



The Intersectional Vulnerabilities of Migrant Women in Disaster Contexts: A Scoping Review of Mental Health Impacts During the Covid-19 Pandemic

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Abstract

Background: Disasters disproportionately impact vulnerable populations, particularly migrant women, who face unique challenges exacerbated by their intersectional identities. The COVID-19 pandemic serves as a critical case study to explore these vulnerabilities, highlighting the heightened mental health risks and socio-economic adversities they encounter.

Methods: This scoping review synthesized qualitative literature published between 2020 and 2023, focusing on the experiences of migrant women during the COVID-19 pandemic. A systematic search was conducted across PubMed, Scopus, and Web of Science, yielding fourteen studies that examined themes such as mental health, gender-based violence, and access to healthcare services.

Results: The analysis revealed that legal status and economic instability emerged as primary vulnerability factors, significantly impacting the mental health of migrant women. Key themes included the exacerbation of gender-based violence, barriers to accessing healthcare, and the detrimental effects of social isolation and lockdown measures. The intersectionality framework elucidated how these women's unique challenges are compounded by societal inequalities.

Conclusion: The findings underscore the necessity for tailored disaster response strategies that address the specific needs of migrant women. Inclusive policies must consider the social determinants of health to enhance resilience and improve mental health outcomes in disaster scenarios. The study identifies critical

gaps in existing literature, advocating for further research into the intersectional vulnerabilities faced by migrant women during various disaster contexts.

Keywords: Disaster Vulnerability, Migrant Women, Mental Health, Intersectionality, COVID-19

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1. Introduction

Disasters disproportionately affect the people. Certain demographics, including the elderly, migrants, women, those with disabilities, and the unhoused, have more severe repercussions due to disparities in susceptibility, exposure, and resilience [1,2]. The Health Emergency and Disaster Risk Management (H-EDRM) framework, established in 2019 by the World Health Organization (WHO) to unify existing strategies for mitigating health risks and impacts of emergencies and disasters, recognizes migrants and women as distinct groups that are at heightened risk and disproportionately affected by disasters relative to the general population [3].

In the context of catastrophes, vulnerability denotes the situations influenced by physical, social, economic, and environmental elements or processes that heighten the susceptibility of individuals, communities, assets, or systems to the effects of hazards. Vulnerability exists on the same continuum as resilience, since it often leads to a reduced ability for a community to foresee, manage, withstand, and recuperate from the effects of catastrophes. Vulnerable populations are more susceptible to experiencing disproportionate effects and suffering regarding mortality, morbidity, and losses relative to the general population [4-12].

During the COVID-19 pandemic, a major global catastrophe that profoundly affected civilizations worldwide, refugees and migrants had heightened vulnerability to viral transmission while living in overcrowded accommodations without basic sanitation. Their already impaired capacity to access the healthcare system, hindered by financial, administrative, legal, and linguistic and cultural obstacles, was further exacerbated [13-17].

Women experience vulnerability due to persistent disparities in power dynamics and social hierarchies, along with gender norms that affect their financial situation and degree of autonomy [18,19]. Throughout the COVID-19 epidemic, women encountered exacerbated financial repercussions, faced barriers to accessing sexual and reproductive healthcare, and shouldered the heightened obligations of childcare [20,21]. The positive association between gender-based violence (GBV) and catastrophes was substantiated.

Utilizing an intersectional perspective that integrates the vulnerabilities associated with migration or refugee status alongside those linked to womanhood, it can be inferred that disaster outcomes for migrant women are exacerbated compared to those experienced by migrants and women separately, particularly regarding socioeconomic and labor-related repercussions, as well as the disruption of gender-based caregiving responsibilities [22-24]. Nevertheless, despite the extensive data examining the vulnerability of migrants and women during disasters, research specifically focusing on migrating women is limited. While other literature reviews have focused on migrants and women as distinct groups [25-35], this is the first scoping literature study examining the vulnerability of migrating women during catastrophes.

The rise in the frequency and severity of catastrophes in recent years, along with estimates for the near future, necessitates the prioritizing of the most vulnerable populations. Comprehending the effects of catastrophes on migrant women is crucial for augmenting their disaster preparation and refining their coping mechanisms [36-40]. This scoping review aims to collect and examine the existing scientific literature about the vulnerability of migrant women and the subsequent adverse effects they endure during catastrophes in their host countries.

2. Methods

In this study, a disaster is defined as “a significant disruption of community or societal functioning at any scale caused by hazardous events interacting with exposure, vulnerability, and capacity conditions,

resulting in one or more of the following: human, material, economic, and environmental losses and impacts” [1]. For operational purposes, the word “migrant” serves as a “umbrella term” including women of all ages who relocate from their habitual abode across an international boundary, either temporarily or permanently, for various reasons including conflict, employment, or familial circumstances [41]. To address the distinct characteristics of various migratory experiences, the concept of migrant, as articulated by the writers of the original articles, has consistently been delineated. This review concentrated on women who were migrants before to the accident, rather than as a result of it. A comprehensive literature search was performed using the PubMed, Scopus, and Web of Science databases.

3. Attributes of the studies

All included research concentrates on the COVID-19 pandemic and were thus undertaken and published between 2020 and 2023. All fourteen investigations were qualitative in nature. The predominant approach used was interviews; in few instances, specifics about the interview types, namely in-depth or semi-structured, were provided. Two research used an ethnographic methodology, while one study further included focus group discussions (FGDs) [42-50]. Two investigations included the administration of a questionnaire [51-54].

The studies primarily concentrated on six key themes: the relationship between migrant women and the host community, the intensification of gender-based violence and insecurities during the pandemic, mental health challenges resulting from COVID-19 or the containment measures, the pandemic's effect on migrant women's employment, maternal care, and perceptions and attitudes regarding COVID-19 [45-58].

In 13 of the 14 papers, the research population consisted of migrant women. One paper [53] examined the effects of the pandemic on migrant women only via interviews with maternity care practitioners. In five other publications, professionals including social and health workers, service providers, and community leaders participated. Migrant males were also included in two publications [46, 47, 50, 52, 56].

4. Female migrants

The categories of migrants identified by the authors include forced migrants, landed immigrants, refugees, skilled migrants, applicants for refugee status [49], migrants possessing a passport with a humanitarian visa, migrants with temporary permits to stay [49], and asylum seekers [45-58]. The legal status of migrant women was unspecified in three research, while another study just recorded their ethnicity [53, 56, 57]. The age of migrant women was unspecified in six papers [45, 49, 51-55], while in other instances, it was presented in a non-standardized manner and lacked comprehensive data on the whole participant group.

5. Discussion

This scoping assessment examined the vulnerability factors affecting migratory women and the adverse consequences they encountered following a catastrophe. In the 14 studies analyzed, legal status and poverty conditions emerged as the primary vulnerability factors associated with the majority of reported adverse effects, followed by limited agency, pre-existing physical and mental health conditions, gender inequality, and language and cultural barriers [45-58]. The negative impacts on migrant women include a deterioration in mental health, influenced by various vulnerability factors, followed by inadequate access to healthcare [45,46,48,52,53,54], a decline in physical health conditions, instances of fraud, an increase in poverty, gender-based violence, disruption of their educational pursuits, and unmet religious needs [45-58]. While this study presents these routes as segregated, susceptibility variables and adverse outcomes are profoundly interrelated, always impacting and reinforcing one another. Furthermore, several adverse effects are induced by the same vulnerability factor, yet via distinct susceptibility pathways.

All the research included addressed the COVID-19 pandemic. Consequently, we may infer that the scholarly focus on the vulnerability of migratory women during catastrophes is a new development that arose during the pandemic. While certain vulnerability factors, including poverty and language and cultural barriers, pertain to all disaster types, the absence of evidence from diverse contexts hinders a comprehensive

examination of the extensive negative impacts that migrant women may encounter during such events, thus limiting the generalizability of our findings.

In other cases, the technique had some deficiencies. Some studies did not provide the number of participants, the recruiting mode, or the number of interviews done [45, 48, 50]. The research by Karajerjian does not clarify whether the presented information was derived from focus group discussions or from personal communications via WhatsApp with migrant women [50]. The authors of this study assert that the perspectives and experiences of migrant women were inadequately represented in three research [45, 47, 52].

The vulnerability of migrant women, as shown in this paper, must be comprehended via an intersectional lens. Kimberlé Crenshaw established intersectionality to provide a framework for comprehending the interconnected oppressions faced by African American women. It serves as an effective analytical instrument to elucidate the many elements that lead to the marginalization of certain groups and individuals [2]. The extent of individuals' vulnerability is contingent upon the intricate interplay of several axes of inequality instigated by social structures and constructs. This analysis highlights that the intersection of migrant women's identities as "migrants" and "women," together with the socially constructed gender norms associated with these identities, increases their susceptibility to adverse effects during disasters. This further exacerbates the vulnerability that migrant women face relative to non-migrant women and migrant males. An illustrative instance of how an intersectional approach elucidates the vulnerability of migratory women is the deterioration of their mental health as a consequence of the epidemic. The disproportionate gendered division of domestic labor and childcare during the pandemic—tasks conventionally assigned to women due to socially constructed gender roles—was compounded by uncertainty stemming from the suspension of services linked to their legal status and the intensification of their socioeconomic vulnerability due to job losses or economic decline.

The significant effect of the COVID-19 epidemic on the mental health of migratory women prompts reflection on the repercussions of halting in-person social assistance without implementing inclusive alternatives. The transition of social services to online platforms led to the marginalization of those without access to computers, telephones, or the internet, as well as survivors requiring gender-based violence assistance who were unable to communicate due to confinement with their abusers. This underscores the need of customizing a disaster response strategy to the local environment and the individual requirements of communities, taking into account not just the immediate effects of the catastrophe but also the cascading repercussions of containment efforts on the most fragile and vulnerable populations.

The COVID-19 pandemic adversely affected the agency of migratory women [47, 48, 52, 54, 58]. Migrant women were denied opportunity to establish their life in a new nation. Conversely, the coping methods available to them for managing the crisis were also undermined. Religious coping serves as a means of exercising agency and positively impacts migrants' mental well-being [59-62]. Nonetheless, migrant women were unable to perform their religious obligations owing to the confinement efforts [48]. The economic and legal dependency of migrant women on their abusers during the epidemic undermined their decision-making capabilities and obstructed their ability to flee a hazardous situation with their children.

This research indicated a rise in gender-based violence during the COVID-19 epidemic, corroborating earlier results [35]. This analysis indicates that GBV survivors were unable to seek assistance due to the economic crisis heightening their reliance on their abusers and the inconsistent availability of social support. A recent study conducted in Italy, published outside the review's search timeframe, indicated a deficiency in inclusive language and cultural mediation services, which hindered migrant women from seeking assistance; awareness campaigns were exclusively in Italian, and some social workers lacked proficiency in languages spoken by migrant women [63].

While health promotion ought to be inclusive, multilingual, and multicultural, language barriers significantly hindered access to information regarding the COVID-19 pandemic, including virus transmission, personal protective equipment (PPE) usage, available services, and bureaucratic details. Furthermore, the concepts of "danger" and "disease" differ throughout cultures, as does the significance

assigned to personal protective equipment, such as masks [64, 65]. In Marabello's research, a Nigerian migrant lady suffering anguish and anxiety ascribed these symptoms to witchcraft rather than linking them to the sudden disruption of her plans due to constraints and the resurgence of unpleasant memories. Her statement, "I already told you that the invisible can kill you, and now White people will finally understand" [41], illustrates her sentiments regarding White/Black relations, specifically the perceived invisibility of the causes and suffering experienced by the Black community due to the indifference and minimization exhibited by White individuals. Cultural mediation is essential to prevent the marginalization of migrant women during disasters, and it must be included into national disaster risk management and emergency preparation.

Migrant women were evidently more adversely impacted by the COVID-19 containment efforts, including lockdowns, social isolation, and travel restrictions, than by the pandemic itself. In this context, some academics have indicated that these measurements represent a "privilege" that does not accommodate some populations [66-68]. Remote labor was unattainable for those employed in the informal sector, as shown by some members of the study's target population. Simultaneously, social separation proved unfeasible for individuals living in confined and congested environments, such as receiving centers, or for multigenerational homes that prioritize the care and respect of vulnerable family members. Despite being instituted to safeguard the populace from infection risks, containment measures have adversely affected the already marginalized segments of society, hence intensifying pre-existing disparities [63, 64].

Vulnerability is often used as an ambiguous and ill-defined notion, as noted by several authors from various disciplines [69, 70]. Molenaar and Van Praag have criticized the ambiguity of the word used to characterize the plight of refugees during the COVID-19 epidemic [38]. The authors assert that the word vulnerability is now used as an independent and ambiguous notion, lacking clarity about "who is vulnerable, why they are vulnerable, and what they are vulnerable to" [64]. This study aims to provide a definitive interpretation of vulnerability for migratory women in a catastrophe situation. Although several papers lack a comprehensive or clear definition of the mechanisms that generate vulnerability [38, 70], our findings elucidate the factors and processes that resulted in migratory women encountering distinct adverse effects. This may eventually aid in formulating policies to address the susceptibility of migrant women during disasters, including initiatives to improve their disaster preparation.

Specific groups are often characterized as intrinsically susceptible. Their susceptibility is portrayed as a consequence of bad choices, detrimental habits, or biological determinism [70]. Molenaar and Van Praag articulate that the notion of vulnerability has faced criticism for being "patronizing and oppressive," since it emphasizes the deficiencies of the targeted group [38]. We do not portray migrant women as meek and helpless individuals. Our objective was to present an overview of migrant women's experiences to formulate recommendations for interventions that enhance their disaster coping mechanisms, while also highlighting the social structures that contribute to the marginalization of certain groups within society. We concur with Molenaar and Van Praag that vulnerability is not a fixed concept, but rather a situation that is prone to fluctuation. Furthermore, vulnerability is linked not just to an individual's capability for coping but also to personal resilience, shown by the ability to obtain and regulate various sorts of resources. The adverse effects encountered by migrant women discussed in this review must be interpreted through the lens of social determinants of health (SDH), defined as "the circumstances in which individuals are born, develop, work, reside, and age, along with the broader array of forces and systems influencing daily life conditions." All these factors affect individuals' health outcomes and significantly contribute to the formation of health disparities throughout society [71].

This study focused on the adverse effects encountered by migrating women; nonetheless, it is crucial to acknowledge that not all migrant women exhibit the same level of vulnerability to the outlined routes. An intersectional perspective must be used to comprehend the varying degrees of vulnerability among migratory women, including factors such as socioeconomic position, ability, age, and ethnicity. When generalizing the results of this analysis, it is essential to acknowledge that some migrant women may have had good experiences not represented in the included studies, and that some women exhibited more resilience and strength than others. Molenaar and Van Praag [38] assert that the indiscriminate application

of the concept of vulnerability may exacerbate the exclusion and stigmatization of certain groups, whereas we contend that illuminating the vulnerability factors of migrant women is essential for the development and execution of more inclusive policies and interventions. The optimal practices delineated in the articles reviewed, such as surmounting financial or organizational challenges through external support [48, 53, 56] or receiving assistance in accessing services [45, 56], illustrate that partially alleviating the obstacles encountered by migrant women is an effective strategy that enhances their well-being and empowerment.

6. Advantages and drawbacks

This scoping review has many significant strengths. The procedure was executed systematically, using a rigorous and transparent methodology for data retrieval, screening, and analysis. Secondly, to our knowledge, this is the first literature analysis examining the routes from susceptibility to adverse effects during catastrophes for migrant women. The comprehensive inductive analysis enabled us to elucidate a complicated, multi-faceted phenomena and provide the research results as paths, readily accessible to the scientific community, politicians, and the general public. This review has some restrictions. Initially, not all research presented data systematically, thereby hindering a comprehensive comprehension of their results. The results of this research are confined to the worldwide crisis of the COVID-19 pandemic, since no studies addressing the vulnerability of migratory women in other catastrophes have been identified. Third, the search procedure did not include any gray literature. Fourth, research concentrating on internal migrants were excluded, since we opted to examine the range of obstacles encountered by migrant women when faced with a system distinct from that of their native country.

Fifth, we acknowledge that each host nation differs from others, particularly regarding gross domestic product (GDP), and that their welcoming policies and integration plans exhibit significant variation. In this research, we choose to include studies from several nations to discern similar trends in the experiences of migratory women residing in a host nation after a crisis. Migrant women are a varied group; hence, the susceptibility factors applicable to some may not pertain to others. In this context, we aimed to identify the kind of migrant, when feasible, together with the research scenario. We provided particular instances and citations from genuine research to elucidate how circumstances may impact and shape the distinct experiences of each migrant woman.

7. Summary

This scoping study analyzed the vulnerability of migratory women and the pathways resulting in adverse outcomes after a crisis. The examined literature identified legal status and poverty as the susceptibility variables associated with the majority of the documented adverse effects. The deterioration of their mental health was impacted by all identified susceptibility variables. This study elucidated the idea of migrant women's vulnerability and highlighted the need of addressing the Social Determinants of Health in the formulation of inclusive disaster preparation strategies. The scientific literature on this subject is limited. Both qualitative and quantitative research are necessary.

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التحديات التقاطعية للنساء المهاجرات في سياقات الكوارث: مراجعة شاملة لتأثيرات الصحة النفسية خلال جائحة كوفيد-19

الملخص

الخلفية: تؤثر الكوارث بشكل غير متناسب على الفئات الضعيفة، خصوصاً النساء المهاجرات اللواتي يواجهن تحديات فريدة تتفاقم بسبب هوياتهن التقاطعية. تُعد جائحة كوفيد-19 دراسة حالة حاسمة لاستكشاف هذه الضعفيات، مما يبرز المخاطر المرتفعة على الصحة النفسية والصعوبات الاجتماعية والاقتصادية التي يواجهنها.

الطرق: قامت هذه المراجعة الشاملة بتجميع الأدبيات النوعية المنشورة بين عامي 2020 و2023، مع التركيز على تجارب النساء المهاجرات خلال جائحة كوفيد-19. تم إجراء بحث منهجي عبر قواعد بيانات PubMed وScopus وWeb of Science، مما أسفر عن أربعة عشر دراسة تناولت موضوعات مثل الصحة النفسية، العنف القائم على النوع الاجتماعي، والوصول إلى خدمات الرعاية الصحية.

النتائج: كشفت التحليلات أن الوضع القانوني وعدم الاستقرار الاقتصادي برزا كعوامل رئيسية للضعف، مما أثر بشكل كبير على الصحة النفسية للنساء المهاجرات. تضمنت الموضوعات الرئيسية تفاقم العنف القائم على النوع الاجتماعي، والعوائق أمام الوصول إلى الرعاية الصحية، والتأثيرات الضارة للعزلة الاجتماعية وإجراءات الإغلاق. أوضح إطار العمل التقاطعي كيف تتضافر التحديات الفريدة التي تواجهها هؤلاء النساء مع التفاوتات الاجتماعية.

الاستنتاج: تؤكد النتائج على ضرورة تطوير استراتيجيات استجابة للكوارث مخصصة لتلبية الاحتياجات الخاصة بالنساء المهاجرات. يجب أن تأخذ السياسات الشاملة في الحسبان المحددات الاجتماعية للصحة لتعزيز المرونة وتحسين نتائج الصحة النفسية في سيناريوهات الكوارث. كما يحدد البحث الثغرات الهامة في الأدبيات الحالية، داعيًا إلى مزيد من البحث في الضعفيات التقاطعية التي تواجهها النساء المهاجرات خلال مختلف سياقات الكوارث.

الكلمات المفتاحية: ضعف الكوارث، النساء المهاجرات، الصحة النفسية، التقاطعية، كوفيد-19.