



“The lived experiences of Black and Asian Minority Ethnic (BAME) women in the Kent and Medway areas during COVID-19”

Research conducted by:

Dr Ally Dunhill & Christine Locke

Introduction

This research aimed to identify the experiences and perceptions since the start of the COVID-19 pandemic, of BAME women in the Kent and Medway areas, and make recommendations that include removing barriers for BAME women, to enhance their future lived experiences. This research forms part of Diversity House "Supporting Women and Girls" project.

Diversity House promotes community integration, re-integration, social inclusion and cohesion within the Kent and Medway communities. We believe that individuals, regardless of their race, ethnicity, age, gender, disability, religion and beliefs, sexuality, sexual orientation, social class, and other social factors, should be treated with dignity, respect and given adequate opportunities to access services within the community. We are currently focussing on the lived experiences of BAME women during COVID-19.

The COVID-19 pandemic has had a significant impact on the lives of everyone. However, research regarding the number of deaths from COVID-19 has identified that "People from all minority ethnic groups (apart from Chinese and mixed-race groups) are at greater risk of becoming very sick with COVID-19 than the white population in the UK. Black men and women are nearly twice as likely as white people to die from COVID-19" (NRHI, 2020).

The Fawcett Society, a leading UK charity campaigning for gender equality and women's rights at work, at home and in public life, recently published a report with Women's Budget Group, Queen Mary University of London and the London School of Economics, "Coronavirus: Impact on BAME Women".

The report highlights the following aspects of BAME women's lives:

- Poverty and debt: More than 4 in 10 BAME women said they would struggle to make ends meet over the next three months,
 - 42.9% of BAME women said they believed they would be in more debt, compared to 37.1% of white women, and 34.2% of white men
 - 42.9% of BAME women, said they would struggle to make ends meet over the next three months
 - 23.7% reported that they were struggling to feed their children (23.7%),
- Work and employment: BAME people (both women and men) reported high levels of anxiety about having to go out to work during the pandemic,
- Domestic and care work: 45% of BAME women said they were struggling to cope with the different demands on their time,
 - Access to support: Over half of disabled or retired BAME women said they were not sure where to turn to for help because of the pandemic,
 - Health and wellbeing: Life satisfaction and happiness were lowest for BAME women.

Evidence also suggested that COVID-19 has an unequal impact in ethnic minority groups. Higher hospital admission and death rates from COVID-19 have been seen in ethnic minority groups compared to people from a white ethnic background in the UK. (Fawcett Society, 2020).

We realise that although BAME women have been impacted more by the pandemic, many have also demonstrated strength and courage during this time. We aim to work together with BAME women in Kent and Medway to identify the experiences of these BAME women, portraying how they coped during the COVID-19 pandemic. The project mainly focused on Afro-Caribbean and Asian women in Kent and Medway, to identify their perception and experiences of COVID-19 and work together with these women to develop resources which will act as legacies of resilience. The legacies from this participatory work with the BAME women will be shared with others in the communities, showing how one can gain inner strength and power to address social difficulties and learn from it.

Methodology and Ethical Considerations

This article focuses on five BAME women's experiences in the Kent and Medway areas. The participants responded to an advertisement across social media and shared with local community groups. Marginalised groups such as the BAME community, are often characterised as 'hard-to-reach', but we believe this is a common misconception as a more accurate term would be 'easy-to-ignore' (NBCWN, 2008). Accessing BAME communities is not difficult but making the reason for meaningfully accessing that community, and for the outcome to be realistically impactful, is not often the priority for the researchers. With Diversity House's experience and good reputation of working in the BAME community, accessing individuals was not tricky, but rather a matter of being transparent regarding what is involved and what time and recourse are required to participate.

The participants took part in an online participatory forum over two hours, where they discussed their lived experiences since the start of the pandemic. We are fully aware of how,

"Untheorised or insensitive inclusion of data on ethnic groups can lead to negative consequences including the creation/perpetuation of damaging stereotypes; exaggeration of differences between "groups"; and the production of culturalist explanations that ignore socioeconomic and political factors" (Salway et al. 2009, p.3).

It is essential to acknowledge that the team at Diversity House has a long history in supporting and empowering BAME individuals and groups.

The discussion points consisted of:

- Setting the Scene – participants provided a general description of their lives since the start of the pandemic,
- Information on the pandemic – where participants explained the range of information they had received regarding the pandemic,
- Lived experiences – where participants reflected on their experiences and their emotions since the pandemic started,
- Strength and Resilience – to end the discussion, the participants were asked to describe their reliance levels, and if they had developed resilience since the pandemic began, and what if anything, had given them strength.

The participatory forum research is funded solely by Diversity House and is being conducted by the Diversity House team. Diversity House Research Ethics Committee approved the research. All participants in this research provided informed consent. All participant information will be kept anonymous, and data collected is stored following the General Data Protection Regulation (GDPR) 2018. All comments from the participants have been anonymised to protect their identity

and privacy. The online participatory forum was organised as a group discussion with the expectation that everyone would respond to a set of discussion points. The purpose of the forum was to share the ideas and examples of resilience from a group of BAME women. All participants were made aware that the event was being recorded and the findings would be published and shared on the Diversity House website and at relevant public events.

Key Findings

The participants feedback provided valuable information on the lived experiences of the women, alongside insights of how inner strength and power can grow out of challenges and times of anxiety.

Setting the Scene

All the participants provided a range of points that summed up their initial thoughts of the pandemic and provided descriptions and examples of their feelings at the beginning of the lockdown. These were focused on themes around work, health/wellbeing and family life.

Work

- contracts ended, concerns over how long this would go on for,
- new companies had just been created, but they did not qualify for any government support,
- opportunities to retrain and completed free courses online,
- extended hours over seven days a week,
- anxiety about losing a job or reduced hours and fear of debt,
- having the choice to work at home or in the office was good.

Health and wellbeing

- fear and anxiety, comments such as 'went into my shell', 'did not go out... did not want to talk to anyone',
- sleep deprivation due to fear for family's health,
- depression,
- uncertainties led to fear and anxiety.

Family life, examples of comments received:

- "was more involved in my children's lives",
- "Gave me a great opportunity to really bond with my children",

- "When the pandemic started, we spent more time with our children",
- "became closer to my children",
- "We ate together".

Information on the pandemic

It was important to find out about the range of information the women had received about the pandemic but also how receiving such information made them feel. The women explained that they had received a wide range of information, across many platforms, e.g. WhatsApp, social media, radio, TV. This was often overwhelming not only due to the quantity, but also the ever-changing nature of the information and how sources were contradictory. Other points raised:

- There was a lack of information and advice from the Local Authority and the Government 'I did not know what to do',
- concerned and apprehensive when listening to the news, especially after COVID was announced as a black and minority issue, and even more so when BAME groups were being blamed for bringing/spreading COVID to their community,
- received information at work and listened to the Prime Minister's daily briefing as these were part of work briefings, was able to 'dispelled myths' to family and friends,
- the letter from GP to isolate was not expected and believed it to be a hoax.

Lived experiences

Throughout the online discussion, there were many references to a wide range of emotions that were experienced since the pandemic began. All the women reflected on their experiences. Many identified the things they have missed over the last eight months. These included: going to parties, seeing friends and family, outings, travelling freely, eating out and having time to themselves. Besides, concerns were raised regarding how the COVID-19 disproportionately impacted the BAME community. Concerns and suggested solutions included:

- core health conditions, personal life choices and lifestyles, and health care services not meeting the BAME community needs. This conversation also led to the conclusion that the BAME community should speak up and inform the health professionals what they need,

- religion and how this often mask other things. Here the women suggested that Faith Leaders could support their congregation and work with health professionals to ensure BAME voices are heard,
- the nature of the jobs that BAME workers do, e.g. front-facing NHS/Social front line care jobs. Fear of losing jobs, there was a consensus that even when BAME people were ill, they still went to work. At the start of the pandemic, the concern was of BAME front line staff working with no adequate PPE. It was suggested that the BAME community must stand up for their rights and safety at work.

There were also many conversations on the support that the women had received from others such as family, friends, neighbours and work colleagues. Also, the women described how they had supported others by:

- providing virtual support, calling up friends and giving them words of encouragement and praying together,
- signposting others to the appropriate help they needed,
- picking up and delivering shopping for neighbours, family and friends,
- supporting work colleagues by taking the time at the start of online meetings just to chat.

Many of the points raised by the women presented in this report are linked to fears and anxieties regarding the pandemic. These fears were raised at the start of the pandemic as the women believed that the government did not know how to tackle the pandemic, and the medical professions did not know what treatment to give people. These fears became raised as the pandemic spread and announcements, such as the Nightingale Hospital was being made ready and reports of large numbers of body bags being ordered, and this indicated that they expected many people to die. As the pandemic slowly and steadily spread in their local area and nationally, as one woman stated she "was petrified".

A further discussion point was the death of George Floyd and the Black Lives Matter (BLM) movement. The women commented on the impact of George Floyd's death had on them and those around them. The women commented,

- "That was when I felt the isolation."
- "Your world becomes digital interactions."
- "Those interactions you see pain or anguish."
- "Reading the disgusting online comments was not good. Nobody at work acknowledged it, and this was a problem."
- "I felt diminished".

From the comments made during the discussion, this was a salient and emotional moment for all the women who participated in this project.

Strength and Resilience

It has often been pointed out that many people have shown resilience since the start of the pandemic. Resilient people tend to have:

- the availability of stable, nourishing relationships,
- a sense of proficiency over life circumstances,
- vital executive function and self-regulation skills,
- the supportive context of affirming faith or cultural traditions (Walsh, 2015).

During the online discussions, women were asked to reflect on their resilience. They were asked to comment on their levels of resilience, and if they believed that they had further developed resilience and gained strength, due to their experiences over the last eight months. Also, if they had gained strength from their experiences, they were asked about what they believed had given them that strength.

They believed their strength and resilience came from:

- realising what is essential in life,
- having the time to understand "self" better and take stock,
- having downtime, to realise what is essential, do things smarter, do things differently,
- faith and spirituality.

During a further discussion regarding faith and spirituality, the BAME women further explained how the Bible and God, and spirituality were part of their ethnicity, lifestyle and God was who they 'ran to' during COVID-19.

The women were also asked to comment on their coping strategies. The replies consisted of a range of strategies that included:

- adopting to change, e.g. dressing up in workwear, having a routine to get ready for work,
- not watching the news, only relying on updates from trusted friends and family,
- focusing on keeping fit and healthy,
- being part of a community, church, family and Diversity House.

The conversation then moved to thoughts on the second wave of COVID-19. The women had no, or very few concerns regards this prospect. Most felt emotionally prepared due to their experiences from the first lockdown.

Another method used in the online discussion to garner information from the women is speculative fabulation. Speculative fabulation is 'a performative process of the world'; "envisioning a different difference" (Haraway, 2013). Speculative fabulation as used in the online discussion with the women is through asking the women to bring any item or objects which helped them to be resilient and visualising normality, that is, a life without COVID-19. In the concluding phase of the discussion, each woman had the opportunity to talk about the item that she identified which symbolised or personifies her resilience during the lockdown, helping to envision a futuristic world without the pandemic.

These items included:

- a Christian Bible – in their native language to develop an understanding of this language and God,
- a mobile phone which has a range of Apps, including A Bible, music, social media to find out what is happening and connect with friends and family, and Apps to do something new for example how to redecorate a house and cook different food,
- a radio,
- board games.

Conclusion

This project mainly focused on African-Caribbean and Asian women in Kent and set out to identify their perception and experiences of COVID-19. The project identified a range of similarities with the Fawcett Society (2020) report. The BAME women in this project identified fear and anxiety regarding, work and employment, and poverty and debt. Some salient moments had a significant impact on the emotions of the women who participated in this project, such as the death of George Floyd and the Black Lives Matters (BLM) movement.

The BAME women in this project also identified that their faith supported them no matter what their experiences were from the beginning of the pandemic. They also recognised that access to support from family, friends and organisations such as Diversity House had a positive impact on their lived experiences.

This was a small project that included the participation of five women African-Caribbean and Asian women from Kent and Medway. This research has identified key issues and barriers that impacted the women, such as concerns regarding the health care services not meeting the BAME community alongside the personal life choices and lifestyles of individuals from the BAME community. It should be pointed out that everyone is entitled to an adequate system of health protection. This system should give everyone an equal opportunity to enjoy the highest attainable level of health. Article 25 of the UN Declaration of Human Rights (UN, 1948) states, "Everyone has the right to a standard of living adequate for the health and wellbeing".

This identifies that further research is required to explore further why the BAME community believe that the health care services in the UK do not meet their needs and also, why the BAME community do not speak up about this. Diversity House will be identifying ways to support the lived experiences of BAME women and to research further how to meet their needs.

References

Fawcett Society (2020) BAME women and Covid-19 – Research evidence. Available at: <https://www.fawcettsociety.org.uk/coronavirus-impact-on-bame-women>

Haraway, D. J. (2013). SF: Science fiction, speculative fabulation. String figures, so far. *A Journal of Gender New Media and Technology*, Number 3.

NBCWN (National Black Carers and Workers Network) (2008) *Beyond We Care Too: Putting Black Carers in the Picture*, NBCWN, London.

NIRHI (National Institute for Health Research) (2020) COVID-19 research in Black, Asian and minority ethnic communities. Available at: <https://beartofresearch.nihr.ac.uk/COVID-19-Research/COVID-19-for-BAME-communities/>

Salway S, Allmark P, Barley R, Higginbottom, G, Gerrish K, and Ellison G (2009) *Researching Ethnic Inequalities*, *Social Research Update*, 58, 1-4, University of Surrey, Guildford.

UN (1948) The Universal Declaration of Human Rights. Available at: <https://www.un.org/en/universal-declaration-human-rights/>