– A Technical Brief for Breakthrough ACTION Field Teams –

SOCIALLY MARGINALIZED GROUPS AND COVID-19

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Breakthrough ACTION FOR SOCIAL & BEHAVIOR CHANGE

Why are socially marginalized groups important to consider in the COVID-19 pandemic response?

COVID-19 is not "the great equalizer." Ongoing marginalization or discrimination in societies around the world, caused and perpetuated in large part by unfair public policies, leads to certain people and groups having more or less access to resources and services based on their social class, race/ethnicity, gender, religion, migrant or citizenship status, ability, or other aspects of their identities. The COVID-19 pandemic has exacerbated these inequalities; groups with restricted access to money, power, and resources are not only less healthy in general, but also more vulnerable to COVID-19 and disproportionately burdened by the impact of the pandemic. People living at the intersection of multiple marginalized identities—poor, minority women, for instance—are particularly vulnerable.

Recognizing social inequalities during the immediate crisis response, during maintenance and recovery, and after the pandemic is the first step in safeguarding vulnerable populations. Social and behavior change practitioners must acknowledge that these inequalities are socially determined—the result of inequitable public policies, not the fault of marginalized groups. As communities reach different stages of the pandemic at different times, the COVID-19 risk communication and community engagement (RCCE) response must consider the unique experiences and needs of individuals living in poverty or with restricted access to resources to avoid exacerbating existing disparities. This technical brief focuses on recommendations for addressing the unequal impact of COVID-19 in the immediate response to the pandemic, but these considerations will also be necessary as societies shift to maintenance and recovery phases.

How do social inequalities influence people's experiences with and needs during COVID-19?

Unequal access to money, power, and resources influences people's experiences during the COVID-19 pandemic in multiple ways.

Social inequality and COVID-19 risk

While people in higher social classes may be able to work from home to lower their risk of exposure to COVID-19, people in lower social classes often work in sectors deemed "essential"; thus, they continue to work and increase their risk of COVID-19 exposure. Undocumented populations working in sectors like the service industry are particularly vulnerable because they face greater risk and barriers to getting tested and seeking treatment due to their immigration status. People with fewer resources often rely on public transportation to get to work, which increases their exposure to COVID-19. People from lower socioeconomic classes and more socially marginalized groups often have more comorbidities, which makes them vulnerable to more severe symptoms and complications if they are infected. Migrants, refugees, and internally displaced populations may have poor working conditions and lack access to basic resources—such as water or soap for handwashing—or adequate housing.

How do social inequalities influence people's experiences with and needs during COVID-19?

Social inequalities and the COVID-19 response

Social inequalities also influence how people experience public health responses to the COVID-19 pandemic. School closures can have a greater negative impact on marginalized groups (e.g., children from lower social classes, girls[1]) as they face more challenging barriers to continue learning at home (e.g., lack of computers or internet or parents unable or unavailable to help children with homework) and lack resources available at school (e.g., food, healthcare). Mandates to maintain physical distance are less possible for those with unstable housing, people living in crowded communities, and people living in refugee camps. People experiencing homelessness or migrants working far from their villages are unable to shelter in place. Migrants may return home as a result of the pandemic, either forced or by choice, leading to significant economic constraints and risk of stigma. If people cannot afford to stop working or store food or other resources, they are less likely to be able to shelter in place successfully. People with less access to communication channels are less likely to be reached with health information and may be more susceptible to rumors and misinformation.

COVID-19 and access to health services

People with limited access to money, power, and resources face tremendous barriers to accessing healthcare services. Those who live long distances from the nearest health facility and have limited transportation options will face even greater challenges seeking health services. In countries without free universal health care, they are also less likely to be insured. With restricted access to healthcare services, socially marginalized groups will be less likely to get tested for COVID-19, thereby delaying any needed treatment and increasing the risk of transmitting it to others in their social networks.

Impact of COVID-19 disease burden

COVID-19 will likely intensify underlying inequalities. The health, social, and economic impacts of the COVID-19 pandemic will be disproportionately felt by those with the least access to power and privilege. People with unstable employment and housing are most likely to lose their jobs. It will take longer for the incomes of people living in poverty to return to pre-outbreak levels. Furthermore, COVID-19-related racism disproportionately affects migrant and minority populations around the world. The distorting effects of a pandemic can last for years, further exacerbating inequality.

[1] See Integrating Gender in the COVID-19 RCCE Response – Technical Brief.

How can we integrate the needs of socially marginalized groups into the COVID-19 response?

Given these socially determined inequalities, a comprehensive RCCE response should incorporate the needs and concerns of socially marginalized groups across the six RCCE pillars. This technical brief provides overarching recommendations as well as recommendations specific to each pillar:

1. Risk communication systems
2. Internal partner coordination
3. Public communication
4. Community engagement
5. Addressing uncertainty and perceptions and managing misinformation
6. Capacity building

Overarching recommendations

Several actions can be taken to integrate the needs and concerns of socially marginalized groups in the COVID-19 response:

- Include questions about income sources, changes in income, wealth, access to basic resources (e.g., water, soap), and food security in any rapid formative analysis, including questions that look at the different impact of the pandemic—and the response—on respondents by income, race/ethnicity, religion, gender, and other selected factors based on their relevance for a given setting. Include questions as needed on people's experiences with stigma and discrimination related to COVID-19.
- Ensure that all data collection plans and systems allow for sex, age, race/ethnicity, religion, food security, and wealth and/or income quintile disaggregation and that any data analysis takes these factors into account. Data should also be disaggregated by known health disparities to track these in relation to COVID-19 from the beginning of response efforts.
- Consider the different needs of socially marginalized groups. In addition to insufficient resources, people may be at increased risk of experiencing stigma and may avoid surveillance, testing, and care if they do not trust government services. Any response plan should be sensitive to these factors and design approaches that will reach and protect vulnerable populations.

Recommendations

Risk Communications Systems

This pillar includes strengthening risk communication systems by providing support to RCCE teams, including seconding staff with RCCE and social and behavior change expertise.

- Encourage RCCE technical working groups (or other supported bodies) to include representatives from one or more socially marginalized groups. If seconding staff to this body, consider social marginalization in deciding whom to second.
- Consider the differing needs of socially marginalized groups when developing or supporting RCCE strategies. For example, ask explicit questions around social inclusion (as described above) that guide indicators that are tracked and reported.
- Review plans to release information to the public so they are (1) accessible to people without access to mobile phones, radios, televisions, and other forms of communication; and (2) sensitive and responsive to different trusted sources of information for socially marginalized groups and do not rely only on elite or privileged individuals to serve as information gatekeepers.

Internal Partner Coordination

This pillar includes supporting the large-scale, multi-sectoral coordination and partner collaboration needed to establish RCCE strategies and approaches, promoting effective knowledge management, and harmonizing messages.

- Confirm that partner mapping includes groups working with marginalized populations and that opportunities exist to engage these groups meaningfully in RCCE teams.
- Consider whether the typical target audiences and communication channels used by partners will reach groups without mobile technology or media access. Identify how to reach preferred and trusted sources to deliver critical risk communication messages and interventions.
- Encourage partners to agree on harmonized messaging related to the implications of the outbreak for socially marginalized groups. For example, harmonized messages that are specific to the risks and consequences of the pandemic for migrants, people living in poverty, or minority populations might be needed.
- Promote clear referral systems between COVID-19 health services and other health and social services that serve people with limited resources who may lack transportation or face stigma and discrimination.

Recommendations (Continued)

Public Communication

This pillar involves developing and disseminating mass and social media campaigns, message guides, RCCE toolkits, and other activities to reach the general public and specific audiences such as healthcare workers, religious leaders, migrants, and marginalized groups. In the rush to get correct information out quickly, it can be easy to overlook those with limited access to communication channels. It can also be easy to forget to include portrayals of those whose physical appearance, dress, or language/dialect/accent distinguishes them from the majority population in messages.

- Encourage a socially equitable balance on the team developing RCCE guidelines, messages, and message guides (see Risk communication systems above). If the design team is already fixed, consider other ways to get input from marginalized groups in the design, pretesting, and dissemination of the campaign and materials.
- Understand the different experiences and reality of majority and socially marginalized groups and incorporate that understanding into the design of the response. Acknowledge that social groups are not homogenous and that people may experience multiple forms of marginalization based on their sex, age, race/ethnic/sexual identity, and religion. If first-hand data collection is not possible, review locally relevant, existing literature on how power differences influence access, decision making, and agency to practice positive health-seeking. Virtual rapid assessments that use mobile phone surveys, for example, should include questions that address group perceptions, attitudes, and abilities to protect themselves. Be sure to consider how marginalized groups can respond to the survey given inequitable access to technology. For example, identify ways to reach people in places where social and/or mass media are not available.
- Consider the overall positioning of the COVID-19 response and the negative or positive stereotypes it may be reinforcing. For example, is the infection described as an “alien” or “foreign” invasion? Does it portray empathy and caring for people from diverse backgrounds?
- Confirm that the response does not reinforce negative/inequitable social norms and practices, by considering the following when designing RCCE interventions:
    - Who has access to the communication channels being used to disseminate information? Use a variety of channels that will reach people with and without access to TV, mobile phones, or social media in the home. Consider programs and communication channels popular with different subgroups (e.g., wealth, language, racial/ethnic, religious, or migrant groups).
    - Are religious groups or community organizations working with marginalized groups? Explore community groups located in remote areas, or groups that have limited access to resources to disseminate messages in person but can do so at a safe physical distance.
    - Who is the voice of authority in the messaging? Use voices and images from

Recommendations (Continued)

Public Communication (Continued)

multiple social groups and backgrounds, particularly marginalized groups, equally to talk about COVID-19. Position people from multiple social groups and backgrounds as authoritative trusted sources of information.

- Are people from different social backgrounds included in the messages? How are different income, ethnic, or migrant groups portrayed? Try to include images of people from diverse backgrounds engaged in care-seeking, keeping their families safe, and caring for sick members of the household. Consider showing people living at the intersection of multiple marginalized identities.

Community Engagement

Community engagement is particularly challenging in a context where governments have mandated lockdowns and/or quarantine, making it even more difficult to address the needs of socially marginalized groups.

- Engage marginalized groups in designing prevention and detection interventions whenever possible. Leverage their knowledge of local contexts and care practices. Find virtual ways to engage with existing formal and informal social networks such as community groups, civil society organizations, and workers' rights organizations to prevent social isolation.
- Encourage community engagement teams to be socially inclusive and promote broad-based leadership.
- Reach out to marginalized groups and encourage them to engage in collective action to promote risk reduction through community or religious leaders, community radio stations, or other channels that adhere to country-specific protocols.
- Provide information that community, religious, and other leaders can use to communicate through their networks virtually—or according to local COVID-19 protocols.
- Help community radio stations report on the experiences of socially marginalized groups. In addition, encourage the stations to set aside time to elicit comments and experiences from marginalized communities during specific time slots.
- Equip frontline health care workers who are going door-to-door with COVID-19 information that highlights the different needs of socially marginalized groups and people living in extreme poverty to cope with social distancing and quarantine.
- Sensitize communities and health providers to the increased risk of ethnic blaming for the virus or ethnic-based violence and encourage community action to prevent or mitigate such risks.

Recommendations (Continued)

Addressing Uncertainty and Perceptions and Managing Misinformation

An essential component of RCCE is tracking and addressing rumors about COVID-19 to curb misinformation about the disease and reduce stigma and discrimination.

- Encourage rumor tracking systems to explore communication channels used by all socioeconomic groups.
- Analyze rumors to assess whether they are fueling racial, social, class-, or ethnic-based inequalities, stigma, and discrimination and design responsive messaging to address any misinformation.
- Identify influencers who can amplify the correct information in their communities or social circles, including those who are members of or can reach marginalized populations.

Capacity Building

Training and other capacity strengthening activities for healthcare workers, journalists, hotline counselors, RCCE technical working groups, and others will almost exclusively be virtual while physical distancing mandates are in place.

- Seek to include at least some individuals who have had training in or have implemented socially inclusive programming in the COVID-19 response team. If they have not been trained, consider sharing this technical brief with them or adapt it as necessary for the local context and audience.
- Include training for hotline counselors to be sensitive to socially marginalized groups' concerns and ensure they have the resources they need to refer callers to other services, such as for those experiencing stigma, discrimination, or violence related to their status.
- Equip journalists to report on how different marginalized groups experience and cope with the pandemic. Encourage them to include a diversity of voices in their reporting. Review the journalistic code of ethics with the expectation that all will abide by the code.

CCP resources

- Carol Underwood (carol.underwood@jhu.edu)
- Zoé Hendrickson (zhendri1@jhu.edu)
- Telesphore Kabore (TKabore@savechildren.org)
- Renuka Bery (rbery@savechildren.org)

Online resources

1. COVID-19 Communication Network
2. COVID-19 is not the great equalizer
3. COVID-19 Rumor Tracking Technical Brief
4. Disrupting COVID-19 Stigma
5. Integrating Gender in the COVID-19 RCCE Response – Technical Brief
6. COVID-19 Risk Communication and Community Engagement Toolkit for Humanitarian Actors
7. Islamophobia has no place in the fight against COVID-19
8. Blamed For Coronavirus Outbreak, Muslims In India Come Under Attack
9. Tips for Engaging Communities during COVID-19 in Low-Resource Settings, Remotely and In-Person

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Paula Bronstein, Getty Images, Images of Empowerment. India: mother and daughter on the floor of their small home, in Ahmedabad, Gujarat, hand rolling Indian-style cigarettes called bidi. August 17, 2015.
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