices simply aren't possible. Homeless people already have a disproportionate number of health problems such as respiratory illnesses.[109] Men who are homeless are more likely to be "rough sleeping" (sleeping in spaces such as parks, streets, bus shelters, or cars),[110] although women often constitute a higher number of the "hidden homeless," who are less visible due to sleeping in hostels, hotels, or with friends.[111]

Men are also much more likely to be in prison, and one factor in this is the role that masculine norms can play in crime by encouraging behaviors such as being prepared to take risks, putting one's own interests first, crossing boundaries, and using violence. Working-class and BIPOC men are also disproportionately arrested by police and incarcerated by legal systems, putting them more at risk in this respect, too.

The spread of COVID-19 in prisons can have catastrophic consequences. Many prisons across

the world are significantly overcrowded, and incarcerated people are more likely to have existing health problems.[112] One prison in the United States, Ohio's Marion Correctional Institution, was able to carry out mass testing of detainees, and 2,000 of 2,500 individuals tested positive for COVID-19.[113] In Brazil, there was a 33 percent increase in the number of deaths in prisons between March 15 and May 15 compared to the same period in 2019; the largest amount in six years.[114] In the United States, research suggests that people in prison are 5.5 times more likely to get COVID-19 and three times more likely to die from it.[115] However, strict lockdown regimes (such as keeping prisoners locked in cells and not allowing visits from family members) are also having significant harmful impacts of their own, from mental health difficulties and suicides to violence and disorder.[116]

Men's adherence to preventive public health measures

Rigid norms of masculinity that emphasize toughness as a key pillar of the "Man Box" mean that **some men may be taking COVID-19 and measures to prevent its spread less seriously.** This not only places men's health at greater risk but also helps the virus to spread more broadly in the wider community. Given that masculine expectations often require men to be invulnerable and to put on a brave face at all times, they may feel like they have to be dismissive of the virus or see themselves as "strong enough" to not have to worry about it. Surveys have suggested that while most people are concerned about the virus and taking precautions against it, this is truer for women than for men.[117]

Fewer men appear to be choosing to wear face masks and coverings, perhaps because they see it as "effeminate" and because proactively showing concern for their and others' well-being does not align with masculine expectations of impregnability.[118] A Gallup poll in the United States in April found that 29 percent of men always wore a face covering in public compared to 44 percent of women, while 38 percent of men never wore a face covering compared to 25 percent of women.[119] Making face masks mandatory and freely available can help to avoid this problem.[120] However, in

Taiwan, for example, there were reports that boys and young men were being bullied for wearing pink face masks and that some were unwilling to put them on as a result.[121] This led to male public figures openly wearing pink masks to try and challenge these gender stereotypes.

In some settings and according to some studies carried out to date, men engage less than women in personal hygiene practices such as handwashing,[122] which has been emphasized as vital to helping reduce the spread of coronavirus. This lower engagement may be in part because hygiene- and cleanliness-related behaviors are to some extent associated with domesticity, beautification, and femininity. A survey in the United Kingdom found that while most people were taking increased steps to protect themselves from COVID-19, such as improving their personal hygiene, women were doing this more than men.[123]

A meta-analysis of research on previous respiratory epidemics and pandemics found that **women were 50 percent more likely to engage in non-pharmaceutical protective behaviors** such as handwashing, wearing face masks, and avoiding public transportation, although men appeared slightly (12 percent) more willing to adopt pharmaceutical behaviors such as using vaccinations and antivirals.[124]

Following lockdown and social distancing rules

There is also a risk that men are adhering to social distancing less stringently than women. Men are often socialized to take up more space than women, and physically dominating space can be a way of asserting masculine power. This could also mean that they are less careful about keeping sufficient distance from others when in public settings, for example. More broadly, masculine norms can encourage many men and boys to take risks and be more individualistic, meaning they may take lockdown and social distancing rules less seriously and be more relaxed about going out in public and meeting with others. This could be a particular issue for young men, who might be used to spending large amounts of time with their friends in public spaces, feel they are less at risk of the virus due to their age, find it hard to resist peer pressure to ignore social distancing guidelines for fear of being pilloried as

"unmanly," and be less adept at finding alternative ways of socializing with their peers (such as online). Research in the United Kingdom suggests that young men were more likely than young women to breach lockdown rules.[125] Research from Panama, one of the few countries to enact a sex-segregated lockdown (with women and men allowed to leave the house on different days), suggests that women were more likely to comply with the lockdown than men, with GPS data showing less public movement on "women's days."[126]

Men continue to live their lives more in "public" than women.[127] This is for a range of reasons connected to gender inequality, including men being more involved in the labor market than women, the kinds of jobs and leisure activities that men are more likely to do, women doing more caregiving and housework, and women's fears around sexual violence and harassment in public spaces.[128] This means that many of men's day-to-day routines and normative behaviors may increase the risk of them both catching and spreading the virus. However, highly punitive responses may not help in such situations, especially if they target specific groups of men. Young BIPOC men are often subjected to higher levels of police checks and stop-and-searches during lockdowns, for example.[129] A report by Amnesty International based on twelve European countries found that police enforcement of lockdowns disproportionately focused on low income areas and marginalized groups including BIPOC, Roma and Travelers, refugees and migrants, and homeless people.[130]

Some men may have had little choice about straying from guidelines around social distancing because they have had to continue going into work. Health and safety at work has historically been a particularly significant issue for men, who are more likely to suffer and die from work-related injuries than women, in part due to being overrepresented in higher-risk jobs seen as more "masculine" occupations.[131] However, the pandemic illustrates that some men are much more at risk at work than others, with working-class, BIPOC men being more exposed to COVID-19 in the workplace, while many of those in higher-paid white-collar jobs having been able to work from home.[132] Those in jobs with lower pay and conditions and with weaker trade union representation may have also faced more pressure from employers to continue going into work even when it was unsafe, or may have felt unable to afford not to do so. Meanwhile, women have been particularly exposed to COVID-19 in the workplace due to working in large numbers at the forefront of sectors such as health and social care.

The impact of COVID-19 on men's mental health

The pandemic is having huge impacts on mental and emotional health and well-being, and in gendered ways. In the United Kingdom, for example, at the end of May, 69 percent of adults reported feeling somewhat or very worried about the effect COVID-19 is having on their life; 63 percent felt worried about the future, 56 percent felt stressed or anxious, and 49 percent felt bored.[133] Some men may find it difficult to voice such anxieties for fear that this would mean showing "unmanly" weakness and may experience pressure from friends to appear tough and fearless, as seen in numerous studies.[134] Bereavement is also influenced by gender norms; many men may struggle to understand, confront, and express the difficult emotions they feel when a loved one passes away. Instead, they may feel an expectation to respond to grief silently and stoically or with the limited range of emotions masculine norms typically allow men to express, such as anger.[135]

COVID-19 could be seen as inflicting a collective trauma on societies,[136] especially for those at the forefront of response such as health and social care workers (who are disproportionately women),[137] but also in more male-dominated sectors such as the funeral industry and emergency services.[138] Some people who have had COVID-19 report the experience to have been highly traumatic,[139] with recovery sometimes being a lengthy, ongoing physical process that also has significant psychological and emotional impacts. This may be highly difficult for some men to come to terms with if they are used to seeing themselves and their bodies as invulnerable and machine-like. There is also evidence to suggest that suffering from COVID-19 can produce a neuropsychiatric trigger for psychosis,[140] demonstrating how physical and mental health are interlinked.

It is important to note that there are numerous gendered issues significantly affecting women's mental health in the pandemic, such as having to deal with the brunt of increased care responsibilities. **Some surveys carried out during COVID-19 show higher rates of mental health stress on women than men,[141] although this could partly reflect how men express their mental health needs.** People with existing mental health problems[142] or who have already suffered highly distressing experiences such as abuse (e.g., domestic or sexual violence), neglect, discrimination, and oppression are at particular risk of psychological harm during the crisis – compounded by difficulties accessing support services.[143]

The effects of lockdowns on mental health

Many people are suffering from some degree of loneliness during lockdowns, especially those who live alone or are already isolated. Men tend to suffer higher levels of loneliness in society,[144] which could intensify the impacts of isolation, especially among older men who may lack strong social networks and be less confident with online methods of communicating.[145] Gay, bisexual, transgender, and queer men are also more likely to live on their own.[146] In many cases, they have not had access to LGBTQIA+ community spaces during lockdowns, which can play a vital role in reducing a sense of seclusion.[147] Meanwhile, people with disabilities and pre-existing health conditions are perhaps most isolated of all due to having to adhere most strictly to self-isolation as a protective measure.

Masculine norms could also be discouraging men from reaching out to friends, family, or community members if they are facing difficulties or suffering from loneliness during the crisis. Men are often less likely to talk about or seek help for emotional and psychological problems because it may be seen as more "manly" to stay silent and bottle up one's feelings.[148] This can place an additional burden on women, who may consequently have to take care of the emotional well-being of their male partners and their families, as well as themselves. It also likely means that men going through personal crises during the pandemic may be reluctant to seek support from mental health services. Indeed, social and community services that normally support men may be closed or inaccessible during lockdowns.[149]

A Movember survey of people in the United Kingdom, United States, Canada, and Australia conducted between April 22 and May 4 found that a significant number of respondents felt their mental health had worsened since the pandemic started.[150] In Canada, for instance, this was the case for 27 percent of the 794 men surveyed, and 34 percent reported feeling lonely more often.[151] Eight out of ten Canadian men said they find it helpful when people ask if they are having a difficult time, yet 40 percent said that no one had asked them this since the COVID-19 outbreak began; 25 percent had not checked in with friends or family to find out how they were coping (while only 13 percent of women had not). Only 49 percent of Canadian men had sought help to manage COVID-19 life changes compared to 58 percent of women. Furthermore, 57 percent of men aged over 45 felt less connected to their friends than before the outbreak compared to 48 percent of those aged 18 to 24. In another Movember survey in the United Kingdom, 47 percent of fathers said they struggled with a lack of social interaction during lockdown, and 22 percent of fathers living with children hadn't contacted their friends since it began.[152]

The lack of social contact during COVID-19 lockdowns is a serious issue for young men and boys (and young women and girls) as well.[153] Young people are often assumed to be highly digitally savvy, but even if this is the case, they may not have easy, comfortable, and healthy ways of socializing with their peers online.[154] Indeed, the potentially toxic influence of social media on young people's mental health could be exacerbated during this time with our increased reliance upon it.[155] In one UK survey conducted at the start of the pandemic, 83 percent of young people with existing mental health needs said that the crisis had made their mental health worse; 31 percent were unable to access mental health support, and 87 percent said they had felt lonely or isolated during lockdown.[156] Furthermore, the need for social distancing could have a detrimental impact on the development of children's social and emotional skills, which boys often already lag behind with.[157]

The additional caring responsibilities brought about during this period are also likely placing extra strain on households, especially for women, who may be juggling paid work, childcare, housework, and homeschooling[158] (see Chapter 3, "Masculinities,

COVID-19, and Care"). Many people may find their relationships and families facing more tensions as a result of having to spend large amounts of time together at home during a period of significant stress and anxiety, and masculine norms can deter men from communicating about such relationship problems to their partners or to others.[159] As discussed further in the next chapter, the pandemic has contributed to an increase in violence and abuse in the home, affecting women and children in particular. That said, other people may be finding that the crisis and spending more time at home together is bringing them closer to their partners and families and improving their relationships.

The global economic recession being brought about by COVID-19 also has significant implications for mental health, with many businesses closing or going through substantial financial losses and countless people losing their jobs and facing considerable economic insecurity (see Chapter 4, "Masculinities, COVID-19, and the Economy"). This will have the worst impacts on people already living on low incomes or in precarious work situations.[160] Expectations for men to be "providers" and "breadwinners" for the family could make these economic worries particularly severe for them.[161] At the same time, many women are currently losing their jobs (more so than men in many contexts), as the service sector, where women are disproportionately employed, has been particularly badly hit by lockdowns.[162]

Many are, therefore, concerned that COVID-19 and the ensuing economic fallout could lead to an increase in suicides. This is perhaps especially concerning for men, who die by suicide in higher numbers (at a rate of 13.7 suicides per 100,000 population) than women (7.5 per 100,000) across the world.[163] This is despite women being more likely to be diagnosed with depression[164] and to attempt suicide (with men often using more lethal methods).[165] There was a notable increase in suicides after the 2008 Great Recession, with an estimated 10,000 additional "economic suicides" between 2008 and 2010 in Europe and North America alone (for instance, in Europe suicide rates had previously been falling, but there was a 6.5 percent rise between 2007 and 2009).[166] An increase took place among both women and men, but it was about fourfold greater for men.

It is important to note that people have also been finding inventive ways of coping and maintaining good mental health during the pandemic. In some countries, exercise such as walking and cycling has been among the few outdoor activities permitted during lockdown, leading some people to engage in more exercise than ever. Lockdowns have also presented an opportunity for some people to engage more with nature in their local area or to spend more time caring for their garden or nearby green spaces due to being at home more. This could be particularly important for men, who were less likely to take climate change and environmental issues seriously before the pandemic.[167] The vital role that nature has played in helping to sustain many people's mental health during the crisis – and how it has been able to flourish in many areas where human activity has reduced – could lead to some men shifting to more environmentally conscious lifestyles and establishing more caring relationships with the natural world during this time.

Addictive and risky behaviors

There is also a risk of increases in addictive and harmful behaviors in the pandemic, such as gambling and the consumption of alcohol, tobacco, and other drugs. All of these practices are typically more common among men,[168] connected to masculine norms that encourage risk-taking and a lack of concern for one's own health and well-being. However, these behaviors can have harmful impacts not only on men themselves but also on the people around them, such as family members. While gambling shops may be closed in many countries and there has been a lack of sports for people to bet on, there are indications that gambling levels online have stayed the same or increased during the crisis, especially among regular gamblers, and that they may be turning to riskier outlets such as online casino games.[169] There is also a danger that with a major recession looming, people may engage in gambling in an attempt to escape economic hardship,[170] perhaps especially men who feel pressured to conform to expectations of being the family "provider."

Meanwhile, people in many countries have not been able to visit bars, pubs, and restaurants during lockdowns, but **lots of people appear to be continuing to consume alcohol at home, sometimes in increased amounts.** In the United Kingdom, for example, a survey

found that one in five adults who drink alcohol are doing so more often since the lockdown began, and 7 percent said their own drinking or someone else's had made tensions in their household worse.[171] However, it's important to note that in the same survey, one in three of those who drink reported reducing their consumption. Given that men are more likely to consume alcohol, some may be turning to it more frequently as a coping strategy, especially if they feel unable to find other ways of dealing with the emotional difficulties brought on by COVID-19.[172] Again, this could have harmful consequences both for them and for the people around them. The same is true for both smoking[173] and drug use[174] during the pandemic, while support to reduce substance misuse is currently harder to access.

In another example of risk-taking behavior, **reckless driving such as speeding – which men are more likely to engage in[175] – appears to have increased as roads have emptied during lockdowns.[176]** Interestingly, South Africa banned the sale of alcohol during the country's lockdown, and some researchers suggest that this may have saved a greater number of lives than the lives lost due to COVID-19 by reducing violence and traffic accidents (with over 5,000 fewer admissions to trauma units per week being attributed to the ban).[177]

Where next for masculinities and public health?

COVID-19 has been considerably exacerbated by the major health inequities that remain pervasive across the world, and the significance of the social determinants of health has become clearer than ever. Disparities around ethnicity and social class in different countries have demonstrated the flaws of assuming that public health disasters are "levelers" that affect all members of the population equally. Without collecting and disaggregating health-related data on the basis of sex and other key social factors, though, many governments are blind to how these differences and inequalities are playing out during the crisis. That said, the situation with regards to data has been improving over the course of the pandemic, and more policymakers are starting to recognize the need to measure the impacts of sex

and gender on health. It is notable, though, that this change is happening when it is men who are being particularly detrimentally affected.[178] Sex- and gender-sensitive data and research is highly important in the development of COVID-19 treatments and vaccines, as these can have different impacts on women's and men's bodies, meaning it is vital that women (including pregnant women, for example)[179] are equally included in studies and trials.

Coronavirus demonstrates how sex, gender, and health interact in complex ways. Men have suffered significantly from the pandemic, with apparently higher numbers dying and suffering severe ill health from COVID-19 than women. This aligns with the broader public health picture in which men tend to have lower life expectancies than women worldwide.[180] Gender relations and masculine norms play a major role in this (rather than biology alone),[181] and the pandemic illustrates the complexity of gender inequality, which contributes to men as a group often having worse health outcomes than women despite holding more power and resources than them in society. However, gender relations have also contributed to significant detrimental impacts on women's health and well-being during the crisis, from exposing them to the virus because they do the vast majority of paid and unpaid care work (which is also having major mental health consequences) to exacerbating the gendered violence and abuse they are subjected to.

The pandemic has, therefore, underscored the need for a gendered approach to public health. However, this should not be based on simplistic analyses that treat gendered health inequalities as a zero-sum game. Gender is relational; masculinity and femininity are constructed in relation to one another,[182] and the impacts that gender has on men invariably affect women, too (and vice versa).[183] In some ways, **COVID-19 has highlighted the importance of a men's health lens** to address the specific health issues that men experience due to both biology and the influence of masculine norms and expectations.[184] However, such an approach must ensure that women's experiences are not subordinated as a result, and that men do not come to be seen as the primary "victims" of gender inequality.[185]

There is also a risk that a narrow "men's health" lens that is not framed within an intersectional feminist approach can lose sight of the relational dynamics of gender. Men suffering from COVID-19 impacts women, too; for instance, the loss of a family member affects the well-being of the whole family. The same masculine norms that lead some men to take less care of their own health also shape the healthiness of their behavior toward other people in their lives and how others behave toward them. Addressing men's health should, therefore, be integrated within a broader strategy to tackle public health problems related to gender inequality.

Additionally, while gender is undoubtedly important in responding to COVID-19, it is not the only issue shaping men's health and well-being.[186] Indeed, it is often not the most important issue. While more men are dying of COVID-19, it is particular groups of men who are much more vulnerable (including those who are older, working-class, BIPOC, or those with disabilities). It is, therefore, important to avoid treating men as a homogeneous group. An emphasis on "men's health" can sometimes risk hiding the massive social inequalities that exist among men, which play a major role in shaping well-being.

Recommendations

- *Supporting the health and social care sector:* The pandemic has shown the importance of strong long-term government investment in healthcare, which leaves countries much better prepared to deal with disease outbreaks. Furthermore, social care and care in the community should be integral to investment in health systems.

- *Collecting sex-disaggregated data:* Governments at all levels should regularly and transparently publish detailed public data about the health impacts of COVID-19. This should be broken down by sex and also by other key social factors, including age, race, ethnicity, socioeconomic status, employment, location, disability, sexuality, and gender identity. This should be the norm with all health data.

- *Researching sex, gender, and coronavirus:* Large-scale research should be commissioned to investigate the impacts of sex and gender on COVID-19, and research and trials on treatment and vaccines should account for potential differences in responses based on sex, ensuring samples are diverse and representative of the wider population.

- *Seeking wide-ranging advice:* Governments should seek advice and evidence from a broad range of scholarship and expertise to inform pandemic decision-making, such as learning from social science as well as medicine and epidemiology, and listening to the experiences of practitioners.[187]

- *Engaging men in self-care:* Healthcare services should actively address potential barriers for men to approach them (such as limited opening hours) and engage with men and boys in their communities in gender-sensitive and gender-transformative ways about their physical and mental health during and beyond the pandemic.

- *Supporting work with men and boys:* Governments should invest in specialist organizations and community spaces working with men and boys to address health, well-being, masculinities, and gender equality issues. They should collaborate with these organizations to design campaigns that can effectively engage men in following public health measures and addressing mental health issues.[188]

- *Preventing risky behaviors:* Governments should make sure that strong regulations are placed on potentially harmful and addictive businesses and products (such as online betting companies), as well as ensure that support services remain available for people with addictions during the pandemic.

- *Communicating with all communities:* It is vital that reliable, clear information about COVID-19 is made as accessible and widely available as possible, such as for people with disabilities or who speak different languages. It is also vital that marginalized populations are actively engaged with to ensure their experiences are factored into policy responses.

- *Providing safe accommodation:* For public health reasons, governments should consider releasing people in prison who do not pose a risk to public safety (such as those who have committed low-level offenses or are nearing the end of sentences) and ensure that safe accommodation is available for people who are homeless. The ways in which overcrowded housing has exacerbated COVID-19 demonstrate the urgent need for investment in good-quality, affordable social housing.

2. MASCULINITIES, COVID-19, AND VIOLENCE

The impact of COVID-19 on violence and abuse

Violence is overwhelmingly perpetrated by men[189] and **during COVID-19 lockdowns, some forms of crime appear to have gone down.[190] However, this is not the case for forms of violence that take place primarily in the home, such as intimate partner violence and child abuse.[191]** The main purpose of lockdowns has been to keep people safe by staying at home, isolating them from one another and preventing coronavirus from spreading. But for many women and children, the home was never a safe place to begin with. By leaving many victims trapped at home with their abusers, COVID-19 has thus compounded the already hugely prevalent levels of gender-based violence in societies across the world. Phumzile Mlambo-Ngcuka, executive director of UN Women, has described this as the "shadow pandemic."[192]

Women's organizations report major increases in demand for services such as domestic violence refuges and helplines during lockdowns. For instance, helplines in Cyprus, Singapore, and Argentina have reported 30 percent, 33 percent, and 25 percent rises in calls, respectively.[193] In the United Kingdom, calls to the National Domestic Abuse Helpline increased by 66 percent during lockdown, and visits to the helpline website rose by 950 percent.[194] Meanwhile, reports of domestic abuse to other services (such as the police) have decreased in some contexts, which may reflect that victims feel less safe to seek help while confined at home with their abuser or that services are simply not available to the same extent.[195]

Reports have sometimes framed men's violence as being "caused" by COVID-19, as if the virus itself were to blame. However, the use of violence is always a choice, as evidenced by the fact that most people choose not to do so every day. To suggest that the pandemic itself is to blame takes away the perpetrator's responsibility for their actions. **Men's violence against women was already happening before COVID-19 arrived.** With domestic violence, for example, in most cases the perpetrator will already have been abusive before the pandemic began. **The main difference is that lockdowns have made victims more isolated (a key aspect of coercive control)[196] by being trapped at home all the time with perpetrators, and have made it even harder for them to be able to reach out for support or leave the relationship.[197]** For many victims and survivors, their economic independence may have also reduced during the crisis, and they may have less access to vital informal support (e.g., friends, family, or community members) or to services.[198]

There are also reports that stalking has escalated during the pandemic.[199] Though it may be harder for perpetrators to do this in person under lockdown, victims are likely to be at home most of the time, and people's increased use of technology provides more opportunities for surveillance and control.

Masculine norms and violence against women

In addition to the enforced isolation, male perpetrators have been exploiting the situation in other ways, such as by claiming that they have the virus in order to force victims to self-isolate with them.[200] For some men, the pandemic may have also increased their

motivations for enacting violence and abuse. Many of us may feel a significant loss of control over our lives at this time and a sense of powerlessness about how to respond to a global crisis that is having devastating impacts on our communities. **Masculine expectations require men to always be powerful and in control. Some men may, therefore, feel threatened by the pandemic: that their masculine status and identities are shakier than ever** due to, for example, the risks COVID-19 poses to health and livelihoods. They may seek to regain and reassert a sense of masculine power by exerting more dominance and control over others, such as their partners and/or children.

Masculine norms are, thus, likely playing a central role in the escalation of abuse and can help explain why **many countries are seeing an increase in femicides during this time.[201]** For instance, Argentina has seen the number of women killed reach a ten-year high during lockdown, with more than 50 femicides committed between March 20 and May 14, 2020 compared to 40 in the same period the previous year.[202] In Mexico, 367 women were killed between mid-March and mid-April 2020 compared to around 300 femicides a month the previous spring.[203] In the United Kingdom, there were at least 16 domestic abuse killings during the first month of lockdown, more than triple the number during the same period in 2019.[204] In Turkey, there have been waves of protests against femicide since July after the horrific murder of a 27-year-old woman, Pınar Gültekin, allegedly by her ex-partner, and threats by the Turkish government to repeal the Council of Europe's Istanbul Convention on preventing and combating violence against women.[205]

This also suggests that **the problem's severity will not simply decline as lockdowns are eased.** Given the renewed opportunity that the relaxation of restrictions will create for some victims and survivors to seek freedom and escape from controlling partners, the risk of escalating abuse and femicide could actually grow, as domestic homicides are most likely to occur when perpetrators fear losing control.[206]

The Role of Technology in Abuse During COVID-19

In recent years, research has also been shining a light on the proliferation of gender-based violence online and facilitated by technology.[207] This is becoming an even bigger issue during the pandemic, as we spend more time than ever online and are so reliant on technology in our day-to-day lives.[208] For example, **the perpetration of image-based sexual abuse (such as nonconsensually sharing intimate images) appears to have increased during lockdowns,** with calls to the UK's Revenge Porn Helpline almost doubling.[209]

Online sexual harassment and abuse is also a massive issue when we are so dependent on a variety of software and apps during the pandemic, with reports of online abuse (including cyberbullying, image-based sexual abuse, and sex-based extortion) to the Australian eSafety Commissioner increasing by 40 percent in March, for instance.[210] This is also manifesting in new ways. For example, as the video conferencing software Zoom has become increasingly popular, attention has been drawn to "Zoom-bombing," in which hackers intrude on a call and harass users, including by posting pornography, offensive imagery, or footage of child sexual abuse. The #MeToo European Parliament campaign found that 16 percent of over 5,000 people they surveyed had experienced Zoom-bombing, stalking, or threats online during the pandemic.[211] These issues also indicate that working from home does not eliminate the experience of sexual harassment in the workplace.[212] Meanwhile, technology companies continue to do relatively little to address these issues, despite many having seen increased profits during the pandemic.

One factor that is likely significant in all of this is the **increase in pornography consumption during lockdowns,[213] with many people (in particular, men and boys) being at home much more and thus having**

more time and opportunity to access it. Indeed, the pornography industry has attempted to capitalize on the crisis, with some companies making some of their content freely available. Pornography frequently propagates toxic and unequal ideas about gender, sexuality, and relationships,[214] such as by normalizing male dominance and aggression in sex; this may be feeding into issues such as increased image-based sexual abuse.[215] Indeed, COVID-19 itself is an emerging theme in pornography content.[216]

In relation to the sex industry, women in prostitution/sex work are particularly vulnerable to COVID-19, with some men continuing to seek to pay for sex despite the public health risks and some women feeling unable to say no because they have no other source of income.[217]

Other forms of violence and abuse

It is not only in the home and online that men's violence against women is causing such pernicious harms during COVID-19.[218] For instance, 19 percent of girls and women aged 14 to 31 in the United Kingdom have reported **experiencing more street harassment during lockdown.[219]** Although public spaces are quieter, the lack of informal control usually provided by other passersby may present opportunities for men to harass women and girls more freely without repercussions.

Being isolated at home can place children at increased risk of sexual abuse from family members while having a lack of access to other adults such as teachers or social workers to whom they could report the abuse. **There have been reports that female genital mutilation has increased significantly in some countries**, as girls have been away from school, stuck at home, and easier to target, while community-based prevention, protection, and support initiatives may not be accessible.[220] **There are concerns about increases in child marriage** for similar reasons, and deepening poverty caused by the pandemic could lead more parents to "marry off" their daughters early.[221] In some countries, there is a risk that school closures will lead to an increase in drop-out rates among girls as a result of an increase in domestic and caring responsibilities and a shift toward income generation, as occurred in the Ebola epidemic.[222]

Europol has reported seeing **increased online activity by people seeking child sexual abuse material** during the pandemic,[223] exacerbated by the organizations and moderators who work to tackle the problem having reduced capacity to do so during lockdowns. In the Philippines 279,166 online child sexual abuse and exploitation cases (typically, cybersex trafficking that is largely driven by demand from men in high-income countries) were recorded between March and May 2020 compared to 76,561 in the same time period the year before.[224]

Men can also be victims and survivors of different forms of domestic and sexual violence. For them, too, the pandemic and the isolation of lockdown are likely exacerbating this abuse. In the United Kingdom, for example, the Men's Advice Line for male victims of domestic abuse saw a 35 percent increase in calls in the first week of lockdown.[225] Masculine norms can make it highly difficult for men to recognize, open up about, and seek support for experiences of abuse because "being a victim" is itself seen as weak and emasculating.[226] Given that services are currently harder to access, this means that many male victims and survivors are likely finding it even more difficult to get help and leave their abusers.

The pandemic is likely having similarly damaging impacts on LGBTQIA+ people who are victims and survivors of abuse.[227] For instance, LGBTQIA+ people are most likely to turn to privatized sources such as counselors, therapists, and friends for support if they are experiencing domestic violence.[228] The barriers the pandemic presents to engaging with such services and with one's friends and community mean that these individuals may currently be especially isolated and vulnerable.

New forms of abuse are also emerging during COVID-19. For instance, **there have been cases of people "weaponizing" the virus by attempting to deliberately infect others, such as by spitting or coughing at them.**[229] Essential workers may be particularly at risk of this, and as has been the case with other disease outbreaks, healthcare workers have been targets of abuse during the pandemic.[230] This may be because they are blamed for strict COVID-19 prevention measures or for the loss of loved ones; fear, panic, and misinformation about the virus likely contribute to this.[231]

Tackling gender-based violence during and beyond the pandemic

In many countries, **lockdowns have increased awareness of the pervasive toll of domestic abuse and prompted a renewed sense of urgency to tackle violence against women and children.** The crisis has demonstrated that to do this effectively, every aspect of society must play its part. It cannot be down to criminal justice agencies such as police and prisons alone because they are limited mechanisms when it comes to addressing this deep-rooted, structurally embedded problem. The importance of other sectors such as healthcare and education being well-prepared to deal with gender-based violence is crucial as part of a coordinated community response; for many women and children, these may be the only services they have come into contact with during the pandemic.[232] For instance, a scheme was initiated in France whereby victims of domestic abuse could use a code word to seek help at pharmacies, one of the few places that remained open in lockdown.[233]

However, just as the pandemic has starkly illustrated the need for societies to do much more to address men's violence against women and children, **it has also exposed how underprioritized and underfunded specialist women's organizations and anti-violence work is in many countries.** In many cases, support services such as domestic violence helplines, refuges and shelters, and rape crisis centers (where they exist) were already struggling for resources compared to the huge scale of the problem before COVID-19.[234]

Addressing the gendered roots of violence

Seriously seeking to end men's violence against women means properly resourcing women's organizations and support services, as well as treating them as the essential services that they are during the pandemic. It also means recognizing who is responsible for abuse in the first place and addressing their behavior. This should include developing anti-violence primary prevention efforts across the different levels and sectors of society, together with investing in evidence-based work to change the behavior of perpetrators.[235] For instance, **during the pandemic risk-managed accommodation could be put in place for domestic violence perpetrators to stop the abuse, so that they have to leave the home rather than victims.**[236]

Local and national governments should be using this time to implement campaigns across mediums (such as television and social media) to challenge the sexist and misogynistic attitudes and beliefs that feed into violence against women. As a key preventive public health measure, policymakers, practitioners, and activists alike should consider how they can actively shift harmful gender norms during this period of major social change. Men have a responsibility to play a key role in this, including by reflecting on their own attitudes and behaviors, modeling equitable and healthy relationships, and speaking out against violence toward women. **The attention toward domestic violence during the pandemic represents a crucial opportunity to engage with more men and boys about the positive role they can play in helping to end gender-based violence.** This attention has also made it clearer than ever that ideas about masculinity contribute significantly to social harms for women and girls, as well as for men and boys themselves.

Finally, it may not always be helpful to talk of men's violence against women in public health language, such as describing it as an epidemic.[237] Violence is not the same as an infectious disease, and discussing it in these terms can risk minimizing the agency and responsibility of those who perpetrate it and concealing the gender politics of how society more broadly often helps legitimize and perpetuate it.

Recommendations

- *Providing support services:* Governments should ensure that women's organizations and gender-based violence services are well-funded and supported during and after the pandemic so that they are available to all who need them. Similar services should also be available for LGBTQIA+ people and for male victims and survivors of abuse.

- *Taking victims' and survivors' needs into account:* The rules of lockdowns and other COVID-19 preventive measures should include exemptions for victims and survivors of domestic abuse to leave the home and seek help, and for perpetrators to be taken out of the home.

- *Supporting work with perpetrators:* Evidence-based perpetrator programs and other initiatives to change the behavior of men who use violence should be invested in as a vital part of a coordinated community response to stop the violence from continuing.

- *Building a whole-community response to violence:* All organizations should consider the role they can play in tackling gender-based violence during the pandemic (such as by raising awareness of the problem and signposting support services), from public services that may be coming into contact with victims and survivors and/or perpetrators to businesses with employees that may be experiencing or perpetrating abuse at home.

- *Involving anti-violence experts:* Experts from the violence against women and children sector should be actively involved in emergency response planning at all levels of government.[238]

- *Developing primary prevention:* Governments should work with specialist nongovernmental organizations to initiate and support large-scale primary prevention campaigns and programs during and after the pandemic to stop violence against women from happening in the first place. These should be gender-transformative (i.e., focused on shifting gender norms and promoting gender equality), emphasize the role of men and boys in creating change, and build on the growing base of evidence on what works in primary prevention.[239]

- *Keeping young people safe and informed:* Comprehensive and inclusive sex and relationships education should be maintained and extended during the pandemic (e.g., via online methods if schools are closed) to ensure that children and young people receive this crucial education.[240] Governments should support schools and community services and organizations to engage with children and young people about their health and well-being during lockdowns and to ensure they are safe from abuse and harmful practices.

3. MASCULINITIES, COVID-19, AND CARE

Gender, fatherhood, and unpaid care

Women's unpaid care is a bedrock of modern economies. Social and gender norms reinforce notions of men as breadwinners and women as caregivers, with women overwhelmingly looking after children, older adults, and those who have disabilities or are sick.[241] Women's work is also routinely undervalued and poorly rewarded. Although women are now playing an increasingly significant role in the labor market, a lack of affordable and reliable childcare still constrains their participation.[242] Men are often more reluctant to take leave or work flexibly, fearing that to do so may be seen as "unmanly" and may hinder their career progression or undermine their (higher) pay.

Unpaid care work demands have increased dramatically during COVID-19, with less visible parts of the care economy coming under growing strain.[243] School and nursery closures (or reduced opening hours) have put extra pressure on parents – and mothers, in particular – to care for their children at home and undertake homeschooling. Heightened care needs of older people and ill patients have also had a significant impact, especially on women within families and on the predominantly female care and nursing workforce, many of whom have risked their health while continuing to manage their own households. Adolescent girls have often been affected, too, taking up care and housework responsibilities within the family and missing out on education.

Fatherhood during the COVID-19 crisis

In 2019, the *State of the World's Fathers* report argued that **unpaid care work should be valued as much as paid work and shared equally between men and women.[244]** Acknowledging the major shifts that are needed for men to become more engaged as fathers and hands-on caregiving partners, the report endorsed evidence that greater involvement by men is highly beneficial. Family relationships and women's health improve, girls are empowered, and boys grow up more likely to believe in and practice gender equality in the future. Men themselves benefit from improved physical, mental, and sexual health and from reduced risk-taking, and they report that engaged fatherhood is one of their most important sources of well-being and happiness.

However, in some contexts during the pandemic, hospitals **have not been allowing fathers and birth partners to attend the birth of their child, as well as antenatal appointments,** as a result of strict measures to prevent the spread of infection.[245] This has meant that women have lacked vital support during pregnancy and childbirth, and it could have detrimental effects on the development of fathers' relationships with their children in the vital early stages.[246]

While Men Are Doing More, the Burden Is Still Largely on Women

In June 2020, a joint campaign by Promundo and Oxfam (#HowICare) sought to shed light on the realities, difficulties, and disparities of providing care during the COVID-19 crisis. #HowICare drew on polling data from the United States, Canada, the United Kingdom, the Philippines, and Kenya, and it aimed to activate individuals, employers, and advocates to ensure care is a collective responsibility that is shared equally and supported by structures and policies.[247] The first of a series of country reports revealed that **in the United States, the gendered distribution of unpaid care and domestic work has not changed during COVID-19, even as this work – preparing meals and cooking; cleaning, sweeping, or disinfecting; and shopping for food, medicines, fuel, or other goods – has multiplied.[248]** Moreover, the fact of who does the majority of this work – women – remains steadfast. Respondents agreed that most unpaid care and domestic tasks are more likely to be primarily taken on by women than by men. Men may also be overestimating their total contribution to this work: For example, 66 percent of men report that they are cooking and cleaning as much as or more than women are, but only 35 percent of women agree.

While COVID-19 is exacerbating gender inequalities by placing more care responsibilities on women, it has also removed some of the structural barriers to sharing domestic work – particularly for men – as many adults are now working from home.[249] Recent research shows that men who work in this way are more likely to share domestic labor.[250] A survey of 1,060 US parents living with a partner of a different gender found that many mothers who were primarily responsible for housework and the care of young children prior to the pandemic had increased the time they spent on this, mainly as a result of additional homeschooling responsibilities. At the same time, there was a substantial decrease in the proportion of families in which mothers were primarily responsible for domestic labor, and the proportion reporting equal sharing of housework and childcare had increased. In other words, **some families have become more egalitarian, but in others, domestic work for mothers has become even more time-intensive.** However, the study notes, "Greater exposure to domestic work may also lead fathers to perceive that they are spending more time in these tasks than they actually are – although one-quarter of mothers report that their male partners are doing more as well."[251]

Data from the UK Office for National Statistics suggests that **the gap in unpaid work (activities such as childcare, adult care, housework, and volunteering) between men and women reduced slightly during lockdown but remained large,** at 1 hour and 7 minutes a day.[252] This was a result of women reducing time spent on unpaid work by 20 minutes a day, while men increased their time on this activity by 22 minutes.

Managing work and childcare in the pandemic

Other UK research suggests that parents, especially mothers, are paying a heavy price during the current crisis. Mothers are more likely to have quit or lost their job since the start of the lockdown. **Of parents who were in paid work prior to the lockdown, mothers are one-and-a-half times more likely than fathers to have either lost their job or quit since the lockdown began. They are also more likely to have been furloughed.[253]** Where they are working, they are being expected by employers to take on unpaid care at the same time, whereas working fathers are not being asked about how they will manage work and care.[254] Mothers are looking after children an average of 10.3 hours of the day (2.3 hours more than fathers) and are doing 1.7 more hours of housework than fathers. However, fathers have also increased the time they spend on housework and childcare: Fathers are, on average, now doing childcare nearly twice as many hours as in 2014–15. **Working mothers are also far more likely to be interrupted during paid working hours than fathers.[255]**

A Canadian study argues that **although there are considerable benefits to remote working, especially from home, and to the additional flexibility of such work arrangements, there are disadvantages, too.** The notion of the "ideal" (male) worker – someone who is highly committed to their work and can avoid domestic distractions – is engrained in society. So when women work remotely, employers view them through the lens of motherhood, and their status at work is undermined. When men seek to do so, their requests for flexible or remote working are often taken to demonstrate insufficient commitment to company or career.[256]

This situation could hold back women's career progression. In academia, for example, research suggests that women are submitting articles to academic journals and starting new research projects (which are both crucial to career development) at a lower rate than men during the crisis.[257]

Little is known about the position of lone/single parents during the pandemic but it is clear that without additional support, they likely struggle to deal with the greater childcare and housework tasks on their own. Separated parents who do not live with their children, more often fathers, also face challenges in maintaining contact with them across more than one household.

It is still unclear what the long-term effects will be of enforced working from home as a result of the pandemic. On the one hand, many women who would otherwise be engaged in paid work are now at home full time and are more likely to be taking on the majority of childcare and household labor. On the other, more men are working remotely, too, and many are increasing their share of unpaid care. Moreover, some are obliged to do so because their partners are essential workers (e.g., healthcare or retail workers).[258]

Overall, **it is possible that COVID-19 may reshape the gendered division of labor, with some fathers remaining more engaged at home in the longer term.[259]** If more fathers and mothers participate in working from home in the future, as seems likely, employers may revise their attitudes toward employees' caring responsibilities, including men's involvement at home, providing them with more options to balance work and care. **However, it is also possible that the pandemic could lead to steps backward in gender equality due to, for example, women losing their jobs in greater numbers, the resurgence of the "breadwinner" model, and women taking primary responsibility for homeschooling.**

Impact on workers in health and social care

Women make up 70 percent of the global health and social sector workforce and are at the center of health and social care responses to COVID-19.[260] In most countries, the majority of physicians, dentists, and pharmacists in the workforce are men, and the vast majority of the nursing, care, and midwifery workforce are women. Overall, an average gender pay gap of around 28 percent exists in the health workforce.[261] **Healthcare workers (and women in particular, given their predominance within this workforce) are at high risk of frequent exposure to COVID-19.** Among healthcare workers infected with COVID-19, 72 percent in Spain and 66 percent in Italy were women.[262]

Where high death rates among healthcare staff have occurred, it appears that **major institutional factors relate to insufficient protective equipment, poor hygiene procedures, lack of testing capacity, lack of ventilators, wards not isolated from each other, and fewer intensive care beds.** A related concern has been that personal protective equipment (PPE) is often designed to fit the male body and does not meet many women's needs**.[263]** Among healthcare workers – including occupations such as doctors, nurses and midwives, nurse assistants, paramedics and ambulance staff, cleaners, and hospital porters – men in the United Kingdom had a statistically significant higher rate of death involving COVID-19 (30.4 deaths per 100,000 men) compared with the general working population. Among women healthcare workers, the death rate was 11.0 deaths per 100,000 women in the population.[264]

Neglect of social care

A much greater discrepancy was found, however, in rates of COVID-19–related deaths among social care workers,[265] which were also statistically significantly higher than the rates of death involving COVID-19 among those of the same age and sex in England and Wales. A total of 268 deaths involving COVID-19 were

registered among social care workers between March 9 and May 25, 2020, with rates of 50.1 deaths per 100,000 men (97 deaths) and 19.1 deaths per 100,000 women (171 deaths).[266] These figures show how women are particularly exposed to coronavirus by doing most social care jobs and also that those men who do work in the sector are especially vulnerable to it.

In comparison to mainstream health systems, social care has often been accorded lower priority and suffered from issues such as chronic underfunding, a fragile provider market, and a low-paid, undervalued – and predominantly female – workforce.[267] There have been large numbers of deaths in care homes in many countries; many homes have struggled to source enough PPE and to have enough staff available, with preexisting shortages exacerbated by sickness and self-isolation.[268] High use of agency staff who may work across multiple care homes has been identified as a key factor in rapid spread between homes in the United States.[269]

Risks for workers in essential services other than healthcare

COVID-19's impact on workers in caring professions (where women predominate) at the forefront of the crisis has rightly been highlighted. **A less visible aspect of the COVID-19 crisis is men's significant contribution to maintaining essential services beyond the healthcare system,** especially in male-dominated sectors such as transportation, logistics, security, waste management, emergency services, and funeral services. For example, workers on buses, coaches, and trains have continued to play a vital role in ferrying key workers to their jobs. Freight drivers and logistics and agricultural workers have responded to hugely increased demand for groceries and medical supplies. Postal workers and delivery drivers have experienced large increases in parcel volumes following a spike in online shopping. Police officers have been working to monitor and enforce lockdown rules. Firefighters and military personnel have supported other public services, and funeral directors have had to manage sharp rises in death rates.

The risks facing workers outside the healthcare sector have generally received less attention, but US research has indicated that other sectors also have high proportions of exposed workers. These include police officers, prison officers, firefighters, community and social services workers, construction workers, office and administrative support workers, and education staff (e.g., preschool and daycare teachers).[270]

Death rates appear to be significantly higher in occupations where physical distancing is difficult and where PPE has been less available – and UK evidence suggests working-class men have been particularly badly affected. Analysis of COVID-related deaths reveals that men in low-paid jobs are almost four times more likely to die from coronavirus than men in professional roles, whereas women working as caregivers are twice as likely to die as those in professional and technical roles.[271] Seventeen specific occupations were found to have raised rates of death involving COVID-19 among men. For example, male security guards had one of the highest death rates, at 74.0 fatalities for every 100,000 men, followed by factory workers (73.3), taxi drivers and chauffeurs (65.3), chefs (56.8), bus and coach drivers (44.2), construction workers (42.1), and sales and retail assistants (34.2).[272]

The risk among some ethnic minority groups is significantly higher than that of White people in the United Kingdom – especially as the former are overrepresented in low-paid roles.[273] Of the 17 occupations with elevated death rates among men in the United Kingdom,[274] 11 have statistically significantly higher proportions of workers who identify as Black or Asian.[275] The raised risk of death involving COVID-19 for people of a Black ethnic background of all ages was two times greater for men and 1.4 times greater for women compared to those who are White. In addition, people living in the most deprived local areas, and those living in urban areas such as London, have been found to have the highest rates of death.

It is also important to note that one factor in the predominance of male deaths is that some female-dominated workplaces where staff normally work close to other people (e.g., bars and restaurants, hairdressers, shops, and schools) have been partially or completely closed during the pandemic. In the United Kingdom, women are about one-third more likely to work in a sector that is now shut down than men.[276]

Given the significant risks in many occupations, the commitment of low-paid workers to continuing to go to work during lockdown is often praised publicly as "heroic." Although this designation may seem wholly justified, where significant numbers have died, a narrative of martyrdom and sacrifice can obscure the failings of governments to adequately protect their citizens.[277] For many men, continuing to work has nevertheless also bolstered their self-image as "breadwinners" and enabled them to demonstrate an ethic of care for family and community (although there are risks to seeing "care" largely as a public activity rather than a domestic responsibility). However, this positive reading needs to be set alongside the reality that **many low-paid workers have had no choice but to go to work.** Women on low incomes are also disproportionately affected by restrictions and increased COVID-transmission risks on public transport, as they are less likely to have a car than men.[278]

Valuing care

Inequalities between the positioning and practices of women and men (and intersections with other social divisions, such as ethnicity and class) in relation to care predate COVID-19. However, the pandemic has brought them more sharply into focus and made them much more visible. UN Women has emphasized that "with children out of school, intensified care needs of older persons and ill family members, and overwhelmed health services, demands for care work in a COVID-19 world have intensified exponentially."[279] The agency concludes that it is vital to drive transformative change for equality by addressing the care economy, both paid and unpaid.

Rather than using the failed austerity policies implemented following the 2008 financial crisis, governments are increasingly moving to invest directly in recovery packages to boost demand, help lift economies out of recession, and create jobs. However, **given care's prominence and significance to economies, which COVID-19 has highlighted, there is an important case for investment in what has been termed "social infrastructure"** (i.e., social care, education, childcare, and health).[280] It can be argued that investing in the care sector also yields returns to the economy and society well into the future in the form of a better educated, better cared for, and healthier population.

A report by the UK Women's Budget Group notes that women are overrepresented in care work and men in construction, but in practice, "Male unemployment is often seen to be a more urgent problem as men are assumed to be breadwinners, despite the fact that increasingly many multiple or dual person households rely on more than one income."[281] Moreover, the organization's analysis showed that **investing 2 percent of gross domestic product in the care industry would create almost as many jobs for men as investing in construction in the United Kingdom, United States, Germany, and Australia, and it would also create up to four times as many jobs for women.** A similar level of investment in construction would also generate new jobs, but approximately only half as many, and the gender gap in employment would increase rather than decrease.

A huge challenge in helping working parents, and mothers in particular, get back to work in sectors such as education and retail, which have been largely closed and where women predominate, is the lack of affordable and accessible childcare. Moreover, in some countries (such as the United States), schools in many communities are unlikely to reopen in the fall, which will continue to place responsibility on families – and women in particular – to look after children. Whereas working parents often rely on other family members as informal care providers, this has not been an option for many during the pandemic. Grandparents, for example, may be especially vulnerable and may have had to physically distance from other people, children included.

In practice, parents have depended on various stopgap solutions, but these have often provided limited support. Many have requested leave from work, but this is at the employers' discretion, and statutory paid leave provision is unavailable in some countries (e.g., the United States). Where childcare centers and schools were closed for a period of time (e.g., in Austria, France, Germany, the Netherlands, and the United Kingdom), some facilities remained open, with skeleton staff looking after the children of essential

workers (e.g., in health and social care) and particularly vulnerable children. Some countries have offered financial support to help with the costs of alternative care arrangements, but this depends on such facilities being available. Teleworking may provide a partial solution for some working parents, but combining a full working day with care for (young) children and/or some form of homeschooling may prove almost impossible for many. Moreover, those in manual and lower-paid jobs may not be able to work remotely.[282]

Care for older adults is also a critical need. Globally, women are overrepresented in this group, representing 57 percent of those aged 70 and 62 percent of those above age 80.[283] Older women tend to have lower life incomes and also lower pensions. Women of all ages provide the bulk of unpaid care for older adults, male or female. The United Nations notes that for women, "The continuity of this care will depend on their own health and wellbeing as well [as] their ability to minimize the risk of contagion for people in their care."[284] In reality, **the evidence shows that COVID-19 has had a huge impact on older adults, especially those in care homes, largely as a result of the failures of state authorities to put in place adequate protection measures.**

More positively, the crisis has prompted a huge surge in mutual aid activities and organizations, with many individuals and groups across societies regularly carrying out kind, altruistic, and caring acts for other people in need within their communities.[285] This includes, for example, shopping and picking up medicines for others, checking up on neighbors, putting together and distributing food packages, making PPE masks at home, and repairing and donating bicycles for key workers. In some cases, care workers have moved into care homes to protect residents, and workers have stayed in factories to ensure enough PPE is produced. While mutual aid groups are often initiated and led by women, many men are actively involved, too. There is evidence from the United Kingdom that women are more likely than men to have participated in community support activities: 44 percent of women say they have contacted someone lonely or vulnerable compared to 33 percent of men. Additionally, 78 percent of women have checked in on friends and family to ensure they are OK compared to 63 percent of men; 21 percent of women have delivered supplies to someone self-isolating compared to 16 percent of men.[286] This movement points the way to a more caring and egalitarian society, with caring for others potentially becoming a central norm for men as well as women.

Recommendations

- *Promoting a culture shift:* Governments, employers, trade unions, education, civil society, and media should all promote a cultural shift toward valuing care as a key foundation of the economy, society, and environmental sustainability. Harmful gender norms, such as the notion of care being women's responsibility alone, should be challenged. Countries should consider national policies to achieve equality in household care work by adopting the MenCare Commitment, which calls on governments to set policy goals of men carrying out fully half of unpaid care work.[287]

- *Transforming men's involvement in care:* Even though inequalities remain in the gendered distribution of unpaid care and domestic work, men in many contexts are engaging in considerably more care and housework during the pandemic. This presents an opportunity to transform gender norms, and masculinities in particular, and to get men more involved in care work in the long term. Governments should develop cross-departmental strategies to support men's involvement in care and encourage services (e.g., antenatal, child welfare, education, and health) to engage with fathers actively and routinely.

- *Ensuring men use leave entitlements:* Flexible working hours and paid leave (including paid parental, sick, and family leave) should be introduced and bolstered. Men should be made aware of these entitlements, such as by including details on the options for flexibility around hours and working from home in job descriptions, and encouraged to use them. Governments have a role in working with key stakeholders (e.g., employers and unions) to encourage and disseminate promising practice relating to work and care, as well as to address men directly through social marketing campaigns.

- *Ensuring health and safety at work:* Governments should develop high-quality, sector-specific workplace health and safety guidance in consultation with key stakeholders to help employers undertake comprehensive COVID-19 health and safety risk assessments. Workers should have the right to refuse to work in situations that present serious and imminent danger to them, their colleagues, or members of the public.

- *Increasing funding for care:* Immediate action should be taken to ensure that existing childcare facilities and care homes have access to secure funding so that they can survive the pandemic. Care workers should be guaranteed protection, support, increased pay, and improved working conditions.

- *Challenging gender stereotypes:* Schools, career services, and employers should take a more proactive approach to challenging gender stereotypes in employment and training choices. They should encourage more young men to take opportunities in nontraditional sectors, especially at a time when many people may have to retrain or reconsider their career paths due to the COVID-19 recession.

4. MASCULINITIES, COVID-19, AND THE ECONOMY

The impact on the labor market

COVID-19 has brought about unprecedented shocks to economies and labor markets, and a global recession on a massive scale is emerging. The latest International Labour Organization (ILO) estimates reveal a decline in working hours of around 10.7 percent for the second quarter of 2020 relative to the last quarter of 2019, which is equivalent to 305 million full-time jobs.[288] **Workplaces are gendered to varying extents, with organizational structures, cultures, and practices still tending to be based on an assumed norm of full-time, continuous (male) employment. "Masculine" values are also strongly embedded within organizations, and the gender division of labor remains particularly strong.[289]** Some occupations – such as manual labor, police and fire services, and the armed services – are routinely identified as "male" jobs, whereas others – such as healthcare, childcare, and hairdressing – are more commonly regarded as "female" jobs (see the earlier section "Risks for workers in essential services other than healthcare").

In relation to COVID-19, **the ILO has rated four sectors as being at "high risk" of severe impact: the retail trade; manufacturing; accommodation and food services; and real estate, business, and administrative activities.** These sectors are labor-intensive and employ millions of (often low-paid) workers.[290] Forty-one percent of total women's employment is within these sectors compared to 35 percent of total men's employment, suggesting that women's employment is likely to be hit more severely than men's by the current crisis.[291] Moreover, 70 percent of the workers in health and social work are women.[292]

At the regional/country level, the greatest numerical impact so far has been in the United States. **In the ten weeks leading up to the end of May, more than 40 million Americans filed unemployment claims.** In the figures for April, which the US Department of Labor released earlier in May, the unemployment rate jumped to 14.7 percent, up from 4.4 percent in March. However, figures vary widely among G7 countries, according to the World Economic Forum.[293] This is mainly due to different versions of short-term work schemes, which aim to help companies preserve jobs through state subsidies of employees' lost wages. As a result, Germany's unemployment rate has risen far less rapidly than that of countries such as the United States, partly because of the "Kurzarbeit" (short-time work) program, a long-standing model drawn upon by other countries.[294] By late April, it was helping more than 10 million people. In France, more than 10 million workers in the private sector are being supported by the state through the comparable "chômage partiel" scheme. Japan's unemployment rate is rising more slowly than in other G7 economies; it was 2.5 percent in March, with 1.76 million unemployed – an increase of 20,000 from the same month in 2019. Differences among schemes include variations in the extent to which employees have been furloughed across industries and in the terms of furloughing.[295] Variations also exist in the extent to which they take care responsibilities into account, with some workers (predominantly women and young people) falling through gaps in provision.

The unequal impacts of the economic crisis

The impact on different demographic groups requires deeper analysis. In the United States, women make up 47 percent of the working population but are a slight majority of those who have been laid off in the last few months, according to Department of Labor data.[296] At the beginning of May, nearly 11.5 million women had lost their jobs compared to about 11 million men.[297] Research by Cambridge University based on data from the end of March and mid-April concurs that **women in the United States and the United Kingdom are more likely to have lost their jobs or suffered a fall in earnings since the coronavirus pandemic took hold** (even after accounting for differences in types of occupation).[298] In this study, US women were 7 percentage points, and UK women 5 percentage points, more likely to lose their jobs than men. One significant reason for the gender gap is likely to be the greater number of hours spent by women on homeschooling and caring for children. There is also evidence of discrimination, with some companies telling mothers of young children they cannot work from home, whereas male colleagues have been allowed to do so. Some pregnant women have also been laid off while male workers have been kept on, while others have been told they must go to work or face layoffs.[299] Young workers are especially vulnerable to job losses, disruption to technical and vocational education and training, and increased competition for work, and the rapid increase in youth unemployment is affecting young women more than young men.[300]

The pandemic is having a deep and unprecedented effect on those undertaking precarious work, who lack basic protections and receive no income replacement in case of sickness or lockdown. Many of them are unable to work from home and are, therefore, losing their jobs and wages. This is particularly the case in low- and middle-income countries. The ILO has stated that 1.6 billion informal economy workers out of 2 billion worldwide have already suffered "massive damage" to their livelihoods.[301] Among informal economy workers significantly impacted by the crisis, women are overrepresented in high-risk sectors: 42 percent of women workers are in those sectors compared to 32 percent of men.[302]

Evidence on the experiences of different BIPOC groups is stark and intersects in important ways with gender divisions. In the United States, Black and Hispanic workers have been hit hardest – with unemployment rates of 16.7 percent and 18.9 percent, respectively – despite the fact that many are in jobs considered essential. As in previous recessions, these higher rates reflect the concentration of people of color in chronically undervalued service and domestic occupations, institutionalized racial disparities in wages and benefits, and long-standing employment discrimination.[303] In the United Kingdom, Black, Asian and minority ethnic (BAME) people are also more likely to be unemployed and in precarious work than their White counterparts, with millennials from the former group 47 percent more likely to be on a zero-hours contract (with no guaranteed minimum hours).[304] In the UK population as a whole, women are more likely to work in shut-down sectors, but this is only the case for White people. In addition, men of Bangladeshi descent are four times more likely than White British men to have jobs in shut-down industries, due in large part to their concentration in the restaurant sector; men of Pakistani descent are nearly three times as likely, partly due to their concentration in taxi driving.[305] Black British men of African and Caribbean descent are both 50 percent more likely than White British men to be in shut-down sectors.[306]

Another category of vulnerable workers is the self-employed, a very heterogeneous group, many of whom regularly move in and out of self-employment. In the United Kingdom, 22 percent of the self-employed, or 1.1 million in total, are in hard-hit sectors in the current crisis. The risk of losing one's livelihood is twice as high if one is self-employed compared to being in paid employment. Female self-employed workers are over twice as likely to be at risk compared to their male counterparts.[307] Comparing men and women who are equally able to work from home, women are significantly more likely to report a reduction in work hours.[308]

Poverty and food insecurity

The World Bank estimates that compared to pre-crisis forecasts, COVID-19 could push 71 million people into extreme poverty (the number of people

living on less than $1.90 per day) in 2020 under a baseline scenario and 100 million under a downside scenario.[309] This would represent the first increase in global extreme poverty since 1998, wiping out progress made since 2017.

The number of people living under the international poverty lines for lower- and upper-middle-income countries ($3.20 per day and $5.50 per day, respectively) is also projected to increase significantly. Under the baseline scenario, COVID-19 could generate 176 million additional people living in poverty at $3.20 and 177 million at $5.50. **The epicenter of the pandemic has shifted from Europe and North America to the Global South.**[310] Almost half of the projected new people living in poverty will be in South Asia, and more than a third in sub-Saharan Africa. Around the world, and particularly in development and humanitarian contexts, women are more likely to work in informal and/or low-paid jobs; these frequently lack the legal and social protections that could help mitigate the effects of the pandemic.[311]

One key aspect of poverty is evidence of growing food insecurity across countries since the onset of COVID-19. One in five households in the United States was deemed food insecure by the end of April, according to the Brookings Institution.[312] US food banks have seen shortages resulting from increased demand as millions of families struggle to pay for groceries.[313] In the United Kingdom, food banks in the Independent Food Aid Network have reported an average 59 percent increase in need from February to March 2020, 17 times higher than the same period in the previous year.[314] Hunger and food bank use affect women disproportionately, as they tend to be the "shock absorbers" of poverty among children: One study found they were twice as likely as men to be food insecure because they were more likely to skip meals so their children could eat.[315]

Globally, the potential impact on food security is much more severe. **The number of people facing acute food insecurity stands to rise to 265 million by the end of 2020, up from 135 million in 2019**, as a result of COVID-19's economic impact, according to the United Nations World Food Programme.[316]

Recovery plans: The importance of investing in care

As countries come out of lockdown, the path to economic recovery is unpredictable and vulnerable to a second wave of infections. With the prospect of a vaccine becoming widely available in 2020 unlikely, and faced with extreme uncertainty, the Organisation for Economic Co-operation and Development (OECD) sketches out two possible scenarios.[317] If a second wave occurs, the OECD forecasts that world economic output will tumble 7.6 percent in 2020 before climbing back 2.8 percent in 2021. At its peak, unemployment in the OECD economies would be more than double the rate prior to the outbreaks. If a second wave is avoided, global economic activity is expected to fall by 6 percent in 2020 and OECD unemployment would climb to 9.2 percent, from 5.4 percent in 2019. Either way, the recovery – after an initial rapid resumption of activity – will take a long time to bring output back to pre-pandemic levels, and the effects of the crisis will be long-lasting: a fall in living standards, high unemployment, and weak investment.

Evidence from previous pandemics (e.g., Ebola in West Africa from 2014 to 2016) on economic outcomes demonstrates the effects on women's livelihoods were sharper than on men's, partly because women worked in the lower-paid informal economy and/or in the hardest-hit sectors, such as tourism, hospitality, and retail (where women predominate).[318] In contrast, an analysis of the 2008 financial crisis in eight European countries concluded that the gender impact shifted over time. During the initial recession phase, women's employment was less affected than male employment; in the recovery phase, characterized by stimulus packages (particularly for manufacturing), male employment was boosted; in the austerity phase, women's position sharply deteriorated due to cuts in public spending, which affect the services they are more likely to work in and use.[319] It appears that this pattern may be different from that playing out as a result of COVID-19. In this case, the fall in employment related to social distancing measures has already had a large impact on sectors with high numbers of female workers. In addition, closures

of schools and daycare centers have significantly increased the need for childcare, which has had an especially large impact on working mothers.[320]

Governmental responses must aim to build more equal, inclusive, and sustainable economies. A key aspect is designing and implementing gender-responsive recovery plans to address the specific circumstances of women and other disadvantaged groups.[321] For instance, in Hawaii, the state's Commission on the Status of Women has proposed a feminist economic recovery plan,[322] and so far two out of its four counties have committed to using it.[323] By contrast, a gender-blind approach will result in an inefficient allocation of resources and risks exacerbating existing inequities – especially in a time of economic crisis.[324] UN Women has recommended that applying a gender lens to the economy should include adapting preexisting national social protection programs to ensure incomes are maintained (particularly for those in hard-hit sectors), extending basic social protections to informal workers, and integrating a gender assessment into all national plans to understand and address COVID-19.[325]

Many countries are seeking to ease their lockdown restrictions and are attempting to gradually reopen their economies safely. This is undoubtedly a challenge given the importance of a functioning economy, not least to maintaining public health. However, some political leaders (e.g., in the United States and Brazil) have been criticized as promoting economic reopening in a somewhat reckless or haphazard fashion, in a way that may suggest a masculine prioritization of the economy and individual freedoms over collective public well-being**.**[326] Indeed, some governments have been keen for businesses and workplaces to reopen even while schools and childcare facilities remain closed, seemingly unaware that people cannot go to work if they have to look after children (or perhaps assuming that parents still follow a "breadwinner" model).[327] Furthermore, male-dominated sectors and industries (and even leisure activities) sometimes appear to be being prioritized for reopening over those in which more women are found.[328] For example, in the United Kingdom barbershops have been able to reopen, but not beauty salons.[329]

Gender and economic recovery

Many existing government policies, especially in relation to employment, taxation, and social protection, tend to be shaped explicitly – or more often, implicitly – around traditional notions of "breadwinner" masculinity as the norm. Waged work has long been seen as central to shaping and sustaining male identities, and unemployment and layoffs as major challenges to men's status and self-image. This picture reflects and entrenches deep-rooted but oversimplistic patriarchal assumptions about men as breadwinners and women as caregivers. The weaker labor market position of women (and other social groups) – especially due to parenting responsibilities and part-time, temporary, and/or precarious work – leaves them more prone to being laid off and to falling through gaps in protection provision.[330] An additional risk is that some employers will use the crisis as an alibi to exploit women, who often have little choice but to work in precarious conditions, for less salary, and without social security. Some employers may be tempted to restrict policies and initiatives that assist women or even to adopt illegal practices such as dismissing pregnant workers to save money.

By contrast, paid service provision and service professions (e.g., in relation to health, social care, and child welfare) are often largely geared toward women, both supporting and entrenching their roles as primary caregivers – and thereby relegating the importance of men's involvement in care.[331] Women are also more likely to work in the public sector, especially in the health and education sectors. **Any cuts to service provision as a result of reductions in public expenditure, which governments may seek to implement to reduce the increased debts they have incurred as a result of the pandemic, will leave women disproportionately affected** as both users of and workers in services. However, it has been argued by campaigners that fears over high government debt are unfounded and that pressure to return to austerity should be resisted.[332]

In recent months, many national governments have launched, or been in the process of developing,

stimulus packages and recovery plans to cope with the economic and social fallout created by the crisis. **Experience following the 2008 financial crisis suggests that government action often prioritizes subsidies to, for example, car plants and the construction industry (which tend to employ men) over subsidies to sectors such as textiles or retail (which employ more women).**[333] A June 2020 analysis in the United Kingdom of the Bank of England's COVID Corporate Financing Scheme suggests that the same may occur now; generous financial support is already being offered to large employers, including £5.9 billion to the industrial sector, £1.8 billion for airlines, £1.3 billion to the oil and gas sector, £1.2 billion for construction, and £900 million for transport. These are all sectors with male-dominated workforces. By comparison, the consumer sector – which includes wholesale and retail, food, and accommodation services – had received £6.1 billion.[334]

The need for a Green New Deal

An important difference today from the economic and social conditions coming out of the 2008 financial crisis is **the much greater rhetorical emphasis at all levels on stimulating a "green" recovery by investing in sustainable industries and reducing reliance on polluting fossil fuel extraction.** However, there are risks that this support is not translating into practice, with governments spending vastly more in support of fossil fuels than on low-carbon energy in rescue packages to date.[335] The aims of "Green New Deal" policies – such as decarbonizing and democratizing the economy, creating fair green jobs, and preserving the natural environment – are also widely supported, although they have been criticized for failing to pay attention to issues of gender (and other inequalities).[336] In particular, it has been suggested that enthusiasm for the creation of green

jobs fails to recognize that the vast majority will be in male-dominated sectors, such as energy, construction, and transportation, and that female-dominated sectors in the social field and caring for children are already low-carbon. In addition, transportation policies often fail to take sufficient account of how women, who are less likely to own a car than men, use public transportation (especially buses) while juggling care responsibilities. Additionally, physical infrastructure is routinely designed without women's input, so their needs (e.g., for childcare) are often ignored.

These gendered dimensions of environmental policies reflect the ways that masculine norms are regularly taken for granted. There is research to suggest that men are more likely to have a more negative impact on the environment compared to women.[337] **While there is diversity among men, they tend to have less environmentally conscious lifestyles, to be more likely to deny environmental problems and climate threats, and to be more likely to put short-term economic considerations ahead of ecological sustainability.** They are also likely to have a larger ecological footprint due to greater average incomes. Environmentally damaging behaviors like flying, driving, and eating meat are all constructed as masculine norms and as habitual or desirable for men to do. Conversely, the impact of climate breakdown is more severe for women, girls, and the most marginalized groups.[338] Women have less socioeconomic power than men, and therefore, it is more difficult for them to recover from disasters that affect infrastructure, jobs, and housing. They are also more likely to suffer the negative consequences of climate disruptions, as they are often left to prioritize the safety of family members, particularly children. All of this demonstrates the need for a gender-transformative approach to tackling the climate crisis as part of COVID-19 economic recovery plans.

Recommendations

- *Conducting gender analysis of economic packages:* All policies and programs, including stimulus and recovery packages, should be designed, assessed, and tracked for their impact on gender and other equalities issues. Methodologies should involve best practices on gender analysis and gender budgeting.[339]

- *Investing in social infrastructure:* Gender-equal Green New Deal policies are needed, with significant emphasis on investment in (social) infrastructure such as jobs for caregivers and educators.[340] Governments should not roll back existing environmental standards as part of recovery plans. Conditions should be attached to bailouts to ensure that companies invest in low-carbon, nonpolluting activities.[341]

- *Providing security for workers:* Government action in response to the pandemic must include robust investment in economic and social policies to provide security for all workers, especially those in the informal economy and service professions. Rights to social protection, to an adequate standard of living, to education, and to the highest attainable standards of health must also be upheld for all.

- *Supporting training and development:* Subsidies or other incentives should be provided to support women, BIPOC, and those on low incomes to access training and development programs so that they can access high-skilled jobs in (green) recovery plans.

- *Ensuring senior men support gender equality:* Men holding senior positions in government, business, trade unions, and nongovernmental organizations (and more broadly) should provide high-profile and proactive support for gender equality measures and encourage other men to play their part. They should also model good practices for men in organizations, working collaboratively with and supporting female colleagues in relation to gender issues.

- *Providing gender balance in decision-making:* Active steps should be taken to achieve gender balance in policymaking processes and bodies at all levels, ensuring the interests of women and other social groups are met in the development of decision-making processes around economic recovery from COVID-19.

5. MASCULINITIES, COVID-19, POLITICS, AND HUMAN RIGHTS

The influence of harmful masculinist politics on COVID-19 responses

Ideas about masculinity have shaped responses to COVID-19 at broader political levels, too. This is perhaps unsurprising given that **in many countries, specific and sometimes harmful male voices have dominated government attempts to tackle the crisis.** CARE International surveyed 30 national-level government committees, teams, and task forces across the world where these had been established to respond to the pandemic and found that women made up just 24 percent of participants on average, with only one country's (Canada's) being gender-equal.[342] If women's diverse voices and experiences are not sufficiently represented among those making key decisions about the crisis, then the specific issues women experience, not least as a result of gender inequality, are less likely to be recognized and addressed. Indeed, in government responses to previous disease outbreaks, gender issues have often been deemed insufficiently urgent even though they play a major role in shaping the impacts and fallouts of public health crises.[343]

Masculinist principles underpin many of our societal norms and values and in recent years have become increasingly aggressively expressed in some political contexts.[344] Masculinism can be understood as universalizing and prioritizing attributes that are associated with harmful and restrictive norms of masculinity rooted in domination, individualism, and violence, which in the process subordinate other ways of understanding and being in the world.[345] In some countries, the influence of these perspectives on politics has hampered government responses to coronavirus. For instance, **the three countries with the highest number of deaths from COVID-19 at the time of writing (the United States, Brazil, and the United Kingdom) could all be seen as having leaders and governments influenced by masculinist politics in various ways.**

One way in which this has been exhibited has been in the dismissiveness with which some male world leaders who adhere to harmful ideas about masculinity have responded to the pandemic. For instance, leaders such as US President Donald Trump and UK Prime Minister Boris Johnson have been criticized for failing to take COVID-19 sufficiently seriously (at least initially) and for implying that they and their countries were "too tough" to need to worry about it, or that, in spite of clear evidence of the risks, they could just allow the unchecked development of herd immunity.[346] This nonchalance appears to have strongly shaped the response of Brazil President Jair Bolsonaro throughout the pandemic, including by showing little care for the tens of thousands of people who have died in Brazil and openly flouting his own government's lockdown rules, seemingly in a bid to demonstrate his strength and virility in the face of the virus (even after catching it himself).[347] However, it is important to note that this is not an inevitable response from men in positions of power and that many male leaders' responses do not appear to be influenced by masculinist politics in this way, from Justin Trudeau in Canada to Moon Jae-in in South Korea. The problem is not being a male leader in itself but rather being a leader who adheres to harmful, restrictive, dominance-based masculinist norms and ideas.

The use of warlike language

Another example of the influence of masculinist politics during the current crisis is the prevalence of violent wartime rhetoric to describe the pandemic. Many male politicians speak of their response as one of being at "war" with the COVID-19 "enemy,"[348] drawing upon discourses of militarism[349] to emphasize supposedly "male" values of power, domination, and violence – and the rejection of "female" weakness and vulnerability. However, this is a questionable and potentially harmful analogy.[350] COVID-19 is an infectious disease that is not "fought" with soldiers and weapons; it is treated and cared for by healthcare workers and medicines. There are parallels with wartime economies in terms of the scale of the mobilization needed, but the solutions to the pandemic do not rely on resurrecting and cherry-picking romanticized discourses from world wars. What is needed now is collective care, social solidarity, and community support, not militarization. Wartime discourses can actually increase people's anxieties and fears about COVID-19 (which can, in turn, contribute to behaviors such as panic-buying)[351] and exacerbate divisions if certain groups are blamed for spreading the virus and thus are associated with the "enemy." Furthermore, notions of people being "strong enough to fight off" COVID-19 risk implicitly writing off more vulnerable members of the community, when in reality, people have less control over their ability to survive the virus than they might like to believe.[352]

The use of wartime discourses by people in power also risks minimizing or even legitimizing deaths from COVID-19, as if they were unavoidable heroic sacrifices. This is especially true for people working on the "front line," such as healthcare workers, who politicians are sometimes likening to soldiers dying in battle.[353] This can risk putting pressure on essential workers to go into work even if they feel it is unsafe to do so because they may feel like they are not living up to this image of heroism if they don't. It may also distract from the responsibility of government and employers to make workplaces safe.

Masculinist politics can also be seen in nationalist and isolationist perspectives that appear to be gaining ground currently. Masculinist ideals of self-reliance, individualism, and competitiveness could be

contributing to a lack of willingness for international cooperation during the pandemic, such as Donald Trump's decision to withdraw US funding from the WHO at such a critical time or refusing to sign global agreements for sharing any research that successfully creates a vaccine for COVID-19.

The impact of women in power

Interestingly, some have contrasted this hypermasculine, "strong-man" leadership with governments that appear to be dealing with COVID-19 relatively successfully so far and how these seem to be disproportionately led by women. From New Zealand's Jacinda Ardern (who, together with other ministers, took a 20 percent pay cut to show solidarity with those affected by coronavirus),[354] to Taiwan's Tsai Ing-wen, to Norway's Erna Solberg, to Germany's Angela Merkel, to Finland's Sanna Marin, women in power have received significant international praise during this time, for reasons such as communicating about the pandemic in an honest, mature, and clear way with their populations.[355] Indeed, initial analysis suggests that countries with women leaders have had six times fewer confirmed deaths from COVID-19 than those led by men and have been more effective at flattening the curve of the outbreak, with peaks in daily deaths approximately six times lower.[356] The same research suggests that although there is not enough hard evidence yet to demonstrate a clear "female factor" is at play, women-led countries are also likely to suffer less from the economic recession caused by COVID-19, with gross domestic product growth forecasts indicating that they will see a decline of less than 5.5 percent compared to over 7 percent for countries led by men.

A common theme among many women-led government responses has been not underestimating the risks posed by COVID-19, focusing on preventive measures, and prioritizing long-term social well-being over short-term economic costs.[357] However, this does represent a small sample size; on January 1, 2020, women made up only 6.6 percent of heads of state and 6.2 percent of heads of government.[358] It is also important to avoid essentializing women in power as if they will all behave in a certain way. However,

it seems reasonable to suggest that women leaders are less likely to be influenced by a desire to assert masculinist politics or engage in macho posturing, although there are counter-examples: former UK Prime Minister Margaret Thatcher reveled in being described as "The Iron Lady." It has also been pointed out that women in power often have to go through more challenges (such as institutionalized sexism and misogyny) to reach these positions than men, which could mean that those who do are more likely to be highly competent leaders than men.[359] Furthermore, research suggests that countries with higher numbers of women in power are also likely to reflect more democratic and egalitarian-minded societies, with higher levels of gender equality more broadly.[360] The success of female leaders during the pandemic may, therefore, say as much about the countries in which they have been elected (which may prioritize equality and well-being more, for example) as it does about the leaders themselves.[361]

Patriarchy and populism

Over the past decade or more, patriarchy has been renewed by a toxic mix of masculinist politics, bringing together conservative and traditional forces across many countries. This includes the rise of authoritarian leadership; the mobilization of far-right populism; the spread of misogynistic, racist, xenophobic, and homophobic narratives; the resurgence of fundamentalist beliefs; continuing high levels of conflict; and the increased visibility of "men's rights" activism and organizations. Feminist theorist and author Cynthia Enloe has drawn attention to what she terms "sustainable patriarchy": the ability of patriarchal beliefs, values, and relationships to adapt and survive despite the counter-narratives of feminist campaigns and advocacy, such as the #MeToo movement.[362] This adaptability of patriarchy is also visible in responses to COVID-19.

Racist and xenophobic discourses have been used to blame the spread of COVID-19 on certain "Othered" social groups. Many countries have seen a rise in racism toward people of East Asian heritage, for example, and governments have found it easy to place culpability on China for the

emergence of coronavirus, perhaps as a way of taking attention away from their own handling of the crisis.[363] In India, there has been violence against Muslims, who were already experiencing significant demonization and discrimination and have been scapegoated (including by government ministers) for spreading the virus.[364]

There is also a danger that reactionary political views and ideologies could grow in influence during and after the crisis. Far-right and xenophobic groups are seeking to exploit people's fears, anger, and sense of injustice about the pandemic and the resulting economic crisis and scapegoat minority groups for these problems.[365] Similarly, anti-feminist "men's rights" groups could see an increase in support as some men look for easy answers and someone to blame for their pain and anxieties. Indeed, there are substantial links between anti-feminist groups and the far-right, which is predominantly made up of men; for many of those who become involved in far-right politics, the "men's rights" movement and online "manosphere" serve as the entry point.[366]

There are considerable overlaps in the ideologies and practices of these groups. For instance, in a report for Oxfam America, Alan Greig contends that the far-right often places an emphasis on ideas about men's economic emasculation and masculinity being "in crisis" due to unwanted societal change; racialized tropes about "predatory" male foreigners to mobilize fear and strengthen ethnonationalism; and the normalization of misogynistic masculinities in everyday life, especially online.[367] **Such groups may, therefore, seek to exploit the crisis as an opportunity to further divide societies and reinforce patriarchy and other forms of power and privilege** based on nostalgic claims about mythical "good old days" before COVID-19 and before feminism. This highlights that it is more important than ever for men to publicly espouse a different kind of politics, speaking out in support of feminist principles and against masculinist, patriarchal visions of society – the harms of which the coronavirus pandemic and a global crisis in political leadership in many countries is patently illustrating.

Violations of human rights

The term "shock doctrine"[368] has been used to describe the brutal governmental approach of using the public's disorientation following a collective shock – be it a war, natural disaster, financial crash, or terrorist attack – to take an authoritarian stance and suspend democratic norms. Some responses to the COVID-19 pandemic follow this pattern.[369] Indeed, the crisis that has been triggered appears to be entrenching a renewed backlash against struggles for gender and social justice.[370] Certain politicians and policymakers have justified the imposition of exceptional or emergency measures as necessary to protect the population on the grounds of public health, empowering the overwhelmingly male-dominated police and security forces to exercise authority and maintain order. In so doing, this extension of control over public spaces restricts and confines women to private spaces, reinforcing their domestic role. Of course, many men are affected by these restrictions, too, but they are more likely to leave their homes when they are able to do so, reenacting preexisting gender patterns in relation to mobility.

In some countries, this militaristic approach has been used to exploit the crisis as a pretext for repressive measures by the state, justifying violence, human rights violations, and the undermining of democratic institutions to enforce what the United Nations has described as a "toxic lockdown culture."[371] For example, the president of the Philippines has sanctioned the use of lethal force to maintain lockdown, with anyone violating quarantine regulations facing being shot by the police or soldiers; further restrictions to human rights are heralded by a new anti-terrorism bill. In India, enforcement of lockdown regulations resulted in millions of impoverished migrant workers being forced to walk many miles back to their villages, some beaten and humiliated by the police on the way. A few days after lockdown restrictions came into force and worried that the fleeing population would spread the virus to villages, the Indian government sealed state borders and forced the workers to return to camps in the cities they had just been forced to leave.[372] Meanwhile, Ugandan security forces have reportedly used excessive force, including beating,

shooting, and arbitrarily detaining people across the country.[373] In Kenya, activists have warned that heavy-handed policing has not only risked fueling panic and fear but may also be heightening transmission of the virus.[374] In Qatar, COVID-19 lockdown has turned the largest camp for migrant workers into a "virtual prison," leaving thousands trapped in squalid, overcrowded conditions where the virus can spread rapidly.[375] Hungary's Parliament agreed to allow the prime minister to rule by decree indefinitely; he can quash all existing laws and imprison all those spreading "false information."[376] In Russia, President Vladimir Putin chose this moment to hold a controversial vote on amending the constitution, potentially allowing him to rule until 2036. In some cases, especially in Latin America, the pandemic has led to a consolidation of power held by drug cartels in places where the state is nearly absent.[377]

Populations particularly threatened by masculinism during COVID-19

In some countries, there appear to have been increases in hate crimes against LGBTQIA+ people, who may already be more reluctant to use healthcare services for fear of discrimination and who have in some cases been constructed as somehow responsible for COVID-19.[378] For example, there was homophobic backlash in South Korea after it was found that someone with an asymptomatic COVID-19 infection had visited a gay nightlife district in Seoul and numerous other infections linked to the same nightclub were then reported.[379] In Georgia, Orthodox religious leaders have incited homophobia, calling COVID-19 God's punishment for same-gender marriage and abortion. Some countries – including Colombia, Panama, and Peru – enacted sex-segregated lockdowns, with women and men only allowed to go out on separate days, which led to reports of discrimination and violence against transgender people.[380] Hungary's Parliament recently passed a law making it impossible for transgender or intersex people to legally change their gender, putting them at risk of harassment, discrimination, and violence.[381]

Women's sexual and reproductive rights have been undermined or threatened by a range of attacks. In

the United States, for instance, healthcare providers in some states led by conservative governments have been ordered to stop performing "nonessential" abortions,[382] and abortion clinics have closed. In the Balkans, women have faced closed clinics and unsafe abortions as a result of the pandemic, with rights advocates and doctors warning that coronavirus has intensified long-standing obstacles to access, particularly for poor and migrant women.[383] In Romania, women have told of traumatic COVID-19 pregnancies as a result of government guidelines contravening advice from the WHO.[384]

Public anger at the killing of George Floyd in the United States has also given rise to global Black Lives Matter protests about police brutality and racial injustice, including the structural racism that has led to greater proportions of BIPOC dying from COVID-19. Law enforcement officers, the vast majority men, have responded by tear-gassing protesters, driving vehicles through crowds, and opening fire with rubber bullets on journalists and civilians.[385] It has been noted that aggressive and militaristic police tactics such as the use of chemical agents (e.g., teargas and pepper spray) on crowds risk accelerating the spread of coronavirus.[386] Responses such as these at the institutional and/or state level reflect collective masculinities of group loyalty, hierarchy, and dominance and their link to the symbolic and actual threat of weapons and violence.

In relation to conflict, the United Nations secretary-general called for a global ceasefire so that every "ounce of energy" can be directed to defeating the virus.[387] Some horrific incidents have continued, such as the killing of mothers and babies in a maternity hospital in Kabul in May, undermining peace talks between the Taliban and Afghan authorities. In Yemen, regarded by the United Nations as the world's worst humanitarian crisis, the Saudi-led coalition fighting Iranian-backed Houthis halted military activities in April, but fighting has continued – and now much of the population faces starvation alongside an accelerating pandemic.[388] The continuation of conflict in some areas points to a masculine prioritization of power and war over human well-being during a huge health crisis. Globally, increases in political instability are predicted as lockdowns ease, economic recession sets in, and peacekeeping funds may be reduced.[389] UN Women has warned that COVID-19 poses devastating risks for women and girls in fragile and conflict-affected contexts due to disruptions to critical health, humanitarian, and development programs and limitations to civil society organizations' activities.[390]

Recommendations

- *Promoting peace-building:* Political discourse in countering the pandemic needs to shift away from wartime analogies and reliance on constructions of masculinity based on power, dominance, and violence. Instead, the context of COVID-19 underlines the importance of safeguarding human rights and promoting peace-building and cooperation at the local, national, and regional levels.

- *Ensuring women's voices are heard:* It is vital that women's voices are strongly represented in responses to COVID-19 to ensure that their experiences feed into policy and practice. Women should be equally represented in decision-making bodies and processes related to the pandemic at the local, national, and international levels, and they should be able to actively and meaningfully participate in these. Men should be vocal and visible partners and allies in this process.

- *Prioritizing diversity and representation:* Crisis response decision-making bodies must reflect and understand the diversity of the communities they are serving. Thus, it is crucial that people of different ethnicities, ages, gender identities, sexual orientations, and abilities are well-represented in these bodies. This should include being made aware of, and responsible for, addressing issues affecting all social groups, especially those experiencing forms of social inequality and disadvantage who are disproportionately impacted by COVID-19.

- *Countering scapegoating and stigmatization:* Public figures should actively challenge divisive narratives that scapegoat or stigmatize particular groups related to COVID-19, as well as speak out about prejudice, discrimination, and hate crimes related to coronavirus. Awareness-raising public health campaigns should be used to tackle misinformation and rumors about the pandemic that can contribute to this and that can be spread as a tactic by the far-right.

- *Modeling preventive health behaviors:* Political and community leaders, especially men, should lead by example and model following preventive public health measures such as social distancing and mask-wearing to challenge the idea that doing so is emasculating.

- *Using emergency powers lawfully:* International law does allow states to restrict some rights to protect public health, but emergency powers must only be used for this purpose rather than to silence dissent. Such measures need to be necessary, proportionate, nondiscriminatory, and temporary, with key safeguards against excesses.[391]

- *Transforming organizational cultures:* The military, police, prison, and security services remain heavily masculinized. Efforts should be strengthened to develop innovative programs to challenge and transform the social norms that underpin militarism and masculinities.[392] Nonconfrontational and de-escalating approaches to conflict resolution should be fostered, and men trained in these methods.

6. CONCLUSION

Where do we go from here?

The ongoing COVID-19 pandemic is having far-reaching impacts on every aspect of society in countries across the world. It is bringing about massive amounts of suffering, including hundreds of thousands of deaths. **In many cases, this is considerably premature mortality; research estimates that for people who have died from COVID-19, it has taken over a decade from their lives.**[393] For men, this is approximately 13 years of potential life lost, and for women, approximately 11 years. It is not simply killing those already approaching the end of their lives. Furthermore, with all the public health knowledge and tools at our disposal in the 21st century, many of these deaths may have, to some extent, been preventable. Other people will suffer life-limiting conditions well into the future.

Many men may feel less able or less willing to acknowledge the scope of COVID-19 in terms of lives lost because they have learned to suppress uncomfortable emotions like loss and trauma. Some governments may also be keen to avoid people reflecting on this grief for too long, lest it lead them to start questioning whether their leaders could have done a better job of responding to the virus. However, it is vital that we contemplate where things have gone wrong in our approaches to the pandemic so far, not just to learn lessons for future public health crises but also because this one appears to be far from over, and indeed, is accelerating in many countries.

There are many steps policymakers should be taking right now to improve how they are responding to COVID-19 and its societal fallout. **One is to apply an intersectional gender analysis to the crisis and the policies being introduced** in order to tackle the gender inequalities that, as the evidence gathered in this report demonstrates, are both exacerbating and being exacerbated by the pandemic. So far, most governments appear to have done little to take gender (and other equalities issues) into account in their responses, whether that be how masculine norms affect men's health and adherence to public health measures or the ongoing crisis of men's violence against women and children. In many countries, women's voices have been marginalized in decision-making processes and crisis response committees. It is vital that this situation changes urgently; otherwise, there is a considerable risk that many countries will move backward in relation to gender inequality during and after the pandemic. **The first step toward understanding and addressing these problems has to be gathering and publishing data broken down by sex and other social inequalities, not only in relation to coronavirus infection rates but also in investigating the range of other gendered issues being shaped by the crisis**, such as economic impacts, care work, and violence and abuse.

Creating sustainable futures

It is insufficient to simply seek to return as quickly as possible to life as it was before COVID-19 arrived. Many people across the world were already experiencing crisis before the pandemic began, from men feeling suicidal but unable to tell anyone about it, to women and children being subjected to domestic violence, to people living in poverty unsure how they could afford to feed themselves and their families in the weeks ahead. Indeed, the very structure of our societies and economies as they were pre-COVID was simply unsustainable for the survival of the planet; as things stand, we will be lurching straight from this public health disaster to an even greater global crisis as a result of our destructive relationship with the natural world unless dramatic action is urgently taken.

However, the pandemic has shown that none of these things are inevitable. It has illustrated how quickly society can change to protect health and

well-being when there is sufficient will to do so and when external realities force us to change harmful patterns. **Much of what is currently happening would have seemed impossible even a few months ago, and once-unthinkable government action and investment have suddenly taken place with dramatic speed in countries across the world.** This level of action and imagination is exactly what is needed now to build green recovery plans on a scale that can seriously tackle the climate crisis.

COVID-19 has thrown out old orthodoxies, and for many of us (including the authors of this report), it has pushed us out of comfort zones and forced us to look at issues from new perspectives and approaches. In the process, it has demonstrated how crucial it is to work together across sectors and issues and to forge alliances across activism, policy, academia, practice, and beyond. Coronavirus has illustrated the myriad connections between different issues and social problems, and there is nothing in society that it has not touched.

Indeed, **the pandemic is illustrating how interdependent humans are, and that how we care for the most vulnerable members of society affects the well-being of everyone, because the virus will continue to spread unless we can keep all people safe.** This has led to unprecedented steps being taken, such as some governments suddenly providing hotels and other emergency accommodation for almost all people who are rough sleeping, showing what is possible when sufficient political will exists to tackle problems such as homelessness.[394] It also challenges masculine notions of humans being separate from nature, given the zoonotic origins of the virus, demonstrating that how we care for the planet and for non-human life directly affects our own health and well-being, too.

Men and boys helping to build a more equal world

Men and boys, therefore, have an absolutely vital positive role to play in pushing for and creating the kind of change that means we don't return to dangerously unsustainable and unequal pre-COVID

societies. We all have some degree of power we can use to help make this happen, but this is especially true for men in leadership positions of different kinds. However, the kind of change that is necessary cannot happen only at the political and structural levels; it also needs to take place at an individual and personal level. **The societal "pivoting" that we are all currently experiencing is a crucial moment for men to reflect on how our lives are shaped by notions of masculinity, how we behave toward people around us, how we take care of ourselves and our loved ones, how we interact with the natural world, and how we might be able to contribute to the making of more healthy and more egalitarian societies.** In many ways, COVID-19 is challenging ideas of what it means to be a man, and lots of men are learning about previously underexplored aspects of themselves, whether that be by spending more time with their families, finding new ways to bond with friends and show solidarity with others, or volunteering to support their local communities.

There have been so many inspiring examples of people's individual and collective responses to COVID-19, from essential workers saving countless lives and keeping society running, to mutual aid groups supporting members of the community in need, to people going to incredible lengths to care for their family members and friends in person and online. Individuals and communities have come together to tackle problems in collective and collaborative ways, showing where the solutions lie to address so many other issues that humanity faces. The pandemic has, therefore, shown the extent of change that is necessary, and also quite possible, to build more equal, peaceful, and sustainable societies. **We have often thought of patriarchy – the historical power structures that give men collectively more power over women and that create power inequalities between groups of men – as either unchangeable or so powerful as to be extremely slow to change. COVID-19 is a pandemic bringing massive societal harm. But it could also bring about a seismic movement toward a more caring, connected, egalitarian version of being a man, and being human, if we** *make* **that change happen.**

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6. Conclusion

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