

Primary Challenges of Latinx Immigrant Women During COVID-19

BACKGROUND

The COVID-19 pandemic has disproportionately affected Latinx communities throughout New York City (NYC): Latinx are 1.4 times more likely to be infected with COVID-19, and two times more likely to be hospitalized from COVID-19 than non-Hispanic Whites. Despite this health disparity, vaccination rates among Latinx are less than three-fifths that of non-Hispanic Whites in NYC as of May 2021.¹ The uneven health impact among Latinx communities has been attributed to the exacerbation of longstanding structural inequities and xenophobic immigration policies,² which has particular implications for how women engage healthcare and social services.

Researchers at Columbia University interviewed twenty-one Latinx first-generation immigrant women in the five boroughs of New York City between September of 2020 and March of 2021 to explore the primary challenges that Latinx women faced in mitigating risk and engaging social services during the pandemic. Interviewees included women between 20-49 years old from Mexico (N=7), Central America and the Caribbean (N=9), and South America (N=5).

KEY FINDINGS

THE PANDEMIC INTENSIFIED STRUCTURAL INEQUALITIES IN WOMEN'S LIVES

Structural inequalities drove social determinants of women's lives and health. The participants were particularly affected by the economic consequences of the pandemic because of their intersecting identities as Latinx immigrants and for the majority, working mothers. Most participants worked in informal labor sectors, such as paid domestic work, and at the onset of the pandemic, lost their jobs or experienced greatly reduced hours and access to work. Others felt forced to give up their employment in order to take care of their children and to manage their children's online education. Further, participants who did not have legal status reported having no way to buffer the economic devastation of the pandemic, particularly because they were excluded from receiving government assistance. As a result, many women found it difficult to engage health and social services due to competing priorities for basic survival.

“

It is not only getting sick or being sick, going to a hospital, it is knowing if you're working, not working, knowing how you are going to pay your rent, how you are going to be able to eat...”

¹ Ong, P., Harper, L., Rios, N., & Dominguez-Villegas, R. (2021). *COVID-19 Death and Vaccination Rates for Latinos in New York City*. <https://escholarship.org/uc/item/4sg251gr>

² Desai, S., & Samari, G. (2020). COVID-19 and Immigrants' Access to Sexual and Reproductive Health Services in the United States. *Perspectives on Sexual and Reproductive Health*, 52(2), 69–73. <https://doi.org/10.1363/psrh.12150>

“

I just collected food at the door and he went outside and so he felt like, he was with fever for 14 days so I was like, you have to go and take a test. But because they don't have the immigrant status, like a [legal] status, so they don't want to go to the hospital.

“

Well, my biggest concern is that now that it is starting to get cold, we don't have a lot of savings, so this could possibly get a little more difficult because there is no vaccine, because a vaccine is a guarantee that if you get the virus it will not hit you very hard and another thing is that [cold weather] could also reduce work, so it would be a problem to be homeless or not have any money to buy food.

“

Yes, they are Spanish speaking, that's why -- to give you the opportunity to express yourself in your language without feeling stressed out that the other person can't understand you.

KEY FINDINGS (continued)

RELUCTANCE TO SEEK HEALTHCARE SERVICES

Participants also described a widespread reluctance to seek healthcare services for themselves and their loved ones during COVID-19. For some, this was influenced by previous experiences of discrimination in healthcare and social institutions, particularly related to language barriers and lack of healthcare insurance. Many women believed that they would receive low quality services if they sought healthcare during the pandemic which, alongside the risk of COVID exposure in hospitals and clinics, outweighed the risks of self-treatment in their personal homes. Other women described active avoidance of health care institutions because of perceptions of racism and direct victimization, particularly pertaining to their lack of legal status. Some feared that healthcare engagement would put them at risk of deportation or create barriers for opportunities to gain or retain legal status.

INCREASED UNCERTAINTY & STRESS ACROSS MULTIPLE DIMENSIONS OF LIFE

Many participants shared a new feeling of precarity, brought on by economic and financial instability, which also affected their ability to seek and receive healthcare services. Some women expressed concern about their family's livelihood and health due to reductions in employment hours or the general uncertainty surrounding COVID-19 vaccination access and eligibility. In other situations, women shared stories of friends or relatives who made the decision to return to their home countries due to a lack of social support and structural resources. Immigrant communities have long experienced environments of uncertainty and stress stemming from racism, legal status issues, and deportation threat, but the COVID-19 pandemic exacerbated this uncertainty with implications for healthcare seeking behaviors.

BUFFERS OF HEALTHCARE ENGAGEMENT

Some participants also described affirming and inclusive health care interactions that countered expectations of racism and resulted in positive experiences. Affirming healthcare interactions were most commonly described as experiences in which healthcare personnel were able to communicate effectively in the right language with the patient and/or express empathy and acknowledgement of distinct challenges that immigrant women face. Women emphasized the particular importance of interpersonal relatability in service provision for mental health and trauma.

KEY FINDINGS (continued)

WOMEN'S ENGAGEMENT WITH COMMUNITY-BASED ORGANIZATIONS

Sixteen out of the twenty-one participants had received some form of support from community-based organizations (CBOs). When discussing engagement with CBOs during the pandemic, women most commonly cited grocery assistance and monetary support. Many also found value in virtual services offered by CBO's, including online classes (e.g., English classes), individual sessions of telemedicine or therapy, support groups, and career development. Some appreciated the opportunity to volunteer for CBOs working in their communities. The support provided by CBOs helped participants meet material needs and gave them avenues for coping with the stress of the pandemic. This included ways for women to engage avenues of education and self-development, which provided an important buffer against social isolation and personal setbacks, such as job loss and delayed schooling.

“

One thing that I tried to do since the pandemic is started, aside of trying to keep my daughter busy with activity...was try to keep learning. So in all the workshops that I found in organizations, that I found online, I tried to get involved and I tried to take classes online. Right now...I'm taking ESL classes.

WAYS FORWARD

In a context of structural vulnerability, community-based organizations in NYC are critical sources of material support, information, and psychosocial services and intervention for immigrants and their families. In our interviews, women suggested additional ways that CBOs could expand the effectiveness of their services and help fill unmet needs of immigrant communities – both within and beyond the context of the pandemic:

- ❖ Improved access to mental health services in a variety of cultural-, age-, and gender-specific modalities (e.g., one-on-one child therapy, online support groups for women).
- ❖ Referrals system for health care providers and sites with language and cultural competencies that correspond to women's backgrounds and needs.
- ❖ Increased skills-based services offered by CBO's, including technology courses, language classes, career development workshops, as well as family and children-oriented activities, provided in-person and through virtual platforms.
- ❖ Interventions to help mitigate fear among immigrant communities of accessing health and social services, including the provision of accurate, up-to-date information on CBO websites and through community outreach efforts. This information should include policy updates, information on health care sites that provide services to undocumented patients, and access to legal services. Personal outreach and interactions with community members from people in those communities may be particularly effective strategies for disseminating health care information and vaccination updates.

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