

Gender And Vulnerability Among Migrant Women In Times Of Pandemic

Gênero e Vulnerabilidade Entre Mulheres Migrantes Em Tempos de Pandemia

Género y Vulnerabilidad de Las Mujeres Migrantes En Tiempos de Pandemia

RESUMO

O presente artigo relaciona-se com uma pesquisa qualitativa cujo objetivo foi compreender a percepção de mulheres migrantes internacionais na cidade de Cuiabá/MT, em relação às vulnerabilidades vivenciadas durante a pandemia de Covid-19. Como produção de dados, foram utilizadas oito entrevistas extraídas de um banco de dados de uma pesquisa realizada pela Universidade Federal do estado de São Paulo, as quais foram analisadas por meio de análise temática. Os resultados revelaram desafios desde a saída dos países de origem até a integração à sociedade receptora. A intersecção entre gênero, migração e vulnerabilidade revelou desafios complexos de abuso, exploração, xenofobia, violências cotidianas, agravos mentais e físicos, além de dificuldades no acesso à saúde.

DESCRITORES: Mulheres migrantes; Gênero; Migração internacional; Saúde; Vulnerabilidades.

ABSTRACT

This article is related to a qualitative study whose objective was to understand the perception of international migrant women in the city of Cuiabá/MT, in relation to the vulnerabilities experienced during the Covid-19 pandemic. As data production, eight interviews extracted from a database of a survey conducted by the Federal University of the state of São Paulo were used, which were analyzed through thematic analysis. The results revealed challenges from leaving the countries of origin to integration into the host society. The intersection between gender, migration and vulnerability revealed complex challenges of abuse, exploitation, xenophobia, daily violence, mental and physical harm, as well as difficulties in accessing health care.

DESCRIPTORS: Migrant women; Gender; International migration; Health; Vulnerabilities.

RESUMEN

El presente artículo está relacionado con una investigación cualitativa cuyo objetivo fue comprender la percepción de mujeres migrantes internacionales en la ciudad de Cuiabá/MT, respecto a las vulnerabilidades experimentadas durante la pandemia de Covid-19. Para la recopilación de datos, se utilizaron ocho entrevistas extraídas de una base de datos de una investigación realizada por la Universidad Federal del estado de São Paulo, las cuales fueron analizadas mediante análisis temático. Los resultados revelaron desafíos desde la salida de los países de origen hasta la integración en la sociedad receptora. La intersección entre género, migración y vulnerabilidad mostró desafíos complejos de abuso, explotación, xenofobia, violencias cotidianas, trastornos mentales y físicos, además de dificultades en el acceso a la salud.

DESCRIPTORES: Mujeres migrantes; Género; Migración internacional; Salud; Vulnerabilidades.

RECEIVED 01/10/2025 APPROVED: 01/21/2025

How to cite this article: Chaves MRC, Palos CMC, Martins MAC. Gender And Vulnerability Among Migrant Women In Times Of Pandemic. *Saúde Coletiva* (Edição Brasileira) [Internet]. 2025 [acesso ano mês dia];15(92):14098-14104. Disponível em: DOI: 10.36489/saudecoletiva.2025v15i92p14098-14104

**Monalisa Rocha de Campos Chaves**Master, Postgraduate Program of the Institute of Public Health (PPSC/ISC/UFMT)
ORCID: <https://orcid.org/0000-0002-4810-2183>**Cassia Maria Carraco Palos**Doctor, Assistant Professor at the Federal University of Mato Grosso, Institute of Public Health (PPSC/ISC/UFMT), Brazil.
ORCID: <https://orcid.org/0000-0003-3514-0436>**Maria Ângela Conceição Martins**Doctorate, Professor at the Federal University of Mato Grosso, at the Institute of Public Health (PPSC/ISC/UFMT), Brazil.
ORCID: <https://orcid.org/0000-0002-6446-8361>**INTRODUCTION**

Migration, a global phenomenon driven by socioeconomic, environmental and political factors, has been transformed in recent decades by the increase in female participation, a phenomenon known as the feminization of international mobility. This process challenges traditional gender roles, exposing migrant women to vulnerabilities related to sociocultural norms, gender expectations and multiple oppressions.

Based on the premise that measures to contain the Covid-19 pandemic have aggravated pre-existing social disparities, particularly among minority groups, this research, using a qualitative approach, seeks to explore the perceptions of international migrant women in Cuiabá/MT in relation to vulnerability(ies).⁽¹⁻²⁾

Data production involved a bibliographic search in the Scielo, Virtual Health Library (VHL) and PubMed/Medline databases, in addition to interviews with eight migrant women from Cuiabá, MT, who participated in the national research project "Access to health and vulnerabilities of international migrants in the context of the spread of COVID-19" (in the original "Acesso à saúde e vulnerabilidades de migrantes internacionais no contexto de disseminação da COVID-19"). This project was coordinated by professors Denise Martin (UNIFESP) and Cássio Silveira (Santa Casa de São Paulo School of Medical Sciences) and registered on the Plataforma Brasil (Opinion No. 5,410,799). The participants signed the Free and Informed

Consent Form (FICF) and authorized the use of their images for academic purposes, with guarantee of anonymity.

The women were interviewed following a semi-structured script and data analysis was carried out using Thematic Analysis (TA)⁽³⁾ as a qualitative analysis technique that aims to identify, analyze and interpret patterns of meaning in a data set.

Considering that being a star goes beyond fame or professional success, meaning shining in all areas of life, and to avoid reducing them to numbers or codes, they were given star names – the interviewees. These names were defined based on observations of each one's personalities during the interviews.

TABLE 1: Interviewee profiles

Name	Nationality	Age	Ethnicity/ color	Marital status	Profession
Arcturus	Haitian	32	Black	Single	Unemployed
Rigel Kentauros	Venezuelan	36	Dark skinned ¹	Single	Musician / music teacher
Vega	Haitian	36	Brown	Married	Works at the Post Office
Canopus	Haitian	44	White	Married	General services at a hospital – elementary school teacher in Haiti
Capella	Venezuelan	37	Dark skinned	Married	Maid
Rigel	Venezuelan	33	Dark skinned	Married	Unemployed
Procyon	Venezuelan	48	Dark skinned	Married	Nanny – law graduate in Venezuela
Sirius	Venezuelan	44	Dark skinned	Married	Baker

¹Expression used by them that can reflect self-identification as well as an external attribution with the aim of describing the color of their skin "Dark skinned".

Source: interviews from this research (2024).

The article is structured in five sections: the introduction contextualizes the research and the adopted method; the second section addresses national and local data, as well as issues of gender, vulnerability, and public health;

the third highlights women as the protagonists of the research; the fourth analyzes the results, focusing on living conditions, work, health, and experiences during the pandemic; and finally, the fifth presents provisional considerations, recognizing migration as a dynamic and constantly evolving field.

MIGRATORY CONTEXT

Data from the Federal Police reveal that, during 2020, marked by the beginning of the Covid-19 pandemic, 57.5% of migrant entry records in Brazil corresponded to men and 42.5% to women. In 2021, these percentages were 55.3% for men and 44.7% for women, and, in 2022, 54% and 46%, respectively. ⁽⁴⁾ In the state of Mato Grosso (MT), a more significant international migratory flow has been observed since 2014, with emphasis on the arrival of Haitians in Cuiabá and Várzea Grande. Subsequently, from 2017 onwards, the state also began to receive a significant number of Venezuelans, due to the humanitarian crisis experienced in their country.

In 2020, Venezuelans represented 58.6% of all migrants in the state, with 58.6% being men and 41.4% women. This pattern remained similar in 2021 (56% men and 45% women), but changed considerably in 2022, when women became the majority of migrants (54%). ⁽⁴⁾

The analysis of the feminization of migration requires a trans-dimensional approach that goes beyond numbers, incorporating the socio-historical construction of the concept. Despite the historical participation of women in migratory movements, their role has been made invisible in studies, with the focus on men as "typical" migrants. From the end of the 20th century onwards, the gender approach began to reveal the specificities of women's trajectories, showing that their greater visibility reflects analytical advances, and not necessarily a recent increase in the phenomenon. ^(5,2)

In Mato Grosso, the analysis of female migration must consider labor market demands, public policies, and cultural changes, since female autonomy has been challenging patriarchal norms, since studies on the subject face gaps, such as the lack of intersectional data that integrate gender, class, race, and ethnicity. Thus, it is vital to investigate the mechanisms that promote the

visibility or invisibility of these women in the capital.

Gender, vulnerability and collective health

The term "gender" has heterogeneous names. The one adopted here is the one that has been discussed as a sociocultural construction of distinctions between

“ In Brazil, structural vulnerability stems from a historical trajectory of exploitation, marginalization and social exclusion, the effects of which persist in current dynamics. ”

the sexes, manifested in behaviors and norms that reinforce power relations today, and in which, traditionally, women are assigned the role of caregivers, confining them to subordinate positions, while the male sex is historically more valued in almost all societies, from the most primitive ones. ⁽⁵⁻⁶⁾

Although this term is widely applicable, its discussion needs to be carried out within the reality of the country. Much of this is due to the fact that, since colonization, the subjugation of peoples, mainly indigenous and African, has generated racial and social inequalities that have continued after the abolition of slavery, due to the absence of reparatory policies until today due to the absence of reparatory policies, after the abolition of slavery (1888). This exclusion, combined with urbanization and industrialization in the 20th century, deepened socioeconomic disparities, perpetuating the socioeconomic exclusion of freed slaves and their descendants in the country. ⁽⁷⁻⁸⁻⁹⁾

In this context, most women, especially black, indigenous and international migrant women, found themselves at the crossroads of multiple forms of oppression, which, combined with the dynamics of race, class and ethnicity, placed them in a condition of heightened vulnerability. This not only defined inequalities in access to rights such as health, education and work, but also deepened them over time, reflecting and sustaining the dynamics of exploitation and exclusion in the country. ^(5,7,9) However, it is worth highlighting that not everyone faces this condition; in Brazil, many have formal employment and access to the SUS.

This can be added to the fact that the State, institutions and society often normalize the exclusion of specific groups, exercising power over their lives through explicit or subtle violence, often supported by autocratic policies and which are not limited to physical death, but include factors that sicken the body and soul, pushing them to the

margins of society. This power is linked to the exclusion, exploitation and marginalization that define social status and, intersected with gender, make the dynamics more harmful, relegating female bodies to invisibility, devaluation and abandonment, subjecting them to a state of "bare life". In necropolitical scenarios, these women are territorialized, disputed and dominated, evidencing the perpetuation of power over their lives. ^(8, 10)

In this context, in the field of Public Health, understanding vulnerability requires a clear definition: it is the susceptibility of groups or individuals to adversities that can impact their lives, being dynamic and influenced by socio-economic, environmental, cultural and individual factors. ⁽¹¹⁾

In health, the analysis must go beyond the presence of diseases or biological aspects, and it is necessary to recognize the sociocultural determinants that shape these conditions, since the concept of vulnerability applied to international migration is often inadequate, treating it as static and focusing on individual factors, such as previous health conditions, age or gender. This stigmatizes these women, ignoring their capacity for adaptation and resilience, perpetuating a view that portrays them as fragile and passive. ⁽¹²⁾

THE WOMEN

Canopus

Canopus, 44, from Haiti, arrived in Mato Grosso in relatively more favorable conditions, despite the difficulties she faced. In Haiti, she was a preschool teacher and lived in a structured way with her husband, also a teacher, until the 2010 earthquake radically changed their lives. After the disaster, with the opening of Brazil's borders to vulnerable Haitians, her husband came to Brazil first and later managed to bring her to Cuiabá.

In addition to language barriers, she faced difficulties in the job market, as

her education was not validated. So, in order to support her family, she accepted cleaning jobs, an experience marked by prejudice. "Even cleaning services are difficult, many people don't hire us because they think we don't have experience," she says. Despite this, she managed to get a job as a cleaning assistant at a hospital, and in the meantime, she hopes to one day return to her profession, which she values so much.

Rigel Kentaurus

A 36-year-old Venezuelan musician, she moved to Brazil in 2012 and then to Cuiabá in 2017. During the pandemic, she faced professional exhaustion and was diagnosed with Burnout in 2021. After reevaluating her life, she began therapy and coaching, transforming the crisis into an opportunity for self-knowledge and personal and professional reconstruction.

Sirius

A 36-year-old Venezuelan woman, she arrived in Cuiabá with her family and was welcomed by the Pastoral Center for Migrants. She stood out as a leader in migrant integration initiatives, and was hired by the pastoral center. Today, she works as a baker and continues to be committed to defending the rights of her compatriots, seeking stability and improvements.

Arcturus

A 32-year-old Haitian woman, she migrated to Brazil in 2016 after the 2010 earthquake. She faced financial and emotional challenges, including depression caused by the separation from her son and the difficulty of supporting her family. Despite obstacles in the public health system, she managed to get treatment and sought to overcome adversity.

Capella

A 37-year-old Venezuelan woman, she arrived in Brazil in 2019 with three daughters, facing financial difficulties

and rejection from shelters. During the pandemic, she was unemployed for over a year, but with the support of shelters, she managed to find a job in general services, alleviating the family's difficulties.

Procyon

A 48-year-old Venezuelan woman, she migrated to Brazil with her family, facing challenges such as unemployment and financial difficulties. She worked as a street vendor and cleaner before becoming a registered nanny. She dreams of practicing law in her chosen profession.

Rigel

A 33-year-old Venezuelan woman opened a small business in Cuiabá, but had to close it during the pandemic, worsening her financial situation. After struggling with depression, despite recognizing her illness, she gave up seeking out the SUS due to difficulties and delays in receiving care.

Vega

A 36-year-old Haitian woman who has lived in Brazil for nine years, she faced food insecurity and financial difficulties during the pandemic, even selling her possessions to support her family. Despite being employed, she faces emotional and material challenges, but maintains her resilience and optimism. Despite being employed, she deals with minimal stability, in addition to the emotional and material challenges that have affected her health and well-being, but even so, she maintains her essence and pride, reflected in her smile.

RESULTS

Living and working conditions

The scenario revealed by the research is worrying and transcends the pandemic period, highlighting a hostile reality that directly affects the bodies of these women, causing illness. During the pandemic, the situation, which was already

precarious, became even more dire, exposing them to conditions of extreme social vulnerability. Housing insecurity was one of the most critical aspects, as the reports below show.

Quite a lot. It was terrible, we slept on the floor, without a bed, without a fan, without a refrigerator, without a stove, without anything.

(Rigel, 2022).

My three children, my husband, my in-laws and I all lived in one room.

We caught Covid.

(Sirius, 2022).

In addition to the unhealthy housing conditions, the lack of financial resources, aggravated by the difficulty or impossibility of entering the job market, emerged as one of the main adversities faced by them. This reality is reflected in the reports:

It affected our lives, because it was already difficult to go out to work. And, without going out to work, how do you manage to provide food?

(Procyon, 2022).

I suffered a lot because I had nothing for my son to eat, so I cried. There is nothing in my house! So I was suffering.

(Arcturus, 2022).

Because here I am in great need.

(Rigel, 2022).

These statements not only highlight the economic and labor challenges faced, but also point to the emotional and physical impact resulting from these conditions in meeting basic needs and the physical and emotional overload to which they are subjected, let's see:

An overload, I had Burnout, I continued. It was a super difficult year, I started work at 7 am and finished at 3 am, with no time to eat.

(Rigel Kentaurus, 2022).

The weight of xenophobia combined

with the absence of basic rights created an experience marked by exclusion and suffering, as the testimonies reveal:

I would leave at 6:30 in the morning looking for work, and I would come home at three or four o'clock, tired and defeated.

(Capella, 2022).

In Uber, another Venezuelan is also asking for money. And we suffer a lot, because people think that because you are an immigrant you are not educated, you are not qualified to do things. So it is very sad: "these migrants come here wanting to take our work." However, xenophobia is greater.

(Rigel Kentaurus, 2022).

When I went from house to house asking for a daily wage, they would say: "No, Venezuelan. Only Brazilians work here, not Venezuelans."

(Rigel, 2022).

The speeches reveal the daily struggle for survival, the dehumanization and marginalization imposed by autocratic policies that limit access to basic rights, while society reinforces prejudices, such as xenophobia, normalizing practices that perpetuate their invisibility.

Health and pandemic – mental health in the spotlight

The combination of situations experienced deepened social exclusion and worsened the precariousness of life, with a significant impact on mental health. This scenario led to psychosocial illness, manifested in symptoms such as anxiety, stress and depression, highlighting how vulnerabilities and symbolic violence affected both their bodies and their minds, as demonstrated in the following statement.

I stopped working because it was

closed, and then I fell into depression. Oh, this depression thing had killed me, right? Because of waiting in line, otherwise I'm going to die, so much anxiety. I suffered so much because I had nothing for my son to eat, so I cried. There's nothing in my house! So I kept suffering.

(Arcturus, 2022).

Arcturus's report exposes the direct relationship between the lack of job opportunities and the impact on mental health, showing how the lack of basic subsistence conditions, combined with family separation – many have not seen their children or friends for years – and the pressure to send financial remittances, emerges as an aggravating factor for psychological suffering. This suffering, recognized by them, translates into anguish, fear, helplessness and social exclusion, as other testimonies reveal:

I cry, I miss them, I have many sisters, a lot of family there, and now I have no one to take care of my children. I miss them a lot, I cry. There is no one I can talk to.

(Vega, 2022)

I have family to take care of.

(Canopus, 2022)

I have to help my other family in Venezuela.

(Capella, 2022)

In the public health field, the recognition of depression, both before and during the pandemic, is hindered by structural deficiencies that compromise care. Long waits for appointments or exams force some to seek private care, give up on care, or simply not seek help. The reports highlight the urgent need for measures to reduce waiting times, increase the number of beds available, and promote more humane care that is sensitive to the needs of these women:

When I went, they told me to go the next week because there were no vacancies. I gave up.
(Rigel, 2022).

You have to wait a long time, a long time, two to three hours to be seen.
(Capella, 2022).

Furthermore, the quality of care is often questioned. From reception to consultations, quick and unsatisfactory interactions are marked by a lack of hospitality and sensitive listening:

Oof! (sighs) Oh, I think it's really bad. I didn't have a good experience the time I went, no.
(Procyon, 2022).

I think there's a lack of hospitality, the doctors don't even look at you.
(Rigel Kentaurus, 2022).

The difficulty of adapting to the Brazilian health system, aggravated by structural limitations and cases of discrimination and xenophobia, compromises the comprehensiveness of care. Examples of negligence are reported in situations of extreme helplessness:

Sometimes, he wants you to fight to see you. Sometimes, you go there, people don't look at you. You wait twelve hours, no one calls you. He was sick, sick, sick. I took him to the hospital, no one wants to see me. People don't want to see me, they said 'we won't see him'. She said, "if you don't want to see him, I'm going to call the police, her son is almost dying". "If you don't send him to Santa Casa, he's going to die". I got to Santa Casa, he was almost dead. (Vega, 2022).

The issue of vaccination during the pandemic reveals another worrying aspect. The widespread dissemination of fake news and the politicization of the issue in Brazil, with statements questioning the effectiveness of vaccines, negatively influenced adherence to im-

munization campaigns, increasing fear and misinformation. Added to this is social and economic vulnerability, resulting in hesitation, postponement or vaccination only out of professional obligation.

No, I didn't get the vaccine, and neither did she. I was afraid. Because they said that if we got it we would get sick.
(Capella, 2022).

I honestly only got one vaccine shot. I heard so many things, that it was bad, that I don't know what else, when I got it, it was because I was going to work.
(Rigel, 2022).

We weren't going to get the vaccine. In reality, we didn't think about getting the vaccine because, just like that, we got the vaccine and we would still die.
(Procyon, 2022).

In the pandemic context, these dynamics highlighted in the research have intensified, making necropolitics an evident reality, marked by systematic abandonment and the perception that their bodies are dispensable to the system.

DISCUSSION

The findings of this research are supported by previous studies that address issues related to social vulnerability, migration and health. Among them ⁽¹⁾, the importance of social projects to mitigate impacts is highlighted, a perspective that converges with the results of this study, by pointing out that the absence of community support networks worsens the health conditions of migrants. In a complementary manner, it is emphasized ⁽¹³⁾ the relevance of intersectoral interventions, demonstrating that the integration of health, education and social assistance policies

is essential to reduce inequalities, which is directly related to the barriers faced by the migrants investigated.

In the same sense, it stands out ⁽¹⁴⁾ the impact of changes in migratory flows, a transversal aspect to the life stories of migrants who have come to gain prominence in migrations and often because they are considered more responsible, for example, for sending remittances and caring for their families. Finally, it is observed ⁽¹⁵⁾ advances and limitations in public health policies, corroborating the need to adapt services to meet the cultural and linguistic specificities of the migrants identified in this study.

CONCLUSION

The provisional considerations highlight that a gender perspective is essential to understanding the specific challenges faced by these women, since gender issues are acutely intertwined with their experiences, shaping both challenges and opportunities. Furthermore, the containment measures required during the pandemic have only highlighted, to a greater or lesser extent, the hardships that have affected their bodies.

At the same time, migration is recognized as a source of empowerment and transformation. Far from being merely victims of structural inequalities, they can develop autonomy, skills, and support networks that would not be possible in their contexts of origin. Recognizing this agency is essential to overcoming narratives that reduce them to a condition of vulnerability, allowing them to overcome the challenges imposed by migration and transform these experiences into opportunities for personal growth and strengthening.

REFERENCES

- 1 Granada D, Silveira C, Inoue SRV, Matsue RY, Martin D. A pandemia de covid-19 e a mobilidade internacional no Brasil: desafios para a saúde e proteção social de migrantes internacionais em tempos de incertezas. *História, Ciências, Saúde – Manguinhos* [Internet]. 2023;30:e2023033. Disponível em: <https://doi.org/10.1590/S0104-59702023000100033>.
- 2 Marinucci R. Feminization of migration?. *Revista Interdisciplinar da Mobilidade Humana* [Internet]. 28º de setembro de 2010 [citado 8 de janeiro de 2025]; 15(29). Disponível em: <https://remhu.csem.org.br/index.php/remhu/article/view/55>.
- 3 Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2). p. 77-101. ISSN 1478-0887; 2006. Disponível em: <http://eprints.uwe.ac.uk/11735>.
- 4 Junger da Silva G, Cavalcanti L, Lemos Silva S, Tonhati T, Lima Costa, LF. Observatório das Migrações Internacionais; Ministério da Justiça e Segurança Pública/ Departamento das Migrações. Brasília, DF: OBMigra; 2023.
- 5 Carbassa NM. Migrar e Morar sendo Mulher: experiências de mulheres migrantes nas políticas públicas de assistência social e habitação [Internet]. 2022 [citado 8 de janeiro de 2025]. Disponível em: <https://www.teses.usp.br/teses/disponiveis/47/47134/tde-31012023-134005/>.
- 6 Butler J. Problemas de gênero: feminismo e subversão da identidade. Tradução de Renato Aguiar. Rio de Janeiro: Civilização Brasileira; 2003.
- 7 Patarra N, Fernandes D. Desenvolvimento e migração. In: Chiarello LM (coord.). *Las Políticas Públicas sobre Migraciones y la Sociedad Civil em América Latina*. Nova York: Scalabrini International Migration Network; 2011. p. 160-194.
- 8 Sampaio ML, Almeida ACG, Silveira C, Matsue RY, Martin D. Repercussões socio sanitárias da pandemia por Covid-19 para imigrantes e refugiados no Brasil: uma revisão narrativa da literatura. *REMU: Revista Interdisciplinar da Mobilidade Humana*. v.31, p. 219-239; 4 set. 2023.
- 9 Souza J. *A elite do atraso: da escravidão à Lava-Jato*. Leya, Rio de Janeiro; 2017.
- 10 Mbembe A. Necropolítica: biopoder, soberania, estado de exceção, política da morte. *Arte & Ensaios: Revista do PPGAV/EBA/UFRJ*, n. 32; dezembro 2016. Disponível em: <https://doi.org/10.60001/ae.n32.p122%20-%20151>.
- 11 Ayres JR de CM, Franca Junior I, Calazans GJ, Saletti Filho HC. O conceito de vulnerabilidade e as práticas de saúde: novas perspectivas e desafios. In: *Promoção da saúde: conceitos, reflexões, tendências*. Rio de Janeiro: FIOCRUZ; 2003.
- 12 Bertolozzi MR, Nichiata LYI, Takahashi RF, Ciosak SI, Hino P, Val LF do, et al.. Os conceitos de vulnerabilidade e adesão na Saúde Coletiva. *Revista Da Escola De Enfermagem Da USP* [Internet]; 2009 dez.; 43(spe2):1326-30. Disponível em: <https://doi.org/10.1590/S0080-62342009000600031>.
- 13 Pellizari K, Alves HRA. As interfaces da vulnerabilidade social de imigrantes e refugiados frente a Covid-19: cenário Mato-Grossense. *Cadernos de Campo: Revista de Ciências Sociais*, n. 30, p. 315-341; jun.-jun., 2021. Disponível em: <https://orcid.org/0000-0003-1118-4661>.
- 14 Martin D, Goldberg A, Silveira C. Imigração, refúgio e saúde: perspectivas de análise sociocultural. *Saúde E Sociedade* [Internet]. 2018 jan;27(1):26-36. Disponível em: <https://doi.org/10.1590/S0104-12902018170870>.
- 15 Dutra D. Mulheres, migrantes, trabalhadoras: a segregação no mercado de trabalho. *REMHU: Revista Interdisciplinar Da Mobilidade Humana* [Internet]. 2013; 21(40):177-93. disponível em: <https://www.scielo.br/j/remhu/a/SHpdGQt7Mdq3rw4KWvZ-kyzn/>.