

The Health Crisis of Marginalized Populations During COVID-19 Pandemic: Challenges and Recommendations

Santosh Kumar Singh

ABSTRACT

The ongoing COVID-19 pandemic is affecting the global population adversely. The impact is not limited to health only; rather extend to affect the global economy, transport, education and largely the social integrity. The impact of COVID-19 pandemic is affecting the marginalized population more intensely. The marginalized population in the community are severely affected by the COVID-19 pandemic. Community support and timely intervention for these population will prevent the spread of infection to these people as well as in the community. This review discusses the impact of COVID-19 in the marginalized population and some recommendations to deal with this issue. Extensive review of literature done by using the terms of marginalized population (transgender individuals, commercial sex workers, refugees, and migrant workforces, peoples living in prison, old age homes and hospice care) with COVID-19 in the electronic databases.

Keywords: COVID 19, Pandemic, Marginalized population

The pandemic of COVID-19 has caused a precipitous loss of life and brought in a global standstill. Strict preventive measures have caused major stagnation of livelihood, especially in those areas of mass confinement and movement restrictions. The progressively uncharted course of the pandemic has taken a toll on the well-being and mental health of the people. There is a need to address groups, where apart from economic deprivation, additional factors come into play in this crisis. The current pandemic affects almost every individual in almost every sphere of life. All the Governments, national agencies, public health authorities have been taking initiatives to lessen the morbidity, mortality as well as to improve the quality of life. However, there is a strong possibility to be out of the count for the people living with special conditions such as transgender individuals, commercial sex workers, refugees, and migrant workforces, peoples living in prison, old age homes and hospice care (Fig. 1). Here, we aimed to look into the challenges of people with the special conditions so that necessary steps could be initiated to cope with the challenges.

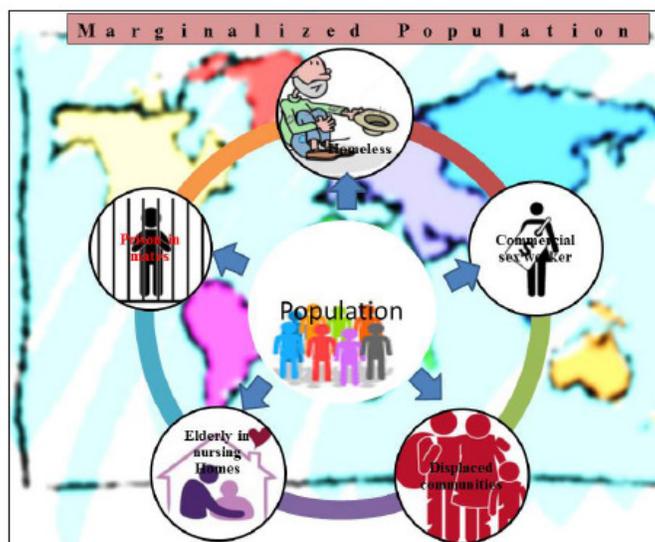


Fig. 1: Marginalized populations

Homeless people

Care of homeless individuals is a major concern as they serve both as cases and potential carriers. Their economic, social and psychological issues visibly make them the most disadvantaged sections of society. This makes them more susceptible to infectious diseases. One of the multiple challenges is their mobility which not only promotes the spread of disease but also limits contact tracing. Reports of triage discrimination against this group have also been known (Schiff *et al.* 2017). Barely surviving in overcrowded settings with high mortality, a public emergency or natural disaster would affect them severely. Closure of public places and clearing out of streets would mean the removal of their temporary shelters.

Transgender Community

The transgender community often lives in clusters in poor socioeconomic conditions due to low acceptance of the gender continuum in a sex binary societal construct (OCHA, 2020). Many live in parks and railway stations and seeking gratuity in ceremonies, begging in public transport or as sex workers. Trains, buses, and crowded marketplaces are their chief sources of income and also likely points of being exposed to the virus. Sadly, the shutdown of the same translates directly to a loss of daily wage for them. During a respiratory pandemic, preventive public health and sanitation measures are difficult to implement. Work and travel restrictions introduce financial set-backs as well. Crucial for the well-being of these otherwise ostracized people is support from within their community in the

form of functions and gatherings - all of which have been brought to a stop by the pandemic (Khan *et al.* 2009).

The health needs of the transgender community are varied and very often poorly understood (Stroumsa, 2014). With many being unaware of their status, HIV is a major threat to their health, (Poteat *et al.* 2015) especially in the setting of a pandemic. Transgender individuals are more prone to develop psychiatric illnesses (Dhejne *et al.* 2016). Hormonal and supportive therapy they may be receiving may be halted due to restrictions implemented. Unavailability of required medication may aggravate gender dysphoria (Kennith, 2020). The transgender community is easily ignored while planning for disaster and disease and government response to the needs of this community has been inadequate in India. (Dominey-Howes *et al.* 2018)

Commercial Sex workers (CSW)

Commercial sex workers are less acknowledged by society and experience ostracism from policies and welfare schemes as an occupational group (Chotiner, 2020). The establishments are clustered in dense slum-like dwellings, where the public health measures regarding COVID-19 cannot be implemented. They have less access to healthcare and concerns like HIV also affect them.

In a widespread lockdown, to earn a livelihood there are chances of concealment of the disease status of both the sex workers and the clients. And in case of any suspected or COVID-19 positive CSW, tracing the clients is tedious due to societal stigma.

Displaced communities

Some of the most vulnerable to the ill-effects of the pandemic is the displaced populations of the world: refugees, asylum-seekers, migrants, stateless people and the internally displaced. The United Nations Refugee Agency (UNCHR) puts the total number of displaced people all over the world at 70.8 million, 84% of which reside in developing countries (Reuters, 2020; United Nations High Commissioner for, 2020).

Refugees live in some of the most densely packed areas of the world, with baffling population density running in millions per km². There the spread of the virus becomes all too easy. Globally, their access to basic amenities, like clean water and sanitation, remain scarce. Large families crammed into tiny tents and overcrowding under larger shelters are the norm (Kluge *et al.* 2020). Trying circumstances, such as these prevent enforcement of public health and hygiene measures, making social distancing a mere utopian ideal (The World Bank, 2020). Healthcare facilities are insufficient, outlets ill-equipped and understaffed in these areas and pandemic preparedness lags behind substantially (Fazel *et al.*

2005). Traditional healthcare practices about which practitioners may be unaware also increase vulnerability (Reuters, 2020). Language is also a barrier to the dissemination of information about the disease. The internet is not accessible everywhere, not everyone has mobile phones and electricity is also not a universal privilege. Rumours and misinformation run rampant in refugee camps in times of crisis like this. Popular anti-refugee and anti-migrant notions often combined with political agenda and racial discrimination produce an environment hostile for displaced communities. Stigmatization and discrimination also result from the refugees being baselessly blamed for the spread of the diseases. Shutting down of borders, refusing asylum seekers and forceful returning refugees to their country of origin (repatriation) may result. Major depression, anxiety disorder, and post-traumatic stress disorder are prevalent in refugees (WHO, 2020).

Establishing trust is a major step to ensure that the right information reaches all and rumors are curbed, hence field workers must be locals (International Committee of Red Cross, 2020). Humanitarian organizations that try to mitigate the sufferings of the displaced people find it difficult amidst lockdowns and travel restrictions to provide services to them (Chotiner, 2020). Providing services only to refugees results in dissatisfaction among the locals outside the camps who may be in great need themselves, creating tensions between communities (Chotiner, 2020). The Inter-Agency standing committee (IASC) which is a UN forum for humanitarian coordination, has issued guidance for mental health and psychosocial support (MHPSS) in the wake of COVID-19 outbreak, in collaboration with the WHO, IFRC, IOM, and UNHCR. It especially emphasizes the needs of displaced people (OCHA, 2020).

Elderly in care taking facilities

The coronavirus pandemic has affected mankind in an unprecedented way. Most research papers have pointed out an increased case fatality rate among the 703 million elderly (United Nations *et al.* 2020) aged 65 years and above (Garg, 2020; Wu and McGoogan, 2020). The pandemic has brought an immense amount of mental trauma along with the fear of death in most senior citizens with the recent reports showing abandoned and dead elderly lying on their beds in old-age homes in Israel, France, and Spain (Liphshiz, 2020). In US, CDC data shows 13.8% hospitalization rate in 65+ group and 80% deaths (CDC, 2020a). Italy has the highest average affected age reported worldwide i.e. 81, and 23% population with more than 85% deaths over the age of 60 years (Ball and Evans, 2020). Yet it had failed to even report the death toll in nursing homes earlier which has surpassed 2700 deaths (Breuninger, 2020). CDC China also reports 80% mortality in the 60+ age group (Liu *et al.* 2020).

CDC and WHO have released an updated guideline addressing the need for physical distancing rather than social distancing (CDC, 2020b). Most old age homes have cut all social contacts, which along with the limited workforce and lack of medical resources could lead to severe depression and PTSD as pointed by the 2003 SARS study on residents of Toronto (Hawryluck *et al.* 2004).

Prisoners

Prisons are breeding grounds for any epidemic. With over 11 million prisoners worldwide in 2018 (ICPR, 2020) and increased criminal detention in some countries for breaking lockdown laws, the world is facing a vicious circle (Akiyama *et al.* 2020). Outbreaks have erupted in

Table 1: Specific issues of marginalized population and suggested recommendations

Sl. No.	Community	Emergent Issues	Recommendations
1	Homeless population	Prevention by mass containment not possible Mobility causing a high rate of infection spread and contact tracing difficult	Temporary arrangements and stable provision of food, water for drinking and sanitation purpose. Crowd control during the collection of food, water, and other supplies.
2	Displaced communities	Dense accommodation with scarce resources making measures of public health and sanitation impractical limited healthcare resources	Education and information dissemination regarding respiratory hygiene and personal care in local languages. Stockpiling and

		with barriers to approach Increased susceptibility to pandemic infection due to malnutrition and deprivation	mobilizing food resources, water tankers and soaps and mobile toilets to places graded in response to requirements.
		Linguistic and cultural barriers to seeking help	Setting up of handwashing stations in water-deprived areas.
		Hindrances in policymaking and implementation due to xenophobia and lobbyism	Designating areas and personnel for burial with suitable training and equipment
3	Elderly	The general state of low immunity due to pre-existing pathologies and comorbidities requiring polypharmacy. Impaired cognition, poor self-care abilities and increased requirement of psychosocial support	Doorstep provision of necessities and medicines on a fixed schedule. Telephonic conveyance of authentic information about the pandemic and supervision to ensure correct and timely medication by caretakers who cannot be present in person. Mindful vigilance by the
		Limited knowledge to grasp and utilize	

		technological advances for information High physical and mental comorbidities	neighbors, to inform appropriate authorities in case of mishaps. Positive projection in media to lift spirits.
4	Transgender	Low socioeconomic status and poor physical health. Transgender related stigma (TRS)- barrier to seeking healthcare consultation. Unorganized economic means often involved in ceremonial gratuities, begging, and sex trade increasing contact and thereby chances of exposure. Acceptance issues in their own families leading to incidences of violence and abuse Possible discontinuation of supportive therapy if	Periodic surveillance of symptomatic cases- healthcare outreach. Telephonic consultation for psychosocial support. Popularise abuse reporting portals and increased vigilance against abuse. Ensure postponement of functions gatherings celebrations within the community

receiving any.

5	Commercial Sex Workers (CSW)	Dingy accommodation with bare essentials making spread easy. A high incidence of HIV makes them vulnerable to a pandemic. Client and CSW might not reveal their diseased status resulting in the spread. Contact tracing difficult in case of exposure as information is withheld due to social stigma. Work under pseudonyms often; improper identification excludes them from government welfare schemes during confinement.	Assurance of anonymity and monetary benefits for revealing clientele in case of the suspect or confirmed cases of infection. Welfare organization and crowd funding agencies could mutually agree to provide essentials and protective equipment, masks and condoms in red light areas.
6	Prisoners	Live in proximity- increases chances of spread. Physical violence and poor self-control	Conditional release of those nearing term completion or on short probation. Rehabilitation of

behavior, addiction.	prisoners by
Possible reduction in	providing them with
visible health care	needed life skills
and mental health	Regular medical
personnel.	screening and check-
In the case of re-	up.
grouping occurs after	Regular physical and
conditional release	mental health
may increase the	counseling
chances of a local	telephonically or in
outbreak	person.
	Staff training
	regarding hygiene-
	related and
	behavioral practices.

Table 2: General issues of the marginalized population and suggested recommendations

Emergent Common Issues

- Unemployment and economic setbacks for the whole population. The vulnerable people are worst hit because of the unorganized nature of work or trade without insurance benefits and meager savings to fall back on during lockdown impositions
- Proximity and shared living space that is congested. Distancing as an effective prevention measure cannot be employed.
- Social stigma due to varied socio-cultural and ethnic or gender-based ostracism or neglect of the elderly.
- Limited sources of reliable information and linguistic or cognitive hindrances in complete obedience.

Recommendations

- Home or facility-based engagement of these persons wherever possible to overcome financial crisis
- Temporary accommodation facilities wherever possible in schools and empty office buildings, stadiums and stations
- Work for sensitizing the society and bringing forth their needs in crisis times using social media campaigns.
- Multilingual advisories printed in essential commodities for the dissemination of authentic information.
- Community leaders to be engaged in reporting suspected cases and deaths due to COVID 19
- Special provisions for the vulnerable in relief measures.

prison cells, in China and Colombia with several deaths reported in Italy, UK and Venezuela (Euronews and AFP, 2020). The USA with over 2.1 million detainees in 2016 (Williams and Ivory, 2020), had reported 1,300 confirmed cases and 32 prison deaths till 8th April (Euronews and AFP, 2020). The role of prison response in public health is tremendous, as proved by the study on the Influenza pandemic in (Maruschak *et al.* 2009). Recognizing this, the WHO has urged for preparedness, prevention, and control of the COVID-19 outbreak in prisons. UN has also urged governments to release non-serious crime offenders (UN News, 2020). Iran had released 70,000; Afghanistan and Colombia, 10,000 prisoners (Burhan, 2020) and India have decided to release over 40,000 inmates on parole (Pandey, 2020).

There are some general as well as some specific issues of these marginalized people. The table 1 and table 2 below summarize the specific and general issues of marginalized population.

CONCLUSION

Regardless of gender, skin color, sexual orientation, economic background, religion, disabilities, ethnicity or legal status, medical devotion should be fundamentally equal for all groups. With the governmental and authoritative measures in place, there is a need for increased sensitivity of the masses towards the less propagated but more deprived segments of the society. At the community level, crowd funding initiatives are becoming popularised. If a small residential society can cater to their nearest area of need, economic and physiological crunches could be dealt with thereby reducing mental trauma due to those issues. In areas with some

considerable infection control, welfare vocations can be undertaken at the household scale. This pandemic crisis can actually stimulate the national governments, authorities and people to think about the measures to mitigate the problems faced by the marginalized community. Contribute to the building of resilience and dignity of life among them. Sensitivity among people is needed for necessary empathy that can alleviate the suffering from all of humanity.

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