



ANTI-TRIBALISM MOVEMENT

The Anti-Tribalism Movement

COVID-19 AND WOMEN

IN UK HORN OF AFRICA COMMUNITIES

February 2021



Our research indicates that in the UK's Horn of Africa (HoA) communities, COVID-19 is affecting women more significantly than it is affecting men. Our briefing aims to support key institutions to understand this gender disadvantage, and to propose effective policy solutions to address it.

I. GENDER AND COVID-19

In the year since COVID-19 emerged, it has in some way impacted almost everyone across the world. However, it has become clear that those who started the pandemic with a disadvantage in terms of health, poverty, disability, ethnicity, or gender are suffering its impacts disproportionately.^{[1],[2]} As Nazroo et al say, 'COVID-19 related inequalities are caused by processes of marginalisation and oppression, which before the pandemic had led to well-documented social and health inequalities, inequalities that have been exacerbated during the coronavirus pandemic.'

Black, Asian and Minority Ethnic (BAME) communities in the UK have the highest pre-pandemic poverty rates,^[3] are most likely to live in deprived neighbourhoods,^[4] suffer pervasive structural racism and discrimination,^[5] and suffer greatly with co-morbidities.^[6] Unsurprisingly therefore, this group appears to be disproportionately affected by COVID-19.^[7] BAME women are particularly vulnerable^[8] as in addition to the 'ethnic penalty', they also face gender inequalities that are experienced by women in all communities in the UK.^[9]

Women in the UK are disproportionately represented in frontline care roles. They face high exposure to the virus,^[10] are more likely than men to lose work due to the pandemic,^[11] and bear the disproportionate burden of housework^[12] and maintaining children's education and well-being.^[13] The impact of the pandemic on BAME women appears to be more pronounced than on non-BAME women. A recent poll shows that while a third of working mothers reported losing work during the pandemic, this figure rose to 44% for BAME mothers.^[14] While 12.7% of white women reported having recently lost government support, this was true for 42.5% of BAME women. Compounding such stresses is the fact that BAME people are more likely to contract and die from COVID-19, a fact which the UK Office of National Statistics attributes less to pre-existing health conditions and more to 'demographic, geographical and socioeconomic factors.'^[15]

While acknowledging current constraints on the UK government and other agencies, we argue that meaningful policy responses must start from understanding specific community needs and requirements. ATM's April 2020 paper 'COVID-19 in the Somali Community' explores how the pandemic is affecting the Somali community as a whole. Here, we ask more specifically whether COVID-19 is affecting women from Horn of Africa (HoA) communities differently than men, and what action is needed to address the gendered impact of the pandemic.

Our data comes from:

- An online survey with 30 voluntary sector organisations across the UK who between them support about 30,000 men and women from Horn of Africa (HoA) communities each year.
- Interviews with 6 community organisations.
- Women and families from HoA communities.
- ATM's knowledge of the community built up over a decade, and insights gained in administering the [COVID-19 BAME Resilience Grants](#) to over 30 BAME organisations.^[17]

'Across every sphere, from health to the economy, security to social protection, the impacts of COVID-19 are exacerbated for women and girls simply by virtue of their sex.'

'When schools closed, I had to look after the kids so I gave up my job.'



A's story

I am a Somali single mum, living with my 6 children in a 3-bedroom property. When schools closed, I had to look after the kids so I gave up my part-time cleaning job. My epileptic son needs shielding – almost impossible in our overcrowded home. The children have no open space and are frustrated at being cooped up. Two of them even ran away to friends in Cardiff. I needed benefits to feed my family but the application process was difficult, the kids had to help me. It took many weeks for a benefits decision, and I took loans to tide us over. The Council brought food for my epileptic child and a local charity gave free meals for my other children. I was hiding from the kids when picking up these meals – I was worried they'd be ashamed of me. But I had no choice. I have rent and council tax arrears and get frightening letters from debt collectors. The community centre who helped with financial issues before has stopped seeing clients. They say 'communicate by email' but I can't use email and my local internet shop closed. I was told there is some extra government support, but I have no idea what that is. I am stressed, worried, and lonely. I do not sleep well. I want this nightmare to end.

M's story

This lockdown has been hard for mums and dads in my Eritrean community. Mums have to do the extra work for children's education. Dads contribute to cooking, cleaning and shopping – this is new for them and can be tough for them. Women in overcrowded homes have suffered domestic violence as there's so much frustration about being cooped up and about financial stress. Men and women have lost jobs and income. I help with a foodbank where demand has definitely increased since the pandemic started. I work at the local GP surgery and am worried about the number of people in our communities who are refusing to have the vaccine, particularly elderly women because of misinformation. This needs to be urgently addressed.

'... the burden on me has increased a lot. I have no rest...'

"I am stressed, worried, and lonely. I do not sleep well. I want this nightmare to end."

Y's story

Our family has struggled. My husband is the breadwinner, but his diabetes makes him vulnerable to COVID so he has taken long leave (without pay) from his job as a bus driver. Our savings are low and Universal Credit is nowhere near our normal income. Also, we recently had to bear the sad cost of my father-in-law's funeral. The death has affected my husband badly; he was not able to see his father before he died and hasn't been able to mourn with other family members. One of my children has ADHD which has been so difficult to manage without the usual sources of support. My husband's chronic back problems mean he can't help with the children or housework, so the burden on me has increased a lot. I have no rest, physically or mentally.



II. COVID-19 AND WOMEN FROM HORN OF AFRICA COMMUNITIES

There are an estimated 550,000 people of Eritrean, Ethiopian and Somali origin in the UK.^[18] Over 80% of the organisations we surveyed say that a large number of families in these communities are headed by single mothers, with more than 5 people in the average household, with three or more generations living together. Most families in these communities live in overcrowded housing,^[19] which is especially worrying during the pandemic in light of ‘associations between poverty, non-White ethnicity, and overcrowded housing and excess mortality.’^[20]

It is into this difficult landscape marred by poverty, social deprivation and structural racism, that COVID-19 has arrived. Three-quarters of our survey respondents say that most families in HoA communities have suffered COVID-19 infection and bereavement. What can be described as a community crisis has unfolded in myriad other ways, even as the consequences of pre-existing disadvantages are becoming plain to see. HoA communities are palpably unequipped for now essential considerations such as isolation and shielding, at-home play and study space for children, financial resilience, and the world of online-only services. Demand for the services of community organisations is unsurprisingly skyrocketing, in some cases by as much as 500%.

Our respondents tell us that the physical and emotional burden of these emerging issues is falling predominantly on the shoulders of women. Consequently, the pandemic is impacting women more significantly than it is impacting men (according to nearly three-quarters of the community organisations in our survey). Below, we capture the main concerns highlighted by these organisations in terms of the gender dimension of COVID-19.

‘Women from HoA communities are facing an avalanche of issues domestic violence, job losses, lockdown, food shortages, managing their children, health risk.’

KEY FINDINGS

The percentages below represent the proportion of surveyed organisations who expressed a particular point of view.

1. COVID-19 has affected women more than it has men. (72%)

This impact is explained in numerous ways by our respondents. Women are disproportionately represented in frontline jobs with high virus exposure, which is a source of risk and stress. Women are by default expected to manage the additional household work created by the lockdowns, shield vulnerable family members in overcrowded homes, support children's disrupted education, and solve poverty-induced food shortages. This follows the pattern across the UK where lockdown has amplified 'pre-existing disparities between the ... contributions of mothers and fathers'.^[21] NOMAD Radio ^[22]tells us that it is mostly women who call in to the station's COVID programmes with questions and worries. M&C Foundation explains that 'the burden at home is stressful, there are no activities for kids ... and children are losing their skills - women's anxiety over their children's future is high.' More than 90% of our survey respondents said overcrowding is affecting women more than men. One explained: 'Women are primary care givers and tend to stay at home. (Men) cope better and usually leave the home ... Women in crowded homes are more likely to be depressed.' The Royal College of Midwives further notes that people without recourse to public funds (which describes many in our communities) are at particularly high risk of mental distress, given the factors described above coupled with their inability to access benefits and many statutory services.^[23]

2. Women are disproportionately in occupations where exposure to COVID-19 is high. (100%)

The majority of organisations we surveyed say most women in their communities work in the care and cleaning sectors, and smaller numbers in catering, child minding, and housekeeping. All of these come with high risk of COVID-19 exposure. This is a huge source of stress as women bear the primary responsibility for safety in overcrowded multi-generational homes where self-isolation and shielding are very difficult or impossible. Maandhis says that many women have given up work for fear of bringing the virus back home.

3. Women are more likely to have lost income due to COVID than men. (66%)

Many survey respondents observe that women in HoA communities work predominantly on zero hours contracts in insecure jobs,^[24] which are the jobs most at risk during the pandemic. One survey respondent says, 'men tend to be self-employed, so they have continued work. Women were working in social care and cleaning jobs which stopped during lockdown and have not restarted.' Bristol Somali Resource Centre also notes that children being at home during lockdown has forced many women to give up their jobs as there are no viable alternatives for childcare. This echoes wider research which shows that mothers in the UK are 1.5 times more likely than fathers to have either quit or lost their job during lockdown.^[25] Many men on the other hand have been able to redeploy their skills, for instance by turning from taxi driving when business was down, to working in the deliveries sector.^[26]

4. More women than men have been pushed into poverty due to COVID-19. (90%)

A huge number of our survey respondents feel that the pandemic is pushing more women than men into deeper poverty. This chimes with the recent Marmot Review which says that 'the groups ... which were struggling before the pandemic ... are now facing the greatest risk of poverty, and entrenchment of persistent poverty.'^[27] Over 66% of our respondents say that more HoA women than men have lost jobs, and 93% say that women are finding it more difficult to access government support – both these are routes into poverty. A large number of respondents observe increased reliance on foodbanks, a sure sign of increased poverty as reduced income coincides explosively with increased household expenses as families stay home in lockdown. As the Marcus Rashford campaign so powerfully shows, families from all communities are struggling to feed their children. M&C Foundation have also observed a significant increase in women facing rent arrears and trying to sign on to universal credit.

5. Women have struggled more than men to access government support during COVID. (93%)

Women are struggling to access government support such as benefits and furlough, and are also having more difficulty than men to access government guidance about COVID-19. The reasons are identified as language and digital illiteracy (for older women particularly), closure of job centres and community support spaces, complexity and changeability of government rules coupled with community-insensitive communication, and misinformation spread via social media. Men continue to access information and support from work or religious places, avenues that are now less open to women. The stopping of home visits also makes it difficult for agencies to reach information to women, as Hounslow Council says. They reach out through leaflet drops and phone calls, but neither is as effective as a home visits.

6. There has been a rise in violence against women during lockdown. (60%)

Most surveyed organisations have noticed an uptick in domestic violence from siblings, partners, and other family members. Shabaka say this is complicated by community stigma which stops women from speaking out. The Somali Bravanese Association similarly notes a strong culture of under-reporting of violence. The Metropolitan Police say reports of domestic violence against women between January and September 2020 were 8.5% higher than the same period in 2019,^[28] and the situation in HoA communities may well mirror this. However the needs of women in HoA communities will be different from other communities, in that there are stronger barriers to reporting and seeking help^[29] and fewer culture-sensitive support services.

7. Health of women has been more affected by COVID-19 than the health of men. (64%)

Eritrean Saho Community Association know of many women who are not accessing GP services for COVID and non-COVID matters, because they are digitally illiterate and cannot deal with the recent move to online-only bookings. This is impacting their physical and mental health, and may be building up bigger health problems for the future. Bristol Somali Resource Centre says that women face high virus exposure as they have to use shared laundries, go to meetings with agencies, and do the family shopping. Further, Maandhis explains that 'women will ignore their health to tend to their kids, their priorities are usually their household rather than themselves or their own health.' Many mention that women they support are suffering from fatigue, lack of sleep, and exhaustion. Some speak of multiple mental health impact on women working in frontline jobs or the stress of managing lockdowns, and physical health issues caused by domestic violence. One organisation also thinks there is a higher prevalence of co-morbidities such as diabetes amongst women, leading to higher COVID vulnerability.

III. POLICY RECOMMENDATIONS

ATM offers the following recommendations to stakeholders we believe hold the power to make the most immediate and significant difference for women in our communities.

LOCAL AUTHORITIES

Improve accessible information and support

Find effective and reliable ways of enabling women to access information on essential services and support, in spaces which are frequently used by women (eg laundries, supermarkets).

Build formal partnerships with voluntary sector

Partner with and strengthen voluntary sector organisations who can swiftly and effectively fill gaps in service provision for women affected by COVID-19.

Improve support for extra domestic responsibilities

Prioritise key service gaps such as child-care support, vouchers for essentials, creating COVID-safe spaces for children's study, and capacity-building for parents to support children's education and to overcome technological and language constraints.

Suspend legal actions for rent arrears

Until the impacts of COVID-19 ease, formulate a kinder approach to dealing with rent arrears, and cease eviction notices.

Provide pathways to re-employment

Invigorate schemes for BAME women who have become unemployed due to COVID-19: eg through re-training programmes, English-language classes, and digital literacy.

Scale up place-based economic strategies

Strengthen financial security of BAME working-class women by optimising local opportunities. Eg. in Hounslow this may involve strengthening the local airport, which will then sustain local hotels which employ BAME women.

Support women to access online services

Support women to navigate and use online services: women from HoA communities are disadvantaged by digital illiteracy and many are simply not able to avail benefits without technical support.

UK GOVERNMENT

Home Office

Support people with 'No Recourse to Public Funds'

Offer material and urgent support during the pandemic for those with temporary or insecure immigration status.

Improve support for victims of domestic violence

Encourage police forces to create safe and culture-sensitive ways of reporting incidents and offer culture-sensitive victim support.

Department for Education

Provide food support while schools are closed

Make urgent provision for children to be fed while schools are closed, through schemes such as vouchers or add-ons to benefits.

Support families with online learning

Help families to access technology to ensure that children are able to participate effectively in online learning, eg through equipment and broadband, and helping BAME parents to navigate online learning.

Department of Health and Social Care

Improve pro-active outreach

Healthcare providers should understand the barriers that affect uptake of health services, and pro-actively ensure that support, information and guidance reach HoA women. (See ATM's briefing on barriers to accessing mental health services [here](#)).

Design gender-sensitive health access

Design gender-sensitive health access schemes so that women are empowered to seek the right support at the right time.

Department for Work and Pensions

Urgently address increasing food poverty

Urgently address food poverty through widely available and well-communicated welfare schemes to ensure that families do not go hungry due to financial stresses caused by the pandemic.

Improve welfare safety net for women and communicate this well

Gender-sensitive welfare and family policy is needed to address the multiple pressures currently faced by women, eg through better childcare provision and family-friendly jobs. The availability of support must be communicated to HoA women in culturally accessible ways.

Department of Housing, Communities and Local Government

Review policy on home-size

Increase the supply of homes for larger families so that overcrowding ceases to be the norm for our communities. This is crucial during the COVID-19 pandemic and for future similar scenarios which may well increase in frequency. ^[30]

Create protections on rent arrears

Until the catastrophic impacts of COVID-19 ease, increase discretionary housing support for vulnerable families, and instruct councils to desist from sending threat letters to families in rent arrears.

DONORS

Improve gender-aware services

Increase resourcing for gender-aware programmes, eg. through direct interventions on mental health, financial resilience, retraining, etc., or indirect interventions on education/ employment for young people.

Fund charities trusted by the community

Support charities who have the trust of the communities they serve, so that support can effectively and swiftly reach those in need. Fund such organisations to build capacity and skills of smaller community organisations.

Fund community-specific programmes

Understand diverse needs of diverse BAME communities, and fund projects which are rooted in the realities and needs of specific groups.

COMMUNITY ORGANISATIONS

Adapt

Adapt to the realities of delivering services for women and during the pandemic, eg. upskill to offer tech-based interventions. Advocate for formal and longer-term partnerships with governments and local authorities, rather than ad hoc service contracts.

Build alliances across communities

Work in partnership with other communities facing similar problems. Build multi-community alliances to carry out joint programmes, research, and advocacy, counter misinformation, and promote positive messages.

Encourage burden-sharing in the home

Engage with families to think about how the pandemic has created more work in homes, and to consider how to share that extra burden across family members. Encourage families to be alert to signs of stress and distress and to seek timely support.

IV. CONCLUSION

Our research suggests that in the UK's HoA communities, COVID-19 is affecting women more significantly than it is men. Women are bearing the burden of increased domestic responsibility and childcare during the pandemic. They work disproportionately in occupations where exposure to the virus is high and are losing jobs and income more than men are. They have greater difficulty accessing online services (including government support), are suffering greater stress and harm to mental well-being, face increased poverty and domestic violence, and bear primary responsibility for managing the complex living and shielding needs of families. Without in any way minimising the needs of other groups, we recommend that the needs of women in this community be addressed in an urgent, context-sensitive, and evidence-based manner. We believe our recommendations for local authorities, UK Government, donors and community organisations can lead to significant and positive change which this group so desperately needs.

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