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Accessing SRH Care During COVID-19: Experiences of Xenophobia and Racism

BACKGROUND

In September of 2020, researchers at Columbia University began conducting a qualitative study to investigate the experiences of immigrant women in New York City with racism and xenophobia during the Trump administration and their experiences accessing sexual and reproductive (SRH) healthcare during the COVID-19 pandemic. They sought to produce new understandings about the structural determinants of immigrant women's experiences with xenophobia and seeking sexual and reproductive healthcare in New York City.

The investigators interviewed a heterogeneous group of 48 first and second-generation women immigrants between the ages of 18 and 49 living in New York City across the boroughs of Manhattan, Queens, Bronx, Brooklyn, and Staten Island. The women interviewed were recruited from organizations ranging from healthcare clinics, family planning clinics, and community organizations. Interviewees included women between 23 and 46 years of age from 22 different countries of origin including Bangladesh, India, Palestine, Mexico, China and Peru. Data from these interviews illustrate that incidences of racism and xenophobia further compounded the difficulties of accessing health care during the COVID-19 pandemic.

> *Oh my god, it's like, people used to hide [their discrimination], but now they are more emboldened, you know?*

KEY FINDINGS

INCREASES IN STRUCTURAL & INTERPERSONAL DISCRIMINATION

Since 2016, Trump era policies and political rhetoric have intensified both structural and interpersonal discrimination for immigrant women. These women noted a relationship between increasing anti-immigrant sentiment circulating through media and social media and the frequency and severity of verbal assaults instigated by strangers in public locations. Women believed COVID-19 to have exacerbated these hostile interactions, with verbal assaults being driven by the misconception that immigrants brought the disease into the United States or were to blame for the origin of the illness. These interactions caused respondents to fear for the safety of them and their families. The compounding and intersecting impacts of xenophobia, racism, and sexism not only manifested through interpersonal discrimination, but through structural discrimination as well, with many respondents noting significant barriers to accessing safety net services like financial and food assistance prior to and during the pandemic.

> *From all of the news or the social media posts that I saw where they talked about that at the hospital, they wouldn't care for you, they gave priority to American citizens, so us as undocumented people, we weren't given that priority, so undocumented people were dying more, so that is what really made us afraid to go to the hospital.*

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> *Here there is a saying that everyone says that we are like oranges – we come here, they squeeze us and send the peel back to our country to die because all our strength, youth, health stays here and we don't even have health insurance, we do not have a living wage, and we are not respected as people*

> *There's a model minority stereotype that is being exploited to make people in positions like mine out to be like inhumane workplaces. A lot of people are really stretched thin. I don't think my story is different than most people. I do think that because I am Asian-American, there's kind of like an extra layer of work that's being added to me, expectations that are being added to me that I know is not happening to my colleagues*

KEY FINDINGS (continued)

PREVENTATIVE CARE

Participants reported delays in accessing preventative health care visits during COVID-19. Delays in care resulted from a variety of factors like lower availability of appointments from low-cost providers and difficulties in identifying quality, affordable care. The most cited reason for delays in accessing preventative care, including primary care, SRH, and mental health care, was the avoidance of health institutions for fear of COVID-19 exposure or fear of discrimination related to immigration status.

SAFETY NET PROGRAMS

Immigrant women and their families faced significant barriers in accessing government-run social safety net services, including Medicaid, SNAP, and stimulus checks, both prior to and during the pandemic. Barriers to access were not only experienced by those legally barred from the services, such as undocumented immigrants and those who had legally immigrated less than five years ago, but also long-term documented immigrants. The women in this study feared that utilization of safety net programs may jeopardize future pursuits of citizenship.

They were also concerned that use of these programs would validate and bolster anti-immigrant sentiment that they were a 'drain' on the country's resources. Respondents were reluctant to access low- or no-cost healthcare services due to consistent experiences of discrimination from healthcare professionals, which women attributed to their immigration status and limited English proficiency.

UNEMPLOYMENT & FINANCIAL INSECURITY

The COVID-19 pandemic led to widespread unemployed and underemployment for immigrant women and their partners, particularly for those working in service industry jobs, which in turn resulted in adverse mental health effects. COVID-19 quarantine mandates had particularly severe effects on industries with high levels of immigrant workers, such as childcare, housekeeping, and the restaurant industry. As a number of immigrant women relied upon their partners or separated co-parents for income while managing the reproductive labor of the household, major cuts to these industries resulted in significant financial insecurity. Respondents reported difficulties paying rent and affording essential items like food. They also faced significant barriers to accessing social safety net programs, which supported other families in the United States in managing financial crisis.

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KEY FINDINGS (continued)

GENDER SPECIFIC IMPACTS

The social isolation caused by quarantine measures fostered an environment in which immigrant women were disproportionately faced with the burden of childcare and eldercare as well as higher incidences of gender-based violence (GBV). Factors like high rates of unemployment amongst partners and the general sense of uncertainty during quarantine contributed not only to higher rates of GBV, but greater difficulties in locating and accessing GBV support services.

ROLE OF CBOs

Immigrant women, once connected to a social network, found community-based organizations (CBOs) to be an effective mechanism for coping with the economic and social impacts of the pandemic. CBOs were effective for many in mitigating material insecurities exacerbated by the pandemic through both financial and food assistance, particularly for those barred from or fearful of accessing government-run assistance due to their immigration status. Many respondents also discussed the value of CBO-facilitated free or low-cost mental health services and support groups.

> *"The first time I was in a situation where there was physical abuse in front of many people, even in the street, they called 911 and when they handed me the phone to talk to the police, I hung up, because I said okay, I live in his house, I just arrived in this country, I don't know how to speak English, I don't have any other family here, I live in his house with his relatives. If I file a report now, the police will take him away, I will not be able to enter my in-laws' house again with my daughter. Where do I go?"*

WAYS FORWARD

Robust gender-based violence (GBV) and SRH programs and services are proven to improve the lives of womxn, girls, and historically oppressed groups, while failure to provide comprehensive care presents significant human and economic costs. To ensure effective programming, CBOs must:

- **Hire staff from immigrant communities. Beyond the need for linguistically and culturally competent staff, respondents expressed the importance of shared lived experiences with service providers.**
- **Prioritize outreach and promotion of available services through direct calls, in-person visits, and social media and texting platforms.**
- **Leverage their positions to advocate for improved systemic safeguards surrounding income protections, housing equality, and food security.**
- **Continue to develop and offer culturally competent trainings on English-language skills, technology literacy, entrepreneurship, and Know Your Rights workshops.**
- **Expand availability of low- or no-cost mental health services.**

We are thankful to the participating organizations and each of our interviewees who graciously shared their time and experiences with us.

This study was led by Goleen Samari, PhD, MPH, MA with support from Heather Wurtz, PhD, Trena Mukherjee, MPH, Monika Damle, MPH, Allison Park, and Stephanie Rameau and funding through the Columbia Population Research Center.