

Vulnerability of black women in the COVID-19 pandemic

Vulnerabilidade de mulheres negras na pandemia da COVID-19

Vulnerabilidad de las mujeres negras en la pandemia COVID-19

RESUMO

Objetivo: Refletir sobre as vulnerabilidades de mulheres negras na pandemia da Covid-19. Método: Trata-se de um artigo de reflexão ancorado por uma revisão narrativa de literatura que debruçou-se na análise dos marcadores sociais de gênero, classe e raça, partindo do pressuposto de que a união desses marcadores aumenta o risco à infecção por Covid-19 e a dificuldade de acesso aos serviços de saúde. Resultados: A intersecção de desigualdades que afetam cotidianamente as mulheres negras favorece as disparidades vivenciadas em vários setores. Tal panorama reflete a impregnação do sexismo e racismo estrutural na sociedade e tende se agravar durante a pandemia da Covid-19, tendo em vista a intensificação das fragilidades socioeconômicas, interferindo no cuidado à saúde. Conclusão: Espera-se que as reflexões estabelecidas subsidiem práticas que visem um olhar atento às necessidades e demandas das mulheres negras, durante e após a pandemia, devido, sobretudo, à carga histórica da questão.

DESCRIPTORES: Saúde da Mulher; Vulnerabilidade em Saúde; COVID-19

ABSTRACT

Objective: To reflect on the vulnerabilities of black women in the Covid-19 pandemic. Method: This is a reflection article anchored by a narrative literature review that focused on the analysis of the social markers of gender, class and race, based on the assumption that the union of these markers increases the risk to infection by Covid-19 and the difficulty of access to health services. Results: The intersection of inequalities that affect black women on a daily basis favors the disparities experienced in various sectors. Such panorama reflects the impregnation of sexism and structural racism in society and tends to worsen during the Covid-19 pandemic, given the intensification of socioeconomic weaknesses, interfering with health care. Conclusion: It is expected that the established reflections will subsidize practices that aim at a careful look at the needs and demands of black women, during and after the pandemic, due, above all, to the historical burden of the issue.

DESCRIPTORS: Women's Health; Health Vulnerability; COVID-19

RESUMEN

Objetivo: Reflexionar sobre las vulnerabilidades de las mujeres negras en la pandemia del Covid-19. Método: Se trata de un artículo de reflexión acompañado de una revisión narrativa de la literatura que se basa en el análisis de los marcadores sociales de género, clase y raza, partiendo de la base de que la unión de estos marcadores aumenta el riesgo de infección por Covid-19 y la dificultad de acceso a los servicios de salud. Resultados: La intersección de las desigualdades que afectan diariamente a las mujeres negras favorece las disparidades experimentadas en diversos sectores. Tal panorama refleja la impregnación del sexismo y del racismo estructural en la sociedad y tiende a agravarse durante la pandemia del Covid-19, ante la intensificación de las debilidades socioeconómicas, interfiriendo en la atención sanitaria. Conclusión: Se espera que las reflexiones establecidas sean subsidiarias de las prácticas que vislumbran un ojo atento a las necesidades y demandas de las mujeres negras, durante y después de la pandemia, debido, sobre todo, a la carga histórica de la cuestión.

DESCRIPTORES: Salud de la Mujer; Vulnerabilidad en Salud; COVID-19

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INTRODUCTION

Infection with SARS-CoV-2, the causative agent of Covid-19, has become a threat to the health of the world population, as it has accelerated rates of transmissibility and lethality. In this scenario, it is noted that certain population groups were more vulnerable to the disease than others. 1 As they are crossed by multiple social markers, black women are also exposed to infection and, therefore, have health needs that need to be made visible.

In Brazil, the developments resulting from Covid-19 have highlighted the peculiarities of developing countries and historically demarcated by inequalities. Population groups according to their social classes have the risk of exposure, access to health services and, consequently, different chances of transmission and cure. 1

The economically favored classes have at their disposal greater financial and technological apparatus, access to health services and the possibility of carrying out social isolation when compared to people from economically disadvantaged classes. This reinforces health inequities and asymmetries between groups and individuals, which are systematic, relevant, avoidable, unfair and unnecessary. 2,3

The analysis of the racial profile of economically disadvantaged people in the country shows that this group is composed mostly of black people, 4 which also contributes to the increase of this population in the morbidity and mortality profile of Covid-19. Considering the Census of the Brazilian Institute of Geography and Statistics carried out in 1991, the denomination of

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the black population was established from the sum of black and brown individuals. 5

Data from the 2020 Special Epidemiological Bulletin on the Coronavirus showed that the black population led the number of deaths from Severe Acute Respiratory Syndrome by Covid-19, revealing that about 77,160 individuals died from the disease. 6

In addition to race/color and social class, other social markers directly interfere in the subjects' health-disease process, such as gender. Black women occupy a place of lesser privilege and greater vulnerability, as they continually face injustices based on sexist and racist thoughts.

This multidimensionality, caused by the intersection of social markers, exposes these women to grievances and inequalities - such as femicide, maternal death, domestic violence, double shifts and devaluation in the labor market, especially in the context of Covid-19.

Due to the current health crisis and the interrelated conditions mentioned above, there is a need to point out the health impacts caused by the SARS-CoV-2 infection, especially in vulnerable social groups. Thus, this study aims to reflect on the vulnerabilities of black women in the Covid-19 pandemic.

METHOD

This is a reflection article anchored by a narrative literature review that focused on the analysis of social markers of gender, class and race. It is assumed that the union of these markers increases the risk of infection by COVID-19, as well as increasing

Considering that black women are the majority representation in informal work and are the most affected by unemployment, it is understood that, in the search for other income acquisition strategies, this group finds it difficult to fully implement preventive measures, such as social isolation

the difficulty of accessing health services for this public.

The choice for this research method was due to the breadth provided by a narrative review, which, by not sticking to rigid criteria in its construction, allows access to information that could be disregarded with the adoption of another methodology.⁷ In this sense, scientific, journalistic, legal and epidemiological productions were used to support the reflection presented here.

RESULTS AND DISCUSSION

The analysis of the results found evidence that the intersection of inequalities that affect black women daily makes it possible to experience discrepancies in different sectors of society. In order to enable a better understanding of these sectors in the context of the Covid-19 pandemic, the results and the discussion were united in one big topic and divided this topic into two broad categories: “gender, race, class and vulnerability to Covid-19” and “gender, race, class and access to health services in times of Covid-19”.

Gender, race, class and the vulnerability to COVID-19

The intersection of inequities and inequalities that affect the black female population provides the disparities experienced by them in the most varied sectors on a daily basis. Although Brazil seeks to improve its indexes through specific care policies, the least favored positions in society are still predominantly occupied by the black population.

According to research carried out by the Ethos Institute of Business and Social Responsibility in partnership with UN Women on the social, racial and gender profile of 500 Brazilian companies, Black women have the most precarious labor rates in the country, with lower participation rates, high unemployment, greater participation in the informal market and lower wages.⁸ This panorama is a reflection of the pervasiveness of sexism and structural racism rooted in today's society. This reality tends to worsen as socioeconomic weaknesses were intensified in the Covid-19 pandemic, when there was even more unemployment and income reduction, causing interference in health care and attention.

People's living conditions interfere, directly or indirectly, with their bio-psychosocial well-being. Many of these conditions are not chosen and, over time, lead to different levels of exposure and health outcomes.⁹ Considering the reality of black women through Covid-19, it is clear that the vulnerabilities that permeate their expe-

riences are not a specificity caused exclusively by the disease, but also result from the conditions of life, work and leisure, even before the pandemic.¹⁰ Therefore, the understanding of the pandemic scenario develops, primarily, from the identification of the dissonance between the peculiarities of the lives of black and poor women and the measures instituted to mitigate the transmission of the disease.

Although apparently simple, prevention measures such as social isolation, wearing a mask, washing hands and/or using alcohol gel, are strategies that may not be easily accessible to some black women. The study by Almeida et al.¹¹ about the socioeconomic changes of Brazilians during the Covid-19 pandemic found that, among people who worked formally before the pandemic in the analyzed sample, 25.8% lost their jobs, while this rate exceeded 50% in the case of informal workers.

Considering that black women are the majority representation in informal work and are the most affected by unemployment, it is understood that, in the search for other income acquisition strategies, this group finds it difficult to fully implement preventive measures, such as social isolation. Therefore, the informal labor market and unemployment scenarios tend to increase the risk of exposure of the black female population to the SARS-CoV-2 virus.

In the context of the pandemic, countless black women have been working on the front lines, as health workers or general service assistants. The Getúlio Vargas Foundation,¹² in partnership with Fundação Oswaldo Cruz and Rede Covid-19 Humanidades, collected data from 1,263 health professionals in Brazil and showed that black professionals are more vulnerable compared to white men.

The majority participation of this group is also in other occupations in the exercise of care, such as nannies, domestic workers, cooks and caregivers for the elderly. As they carry out work activities considered essential, isolation becomes even more difficult and the risks only increase for this group, which could be proven with the first confirmed case of death from Covid-19 reported

in Rio de Janeiro: a black woman, a domestic worker who became infected while making contact with her boss, who had just arrived from Italy. 13 Such an occurrence attests to the vulnerability of black women in the work environment, especially in the pandemic context.

The race/color relationships that permeate our existence and racial differences are associated with social inequalities and determine the underprivileged way of living for black women. In this sense, black women are also affected by multiple working hours, given that, due to the socioeconomic impacts of the pandemic, the need to be involved in more than one job was accentuated. The very low wages, unemployment and informality condition them to this search for survival.

In addition to labor issues and domestic demands, sometimes usual situations, such as education, leisure and entertainment, were restricted to the home with the closing of schools, parks, shopping malls and other spaces during the most incisive periods of the pandemic. This work overload thus naturalizes a position of subordination and hierarchy of the traditional family structure for the black woman, such a condition leads to exhaustion in the face of the care required by all family members, 14 remaining to experience situations of stress, overload and exploitation. In addition, solo motherhood is the reality of many black women, a reflection of the neglect and loneliness they face.

Another factor that places black women in contexts of vulnerability is unemployment. Although it constitutes the largest demographic group in the country, the black population still occupies approximately 2/3 of the underutilized and unemployed population. 4 Even before the pandemic, the difference between unemployment/unemployment rates between the black and white population had already reached the worst level since 2012.

While the percentage for the black population reached 35.6%, the rate for whites was limited to 11.8%. With regard to gender, the unemployment rate for men is 12.8%, while for women it is 16.8%¹⁵. In this sense, it should be noted that the access

of this group to basic services, historically marked by limitations arising from inequality, became even more limited due to the Covid-19 pandemic.

Although the Federal Government has made the emergency benefit available in order to help defray the expenses of the most vulnerable populations, this amount does not cover the expenses of many families. 16 This scenario is the result of the historical process of social exclusion and racism that the country carries, since, despite being declared in the Federal Constitution 17 that there should be no discrimination based on sex, gender or race, the black population - especially the female population - "feels the effects of this inequality in their skin". The supposed racial democracy is unmasked to measures that data like these reveal the cruelty suffered by black women, subjects who have basic rights curtailed and who are sometimes deprived of opportunities to live with dignity.

Housing conditions also directly interfere with the health of black women. Historically, most of these women live in and head households marked by precariousness and difficulty in accessing basic sanitation services, overcrowding, living in small, poorly ventilated environments with insufficient or even non-existent natural lighting. 4,18 The configuration of these spaces is favorable to the proliferation of SARS-CoV-2. Thus, the rates of people affected by the disease in peripheral regions tend to rise and the barriers to implementing prevention measures, especially isolation/social distancing, become more difficult for this group.

In general, factors such as gender, age, lifestyle and sedentary lifestyle interfere with the probability of the black population to have hypertension, diabetes and cardiovascular diseases, increasing the risk of worsening infection by the new coronavirus. 19 A study carried out 20 with 100 black women aged 19 to 67 years revealed that 60% of the women interviewed are obese, more than half have hypertension, 42% are diabetic and 36% live with some cardiovascular disease.

Considering the pandemic, the study by

Zakeri et al 21 analyzed data from 1,827 adults admitted to King's College Hospital, with a primary diagnosis of Covid-19 between March and June 2020, and stated that patients of black and mixed ethnicity are up to three times more likely to need hospital admission once infected with the disease, compared with white residents in the inner city of the same region.

Such a context, permeated by remarkable vulnerability and fear of contamination, requires the discussion of topics related to the health of black women in times of Co-

In general, factors such as gender, age, lifestyle and sedentary lifestyle interfere with the probability of the black population to have hypertension, diabetes and cardiovascular diseases, increasing the risk of worsening infection by the new coronavirus

vid-19. The measure becomes important for maintaining the life of this group, being essential for the affirmation of equity in health, foreseen as a principle of the Unified Health System. It is noteworthy that the connection between racism and sexism promotes impetuous developments for black women. 22 However, debates on the articulation between these forms of oppression end up being made unfeasible due to mistaken thoughts based on the myth of racial democracy and the devaluation of the feminist struggle, making the health needs of black women invisible.

Gender, race, class and access to health services in time of COVID-19

As mentioned above, the repercussions of the Covid-19 pandemic penalize black women in numerous ways. To Borges and Oliveira 23, such developments are directly related to the health, socioeconomic, political and moral polycrisis that has been taking shape since the beginning of globalization and which has its roots in societies marked by prejudice. This context influences political decisions and the development of social protection strategies, such as public policies in the social and health areas.

The Unified Health System (SUS) must offer free care to all individuals. However, despite this public system being built on pillars such as equity, universality and integrality, Brazilian health care is limited and access to services, prevention measures and treatments are not accessible to the entire population. A study carried out in 18 municipalities in the north of the state of Paraná identified that the probable causes for the difficulty in offering services vary from the insufficiency of human resources and vacancies, to the lack of participation of government entities in the provision and financing of services.²⁴

In this context, it is worth noting that there is low investment, few health professionals for care, low supply of inputs and high demand from users in health services as a result of a pandemic disease. The weaknesses in the provision of care were aggravated and for several locations there was the possibility of declaring the situation of

collapse in health, putting at greater risk the people who most depend on this public assistance. 25 Therefore, it can be said that the difficulties of structural, organizational and financial orders had a negative impact on compliance with the principles of the

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SUS, making most of its users vulnerable, who are black people.

However, it is necessary to point out that recognizing the precariousness of the Brazilian health system is not enough to prospect the effects of the vulnerabili-

ty of the black female population in the Covid-19 pandemic. In addition to the difficulties mentioned, black women are crossed by institutional racism, whose repercussions reverberate in physical and mental health, causing consequences that sometimes take lives.

The system of inequalities to which black women are subject in health facilities, sometimes veiled, corroborates the disparities in care between white and black people, limiting care and resulting in neglect and misunderstanding of the health needs of the black population. 26

In this way, the Covid-19 pandemic scenario confirms that black women are at greater risk of injustices in access to services, both in the quality of care received and in the resolution of health problems. The failure of health institutions in this regard may be related to the facets of structural racism, which violates and makes the health needs of the population invisible within their specificities. This absence can manifest itself from the normative guidelines of the place and the practices of the professionals, exposed or veiled of a discriminatory nature, which are part of the daily work and that combine racist stereotypes, ignorance and lack of attention. 27

The research by Gomes et al 28 regarding the use of health services in a quilombola community, he pointed out that the prejudice practiced by health workers is a potential factor for the absence of subjects in health services. In this sense, institutional racism can take the form of verbal abuse, from public humiliation, blame, recrimination, offenses and exclusion or through the negligence of health workers towards this population. The main obstacles that make it difficult for women of ethnic minorities to access health services are discrimination and violence that occur within the services, in addition to levels of education and income, social and economic aspects that determine the living conditions of a population. 29

This situation can be observed when analyzing the organization of services for the distribution of vaccines against Covid-19. The criteria adopted in response

to this demand prioritized populations that are more vulnerable to the disease, such as the elderly and people with comorbidities. However, when establishing such criteria, there is a prioritization of the white population, since it has higher rates of life expectancy and greater access to health services, which facilitates the diagnosis and monitoring of any comorbidities.³⁰ According to the survey carried out by Agência Pública in 2021, for every black person who receives a dose, two white people are vaccinated. In a mostly black country, only 1.7 million black people received the vaccine, while about 3.2 million white people were immunized.³¹

Considering black women in this analysis, it is noted that such dynamics reflects on the mortality rates of this public. The findings by Marinho et al.³² showed that, in 2020, the number of black women who died in the state of São Paulo increased by 22%, while the number of white women with the same outcome increased by 11%. Although such estimates include factors in addition to vaccination, this is a variable with a high influence on the results, because, as mentioned above, despite the black population being more exposed to Covid-19 infection because they do not have favorable conditions for social distancing, distance learning and home-office, as well as the difficulties in accessing health services, the number of vaccinated Brazilian black people is still below expectations.

CONCLUSION

Reading scientific, journalistic and epidemiological productions on the subject made it possible to reflect and discuss the aspects that make black women vulnerable

As a limitation of this article, the scarcity of studies in Brazil is highlighted, which already establish scenarios that point out the problems caused by the pandemic in a specific population, in addition to relating race and gender to existing problems and vulnerabilities and/or aggravated during the pandemic

to illness by Covid-19, as well as the problems that involve their lives and imply

access to health services. Therefore, it was revealed that the black female population is at greater risk of being affected by SARS-CoV-2 because they are inserted in a socio-economic context that disadvantages them and implies higher rates of unemployment, insertion in the informal market, working in the development of activities recognized as essential, precarious housing and difficulties in accessing comprehensive health care.

In addition, it was noticed that the intersection between social markers, especially those of gender, race and class, constitute structuring axes that act in an articulated way, affecting the guarantee of universal and equitable access to health. Access, although not the only factor responsible for a healthy and good quality life, contributes to maintaining a good state of health or to its restoration, as it refers to the use of services and supplies. Institutional racism is referred to as a barrier to accessing preventive health services for black women.

As a limitation of this article, the scarcity of studies in Brazil is highlighted, which already establish scenarios that point out the problems caused by the pandemic in a specific population, in addition to relating race and gender to existing problems and vulnerabilities and/or aggravated during the pandemic. Finally, it is expected that the established reflections support practices that aim at a thoughtful look at the needs and demands of black women, not only during the pandemic, but in all areas of their lives, since it is a historical problem. It is necessary to break down barriers regarding institutional racism and sexism present in health services, aiming to provide a significant improvement in the quality of life and health of black women. ■

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