

Toxic maskulinity

Are men the problem with mandating mask use?

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Research shows that men are more likely than women to refuse to wear a mask as a COVID-19 precaution, revealing much about the state of gender equality, Caroline Schuster writes.

In the wake of the deadly insurrection at the United States Capitol building on 6 January, several congressional representatives tested positive for COVID-19. Representative Pramila Jayapal, a Democrat who was infected after sheltering in the Capitol, **publicly railed against Republican colleagues** who she said “refused to take the bare minimum COVID-19 precaution and simply wear a damn mask in a crowded room during a pandemic.”

In Australia, after New South Wales made masks mandatory in indoor settings following on outbreak in early January, protesters rallied in Bondi, **singing** “you can stick your sanitiser up your arse”. While anti-mask protests are not nearly as widespread, nor the debate as politically polarised in Australia as in the United States, the willingness of many to flaunt public health guidelines raises questions. What explains such a strong pushback against mask use as a COVID-19 precaution?

Much of the debate has centred around toxic masculinity. Donald Trump’s reticent attitude towards face masks has been described by his political rival and successor, Joe Biden as “macho.” A Fox News host **countered** that Biden “might as well carry a purse with that mask.”

This exchange is symptomatic of a wider finding within pandemic-related public health research. In a US-based **survey**, political scientists **found** that men have been consistently less likely to report wearing a face mask.

Tellingly, gender subjectivity plays a crucial role. Assessing attitudes within partisan groups, the survey found that “men who report ‘completely’ masculine gender identities are significantly different than their fellow partisans, and much more likely to reject mask-wearing.”

But how did masks come to be associated with gender dynamics to begin with, and what is apparently feminine about a medical mask?

First, there is a need to hit pause and examine masks themselves. The important first step to rethinking the mask is to frame it as what researchers call **gendered material culture**.

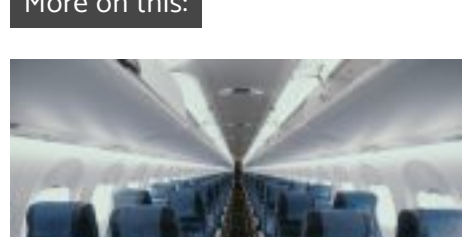
Looking at their production, distribution, and use is an important corrective against stereotyping or making dubious claims about universal or natural ‘manly essences.’ Actually examining masks themselves can offer better policy tools to address the gender problems that are holding back their use among men.

During the pandemic response, medical masks have been doubly feminised. On one hand, it has been widely observed that women’s labour was quickly recruited into producing handmade masks, and anthropologists **found** that around the world “women young and old pulled out their sewing machines and transformed their living rooms and bedrooms into sites of domestic production.”

Women’s labour is stitched into the very fabric of the mask problem, but they aren’t the only gendered aspect of the pandemic. Lockdowns and work from home measures revealed that **domesticity is in crisis**, and highlighted the staggering level of paid and unpaid domestic labour women shoulder in the household. Masks are **associated with housework**, which is disproportionately allocated to women in Australia.

On the other hand, the care sector – including nursing and aged care – is closely identified with medical masks, both to protect vulnerable patients and staff, and is full of heavily **feminised** professions.

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This moral panic was turned on women and is clear both in the international news coverage of the **10 California nurses** who were suspended for refusing to work without proper personal protective equipment, and the outrage levelled at aged care workers in Melbourne – many of whom are migrant women of colour – who were accused of **spreading the virus** because their underpaid work meant that they had to work multiple jobs.

In the United States, when medical masks materially jump from feminised professional care to the general public, they have also been closely associated with Asian-Americans. As one **analysis** of the racial politics of mask use attests, “instead of representing a good citizen helping to stop the spread of a possible contagion, a protective mask transforms Asian bodies into the source of contagion.”

Understanding material culture imbued with **intersectional** symbolic associations can help policymakers fix the problems with mask uptake. It also goes some way towards understanding the contradictions between the widespread adoption of face-covering flag bandanas – apparently as an expression of free speech – by members of the far-right **Proud Boys** militia in the United States, and a simultaneous refusal to wear medical masks.

From a policy perspective, the gendered material culture of masks raises important questions about freedom of expression, like whether people have the right reject a mask and not be ‘muzzled’. It should be noted that Congresswoman and QAnon supporter Marjorie Green’s **mask protest** shows that it is not just men who are reluctant to symbolically associate with things deemed too feminine.

At the core of this is the undervaluing of women and femininity. Women are silenced by the same norms that contribute to masks appearing feminine. Female **scientists** make up only 24 per cent of the experts tapped to shape public opinion and steer national task forces. **Nurses** are highly competent and have deep experience with medical crisis response, and yet are rarely reported as policymakers, public decision-makers, or portrayed as ‘at the table’.

Ultimately, all the gendered problems at the heart of the mask debate are representative of a much wider equity problem about which voices are valued and heard, both in the pandemic response and in society as a whole.

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