

Social support and economic security during the COVID-19 pandemic among women living with HIV in Metro Vancouver, Canada: A mixed methods study

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Background and Methods

Background:

Women living with HIV (WLWH) face ongoing structural marginalization and current evidence outlines how COVID-19 has exacerbated health and social inequities among key populations. [1,2]

The pandemic has presented unique obstacles to health and well-being, however, there remains a paucity of research that examines COVID-19 related social, economic, and employment changes among WLWH. [3]

Objective:

This study aimed to investigate how the COVID-19 pandemic and associated public health responses shaped social support, economic security, and employment precarity among WLWH.

Methods:

We drew on a COVID-19-specific quantitative survey with 166 cis and trans WLWH (April 2020–August 2021) as part of SHAWNA, an open longitudinal community-based research project with WLWH in Metro Vancouver.

Additionally, we conducted 28 semi-structured interviews with a subset of WLWH in SHAWNA (May 2020–July 2020).

Drawing on a socio-ecological framework, interview narratives were analyzed using NVivo software, with a priori themes reflected in the interview guide, as well as, emergent themes from the data. Analysis focused on characterizing how COVID-19 and related public health responses shaped social support and economic security.



Results

Quantitative:

Among 166 respondents, 7.8% (n=13) identified as a gender minority, 53.0% (n=88) were Indigenous, 35.5% (n=59) were White and 10.2% (n=17) reported another racialized identity.

Figure 1. describes the prevalence of changes in social support and economic security during the COVID-19 pandemic reported by 166 participants.

Qualitative:

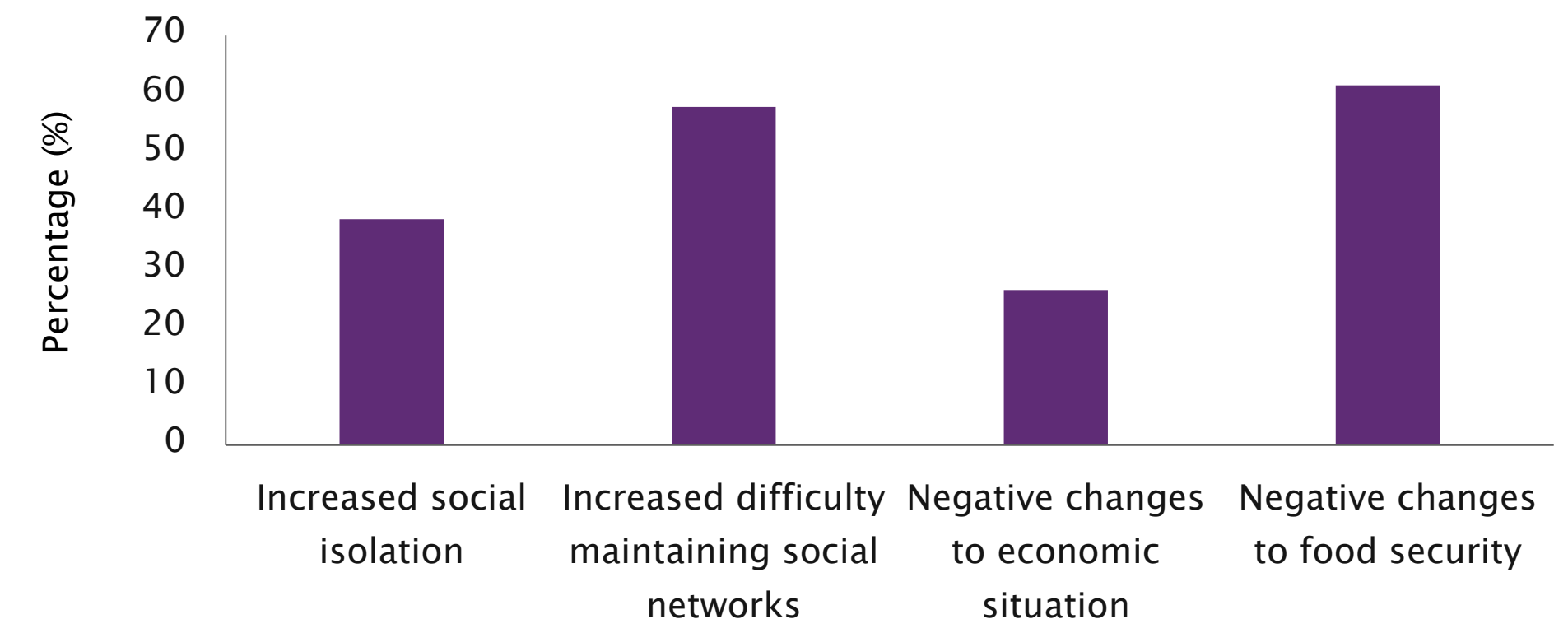
Among the 28 participants who completed qualitative interviews, 17.8% (n=5) identified as a gender minority, 46.4% (n=13) were Indigenous, 50.0% (n=14) were White, and 14.3% (n=4) reported another racialized identity, 35.7% (n=10) were living in supportive housing, 32.1% (n=9) were currently parenting.

A number of key themes emerged from participant interviews that describe how social support and economic security were shaped during COVID-19. Participant narratives also highlighted how gendered inequities shaped their experiences.

Social support: Participant narratives reflected disruptions to social support, and cultural and community connections.

- *“Yes the common areas have been shut down...the children’s play space is shut down permanently until we know more...the drumming circles and everything that I was holding for three years have been shut down.”*
- *“...we lost our uh [group name] space for NA [Narcotics Anonymous]...So we no longer have a home group to go back to when we have our home group...I think a lot of people lost their spaces that way...Couldn’t keep up paying rent if we didn’t have any meeting.”*

Figure 1. Self-reported social and economic changes during the COVID-19 pandemic among (n=166) women living with HIV



Qualitative Results Continued

Food and economic security: Participants described how food access and economic security were shaped by changes during the COVID-19 pandemic, highlighting contexts of family obligations and gender.

- *“We don’t have the lunch programs anymore, we don’t have the after school, programs anymore [...] I have to cook you know three meals a day [...] So yeah they’re eating a lot more food at home [...] My food bill has gone up considering the prices have also gone up in the stores.”*
- *“Well I haven’t been to the Food Bank this week [...] They cut out the women’s one”*

Employment precarity: Many participants reported changes in employment due to COVID-19 directly and as a result of safety precautions against exposure to the virus, with some participants reporting feeling pressured to return to work before they felt safe to do so.

- *“I lost the [job] because [...] we had to carry people in our cars so I lost– I was making like a thousand dollars a month with them.”*
- *“I wasn’t ready to actually go out in the field [working with people]”; “Well I kinda have to right because they she’s [supervisor] like oh and you got your raise and everything; I kinda have to go out... Yeah so it’s kinda like you know, emotional hostage is what it without saying it”*

Uncertainty in accessing government supports: Although government initiatives were introduced to offset negative economic changes, participant narratives reflected barriers in eligibility and fear of retaliation for accessing COVID-19 government financial supports.

- *“ I was told I was eligible for CERB [Canada Emergency Response Benefit], so I applied for it, and now I’m being told, I may get a five thousand dollar fine [...] And this is what I’m hearing put out into the community, people are afraid of the backlash and the claw back that’s gonna happen, once this is over. Once we do our taxes what is it gonna do, for people like me who who didn’t know [...] I still don’t know, if I’m gonna get in trouble for applying for CERB but, I’m not the only one that has that fear [...] You know people are scared to shitless to even apply for it.”*
- *“Yeah but I didn’t [...] go after that money [CERB]. I wasn’t gonna do it, because the thing is, [...] I didn’t work enough to be entitled to it, right?”*



Conclusions

Our findings highlight gendered experiences of heightened social isolation and economic insecurity during the COVID-19 pandemic among women living with HIV.

Women described how their family and cultural connections, community supports, and mental health were shaped during the COVID-19 pandemic, with implications for cultural continuity, community and peer support, and supportive housing. Food and economic security were shaped by loss of programs and employment, as well as barriers to and fear of retaliation for accessing government supports.

Despite temporary increases to income assistance programs and the universal intent of government assistance programs like the CERB, addressing gendered disparities in food and economic security and employment precarity that existed prior to the pandemic remain critical. [4]

Structural responses that can facilitate social support and respond to lost income, program closures, loss of employment opportunities, and economic security, with a focus on culturally-safe Indigenous-led responses, remain critical to supporting women's health and well-being.

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