

CHAPTER 11

Unmasking Masculinity during COVID in the Middle East and North Africa

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“Real men don’t wear masks,” reported *Independent Magazine* (Petter 2020). Several news outlets documented that—despite having higher death rates from contracting COVID-19—men were less likely to wear masks out of pride, confidence, prejudice, and, most importantly, masculinity (Duarte 2020). In this chapter we explore how masculinity influenced men and women’s attitudes toward wearing masks, as a form of prevention and protection in response to the COVID-19 pandemic. Middle Eastern and North African (MENA) men are stereotyped as strongly expressing masculinity. We were curious to know whether Arab men were more likely than Arab women to be opposed to wearing a mask. Further, we wanted to know whether masculinity and mask-wearing vary by education levels, national origin, or age.

We view this study as groundbreaking in several ways. First, it is the first study to attempt to quantitatively measure masculinity using indices developed for respondents in the United States, as discussed later. Second, it examines masculinity across gender, regardless of the assigned sex. Third, it explores the efficacy of online and social media platforms in delivering an analysis of attitudes in MENA.

As gendered subjects, Arab men are often portrayed as “violent and misogynistic,” overemphasizing their masculinity and sexualized power. Recent findings have analyzed masculinity in MENA as being constituted at the intersection of local, national, and global understandings of modernity and modern subjectivity (Jacob 2011). Others have painted a nuanced picture of emergent masculinities that intersect education, technology, globalization, and modern social structures (Inhorn 2012).

We set out to first define masculinity in MENA as discussed in the literature on gender identity in the region and hence lay out the current research

on how masculinity played out during the COVID-19 pandemic. Zooming in on the MENA region, we discuss men, masks, and COVID-19 as reported in the regional media and present our online survey of masculinity and the novel coronavirus. While our data and findings have some limitations, they offer a window into where men and women in the region stand on masculinity and how these views affect their attitudes toward mask-wearing. Finally, our lessons learned from the online survey and the literature review on masculinity in MENA inform our policy recommendations to governments and health-focused research institutes in the region.

Defining Masculinity in MENA

Gender studies in MENA have primarily focused on women and their historic and evolving roles in private and public spheres. While this body of literature has included men's presence (Sinclair-Webb and Ghousseub 2006, 9) and the power they yield in these two spheres, men's "gendered identifications were rarely investigated" directly (Ghannam 2019). To date, masculinity studies in MENA remain a relatively new yet growing field that seeks to understand better the "interplay" of a myriad of local and regional social, cultural, religious, economic, and political forces and systems in which masculinity is produced, amplified, or shifting (Ghannam 2019). As this body of work expands further to illuminate the nuances of masculinity in MENA societies, it is worth noting that our definition of masculinity in MENA in this chapter is in line with widely recognized traits comparable to Western literature's definition of masculinity. These traits include and are not limited to "toughness," "engaging in risky behavior," "being protective" of weak family members (mainly female), and independence/self-reliance. These traits are not defined or discussed in negative or positive terms but rather are regarded as characteristics of masculinity in the regional context as portrayed in the media, TV, and film or as communicated and understood in the sociocultural discourse. As Hasso (2018) posits, masculinities are "achieved in context and often have to be proven through behavior" and are "structured by social institutions and cultural discourse."

The masculinity traits already mentioned are captured by Mahadeen (2016, 450) in her semantic analysis of masculinity in the Arabic language. She argues that in contrast to the Arabic words *rujula* (manliness) and *dhu-kura* (maleness), the word *marjala* (masculinization) offers the best interpretation of masculinity in the Arab region. *Marjala* "incorporates bodily, affective, socially constituted, symbolic, and performative dimensions of

masculinity” that also include the positive aspects of hegemonic masculinity such as “bravery, protection of the weak, and generosity” (Mahadeen 2016, 452). In this case, protection of the weak includes not only women, although they are generally regarded as the weaker and more fragile sex.

Highlighting these aspects of masculinity is crucial to understanding its complexity in the MENA region, particularly because scholarly research and media reporting on the topic have often reinforced the notion that Middle Eastern men are aggressive and prone to violence, due to notions of toughness or risky behavior associated with hegemonic masculinity. As Amar (2011) writes, such portrayals give carte blanche to political and economic systems and institutions to use repressive policies to address the unruly male (Amar 2011, 38). Further, as noted in the UN Women’s study on men (UN Women 2017), these widely embraced masculinity traits or masculinities in MENA produce additional social pressure on men in the region, as the vast majority of them strive to realize the provider model of manhood, amid deplorable economic conditions and astronomically high unemployment rates.

Varied manifestations of masculinity in MENA society are not confined to men. Women in the region often view their roles and those of men through the prism of Mahadeen’s *marjala*. According to UN Women (2017), a majority of men interviewed in Egypt, Morocco, Lebanon, and Palestine “support mostly inequitable views when it comes to women’s roles” such as caring for the household, a notion that about half of or more women across the four countries also support. This finding further reinforces the “provider” or “protector” role that stems from the conventional understanding of masculinity in the region that both men and women share.

Addressing masculinity in MENA is vital to avoid casting it as the sole “source of evil,” particularly regarding the myriad gender-based challenges the region faces, including inequality in the workplace and gender-based domestic violence. However, these traits (toughness, engaging in risky behavior, and self-reliance) remain at the core of Middle Eastern masculinity or *marjala*. In this chapter we focus on *marjala* to understand the difference between men and women’s attitudes and behaviors toward mask-wearing during the COVID-19 pandemic.

Masculinity and COVID-19

Various studies, primarily in the United States and Europe, have examined men’s general health practices and how those played out specifically during

this global pandemic. In July 2020 the US Centers for Disease Control and Prevention (CDC) published a study (Griffith et al. 2020) highlighting the need to understand better why (according to local, national, and global sex-disaggregated data) “more men than women have died of COVID-19 in 41 of 47 countries,” thereby “shining a spotlight on the neglect of men’s health.” While the study acknowledges biological factors in understanding these data (from differences in immune systems to hormonal and genetic ones), it argues that “psychological, social, and behavioral components” are critical in analyzing and tracking “COVID-19 progression” (Griffith et al. 2020). This finding suggests that masculinity, a social and behavioral attribute, can predict the likelihood of contracting COVID-19.

Palmer and Peterson (2020) coin the term “Toxic Mask-ularity” to describe the correlation between men’s health and undertaking risky behaviors. Referencing masculine traits defined above, such as toughness and self-reliance and thus not asking for help, their essay echoes other studies’ findings that men enact these traits. They downplay the severity of the disease, delay seeking help if symptoms appear, and neglect to follow guidelines and policies by health officials on protection and prevention, including social distancing, mask-wearing, and/or handwashing (Palmer and Peterson 2020, 3). Griffith et al. (2020) point to polls in the “first wave” of the pandemic, illustrating, for example, that “fewer men than women have reported that they have been avoiding large public gatherings or avoiding close physical contact with others.” Thus, by adopting masculine behaviors such as taking risks and masking their weaknesses, men increase their exposure to COVID-19.

Several US-based surveys show the correlations of masculinity, masculine norms, and mask-wearing. “Sexism, [as] a component of masculine belief systems, predicts lower levels of concern about the coronavirus, lower levels of engagement in precautionary behaviors, lower levels of support for state and local pandemic policies, and ultimately higher levels of COVID-19 sickness” (Reny 2020, 1029). Likewise, Palmer and Peterson (2020, 2) find that identifying with masculinity traits “has a significant influence on affective responses toward mask wearing.” The survey findings expressly note that “masculine toughness is consistently related to higher negative feelings and lower positive feelings about mask wearing.” In their analysis of gender differences in intentions to wear a “face covering” or a mask, Capraro and Barcelo (2020) found that men were less likely than women to want to wear a face-covering when given the option. Men also were likely to believe that they would be seriously affected by the coronavirus but more likely to feel shame, weakness, and stigma for wearing a mask (Capraro and Barcelo 2020). However, Howard (2021) notes that the correlation between gender

and mask-wearing was not statistically significant. Furthermore, men perceived the mask as infringing on their independence, whereas women perceived it as uncomfortable (Howard 2021). Likewise, Ruxton and Burrell (2020) reinforce the links between risky health behavior and masculinity but also shed light on how “masculinist perspectives” had an impact on government responses to the pandemic, “encouraging dismissiveness based on notions of being ‘too tough’ to need to worry about it and the use of warlike rhetoric in framing [it].”

These studies underline the importance of considering psychological and sociocultural factors in understanding gender differences in health practices, particularly as the global community continues to grapple with the effects of the COVID-19 pandemic. In the absence of equitable access to vaccinations, it is clear that mask-wearing, social distancing, and other health practices were essential to protecting oneself and limiting the spread of the virus, thereby reinforcing the need for more sex-desegregated data in this regard. This research has informed our online survey on gender and COVID-19 in the MENA region, and allowed us to explore the impact, if any, of masculinity on mask-wearing.

Masks, Men, and COVID-19

With a few Middle East–focused studies or surveys on the topic of men, masculinity, and the novel virus, some regional media outlets reported on gender differences in health behaviors, given emerging data on higher fatality rates among men worldwide. Other news outlets sought to examine this link locally through an investigative lens.

UK-based Sara Kayat (2020) asks whether COVID-19 is a “sexist” disease, as she delves into various health studies that look at men’s risky behavior concerning their health. Akin to other reports in Western media, she explains that this behavior is due to a “perceived ‘femininity’ of health concerns” and viewing risk-taking as a “masculine trait” enacted by most men. A UAE-focused news report noted how the “name-and-shame gallery published by the UAE government” reveals that “most violators” of mask-wearing “are men with only a handful of women shown to be in the wrong,” even as the fine for failing to wear a mask in public is 3,000 Dh (dirhams), the equivalent of \$815. The article asks, “Why do men want to flout the norm?” (Chaudhary 2020). It attempts to answer this question, noting that the mask may be “interpreted in the ‘toxic masculinity’ context as an emasculating symbol,” making men in the UAE “appear less macho” (Chaudhary 2020).

While this news article notes that a quick reading of the names of those fined showcases this gendered outcome in mask-wearing, it does not seem that the data on fines, whether regarding mask-wearing or other COVID-19 protective policies, are sex-disaggregated or presented as such.

As mentioned earlier, other articles conducted research online, lacking the local investigative reporting angle on the link between gender and COVID-19 in the region. Instead, they were limited to reporting on studies conducted in the United States and/or Europe, akin to the two discussed earlier (Egyptian Today 2020). The paucity of information or lack of studies on these correlations is a data point in itself. The absence of this topic in the public discourse in the region, which “is still regarded as one of the seats of patriarchy” (Sinclair-Webb and Ghoussoub 2006), is worth analyzing. That is why we set out to examine these attitudes in the MENA region through an online survey.

Methodology

Given the constraints of the spread of COVID-19, the difficulty of traveling to the Middle East to conduct research, and the rising efficacy of online research, we relied on administering the masculinity and gender survey using Google Forms and disseminating the link on various social media platforms to our professional and personal networks. Online surveys permit researchers to efficiently collect large amounts of data within relatively short time frames from hard-to-reach populations. They are also convenient, giving respondents the ability to answer at their leisure, and allow for a diverse set of questions without the need for advanced technology. We paid particular attention to the design and implementation of the survey to ensure that the wording of all questions was clear in Arabic, and that they were precise and asked consistently of all respondents. Of course, we also paid close attention to ethical concerns that could have arisen (Regmi et al. 2016).

Using our Facebook, Twitter, and LinkedIn profiles, the survey was open for two weeks between February 3 and 19, 2021. We also used targeted solicitation by reaching influencers from our networks in countries like Jordan, Tunisia, Yemen, Libya, and Iraq. We ensured that we have some representation from each country. Respondents who identify as Palestinians were captured regardless of whether they lived in the West Bank, Gaza, Israel, or the diaspora. Our network consists primarily of professional circles such as personal contacts from the Wilson Center, Middle East Partnership Initiative, Association of Middle Eastern Women Studies, and other similar

professional networks. Therefore the data collected are skewed heavily toward college-educated respondents and those pursuing professional careers.

While the survey showed some striking results, we also learned anecdotally from those who did not take the survey. Male colleagues and friends who contacted us directly explaining their reasons for not taking or distributing the survey had issues with the concept of gender and the accuracy of science. Issues with gender as a concept reflected inclusivity beyond the comfort level of some, as explained by a colleague to us in a message: “Happy to, but would you consider editing the title? *Al Nawe Al Ijtimaii* [gender], it sounds like alternative phrasing for LGBTQ. And you don’t need to mention that detail in the title. Can just be a survey about COVID?” (Facebook message, February 14, 2021).

A more striking response came from a dental hygienist in Lebanon who declined to take the survey or share it:

Sorry for not contributing, to tell you the truth I’m fed up with all what is related to corona bullshit, this amplification of this so-called pandemic is making me crazy, I am not willing to help spreading this crazy amplified terror by sharing statistics on a disease living with us since ever, damn Bill Gates and the WHO and all suspicious vaccines they are trying to promote! Once the CEO of Pfizer takes it and stops giving stupid arguments why he’s not vaccinated . . . I’ll reconsider . . . they are leading the world to an evil new concept by amplifying their PCR cycle tests and promoting for some 0.00002% rate of mortality, far below than any normal pneumonia ratio, take care, dear.

We are also cognizant of this study’s limitations. First, the data collected are not generalizable because the study relied on convenience sampling rather than a representative random sample. Second, the masculinity index was not statistically significant and we limited the number of questions to fifteen to increase the response rate, which touched some topics only on the surface. Third, respondents specifically reported their marital status and sex in the same question, as shown below. This questionnaire omitted sexual orientation and sexuality, assuming that respondents would identify with heterosexual gender roles of single, married, or other. Though a limitation in the study as discussed, this approach allowed us to explore whether marital status impacted men and women’s attitudes toward masculinity and mask-wearing. Finally, we had some questions about the directions of responses but could not follow up with respondents, as we did not ask for identifying information.

The final tally registered 720 total respondents: 363 men and 357 women.

The majority of respondents lived in MENA; 11 percent reported living in the United States, Canada, or Europe. We purged those from the analysis and opted to focus on MENA residents. The largest pool of respondents was from Tunisia (20 percent), followed by Jordan (18 percent) and Morocco (10 percent). About 11 percent reported originating from Palestine, and 9 percent reporting living there.

Although we did not design the survey to be representative of the MENA region's opinion as a whole, education is particularly skewed and deserves comment. Among our sample, 50 percent of respondents have terminal bachelor's degrees, while an additional 44 percent have at least a master's degree. A sample with 94 percent college graduates would dramatically overshoot the population mean of just about any meaningful geographic area. However, this proportion is all the more exceptional, as mentioned above, especially for a region that falls below the world average of gross enrollment in tertiary education at about 33 percent.

Masculinity Index

Guided by Caparo and Barcelo's (2020) and Howard's (2021) surveys, we constructed an index to capture the extent to which respondents held masculine views of a man's role in society or the household. The following statements were used to build the index:

1. When the going gets tough, men should get tough.
2. I think a young man should try to be physically tough, even if he's not big.
3. Men should get up to investigate if there is a strange noise in the house at night.
4. It is important for a man to take risks, even if he might get hurt.
5. A man must be able to make his own way in the world.

For all but the last statement, men were significantly more likely than women to hold masculine viewpoints in our survey. Additionally, women were significantly more likely to disagree with all statements, and the proportion of men agreeing with all statements was more than double that of women. This general trend is reflected in the overall Masculinity Index ($\alpha = .65$) too, with men registering 12 percentage points higher than women, on average. For ease of interpretation, the indices and individual variables in the following analyses are all rescaled from 0 to 1.

Figure 11.1 demonstrates this gender divide in perceptions of masculinity, even when controlling for marital status, age, education, and region of

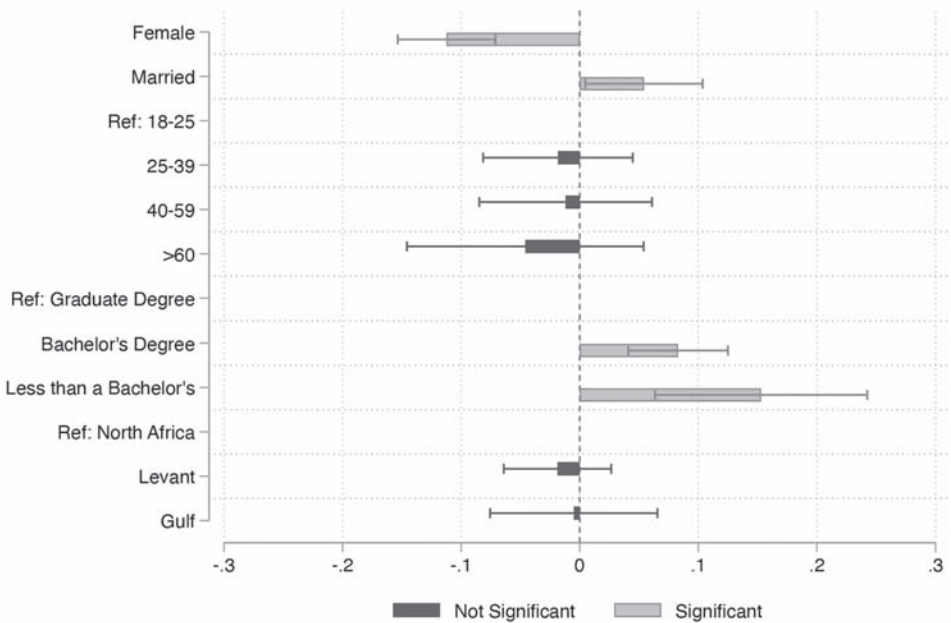


Figure 11.1. Masculinity Index—demographic determinants [Min = 0; Max = 1] (ordinary least squares, 95% confidence interval). Source: Khurma, Stephan, and Chouhoud 2022.

origin. While these findings are expected, we are able to verify that this Masculinity Index is valid when applied to the Middle Eastern population. Further studies should consider testing its applicability.

Masculinity and the Mask

Turning to COVID-19-related beliefs and behaviors, we first explored anti-mask attitudes by asking whether respondents agreed with each of the following items:

1. Wearing a mask is not always needed in public.
2. Wearing a mask is shameful.
3. Wearing a mask is a sign of weakness.
4. Pressure to wear a mask can be exaggerated.

Subsequent factor analysis revealed two discrete dispositions. Items 1 and 4 constitute what we dub “Soft Anti-Mask” attitudes, while we coded items 2 and 3 as “Hard Anti-Mask” attitudes. Essentially, Soft Anti-Maskers did

not feel that wearing the mask in public is always needed. They also felt that there is excessive pressure to wear the mask by some people who are overcautious. Alternatively, Hard Anti-Maskers associated feelings of shame and weakness with wearing the mask. Given that these sentiments may be driven by people's understanding of COVID-19 more generally, we also asked respondents to rate their knowledge of how to prevent the spread of the novel virus and, separately, their perceived risk of catching COVID-19 (both on a scale from 1 to 5).

As with the Masculinity Index, a clear divide exists between men and women. For each item, women were significantly less likely than men to express an Anti-Mask attitude. This divergence is more pronounced when considered dichotomously, and tallying the proportion of the sample expressing *any* Soft or, separately, *any* Hard Anti-Mask sentiment. Across both these metrics, the ratio of men to women is more than 2:1.

Next we explored whether the Masculinity Index had any influence on attitudes toward wearing a mask to reduce the spread of the novel coronavirus. We wanted to compare our findings to those who found that a sex-based divide exists in mask-wearing. For instance, as mentioned earlier, Palmer and Peterson (2020) argue that men were more likely to resist wearing masks, finding that identification with masculinity norms has a significant influence on affective responses toward mask-wearing. This finding was confirmed in non-Western settings as well. A quota sample of 1,500 adults in Hong Kong in 2017, for example, found that male adults had a lower frequency of using face masks during the pandemic, even when taking care of sick members of the family (Lee et al. 2020).

Figure 11.2 plots the predicted probability of holding any Soft/Hard Anti-Mask attitudes as a function of separate attitudes and beliefs as well as demographics. While women are more than 20 percent less likely to hold Soft Anti-Mask attitudes compared to men, masculinity does not appear to factor into this divide in the least.

Curiously, in terms of Soft Anti-Mask attitudes, knowledge of how COVID-19 spreads and the perceived level of personal risk of catching the disease pull respondents in opposing directions. Going from the lowest to the highest level of self-reported knowledge reduces the likelihood that respondents express Soft Anti-Mask attitudes by 15 percent. Likewise, moving from the lowest to the highest estimate of perceived personal risk of catching the novel virus, 14 percent were more likely to believe that they did not always need masks in public and/or that the pressure to wear masks was exaggerated. Hence, perceived knowledge of the virus and perceived risks of catching the virus were both directly related to Soft Anti-Mask attitudes. Interestingly, respondents in the Levant were less likely than respondents

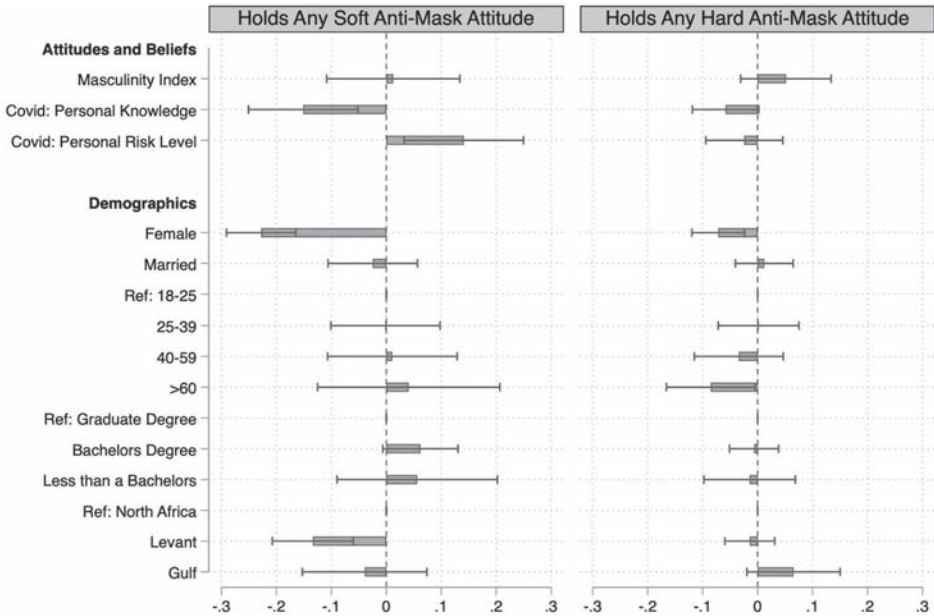


Figure 11.2. Predicted probability of holding Soft and Hard Anti-Mask attitudes (95% confidence interval). Source: Khurma, Stephan, and Chouhoud (2022).

in North Africa to hold these attitudes. Unfortunately, the limitation of this study did not allow us to follow up with respondents to learn the reasons for this divergence.

The drivers of Hard Anti-Mask attitudes were less evident than with the Soft variety. Turning again to the predicted probability of holding such sentiments in figure 11.2, gender is the only predictor worth highlighting. The multivariate analysis reinforces the summary means comparisons for the individual items above, with women remaining significantly less likely than men to express Hard Anti-Mask attitudes, even when controlling for potentially relevant factors. The general blunting of these other factors in this model is likely due to less variation in the dependent variable. In other words, while 32 percent of the sample expressed at least one Soft Anti-Mask attitude, that tally fell to 9 percent when it came to Hard Anti-Mask sentiments.

Masculinity and Risk

Of course, what matters during a pandemic is not simply people's beliefs per se but rather their enacting of those beliefs in behavior. To that end, we

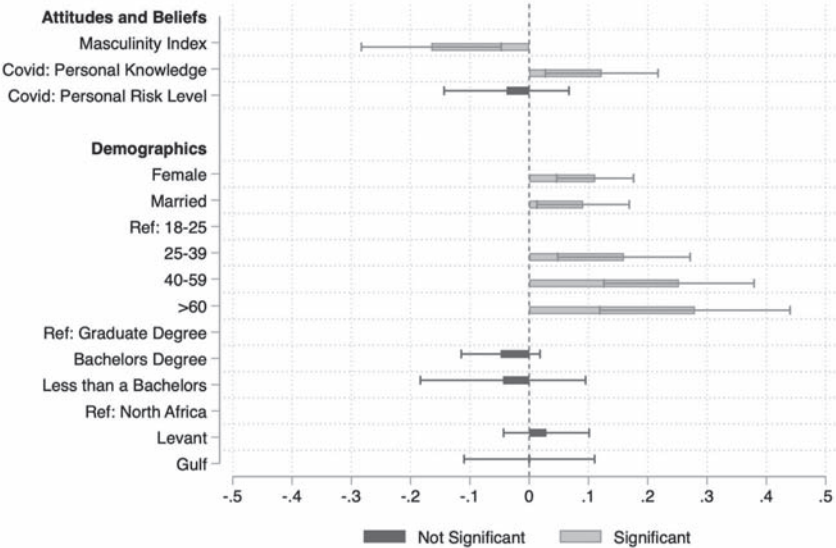


Figure 11.3. Predicted probability of consistently safe interactions (95% confidence interval). Source: Khurma, Stephan, and Chouhoud (2022).

also gauged whether respondents practiced risky behavior when interacting with others. Specifically, we asked whether they avoided the following scenarios:

1. Hug a friend I see in the street.
2. Kiss a friend I see in the street.
3. Shake the hands of people I know.

Across the whole sample, 71 percent of respondents were consistently safe in their interactions (they avoided each of the risky behaviors listed above). Figure 11.3 models the predicted probability of falling into this category. The plot once again evidences a gender divide, with women about 10 percent more likely to consistently err on the side of caution in their interactions. Another demographic divergence also stands out. All age groups are significantly more likely than those eighteen to twenty-five years old to avoid risky behaviors (cohorts between the ages of twenty-five and thirty-nine are 15 percent more likely, those between forty and fifty-nine are 25 percent more likely, and those who are sixty and older are almost 30 percent more likely).

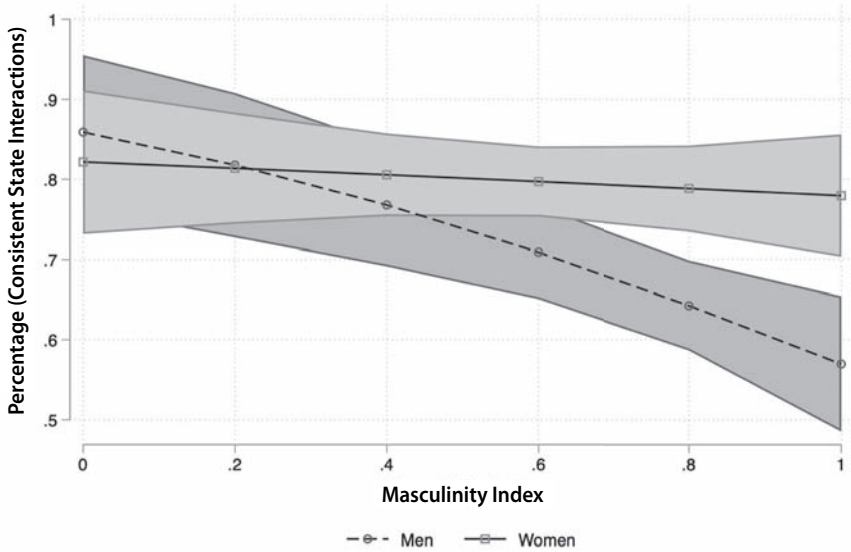


Figure 11.4. Marginal effect of MI on consistent safe interactions, men versus women. Source: Khurma, Stephan, and Chouhoud (2022).

Perhaps the most notable finding in figure 11.3 is the statistically and substantively significant impact of the Masculinity Index. Those who are highest on the scale are 15 percent less likely to safely interact with others compared to those at the lowest end of the scale. More significantly, the impact of the Masculinity Index is not uniform across the sample. Figure 11.4 compares the marginal effect of these views between men and women. This plot demonstrates that at lower levels of the Masculinity Index men and women are statistically indistinguishable in their likelihood to be consistently safe in their interactions. Men diverge from women only at higher levels of masculinity. Specifically, men lowest on the Masculinity Index are about 86 percent likely to avoid all risky behavior, whereas their counterparts at the highest level of the scale are only about 56 percent likely to do so. Women, however, are consistently around 82 percent likely to maintain safe interactions at all levels of the index.

Conclusion and Policy Recommendations

The masculinity and COVID-19 discussion is an essential and often missing link in the pandemic's narrative on gender in the MENA region. It is

the sparsity of the Middle Eastern masculinity literature and the limited data on gender differences in health behaviors during the pandemic in the region that propelled us to examine the masculinity link in the MENA region. While constrained by various limitations, our groundbreaking online survey that tackled COVID-19 and gender in the Middle East and North Africa provided important insights into the impact of masculinity on mask-wearing. Akin to other surveys conducted in the United States and elsewhere, our data analysis reveals that women were significantly less likely than men to express an Anti-Mask attitude.

In this chapter we have attempted to measure masculinity quantitatively, using indices developed for respondents in the United States. We found that men were twice as likely to score high on the masculinity index as women. In analyzing the impact of masculinity on safeguarding against COVID, we demonstrated that men and women with a lower Masculinity Index were statistically indistinguishable in their likelihood to be consistently safe in their interactions. Second, we sorted risky attitudes between Soft Anti-Masking and Hard Anti-Masking attitudes. We showed that Soft Anti-Maskers did not feel that wearing the mask in public is always needed but thought that the pressure to wear a mask is exaggerated. Alternatively, Hard Anti-Maskers associated feelings of shame and weakness with wearing the mask. Finally, in an environment with limited mobility, this study verified that quantitative research is possible online and in a complete virtual setting, but not without limitations. Nonetheless, social media-based research is a field that could have endless possibilities.

The paucity of research on the links of health behaviors during the COVID-19 pandemic, gender, and masculinity in the MENA region is a key driver behind this chapter and the online survey designed to explore any correlations. While this is a modest attempt to capture the whole picture in the region regarding the impact of masculine traits on protective and preventive behaviors related to the pandemic (mask-wearing, social distancing, and so forth), the findings and observations allow us to prescribe a few policy recommendations for various entities in the region to consider, especially as COVID-19 rates continue to rise, albeit in varying degrees, across the MENA region.

First, in recording COVID-19 infection rates, fatality rates, and response to treatment, it is important to ensure that all data are sex desegregated and to make these data public and accessible to researchers. Studying the data may help governments and health officials present more informed health policies and regulations. Such data are instrumental in drafting health messages to local populations. As the aforementioned Gulf News report noted

in the discussion of non-mask-wearing fines, “if men are told that the mask is an extension of their image of a provider and protector of their family,” two key masculine traits, they may likely be “more responsible and compliant” in regard to mask-wearing and other recommended behaviors to prevent or protect from COVID-19.

This brings us to the second policy recommendation: to customize health messages through the gender prism, as needed. While this seems farfetched in the absence of extensive data on masculinity traits and their impact on health behaviors in MENA, gendered messaging serves to shed light on an often-ignored yet simple approach. As strict lockdowns are imposed in some countries and noncompliance fines are proving insufficient to control the spread of the virus, a masculinity-focused policy might be worth considering.

Third, gendered attitudes toward mask-wearing as a form of health behavior during this pandemic, as revealed by various US studies and our on-line survey, make critical the need to better understand health behaviors in the MENA region through a gender lens. Studies comparing men’s and women’s general health behaviors in the region are unfortunately scarce. Such information is vital in addressing illness and disease in a region that suffers from inadequate public health services. Investing in scientific studies that look at differences, if any, in men’s and women’s health behaviors is crucial for governments, the private health sector, or international health-focused organizations to undertake in the Middle East and North Africa.

Note

The views expressed in this chapter are those of the authors and do not represent the views of and should not be attributed to the US government, the United States Department of State, or the United States Agency for International Development (USAID).

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