

VULNERABLE WOMEN POPULATION DURING THE COVID-19 PANDEMIC

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Abstract. The COVID-19 pandemic provoked heritages for all citizens, from the richest to the poorest, but exacerbated, even more, the hardships of vulnerable people in economic, social and psychological spheres. Within the H2020 project “COVINFORM”¹, this case study focuses on vulnerable female population, which is “doubly-burdened”, facing both economic vulnerability and gender disparity. Moreover, the study brings out those aspects affecting migrant women. Through a qualitative survey, it was possible to identify the responses of the policies adopted at that time. Women suggest a severe psychological impact of the pandemic about being away from family and losing jobs. Distancing and fear of infections aggravated the isolation of migrants. The solidarity network among Non-Governmental Organizations (NGOs) and civil society was crucial for vulnerable people at all research sites.

1. Introduction

The COVID-19 has severely hit the whole world, with an estimated 767 million infected people and more than 6,9 million of deaths, as at the end of June 2023². In the months since March 2020 on, when the World Health Organization first declared COVID-19 a global pandemic, the situation rapidly worsened from a public health crisis to a global economic and social crisis, with both short and long-term consequences. Political leaders in many countries took measures to limit the contagion rates in order to relieve the pressure on health care systems and prevent the excess deaths. Measures had a different impact across regions and municipalities in the world and governments worked arduous to interconnect all multidisciplinary mechanisms inside the societies.

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² Data retrieved from <https://covid19.who.int/> on 30 June 2023.

According to the report published by OECD, the virus has had devastating impacts on physical health and mortality. Excess deaths in 33 OECD countries averaged 16% between March 2020 and early May 2021, compared to the average number of deaths during the same period from 2015 to 2019. This resulted in a 7-month fall in 29 OECD average life expectancy in 2020 (OECD, 2021).

Although government support helped to sustain average household income in 2020 and stemmed the tide of job losses, the average working hours fell sharply and 1 in 3 people in 25 OECD countries reported financial difficulties (OECD, 2021). In the second half of 2020 the youth unemployment rate was double than the working-age adults one. All economic sectors were affected through disrupted global supply chains, weaker demand for imported goods and services, a decline in international tourism and a decline in business travel (OECD, 2020). Entrepreneurs particularly hit by measures to contain the virus spread (OECD, 2020). Overall, the global economy set for a recession.

Experiences of the pandemic varied widely depending on age, gender, race and ethnicity, as well as jobs, pay and skills. The United Nations (UN) and other bodies such as the International Monetary Fund (IMF) stressed that the pandemic increased inequality globally. An additional 8% of the world's population was predicted to fall into poverty (Sumner et al., 2020).

Socially isolating was easier for people with spacious homes, with areas to walk, and reliable fast Internet. People living in overcrowded houses with a few or unsafe open areas, lack of running water to wash hands, and inadequate access to the Internet (Egger *et al.*, 2020) or institutions (prisons and refugee detention centres/camps) were more vulnerable to the negative effects of isolation measures. Homeless people, often living with mental illnesses, were particularly vulnerable. Those holding insecure and casual jobs were the first to be laid off and faced unemployment, with its attendant mental and physical health effects.

In this context, from a policy perspective, understanding whether and how communities respond to government is a crucial action.

This paper is realized in the framework of the H2020 project "COVINFORM³", in particular within the WP6 of the project "Citizen and community responses and impact assessment". Aim of WP6 is to identify barriers, unintended consequences, trade-offs, lessons learned and practices in COVID-19 responses across diverse local contexts. An estimated n.180 interviews were identified, described, and analysed, 12 from each target country and municipality. This study attempts to bring out the difficulties lived by vulnerable population, especially migrant population in six out of 15 countries participating to the project: Austria, Belgium, Germany, Italy, Spain and Sweden.

³ Website of the COVINFORM project is available at <https://www.covinform.eu/>

According to OECD, immigrants were disproportionately affected by COVID-19 (OECD, 2022). This was due to a range of factors such as poorer housing conditions with higher incidence of overcrowding; a higher dependency on public transport; overconcentration in areas with higher population density; fewer possibilities for teleworking and a higher incidence of frontline job; as well as language barriers and other structural obstacles to access health services and communications regarding prevention measures.

In particular, we aim to disentangle how the interviewed population reacted to difficulties faced during the pandemic, their expectations and the role of governments and communities in their life.

2. The case study of female population

In the attempt to shed light on the myriad of experiences of women about the gendered impacts of the pandemic in time of COVID-19, the researchers of the project decided to interview a sample of women with vulnerability.

Literature shows that across every sphere, from health to the economy, security to social protection, the impact of COVID-19 was exacerbated for women and girls only due to their sex. UN Secretary General António Guterres noted on 9 April 2020 that COVID-19 was going ‘... *deepening pre-existing inequalities which are in turn amplifying its impacts on the lives of women and girls*’ (UNSDG, 2020). He advocated that any government plan for economic recovery post-COVID-19 had to have leadership and equality for women at the centre.

Approximately a quarter of women and men lost their job during the pandemic (UN Women, 2021). The decline in employment opportunities had a significant impact on women's engagement in the labour market, particularly considering that women had lower participation rates during the pandemic compared to men. For women aged 25-54, the participation rate was 63%, whereas for men, it was 94% (UN Women, 2018). The decrease in employment was also evident in the average duration of paid working hours. Own-account women workers⁴ were especially likely to see their paid working hours reduced (82% women compared to 65% of men). This is explained by the evidence that women own-account workers are overrepresented in the retail trade, accommodation and food sectors, which have been hit hard at that time (ILO, 2020a). Furthermore, globally, 86% of own-account workers working informally, women working informally are more affected

⁴ Defined by the ILO as “workers who, working on their own account or with one or more partners, hold the type of jobs defined as a “self-employment jobs”, and have not engaged (on a continuous basis) any employees to work for them.”

than men by the pandemic as they are often in more vulnerable situations than their male counterparts (UN Women, 2021).

Prime-working age women, widowed women and women with limited education were especially vulnerable to the economic shock (Scarpetta *et al.*, 2010).

Women who lost jobs were more likely to see increased unpaid care and domestic work. In particular, the amount of time women employed to unpaid care work increased with the presence of children in the household (ILO, 2020b). This points out that women's domestic and care obligations forced them to cut down paid working hours more than men, so reflecting the unequal ways domestic and economic responsibilities are shared between women and men living together. Clearly, all these factors have had repercussions on women's mental and physical health, exacerbating gender inequalities also in mental or emotional strains.

Additionally, this study aims to bring out the double burden of migrant women who have had to deal with issues concerning both economic and gender vulnerability and their experiences as immigrants.

Women migrant workers, as stated in the UN Women Guidance Note, were at a heightened vulnerability towards job loss, exploitation of their labor and human rights, and the contraction of the coronavirus. They are likely to work in the informal economy, especially domestic service and the care sector, with insecure contracts and no paid leave or ability to work from home. They are also more likely to be engaged in short-term work. Their jobs are generally excluded from social insurance schemes, which means no social safety nets to compensate for lost income and limited access to health care and maternity protection.

According to the Migration Data Portal's latest update in 2020, there are approximately 8.5 million female migrant domestic workers worldwide. Unfortunately, the outbreak of the pandemic resulted in their job dismissals, accompanied by disregard and denial of their health and safety.

For live-in migrant domestic workers, losing their jobs also means losing their place to live. The onset of travel restrictions has increased financial challenges and uncertainty, with many stranded far from home (Carvalho *et al.*, 2020).

The economies of many countries around the world are sustained by the remittances sent home by women migrant workers (IFAD, 2017). Remittances provide a lifeline for families and communities in their countries of origin, especially during times of crisis. Given the economic downturn caused by the impacts of COVID-19, women migrant workers sent fewer remittances, further increasing the vulnerabilities of families that depend on this income.

3. Data and Methodology

During the research, each project partner collected a list of civil society organizations (CSOs) active in their target sub-national research site, then it assessed the candidate organizations for relevance with regard to participation in COVID-19 responses and contact with vulnerable groups. On February 2022, it was decided to focus the forthcoming resident interviews on low-socioeconomic status women. Accordingly, several partners targeted at least one CSO serving this vulnerable group. Additionally, it was determined that at least 12 women should be interviewed per site.

Our empirical research draws up on the findings of the qualitative survey carried out in the following research sites: Austria, Belgium, Germany, Italy, Spain and Sweden. For this study, we have collected data from 76 women interviewed in the chosen countries, 52 of them are migrants. A more narrowly defined sample provides a more credible research design and enables us to arrive at more reliable conclusions.

The method used is the semi-structured interview, which follows a guide realized by the researchers of the COVINFORM's Consortium. It is centred on the general topic of the lived experiences from 2020, the beginning of the pandemic, to July 2022, when the interviews took place. The semi-structured interview crosses topical trajectories as the conversation unfolds, in particular it is divided into seven main topic questions:

1. A warm-up question;
2. Key memories of pandemic: the most important memories of the pandemic;
3. Social networks: how face-to-face contacts changed;
4. Support networks: any kind of support received during that time;
5. Information seeking and sense-making: how and where the respondent inquired about the virus, measures, testing, vaccines...;
6. Living Environment: how the place where the respondent lives played a role in the experience of the COVID-19 pandemic;
7. Closing question.

As explained in the resident interview guide within the WP6, the uniqueness of this survey is to collect more innovative data on issues that have not already been documented: vulnerability has always been concerning with an ascribed status rather than a realistic experience. Focusing on a group frequently considered as vulnerable, gives the opportunity to engage with the differences between ascribed and lived vulnerability.

Moreover, the chosen group is relevant and comparable across national contexts. Low socio-economic status (SES) is consistently considered a risk factor

or *driver of vulnerability* across country contexts, which makes it a group that can suitably be compared across partner countries.

The main strategy of the project, which is outlined in the guide, was to carry out interviews as a part of the study to monitor how women of low SES acquired information and formal/informal support during the COVID-19 pandemic.

A significant aspect of this study is that it also provides valuable information by focusing on the sub-category of migrant women, as well as comparing whether different factors have emerged in their lives.

Based on COVINFORM's intersectional theoretical framework, we used social network analysis focuses on patterns of relationships between actors, individuals or even organizations/institutions, and the exchange of resources between them. Resources can be *tangible*, such as financial resources, services, practical help or goods, or *intangible* such as a friendship, social support and information. Social networks can help to explain why certain people have greater access to influence and power through the resources and information disseminated through social ties at different levels (household, community, or institutional), and therefore have different experiences of the COVID-19 pandemic. Social network analysis also allows us to explore how people can mediate disadvantages, and how groups of people are not homogenous, even if they share specific characteristics (e.g. gender, SES and migrant status) (Information is available in the guide).

This analysis is particularly relevant to better understand the experiences of women with low SES, as poverty often leads to social exclusion or isolation, and even more so when the survey concerns women belonging to a further disadvantaged social category, such as migrants. Limited social networks and support are more frequent among socio-economically disadvantaged people, with fewer external or non-family ties, therefore more limited social networks have restricted the access to information or instrumental forms of support on a large scale.

During the pandemic, lockdown and social distancing measures further enhanced the isolation of some individuals, despite more social support being needed to cope with the additional stress factors concerning finances, health, and wellbeing.

The research findings could assist policymakers in strengthening the quality of support networks and improving information access for more marginalized groups.

4. Results

The following results refer to a sample of 76 women. The main demographic characteristics of the samples interviewed in each country of residence are

described below. Note that for some countries it was not possible to collect all demographic characteristics of the population.

- In Austria of the 12 respondents, 6 are migrants. The average age of the women is over 50. The number of children is at least three for each woman. About half of them are unemployed. The declared jobs are caregiver, housekeeper, shop assistant, butcher, cook, and tailor. The migrant women come mainly from Afghanistan, Russia, Ukraine and Serbia;
- In Belgium of the 12 respondents, 10 are migrants. The average age of the women is over 40. All women are married or widowed. The number of children is at least three per woman. The migrants come mainly from Morocco, Afghanistan and Israel;
- In Germany, of the 17 respondents, 14 are women specifically 7 are migrants and 3 are men, excluded from the sample. They are retired or pre-retired, job seekers or jobless, and some of them are apprentices. Migrants come from the former Yugoslavia, Kosovo, Algeria, Turkey and Afghanistan.
- In Italy of the 12 interviewees, 9 are migrants. The average age of the women is over 35. A large proportion of the interviewees have two children. Half of them work as caregivers or domestic helpers. The migrant women come mainly from Peru, Cameroon and Guinea Bissau.
- In Spain of the 19 respondents, 14 are women specifically 11 are migrants and 5 are men, excluded from the sample. The average age of the women is over 40. At least half of the respondents have a child and are married. Migrants come mainly from Central and South America and Morocco.
- In Sweden of the 12 women interviewed, 9 are migrants. The average age of the women is over 40. Half of them are married or cohabiting. On average, they have three children. They work as nannies, nursing assistants, caregivers and some of them are students. Migrants come mainly from Turkey, Kenya, Somalia, Syria, Morocco and Iran.

The process of descriptive analysis enables us to not only identify challenges faced by vulnerable women but also highlight the crucial experiences encountered by vulnerable migrant women. Unemployment, isolation and other effects of pandemic have exacerbated inequalities that already existed before the crisis.

In line with recent literature, data collected from this study highlight that migrants' jobs have the least guarantees. One of the first problem emerged from the interviews is the fear to lose one's job or not be able to pay rent or bills. Too many migrant women have declared that their decisions to live with their partner came from the loss of economic income. Respondents rarely received government aids while CSOs and several solidarity networks supported them with the distribution of food.

The loss of jobs put a strain on the already precarious economic stability, but not only that: other factors, such as cuts in public transport or unsecured security arrangements, further aggravated the labour situation at that time. Migrant women expressed concerns regarding their families residing in other countries who were unable to receive remittances, which consequently leads to an economic impact on the countries of origin as well.

The confinement, especially for young women interviewed, was very hard. Migrant women declared to suffer discrimination in the hard-to-manage contexts.

Situations of high emotional stress emerge in each area of the research.

We have broken down our results for each of the macro-area studied.

Key memories of pandemic

The moment that marked the awareness of the beginning of a pandemic was the lockdown: the closure of shops, the inability to move and the interruption of all activities. Among the most important memories there are the fear of contagion that affected women's behaviour and the number of deaths. Images of coffins along the Italian streets are in the memory of the women interviewed not only in Italy but also in other EU countries.

Respondents narrated their experience of being hospitalised, either personally or through family members, with a wealth of detail, and a lot of emotion emerged even two years later. Even when the virus has left no obvious marks, the women seem to relive the same fear. Among migrant women, there is also concern for distant families and an increased sense of loneliness due to the impossibility of going out and meeting the few acquaintances. Restrictive measures have threatened the social networks that migrant women have woven with great difficulty.

Social networks

For most of the women interviewed, especially in the first pandemic phase, the contact with people not living together was cut off. The only exceptions were given by women working during that period. For them, returning home was a very stressful experience due to the risk of infecting their relatives. And worse, they complained of few protective measures taken during working hours and/or to get workplace. After the first lockdown, face-to-face contacts gradually resumed, first by taking safety measures and then, even better, after the vaccine, regardless of the number of infections. Migrant women throughout the pandemic period are in virtual contact with their family/friends in their countries of origin. Meanwhile, reopening communication channels in the country of residence was a gradual, demanding process.

Support network

The main support channel was family and friends. The respondents, in turn, contributed by shopping for food and basic necessities. Above all, these dynamics made possible to overcome periods of quarantine and virus positivity.

In several cases, CSOs filled the gaps that government and private sectors were not able to do.

In Austria, various CSOs engaged actively in providing assistance and support to women, with a specific focus on migrant women from Muslim backgrounds. These organizations also extended their support to individuals facing financial difficulties, as well as managed services for homeless people and refugees residing in Austria. Their efforts also encompassed ensuring access to proper accommodation for refugees.

In Belgium, the CSOs collaborated with underprivileged individuals, specifically those with low income and those who are homeless or struggling with drug addiction.

In Germany, CSOs assisted individuals facing multiple vulnerabilities, such as deaf refugees, transgender individuals who were victims of domestic violence, and single parents of autistic children. These CSOs, along with grassroots initiatives, also augmented the government's endeavours by establishing networking platforms.

In Italy, various entities among which CSOs, grassroots organizations, charities, communities, mutual aid organizations (MAOs), and similar groups, extended support in the form of food aid, healthcare services, information dissemination, and listening.

In Spain, CSOs offered health and social assistance to vulnerable women, migrants, homeless individuals, and others in need. They operated by mobile vans, providing essential supplies and services directly to the homes of those in need. Additionally, they utilized mobile offices and technology-based procedures to ensure efficient and accessible assistance.

In Sweden, a significant number of CSOs represented sports, religious, and cultural organizations. These entities were commonly referred to as "cultural guides" or "health guides," as their main purpose was to help individuals overcome challenges and better understand the working of Swedish society.

In this part of the interview is being investigated if the types of support, received or needed, was different because of the gender status. The gender gap emerges for women with children who worked and helped their children with daily activities at the same time. In Germany, several women reported that they received essential support from teachers even during out of school hours. Migrant women felt alone to support their children because of language barriers and few information about the country of residence, confirming the common practise of women to perform the dual tasks of working and caring for children. They needed more helps from governments. Moreover, respondents complained the lack of support for pregnant women and new-borns, especially among migrants who are not familiar with the healthcare and legal system.

Neither governments guaranteed safety devices and tests for people who could not afford them.

Information seeking and sense-making

Television and searches on internet were the favourite communication channels. Migrants used radio and YouTube channel in their mother tongue. Although the government channels were considered the most reliable, there was a strong tendency to follow information from relatives and friends. One more bad point was unclear information, not available in all languages and on all communication devices. CSOs and YouTube channels spread information in several languages but not everyone had internet connection or devices. Government should have ensured that information was given to everyone. In Austria, sending information letters by mail was appreciated.

Respondents needed the dissemination of reliable and consistent news, especially in the period of the vaccination campaign, when Government actions were confused. The Swedish government was criticised for not having implemented restrictive policies as in other EU countries.

Living environment

Data analysed in this section refer to the living environment of respondents during the pandemic. They did not complain the limited space of their flats but rather the lack of gardens or outdoor spaces. It emerged the need for them to go out just to break for a while the routine and get rid of the anxieties arising from cohabitants.

A particular case is the interviews conducted within a squat in the municipality of Rome, where more than 60 families share outdoor spaces. These women felt lucky because, although the high risk of contagion, they were able to take advantage of outdoor space and did not suffer from loneliness thanks to the closeness of their family and neighbours.

5. Conclusions

The idea behind this study fits into what is known as “intersectional feminism” (Davis, 1981).

Women, class and race are the sub-categories on which our research lies.

The aim is to eradicate the errors from social protection schemes. Women, irrespective of their migrant status, should enjoy their full human rights during the pandemic and beyond, in compliance with the international law. This means ensuring access to essential services. Moreover, as residents they should be included and afforded the same treatment as national in national and local crisis response and recovery plans across all sectors of work. A concrete response

measure should be generated for migrant women, rendered jobless, in the informal economy. Women need to be provided with information and guidance on the healthcare and legal system.

Universal access to gender-responsive social protection measures should ensure that everyone, irrespective of migration status, has a social safety net in times of need: basic income and family and child benefits.

Focusing on responses of the European countries considered, they strove to tailor their responses based on contributing factors or shared characteristics among them. Governments tried to support various group of population in response to COVID-19 pandemic's barriers either in collaboration with the CSOs or on their own, but the results show that it was not enough. However, it was only thanks to the solidarity network that women were enabled to be recognized their basic needs, and most importantly, they could enjoy the closeness to someone.

The main lessons learned and good practises emerge from the analysis show that the pandemic had significant impacts on vulnerable populations, exacerbating the challenges faced by those who were already in disadvantaged situations. Additionally, the pandemic shed light on the significance of addressing precarious employment conditions and the necessity of fortifying the social protection system.

CSOs played an essential role in the response to the pandemic, such as the creation of neighbourhood solidarity networks and the existing network between local authorities providing high effective in supporting communities. To ensure preparedness for potential future crises, it is important for authorities to encourage and nurture these collaborative efforts.

Gender roles and the economic disparities between genders can lead to further inequalities for marginalized groups. In the interviews, specific profiles that are at a disadvantage include single-parent households, second-generation women, migrant women with limited proficiency in the dominant language, and women facing job loss.

Low confidence in institutions had a detrimental impact on the response to health campaigns, including trust in politicians, media, and healthcare authorities. This lack of trust hampered effective integration and the ability of migrant residents to embrace crucial health information.

Furthermore, it is evident that informational initiatives were adequately disseminated but failed to reach the migrant population. Notably, migrant women were more inclined to receive vaccinations when individuals from the same cultural and ethnic background delivered the information in their native language.

In conclusion, the interviews confirm a strong psychological impact of the pandemic. Distancing and fear of contagion aggravated the isolation of migrants. Government assistance programs can play a crucial role in improving the accessibility of information and addressing the basic needs of at-risk women. These

initiatives could provide them the necessary resources and tools to effectively respond to the policies that have been put in place during crisis and in day-to-day situations.

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